



In Case of Emergency, Dial A-A-P: An Overview of AAP Mental Health Initiatives

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Disclosure Statement

- I have no personal or professional financial conflicts of interest or affiliation with material discussed in this presentation
- I will not discuss any non-FDA approved or investigational medications or devices
- Disclosures
 - I am the (unpaid) Medical Director for Reach Out and Read Iowa
 - I am a (paid) contracted writer for Sesame Street in Communities
 - Iowa AAP Mental Health Committee Co-Chair (unpaid)

Objectives

After this lecture, you should be able to...

- Increase awareness of statistics regarding the U.S. child/teen mental health emergency
- Describe the AAP Mental health competencies
- Become familiar with [aap.org/Mental Health](http://aap.org/MentalHealth)
- Understand the algorithm for addressing mental health in primary care
- Identify mental health tools to be used in practice, partnership, training, or policy
- Select at least 2 AAP MH resources you plan on accessing in the future

Introduction

- ~14 million U.S. youth have a diagnosable mental health disorder
- ~20% of US children and adolescents experience a mental health concern each year
- Suicide is the 2nd leading cause of death ages 10-24 yr as of 2020
- Adults reporting a childhood mental health disorder had 6X likelihood of poor life/health outcomes

ABES
Adolescent Behaviors and Experiences during the COVID-19 Pandemic, 2021

Everyday life got harder and more complicated for youth nationwide due to the COVID-19 pandemic

2 out of every 3 students reported difficulty completing schoolwork	1 out of every 4 students experienced hunger	1 out of every 4 students experienced parental job loss	1 out of every 10 students experienced physical abuse by a parent
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<http://www.cdc.gov/healthyyouth>

ABES
Adolescent Behaviors and Experiences during the COVID-19 Pandemic, 2021

Mental Health & Suicidality

1 out of every 3 students had poor mental health during the pandemic	1 out of every 10 students attempted suicide during the past year
2 out of every 5 students felt emotional distress during the past year	

Poor mental health and suicide attempts were **less common** among students who **felt close to people at school**

<http://www.cdc.gov/healthyyouth>

National State of Emergency in Children's Mental Health Oct. 19, 2021

A declaration from the AAP, American Academy of Child and Adolescent Psychiatry and CHA

- The COVID-19 Pandemic exacerbated the already increasing rates of mental health challenges among children and adolescents in the U.S.
- The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.
- We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

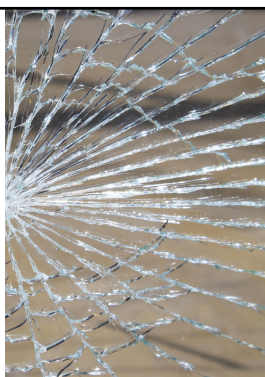
National State of Emergency in Children's Mental Health Oct. 19, 2021

A declaration from the AAP, American Academy of Child and Adolescent Psychiatry and CHA

- Increase federal funding for screening, diagnosis, and treatment
- Improve telehealth
- Increase implementation of school-based mental health care
- Accelerate adoption of **integrated mental health care** in primary care pediatrics
- **Strengthen prevention efforts** to reduce the risk of suicide in children and adolescents
- Address the ongoing **challenges of the acute care mental health needs** of children and adolescents
- Fund systems of care that connect families with community behavioral health interventions
- Promote and pay for trauma-informed care services that support relational health and family resilience
- Address mental health workforce challenges
- Advance mental health parity policies

Great....
But what about
right now?
Can the AAP rescue us?

- AAP Task Force on Mental Health (2004–2010)
- AAP Mental Health Leadership Work Group (2011–present)



Best Use of Website:
Come with Qs:

- Provider Ed
- Patient Ed
- Student Ed
- AAP Chapter Ed
- Practice Improvement/QI
- Community Partnerships

I'm the head of my AAP Chapter's Mental Health Committee.
 I'd like to help educate/support my members w MH resources.
 What's my next step?

I'm struggling to meet the MH needs of my patients.
 What's my next step?

I work in medical education. I'd like to teach future pediatricians about MH.
 What's my next step?

Mental Health Overview
 Review this overview of adolescent mental health disorders, their prevalence, and risk factors. Find out how to identify and address mental health concerns in your practice. Review the screening and assessment tools available for your practice. Find out how to address the needs of your patients and their families. Find out how to address the needs of your patients and their families. Find out how to address the needs of your patients and their families.

AAP Recommendations
 Find out the AAP recommendations for adolescent mental health disorders and the best practices to support your patients and their families. Find out the AAP recommendations for adolescent mental health disorders and the best practices to support your patients and their families. Find out the AAP recommendations for adolescent mental health disorders and the best practices to support your patients and their families.

Policies

Resources
 The resources provide information and guidance on the adolescent mental health disorders and the best practices to support your patients and their families. Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

Physician Education & Training
 Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

National & Community Resources
 Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

Practice Tools & Resources
 Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

Resources for Families
 Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

Physician Health & Wellness
 Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

Additional AAP Resources
 Find out the resources available for your practice. Find out the resources available for your practice. Find out the resources available for your practice.

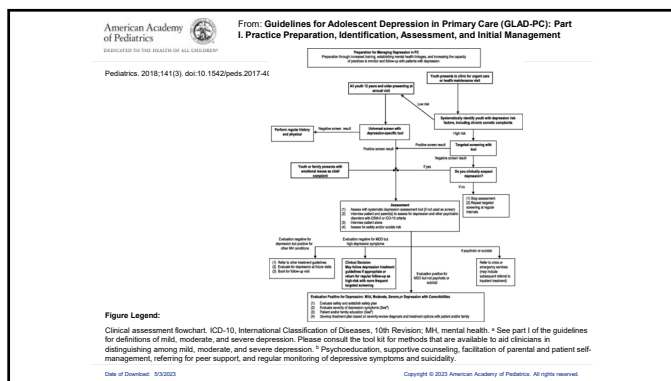
FROM THE AMERICAN ACADEMY OF PEDIATRICS | STATEMENT OF ENDORSEMENT | MARCH 01 2018

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management

Rachel A. Zuckerbrot, MD; Amy Cheung, MD; Peter S. Jensen, MD; Ruth E.K. Stein, MD; Danielle Laraque, MD; GLAD-PC STEERING GROUP; Anthony Levitt; Boris Birmaher; John Campo; Greg Clarke, PhD; Graham Emslie; Miriam Kaufman; Kelly J. Kelleher; Stanley Kutcher; Michael Malus; Diane Sacks; Bruce Waslick; Barry Sarvet

Recommendations:

