

# Primary Care Principles for Child Mental Health

Version 3.1

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Partnership Access Line  
Mental Health Consultation Outreach  
*for children*

The information in this book is intended to offer helpful guidance on the diagnostic and treatment process conducted by a primary care provider, and is not a substitute for specific professional medical advice. Providers are encouraged to reproduce pages as desired from this booklet for use in their own clinical practice.

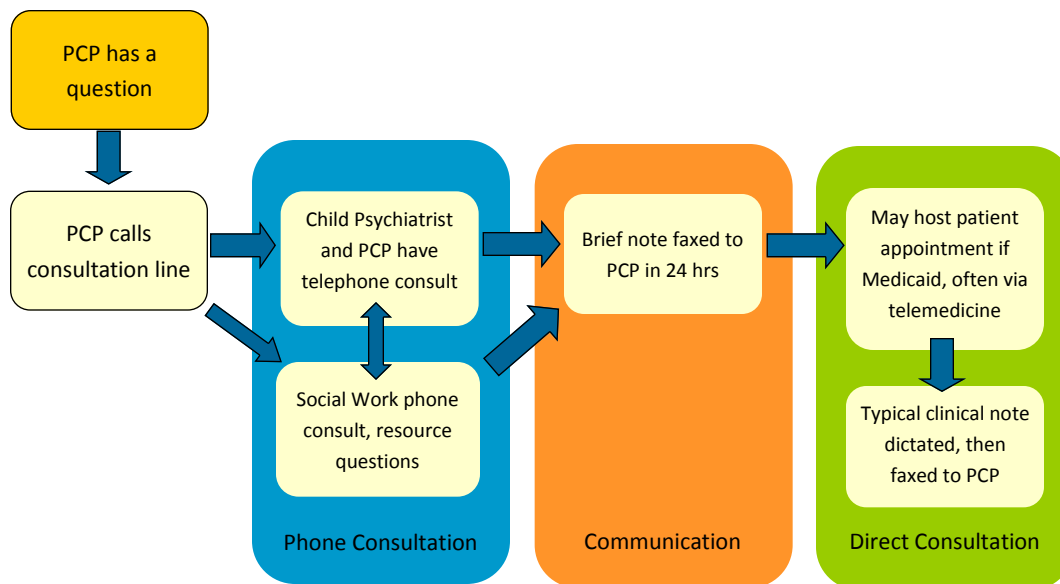
There was no pharmaceutical industry or commercial funding for preparing this booklet.



# Partnership Access Line

## Mental Health Consultation Outreach *for children*

- PAL is a free consultation program for primary care providers (PCPs). It is funded by the Washington State Legislature and by the Department of Social and Health Services (DSHS).
- PCPs may call the PAL toll free number (**866-599-7257**) during business hours (Monday-Friday, 8am-5pm) for *any* type of child mental health advice for *any* child they see
  - A program assistant will ask for the provider's name, contact information and basic patient information
  - A child psychiatrist then will speak to the provider either immediately, or will schedule a convenient call back time (almost always on the same day)
- If the child psychiatrist and PCP determine over the phone that further consultation is needed on a DSHS or Healthy Options client, a rapid consult appointment will be offered with one of our child psychiatrists
- Primary care providers may be reimbursed for phone consultations with the PAL psychiatrist regarding DSHS clients (call us or refer to [www.palforkids.org](http://www.palforkids.org) for details)



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# Peer Review

This guide is based on current evidence in the literature about mental health treatments in children. It is a digestion of current knowledge into focused points practical for the primary care physician. Future editions may cover additional topics in child health.

Although Dr. Hilt is the primary author, this guide has utilized peer review from a variety of mental health experts and the helpful input and guidance from state agencies.

General peer review has included:

Child and Adolescent Outpatient Psychiatry Clinic, Seattle Children's Hospital  
U. of Washington Division of Public Health and Justice Policy  
Eric Trupin, PhD, Professor of Psychiatry & Behavioral Sciences, U. of Washington  
Bryan King, MD, Professor of Psychiatry & Behavioral Sciences, U. of Washington  
Matt Speltz, PhD, Professor of Psychiatry & Behavioral Sciences, U. of Washington  
John Dunne, MD, Child and Adolescent Psychiatrist

Section specific peer review has included:

*ADHD:*

Chris Varley, MD, Professor of Psychiatry & Behavioral Sciences, U. of Washington  
Nicole Nguyen, PharmD., DSHS  
Siri Childs, PharmD., Pharmacy Administrator, DSHS

