Practical Strategies for Evaluating Behavioral Health Issues in a Primary Care Setting

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Worldwide Prevalence

Worldwide Prevalence Based on Meta-Analysis of 41 Studies between 1985 and 2012 in 27 Countries

National Prevalence

12-month Prevalence for Children/Adolescents (3 to 17 years)

- **Any Disorder**: 13.1%
- **ADHD**: 8.6%
- **Conduct Problems**: 3.5%
- **Depression**: 2.1%
- **Anxiety**: 3.0%
- **Autism Spectrum**: 1.1%

Behavioral health concerns dramatically affect the length of visit for primary care physicians.

- Primary care general medical visits average 8 minutes
- Behavioral health visits average nearly 20 minutes

Common Issues and how they present to PMD

- Anxiety
  - School, sleep, physical ailments (stomachache/headache)
- Depression
  - School, sleep, irritability, appetite changes
- ADHD
  - Accident prone, disorganized, abnormal activity level, daydreamers
Anxiety

Toddlers

• More fearful than average toddler
• Rigid routine
• Sensory sensitivity
• Sleep issues
• Common Fears:
  • Separation Anxiety
  • Dark/Shadows, Strangers, Dogs
Anxiety

School Age

• School Refusal
• Performance Anxiety
  • Sports, school, extra curricular
• Common Fears:
  • Weather, illness, peer pressure
Anxiety

Adolescents

- Romantic Relationships
- Independence
- Body Image
- Peer acceptance/rejection
- Common Fears:
  - Health, Future
Depression

Toddlers

• Growing number of psychologists believe depression can manifest as early as 2-3 years old
• Symptoms may include:
  • Persistently irritable, morbid play, loss of pleasure in toys/activities, lethargy
• Symptoms are present across time, in different places, with different people
Depression

School Age

• Cries easily, sad mood most days
• Changes in eating, sleeping, peer interactions
• Decline in school performance
• Irritability
Depression

Adolescents

- Sadness, hopelessness, isolation
- Irritability, withdrawal from enjoyed activities
- Self injury, suicide rates
- Suicide is the second leading cause of death for ages 12-18

ADHD

Toddlers

• What is more active than normal?
  • No “down” or quiet times
• Difficult to diagnose this young
• Use caution!
  • ADHD medications can improve functioning for anyone, not just those with diagnosable ADHD
ADHD

School Age

• Teacher report
• Extreme from normal
• Common symptoms:
  • Hyperactivity, disorganization, difficulty following directions, forgetfulness, “daydreaming”, messy/disorganized backpack
ADHD

Adolescents

• More pronounced symptoms
• Impulsivity
• Trouble at school, academic underachievement, disorganized
• Difficult peer relationships (immaturity)
What Can You Do?

Prescreen in waiting room (ages 7 – 11, 12+)

Additional assessment and triage

Refer as needed

Document
Additional Assessment

- When possible, assess apart from caregiver
- Review limits of confidentiality
- Normalize
- Be direct & ask open-ended questions (e.g., “tell me the last time you...” vs. “have you ever...”)
Triage

- Monitor
- Self-help
- Therapy

Mild

Moderate
- Therapy
- Medication

Severe
- Medication
- Therapy
- Hospitalization
Treatment

• What to do yourself
• When to refer
  • What to look for in referral sources
  • Evidence based therapies
Evidence Based Treatments

• Anxiety
  • CBT
  • Modeling, Exposure, Education
  • CBT plus medication

• Depression
  • CBT
  • CBT plus medication
  • CBT with parents, family therapy
Evidence Based Treatments (cont)

- ADHD
  - Behavior Therapy plus medication
  - Parent Management Training
  - Biofeedback
  - Self verbalizations for cognitive tasks
Questions?