- PCPs should **seek more training** in depression assessment, identification, diagnosis, and treatment
- PCPs should establish relevant **referral and collaborations** with mental health resources
- Adolescent patients ages **12 years and older** should be **screened annually for depression**
- Patients with **depression risk factors** should be identified, monitored, screened
- PCPs should **evaluate for depression** in those who screen positive on the formal screening tool (think: DSM-V)
- PCPs should **educate and counsel families and patients** about depression and options for management
- PCPs should **develop a treatment plan** with patients and families
- All management should include the establishment of a **safety plan and an emergency plan**



FROM THE AMERICAN ACADEMY OF PEDIATRICS | STATEMENT OF ENDORSEMENT | MARCH 01 2018 Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part II. Treatment and Ongoing Management

Amy H. Cheung, MD; Rachel A. Zuckerbrot, MD; Peter S. Jensen, MD; Danielle Laraqee, MD; Ruth E.K. Stein, MD;
GLAD-PC STEERING GROUP; Anthony Levitt, MD; Boris Birmaher, MD; John Campo, MD; Greg Clarke, PhD; Graham Emslie, MD;
Miriam Kaufman, MD; Kelly J. Kelleher, MD; Stanley Kutcher, MD; Michael Malus, MD; Diane Sacks, MD; Bruce Waslick, MD;
Bany Sarvet, MD

Recommendations:

- 1. PCP practice should include integrated behavioral health model
- 2. For mild depression, consider a period of active support and monitoring before treatment
- 3. For moderate or severe depression, consider consultation with a mental health specialist
- 4. PCPs should recommend scientifically tested and proven treatments
- 5. PCPs should monitor for adverse effects of treatment
- 6. PCPs should regularly track goals/outcomes and functioning in all settings
- 7. Reassess diagnosis and treatment if no improvement after 6-8 weeks of treatment
- 8. Consult a MH specialist if only partially improved after all therapeutic approaches have been tried
- 9. PCPs should actively support depressed adolescents referred to MH to ensure adequate management

From: Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part II. Treatment and Ongoing Management

Pediatrics. 2018;141(3). doi:10.1542/peds.2017.4202

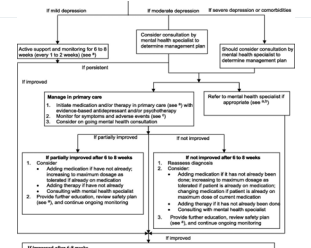


Figure Legend:

Clinical management flowchart. *Psychoeducation, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regular monitoring of depressive symptoms and suicidality. †Negotiate roles and/or responsibilities between PC and mental health and designate case coordination responsibilities. ‡Continue to monitor in PC after referral and maintain contact with mental health. ††Continue to monitor for changes in symptoms and emergence of adverse events, such as increased suicidal ideation, agitation, or induction of mania. For monitoring guidelines, please refer to the guidelines and/or booklets. *AGPC, American Academy of Child and Adolescent Psychiatry. Copyright © 2012 American Academy of Pediatrics. All rights reserved.


POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children
American Academy of Pediatrics
Updated 2019
Mental Health Competencies for Pediatric Practice

- ACGME Core Competencies**
- 1. Patient Care (clinical skills)
 - 1. Primary prevention
 - 2. Secondary Prevention
 - 3. Assessment
 - 4. Treatment
 - 2. Medical Knowledge
 - 3. Interpersonal/Communication skills
 - 4. Practice-based learning and improvement
 - 5. Professionalism
 - 6. Systems-based practice

Jane Wootton, MD, MEd; Cori M. Green, MD, MEd; RANP; Marina J. Furr, MD, MEd, RANP; COMMITTEE ON PSYCHOLOGICAL SERVICES TO CHILD AND YOUTH HEALTH CARE, NATIONAL HEALTH EDUCATION BOARD

“Primary Care Advantage”

- Mental health care/payment systems traditionally build on the assumption of diagnosis → treatment
- Pediatric mental health competencies are UNIQUE!
- The “primary care advantage”
 - Longitudinal mindset
 - Trusting, therapeutic relationship
 - Promote S/E health and prevent disease
 - Early screening/identification/referral





Core Pediatric Mental Health Competencies

Practice Goals

The Aim of This Tool

Core Clinical Skills

Foundational and Foundational

Secondary Prevention

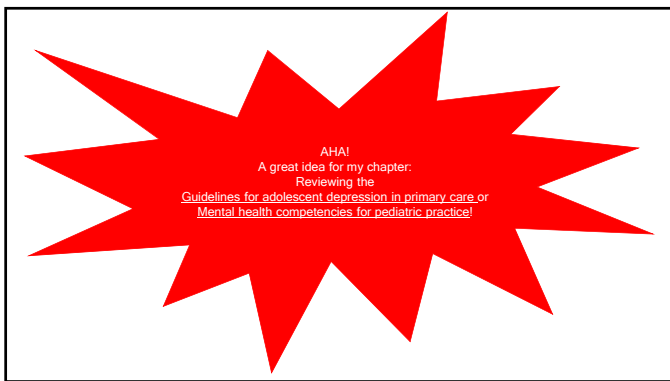
Assessment

Core Public Mental Health Competencies

Foundational (continued)

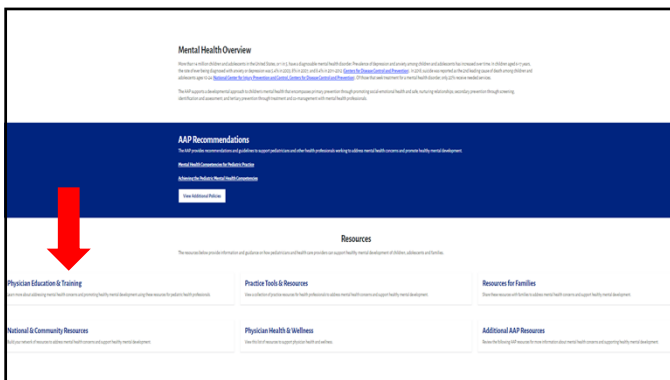
Core Public Mental Health Competencies (continued)

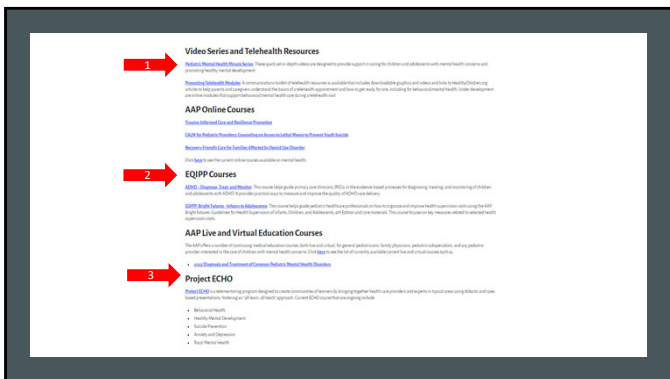
American Academy of Pediatrics



AHA!
A great idea for my chapter:
Reviewing the
Guidelines for adolescent depression in primary care or
Mental health competencies for pediatric practice!