*Anxiety:*

Teresa Piacentini, PhD, Clinical Psychologist, Seattle Children's Hospital  
Nicole Nguyen, PharmD., DSHS  
Soraya Kanakis, PharmD., DSHS

*Autism:*

Bryan King, MD, Professor of Psych. & Beh. Sciences, U. of Washington

*Bipolar:*

Jack McClellan, MD, Associate Professor of Psych. & Beh. Sciences, U. of Washington  
Kathleen Myers, MD, Associate Professor of Psych. & Beh. Sciences, U. of Washington  
Nicole Nguyen, PharmD., DSHS  
Soraya Kanakis, PharmD., DSHS

*Depression:*

Elizabeth McCauley, PhD, Professor of Psych. & Beh. Sciences, U. of Washington  
Soraya Kanakis, PharmD., DSHS

*Eating Disorder:*

Rose Calderon, PhD, Associate Professor of Psych. & Beh. Sciences, U. of Washington  
Cora Breuner, MD, Associate Professor of Pediatrics, U. of Washington

*Disruptive Behavior and Aggression:*

Terry Lee, MD, Acting Assistant Professor, U. of Washington

# Methods

Dr. Hilt is the primary author of this guide, and peer reviewers have been utilized to verify the validity of the information, and help guide the content of the final product. Patient handout information chosen for inclusion in the guide was selected based on the clinical experiences of Dr. Hilt and the section reviewers.

The process of formulating the care recommendations in the original Care Guide document started with a review of the most recent applicable practice guidelines from the American Academy of Child and Adolescent Psychiatry, and reviewing the applicable sections of *Bright Futures in Practice: Mental Health* practice guide from HRSA (which has received widespread endorsements including from the American Academy of Pediatrics). Regarding medications, Ovid Medline searches were performed between December 2007 and March 2008 looking back at least 10 years with limits set to include only child studies. These Medline searches were supplemented by reviewing recent conference presentations of drug treatment studies, and reviewing bibliographies of the published studies that were found. Bibliographies of review textbooks were also searched, including in particular the bibliography of a recent textbook, *Pediatric Psychopharmacology Fast Facts* by DF Connor and BM Meltzer (2006).

For version 2.0 and newer, additional Medline topic searches for papers published between March 2008 and November 2009 were performed to be certain the medication advice remained up to date. An additional section on Autism care was added, for which Dr. Alison Golombek was a co-author.

Psychosocial treatment guidance was formulated in consultation with the named section reviewers, and with members of the steering committee. Expert consultations and review of online CAMHD Hawaii Department of Health information (included herein) and review of a WA DSHS report from the Children's Evidence Based Practices Expert Panel, dated December 15, 2006 yielded evidence based psychosocial treatment recommendations.

All recommendations in this guide were reviewed and modified by a panel of state experts in each of the applicable fields to reflect current and regionally endorsed, state-of-the-art care.

# How this Care Guide can Help you

As with all diagnostic processes, one has to think of the possibility of a mental health disorder before it is possible to diagnose it.

- Ask for the history of the child's problem
- Ask about acute and chronic stressors relating to their problem
- Then ask yourself if there is a mental health diagnosis to consider
- Ask whether appropriate social, behavioral and family support is present

Certain clusters of symptoms bring up the possibility of particular diagnoses. For instance consider:

- ADHD* if: inattentive or hyperactive with school difficulty
- Anxiety disorder* if: unexplained somatic complaints, general or specific worries
- Autism* if: developmental concern with the most severe impairment in social functioning
- Bipolar disorder* if: episodic mood changes with manic features
- Depression* if: withdrawn, irritable, unexplained somatic complaints
- Eating disorder* if: losing weight or odd eating habits
- Conduct or Oppositional Defiant Disorder (ODD)* if: oppositional or aggressive behavior

A primary care provider considering a particular mental health diagnosis can consult the corresponding section of this guide easily to find information and tools that they may need.

## **Contained inside:**

- Tips on the general approach to mental health issues in primary care practices
- Recommended thought process for the evaluation and treatment of the above 7 common childhood disorders
- Free- to- reproduce rating scales for assistance with diagnosis and follow up
- Organized, current evidence based medication information
- Free- to- reproduce patient handouts
- Reference information that will be consistent with advice given out by PAL program psychiatrists