Helping Adolescents Feel in Control During Stressful Times: Pediatric Mental Health Minute Series

1

Pediatric Mental Health Minute Series

Helping Adolescents Feel in Control During Stressful Times

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

14 minutes

2

EQIPP: Social Health and Early Childhood Well-being

ONLINE COURSE | MOC | 05/12/2022 - 05/19/2025

YOUR PRICE: \$198.00
WEBBEE PRICE: \$0.00

The EQIPP Social Health and Early Childhood Well-being course uses early relational health to foster family resilience and assess social health impacts on general development and social-emotional.

[Log in to see your price.](#)

[Read More](#)

Trauma-Informed Care and Resilience Promotion

ONLINE COURSE | MOC | 01/22/2023 - 01/22/2026

YOUR PRICE: \$87.00
WEBBEE PRICE: \$0.00

Childhood adversities and trauma, which are highly prevalent among the general pediatric population, can negatively affect lifelong health, child development, and social outcomes. This video-based...

[Log in to see your price.](#)

[Read More](#)

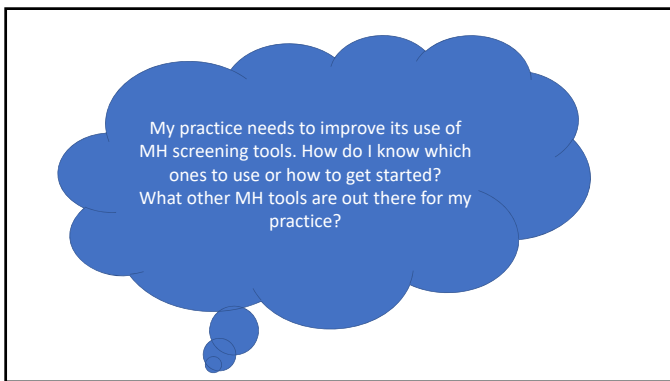
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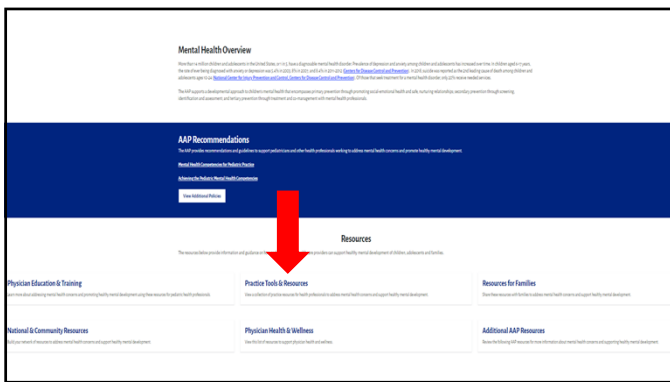
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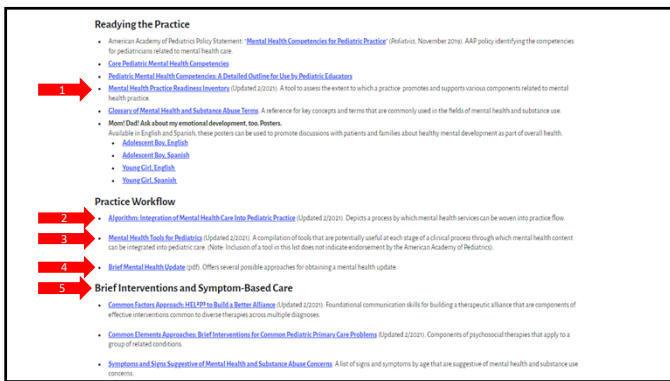


Project Echo

[Home](#) / [Practice Management](#) / [Project Echo](#)







Effective Referrals

- **Success of Key Mental Health Services** (Updated 2/2021): A list of key mental health specialty services and possible community resources that provide them.
- **PracticeWise Evidence-Based Child and Adolescent Psychosocial Interventions** (Updated 12/2022): Tool developed by PracticeWise intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions.
- **Evidence-Based Interventions for Children Younger Than 5 Years** (Updated 2/2021): A reference that identifies evidence-based interventions for children under 5 in a variety of areas of need.
- **Primary Care Referral and Feedback Form**: This tool provides a template for referral to and feedback from a mental health specialist.
- **HRSA Privacy Rule and Provider to Provider Communication**: This tool can help address common questions—and provide reassurance—about when it's appropriate to share your patients' or clients' health information with other providers under the Health Insurance Portability and Accountability Act (HIPAA).

Family Handouts

The AAP has developed a number of **handouts and resources** to support families in managing mental health concerns or supporting healthy mental development. These include family handouts as well as Healthychild.org articles.

Additional AAP Resources

- **Pediatric Mental Health Minute Series**
- **Screening Technical Assistance & Resource (STAR) Center**
- **Substance Use and Prevention**
- **Suicide Prevention**
- **Trauma-Informed Care**
- **Report from the AAP Task Force on Mental Health** (Pediatrics 2019): This report highlights the findings from the AAP Task Force on Mental Health in 2019.

External Resources:

- **Guidelines for Implementation for Pediatricians**: Center for Mental Health Services at Pediatric Primary Care at Johns Hopkins
- **Behavioral Health Integration (BHI) Collaborator**
- **Readiness to Realize Emotional and Mental Health** (American Board of Pediatrics Foundation)

American Academy of Pediatrics

PRACTICE TOOLS Mental Health

Mental Health Practice Readiness Inventory

1

- **Community resources**
 - Case Services
 - Collaborative relationships
- **Health Care Finances**
 - Third party payment
 - Coding/billing
- **Support for Children, Adolescents, Families**
 - Fact contact
 - Culturally effective care
 - Mental Health Promotion
 - Conflicts/ethics
 - Adolescent special care needs
 - Engagement
 - Supports self-management, family management
 - Referrals/care
 - Care coordination
 - Special populations
 - Family effectiveness
 - Trauma-sensitive care
 - Quality improvement

Starting Guidelines

The aim of this tool is to help you "test" your practice to determine the strength of your organization's readiness to provide essential mental health services.

To evaluate your practice, use the following starting points:

- A score of 10 or less indicates improvement is not currently needed.
- A score of 11 to 15 indicates moderate improvement is needed.
- A score of 16 or more indicates a strong intent of the practice team and an excellent fit to the broader context of the health system. These are factors to consider for practice change.

Mental Health Practice Readiness - Community Resources

Item	Score	Notes
Availability of external services	1 2 3	Practice has an adequate number of available departments and personnel (pediatricians, adolescent medicine specialists, or other professionals) at any combination of clinic, community, and school-based settings that are available to provide care to patients. Practice has established care, early intervention programs, mental health programs, specialty services, evidence-based learning and clinical program services (e.g., individual, group, and family therapy) and other mental health programs available to patients based on their unique program services, and mental health care needs.
Care services	1 2 3	Practice has a comprehensive set of evidence-based, evidence-based, and evidence-based services and programs that address the needs of patients in a timely manner.
Collaborative relationships	1 2 3	Practice has collaborative relationships with school- and community-based providers at the practice.

Mental Health Practice Readiness - Health Care Financing

Item	Score	Notes
Third-party payment	1 2 3	Practice has processes in place to ensure timely and accurate collection of payments from third-party payers.
Coding	1 2 3	Practice has coding and billing procedures to optimize payment for primary care services related to mental health management through health plans.

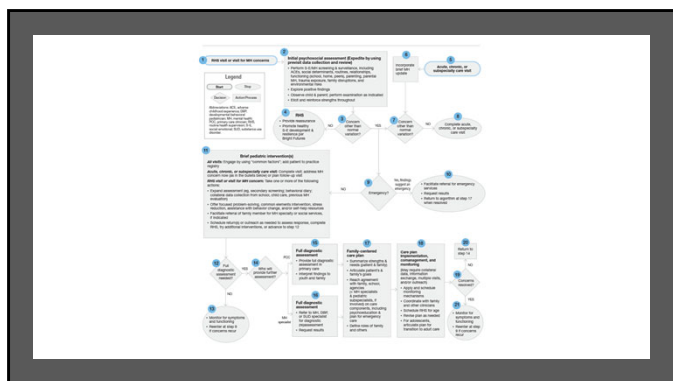
American Academy of Pediatrics

PRACTICE TOOLS Mental Health

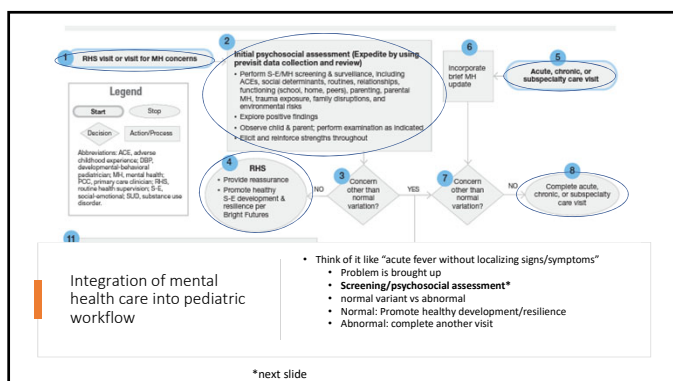
Mental Health Care in Pediatric Practice

2

Algorithm: Integration of Mental Health Care into Pediatric Practice 6-page document







Examples of screening/assessment tools

Assessment depends on which questionnaire (eg. parental depression, doctor substance use brief interview, parent's concerns about child's behavior, hearing or development)			
General psychiatric screening children aged 6-18 y Pediatric Symptom Checklist-17 Items (PSC-17) General psychiatric screening and functional assessment in domains of attention, somatization, obsessive-compulsive, and interpersonal sensitivity	17 items Self-administered Parent or youth 6-17 y	4-16 y Chinese, English, Japanese, Filipino, Spanish	45-min to administer 1-2 minute score Manual/StatSoft General Hospital, freely accessible www.statsoft.com/english/health/assessment/pscl17.html
Pediatric Symptom Checklist-19 Items (PSC-19) General psychiatric screening and functional assessment in domains of attention, somatization, obsessive-compulsive, and interpersonal sensitivity	19 items Self-administered Parent or youth 6-17 y	4-16 y Chinese, English, Spanish	45-min to administer 2 min to score Manual/StatSoft General Hospital, freely accessible www.statsoft.com/english/health/assessment/pscl19.html
Strengths and Difficulties Questionnaire (SDQ) Assesses 25 attributes, symptoms, and some qualities, further among 25 scales and generates rate an impact scale on the second page	25 items Self-administered Parent, teacher, or youth aged 5-17 y	5-17 y 40 languages	10 min Youth including, freely accessible www.sdqinfo.org
General psychiatric screening: grandparents, adolescents, and young adults aged 18-21 y			
PGC-19 ¹ See instruction of PGC-19 earlier in this table.			
SDQ ² See instruction of SDQ earlier in this table.			
Rapid Assessment for Depression (RAD) (Pilot) Briefly assesses risk for depression of youth and assesses severity of RAD and use	21 items Web-based	Ages specific for older adolescents (13-18) and young adults 18-25	About 5 minutes with all-usage Manual administered and generated Manual/StatSoft/bridge language www.statsoft.com/english/health/assessment/rad.html

101 - ADDITIONAL REVIEW BY CONSUMER REPRESENTATIVE, PROTECTIVE SERVICES TEAM FOR CONSUMERS, APR 2017. www.illinois.gov



Task Force on Mental Health Algorithm Teams: Brief Mental Health Update by Age

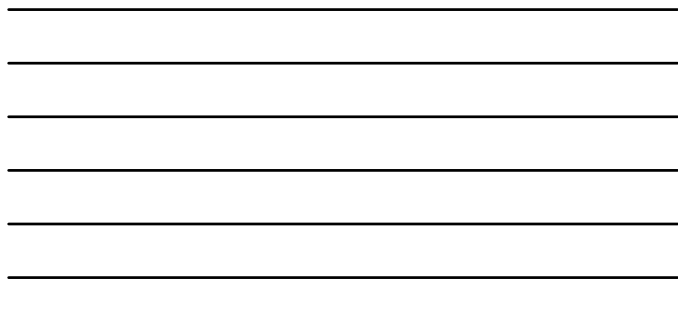
Using an Acute Care Visit for a Brief Mental Health Update: Suggested Questions by Age^a

Ages 0 to 5 y	Ages 6 to 12 y	Ages 13 to 21 y (parent/child separately)
<ul style="list-style-type: none"> • How have things been going since our last visit? • How are you coping with [the presenting acute illness]? • How is [the illness] affecting your child, other than primary symptoms? • If an injury: How did it happen? • How is your child sleeping, in general and in light of the condition? • How are things going at home in general? • Is there anything else that's worrying you about parenting your child? 	<ul style="list-style-type: none"> • How have things been going since our last visit? • How are you coping with [the presenting acute illness]? • How is [the illness] affecting your child, other than primary symptoms? • If an injury: How did it happen? • How is your child sleeping, in general and in light of the condition? • How is everyone getting along at home? • Has your child been enjoying school? (To the child) How's school going? • What is the best part of parenting this child? What is the most difficult part? • Do you have any worries or concerns about your child's mental health, emotions, or behaviors? 	<ul style="list-style-type: none"> • How have things been going since our last visit? • How are you or your child coping with [the presenting acute illness]? • How is [the illness] affecting your child, other than primary symptoms? • If an injury: How did it happen? Had anyone been drinking or using drugs? • How are you or your child sleeping, in general and in light of the condition? • How are you or your child getting along at home? At school? • Parents (if teenagers often mention that they are having difficulties with stress, worries, or changes in mood—has this been a problem for you or your child?

^aSelect questions as appropriate to the clinical circumstances and time available.
 Source: Task Force on Mental Health algorithm teams, group discussion, fall 2005
Brief Depression Screen (Validated for Adults): PHQ-2
Brief Substance Use Screen: CRAFFT 1 and 2 in Questions



AHA!
 A great idea for my chapter:
 Reviewing MH **screening tools!**



Emergency or not?

11 **Brief pediatric intervention(s)**
 All visits. Engage in using "common factors" and referred to practice regularly. **Address, consult, or subsequently care visit**. Complete visit, address MH concern now (as in the table below) or plan follow-up visit **first visit or visit for side concern**. Use one or more of the following activities:
 • Express assessment (eg, secondary screening, behavioral diary, collateral data collected from school, case task, practice MH evaluation)
 • Offer focused problem-solving, common elements intervention, stress reduction, assistance with behavior change, and/or self-help resources
 • Facilitate referral of family member to MH specialty or social services, if indicated
 • Schedule return(s) or outreach as needed to assess response, complete HES, try additional interventions, or advance to step 12

Assessing Emergencies (Algorithm Step 9)

Suicide assessment

Ask Suicide Screening Questions (ASQ)⁴¹

Note: This tool is not to be confused with ASQ as a developmental screening tool, or ASQ:SE-2 described earlier in this table.

In emergency department settings, assesses for suicide risk among...

41

Yes, finding suicidal or emergency

2

- Facilitate referral for emergency services
- Request results
- Return to algorithm at step 17 when returned

Engage using "Common Factors"*

Review primary screening, consider secondary screening

If not emergent: do a **brief therapeutic intervention** and follow up

If emergent, employ efficient referral for emergency services w follow up

*we'll get to this...

Common Factors

5

Common Factors Approach: HELPSM to Build a Better Alliance

"Common factors" communication skills, so named because they are components of effective interventions common to diverse diagnoses across multiple diagnoses, are foundational among the prosocial pediatric mental health professionals. These communication techniques include: clear communication, active listening, empathy, and validation. They are used to build a therapeutic alliance—the bond between the clinician and patient and/or family. A powerful factor in facilitating emotional and psychological healing—which, in turn, increases the patient and/or family's openness, feelings of being safe, and willingness to work toward improved health. Other common factors techniques target feelings of anger, ambivalence, and hopelessness, family conflict, and barriers to behavior change and help seeking. All the techniques use the discussion-focused, practical, and organized. These techniques...

41

Helpline resources include:

- H**ope: Help resources include: Encourage the family's involvement by providing your relative coordinates for help, reward and affirming the strengths and assets you recognize in the child and family. Encourage concrete steps toward whatever is achievable.
- E**mpathy: Communicate empathy by listening attentively, acknowledging struggles and distress, and sharing happiness experienced by the child and family.
- L**anguage: Use the child or family's own language (or a clinical tool) to reflect your understanding of the problem as they perceive it and to give the child and family an opportunity to correct any misunderstandings. Communicable language to the family by expressing your support and your commitment to help now and in the future.
- P**artnership: Ask the family's permission for you to ask more in-depth and potentially sensitive questions to suggest further involvement or management.

Partner with the child and family to identify any barriers or resistance to addressing the problem. Find strategies to reduce or remove barriers, and find agreement on achievable steps on, such as strategies for shared agency with the family involvement. The more difficult the problem, the more important is the promise of partnership.

On the basis of the child's and family's preferences and sense of urgency, establish a plan to increase the need through which the child and family will take some actions, such as to attend a clinic, to attend a group, or to provide the problem and follow up with you. (This plan may include keeping a diary of symptoms and progress, attending a treatment group, or receiving help with the child's behavior. Change Strategy: Encourage parenting, including parent-therapist treatment, seeking referral for further assessment or treatment, or returning for further family direction.)

A whole other lecture!

Brief Therapeutic Intervention: Common Elements Approaches

5

Common Elements Approaches: Brief Interventions for Common Pediatric Primary Care Problems


"Common elements" approaches can be used as brief interventions. They differ from common factors in that instead of applying to a range of diagnoses that are not causally related, common elements are semi-specific components of psychosocial therapies that apply to a group of related conditions.⁴² In this approach, the clinician caring for a patient who manifests a cluster of causally related symptoms—for example, fearfulness and avoidant behaviors—draw interventions from evidence-based psychosocial therapies for a related set of disorders—in this example, anxiety disorders. Thus, as a first-line intervention to help an anxious child, the pediatric clinician coaches the parent to provide gradual exposure to feared activities or objects and to model brave behavior—common elements in a number of effective psychosocial treatments for anxiety disorders. Such interventions can be definitive or a means to reduce distress and ameliorate symptoms while a child is awaiting mental health specialty assessment and/or care. The following table is used to summarize promising common-elements approaches applicable to common pediatric primary care problems.

Presenting Problem Area	Most Common Elements of Related Evidence-Based Practices
Anxiety	Graded exposure, modeling
ADHD and oppositional problems	Tangible rewards, praise for child and parent, help with monitoring, time-out, effective commands and limit setting, response cost
Low mood	Cognitive and/or coping methods, problem-solving strategies, activity scheduling, behavioral rehearsal, social skills building

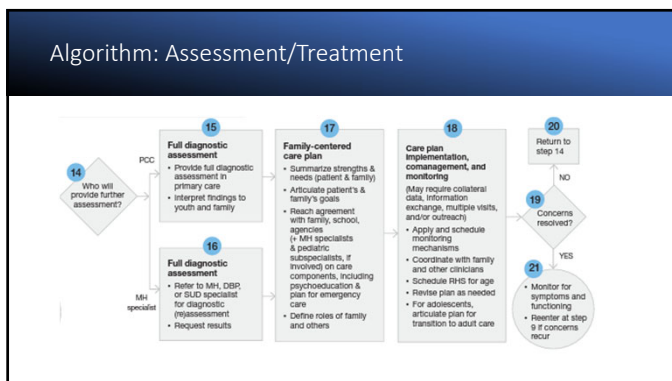
Adapted from Wassell LS, van Oortbeek N, Chandran J, Rahman A. Integrating children's mental health into primary care. *Acad Clin South Am* 2016; 63(1):103.

AHA!
 A great idea for myself or my chapter:
 Learning
 Brief Therapeutic Interventions,
 Common Factors,
 Common elements!

AHA!
 A great idea for my chapter or practice:
A Quality Improvement Project
 Aim: Improve provider MH practices
 Measurement: Readiness survey
 Intervention: New MH screening tool
 Intervention: train on Brief Therapeutic Intervention



MOC PART 4 ACTIVITY
 The Quality Improvement (QI) activity is a requirement for Supporting Emotional Health for Children with Chronic Conditions and their Families, a Quality Improvement Project (QIP) based on the Readmap Project, coded as MOC Part 4 points when successfully completed. Log in to your [ABE](#) Profile to train.



STAR Center Screening tools

6 →

Screening Tool Finder

The Screening Tool Finder can help you identify tools to screen or assess for child development, parental depression, social-emotional health, and more.

You will find more information on each screening tool on the corresponding page. The tools are available in multiple languages and are available in multiple formats. The tools are available in multiple languages and are available in multiple formats. The tools are available in multiple languages and are available in multiple formats.

Title	Category	Signs Covered	Parent Completion Time	Cost	Number of Items
Behavioral Assessment System for Children	Behavioral Assessment	Behavioral Assessment System for Children	15-20 min	Free	10-12
Behavioral Assessment System for Children	Behavioral Assessment	Behavioral Assessment System for Children	15-20 min	Free	10-12
Behavioral Assessment System for Children	Behavioral Assessment	Behavioral Assessment System for Children	15-20 min	Free	10-12
Behavioral Assessment System for Children	Behavioral Assessment	Behavioral Assessment System for Children	15-20 min	Free	10-12
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Behavioral Assessment System for Children	Behavioral Assessment	Behavioral Assessment System for Children	15-20 min	Free	10-12

MH treatment

7 →

JOHNS HOPKINS
UNIVERSITY OF MARYLAND
MEDICAL CENTER

**CENTER FOR MENTAL HEALTH SERVICES
IN PEDIATRIC PRIMARY CARE**

[Home](#) | [Parents](#) | [Resources](#) | [Contact Us](#)

Center for Mental Health Services
Pediatric Primary Care
Department of Psychiatry
Division of Child & Adolescent Psychiatry
1100 North Wolfe Street
Baltimore, MD 21288
Phone: 410.516.8144
Fax: 410.955.7547

A Guide to Psychopharmacology for Pediatricians

In 2008, the American Academy of Pediatrics called on pediatric primary care providers to help start the treatment process for children with the most common mental illnesses in that age group, attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, and substance abuse. For some children struggling with these conditions, psychiatric medications can play an important role in their care.

Part of the Center's mission is to make knowledge from the mental health community more available to the pediatric primary care provider. Center for Division of Child & Adolescent Psychiatry, M.D. Center faculty are developing guidelines for pediatric primary care providers in selecting psychiatric medications to treat attention-deficit/hyperactivity disorder, anxiety, and depression.

This page provides an overview of the clinical considerations for medication selection (uses for psychiatric medications that are appropriate for prescribing in primary care). It also includes guidelines to help medication primary care providers avoid prescribing and a list of off-label psychiatric medications whose use clinicians can consider in their practice. Finally, this page discusses other issues associated with prescribing psychiatric medications and lists some additional resources.

This is a draft of ongoing and an evolving document. Information provided here is intended to guide decision-making, not as a substitute for clinical judgment. The tables and other content was developed by reviewing available literature current as of Spring 2020 and will undergo timely and continuing clinical review. This page provides links to key references. The Center will provide a complete list of references for this page upon request.

To get started, scroll down or click on any subject header below:

- Guidelines for prescribing psychotropic medications
- Links to 8 medications by indication
- Links to 22 medications by medication class
- Other issues
- Disclaimer

I'd love to provide my families with more support for mental health. What family resources are there?

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Mental Health Overview

AAP Recommendations

Resources

Physician Education & Training	Practice Tools & Resources	Resources for Families
National & Community Resources	Physician Health & Wellness	Additional AAP Resources

Patient Education PDF Handouts

- Activities to Help Your Child or Adolescent Manage Anxiety: A family handout offering activities to help manage a child or adolescent's symptoms of anxiety. This handout is also available in Spanish.
- Managing Anxiety: Tips for Families (Updated 2/2021): This plain language handout provides guidance to families regarding anxiety symptoms. This handout is also available in Spanish.
- Managing Depression or Sadness: Tips for Families (Updated 2/2021): This plain language handout provides guidance to families on managing symptoms of depression or sadness. This handout is also available in Spanish.
- Managing Disruptive or Aggressive Behaviors: Tips for Families (Updated 2/2021): This plain language handout provides guidance to families on disruptive and aggressive behaviors. This handout is also available in Spanish.
- Managing Inattention, Impulsivity, and Hyperactivity: Tips for Families (Updated 2/2021): This plain language handout provides guidance to families regarding symptoms of inattention, impulsivity, and hyperactivity. This handout is also available in Spanish.
- Guidelines for Special Time and Time In (Updated 2/2021): This handout offers suggestions for spending one-on-one time between a caregiver and a child or adolescent. This handout is also available in Spanish.

FAMILY HANDOUTS Mental Health

Managing Depression or Sadness: Tips for Families

What is depression?

Ask about your child's friends and social activities.

Plan your child and make them feel good about themselves.

Learn new skills together to help with serious interests.

Encourage your child to have fun and be social.

Help your child get into their routine and habits.

Limit screen time.

Get outside.

Do the things you have enjoyed in the past.

Aha!
I can help my patients address depression at home while they await therapy.

HealthyChildren Articles
 The following HealthyChildren articles specifically relate to mental health. Additional articles are available at [HealthyChildren.org](https://www.healthychildren.org)

Emotional Wellness

- [Survival Guide: How to Help Your Child Cope with Conflict](#) - Spanish version: [Tú y tu hijo: cómo ayudar a su hijo a resolver conflictos](#)
- [Healthy Home Habits: How Many Hours Does Your Child Need?](#) - Spanish version: [Los buenos hábitos del sueño, cuántas horas de sueño necesita su niño?](#)
- [Helping Children Handle Stress](#) - Spanish version: [Cómo ayudar a los niños a manejar el estrés](#)
- [Build Resilience: The Importance of Positive Emotions for Kids](#) - Spanish version: [¿Qué ayuda a los niños a manejar mejor cuando se sienten mal?](#)

Mental Health Concerns

- [Is There Something You Can Do to Prevent Suicide?](#) - Spanish version: [¿Cómo evitar que los niños se suiciden? ¿Hay algo que usted puede hacer para prevenirlo?](#)
- [ADHD and Substance Abuse: The Link Parents Need to Know](#) - Spanish version: [TDAH y el abuso de sustancias: una conexión que los padres deben conocer](#)
- [Attention Deficit and ADHD: Spanish version: \[Trastorno de déficit de atención \\(TDA\\)\]\(#\)](#)
- [Anxiety in Teens: Is Your Teen's Going Out?](#) - Spanish version: [La ansiedad en los adolescentes en su momento, ¿qué está pasando?](#)
- [Bipolar Disorder in Children & Teens](#) - Spanish version: [El trastorno bipolar en los niños y adolescentes](#)
- [Common ADHD Medications & Treatments for Children](#) - Spanish version: [Medicamentos y tratamientos comunes para niños con TDAH](#)
- [Disruptive Behavior Disorders](#) - Spanish version: [Trastornos de comportamiento disruptivo](#)
- [Understanding Childhood Fears and Anxieties](#) - Spanish version: [Cómo comprender los temores y las ansiedades infantiles](#)
- [Which Kids are at Highest Risk for Suicide?](#) - Spanish version: [¿Qué niños corren mayor riesgo de suicidio?](#)

Tips to Promote Social Emotional Health

- [Teens' Children](#)
- [Teens](#)

Promoting Resilience

- [Building Resilience article](#)

2 → **Tips to Promote Social-Emotional Health Among Young Children**

What Parents and Caregivers of Young Children Can Do

Can't remember the exact time your child first showed signs of social-emotional concerns? The ability to play with, seek help, and express feelings is a key skill that develops in early childhood. If you notice your child isn't playing, isn't seeking help, or isn't expressing feelings, it's important to take action. The good news is that many social-emotional concerns can be addressed with simple strategies that you can use at home or in the classroom.

• **Play with your child.** Play with your child often, every day. When you play with your child, you are helping them learn how to play with others. Play is a key way for children to learn about the world and themselves. When you play with your child, you are helping them learn how to play with others. Play is a key way for children to learn about the world and themselves. When you play with your child, you are helping them learn how to play with others.

• **Help your child learn to express their feelings.** Encourage your child to talk about their feelings. When your child is upset, help them name their feelings. For example, you might say, "You look sad. Are you sad because you can't find your toy?" This helps your child learn to identify and express their feelings.

• **Provide regular bedtime routines.** A consistent bedtime routine helps your child feel safe and secure. It also helps them learn to manage their emotions. Try to keep the same bedtime routine every night.

• **Model healthy emotional regulation.** Children learn by watching you. When you are upset, show your child how to manage your emotions. For example, you might say, "I'm feeling frustrated, but I'm going to take a deep breath and try again."

• **Set limits for your child.** Children need to learn that there are consequences for their actions. When your child breaks a rule, set a limit. For example, if your child hits another child, you might say, "Hitting is not okay. You need to stop hitting."

• **Encourage your child to play with others.** Encourage your child to play with other children. This helps them learn how to share and cooperate. You might say, "It's time to play with your friends. They're waiting for you."

• **Be consistent with limits.** If you set a limit, stick to it. If you change your mind, your child will learn that limits are not real. Be consistent with your limits.

• **Use simple language.** Use simple words and phrases to describe emotions and behaviors. This helps your child understand what you are saying.

• **Be patient.** It takes time for children to learn how to manage their emotions. Be patient and supportive. You are helping your child learn how to manage their emotions.



I'd love to work on community resources with partners. Who can I partner with?

Mental Health Overview

AAP Recommendations

Resources

Physician & Training

National & Community Resources

Practice Tools & Resources

Physician Health & Wellness

Resources for Families

Additional AAP Resources

MH National and Community Resources

Use these resources to find national and community resources for supporting the mental health of children, adolescents and families.

American Academy of Child and Adolescent Psychiatry (AACAP)

American Board of Pediatric Psychiatry

American Psychiatric Association (APA)

Behavioral Health Integration (BHI) Collaborative

National Alliance on Mental Illness (NAMI)

National Federation of Families

National Institute of Mental Health (NIMH)

National Network of Child Welfare Resource Programs

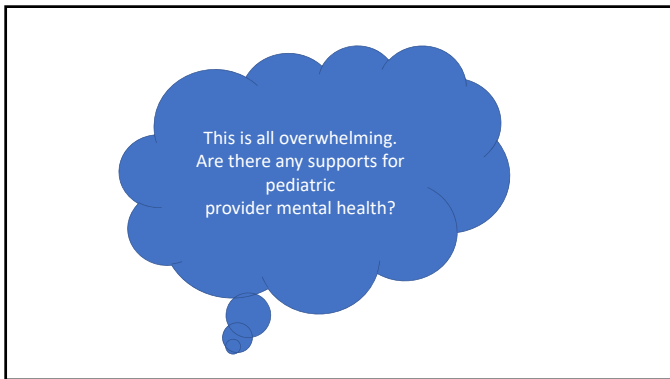
Pediatric Mental Health Care Access Research

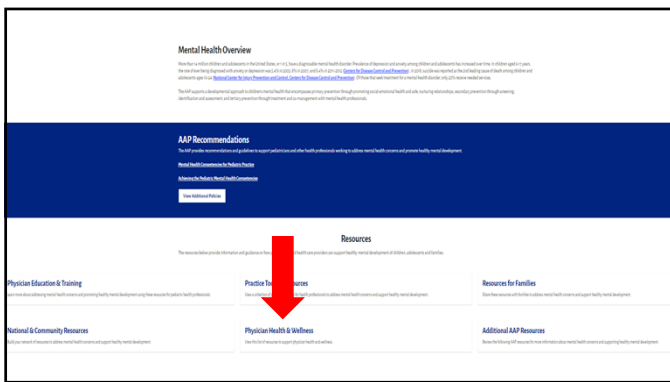
Screening and Treatment for Perinatal Depression and Postnatal Behavioral Checkup Research

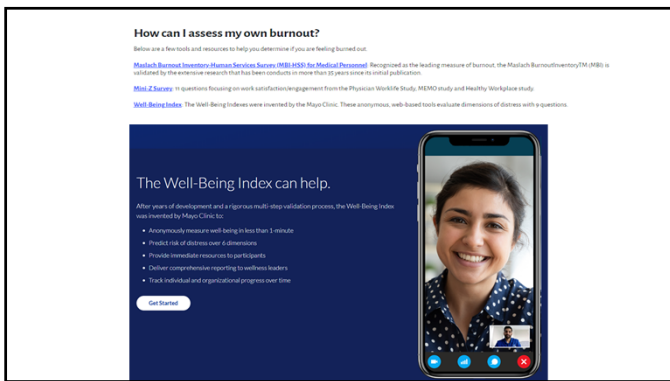
South Shore Hospital

AHA!
I can partner with my state's NAMI organization and get an AAP CATCH grant to promote good child mental health!

catch
Community Access to Child Health



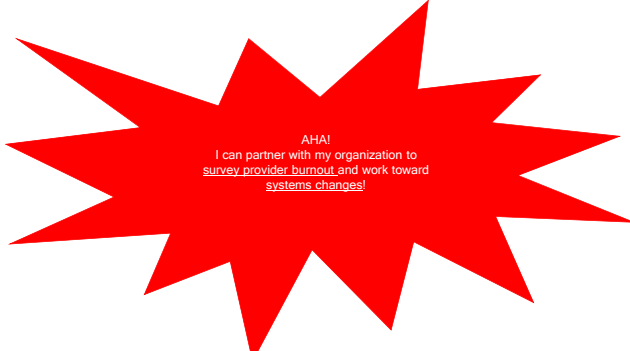




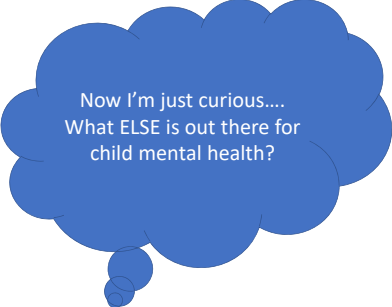
Build your own wellness plan

Individualized Wellness Plan

Strategy	Goals	How will I achieve my goals?	Indicators of success	Notes on progress (with dates)
Occupational Strategies				
Approaches to Life				
Emotional and Cognitive				
Relationships to others				
Spirituality				
Foundations of well-being				



AHA!
I can partner with my organization to survey provider burnout and work toward systems changes!



Now I'm just curious....
What ELSE is out there for child mental health?

Mental Health Overview

Review the following information to learn more about the **Mental Health** resources available on the **Additional AAP Mental Health Resources** page. The **Mental Health** resources are available on the **Additional AAP Mental Health Resources** page. The **Mental Health** resources are available on the **Additional AAP Mental Health Resources** page.

AAP Recommendations

Review the **AAP Recommendations** for **Mental Health** on the **Additional AAP Mental Health Resources** page. The **AAP Recommendations** are available on the **Additional AAP Mental Health Resources** page.

Resources

The **Resources** section provides information and guidance on the **Mental Health** resources available on the **Additional AAP Mental Health Resources** page. The **Resources** section provides information and guidance on the **Mental Health** resources available on the **Additional AAP Mental Health Resources** page.

Physician Education & Training	Practice Tools & Resources	Resources for Families
National & Community Resources	Physician Health & Wellness	Additional AAP Resources

Additional AAP Mental Health Resources

Home / Patient Care / Mental Health Initiatives / Additional AAP Mental Health Resources

Review the following AAP resources for more information about mental health concerns and supporting healthy mental development.

- Bright Futures:** The primary goal of Bright Futures implementation is to support primary care practices (medical homes) in providing well-child and adolescent care according to Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents.
- Screening Technical Assistance Center:** Improving the health, wellness and development of children through practice and system-based interventions to increase rates of early childhood screening, counseling, referral, and follow-up for developmental milestones, perinatal depression, and social determinants of health.
- Suicide Prevention:** An AAP toolkit with guidance and resources for pediatricians and pediatric health care providers to help identify youth at risk for suicide.
- Trauma Informed Care:** Resources to provide information and guidance on how pediatricians and health care providers can make their practices trauma-informed.

Resources

The **Resources** section provides information and guidance on the **Mental Health** resources available on the **Additional AAP Mental Health Resources** page. The **Resources** section provides information and guidance on the **Mental Health** resources available on the **Additional AAP Mental Health Resources** page.

Physician Education & Training	Practice Tools & Resources	Resources for Families
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Mental Health Chapter Action Kit

Mental Health Education Resources: Residency Curriculum

Mental Health Contact Us

For Sale at AAP

Practical Resource Toolkit for Clinicians, 2nd edition



Mental Health

Advancing Mental Health Care for Children & Adolescents

American Academy of Pediatrics

Marian F. Earls, MD, FAAP; Jane Meschan Foy, MD, FAAP; Cori M. Green, MD, MSc, FAAP

All clinicians working with children and adolescents must be prepared to be a first-line advocate when mental health concerns arise.


The tools in this collection align with the current AAP Mental Health Competencies for Pediatric Practice, giving you convenient access to core content, forms, screening and assessment resources, plus videos demonstrating conversation techniques firsthand.

Quick Links: [AAP Policy Statement](#) | [Readying the Practice](#) | [Practice Workflow and Screening Approaches](#) | [Interventions for Use in the Visit](#) | [Symptom-based Care](#) | [Making Effective Referrals and Linkages](#) | [Psychopharmacology Resources](#) | [Additional Resources for Families](#)



Summary

- The U.S. is currently experiencing a child and adolescent mental health emergency
- More resources are needed for providers, patients, families, practices, health systems, AAP chapters, communities, and policies.
- The AAP website has open access (and for purchase) resources to promote good mental health, improve early diagnosis, treatment, and crisis care for patients
- The AAP website can support providers, patients, residents, and Chapters with mental health resources



Thank you!

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- @dramyshriver

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- <https://www.aapn.com/2023/04/19/health/mental-health-parenting-survey/index.html>

