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DBMH Variety Interactive Discussion

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Learning Objectives

1. Identify commonly diagnosed DBMH conditions in the pediatric population.
2. Describe screening procedures for autism, mood disorders, ADHD, and eating disorders.
3. Discuss treatment plans for autism, mood disorders, ADHD, and eating disorders.
4. Recognize comorbid conditions in a child with a DBMH diagnosis
5. Describe how to appropriately create a treatment plan for a child with multiple comorbid conditions.


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Objective 1

Identify commonly diagnosed DBMH conditions in the pediatric population.


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DBMH Background

- 50% of mental health problems are diagnosed by age 14 and 75% by age 24
- 10% of children and adolescents have a diagnosable mental health problem, but 70% have not had appropriate treatment
- Developmental disability is higher in boys (10.76%) than girls (5.31%); a total of approx. 17% of children have the diagnosis
- Developmental disability diagnosis is more common in children living in rural vs. urban and those with public health insurance vs. private

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DBMH Conditions

- Anxiety
- Depression
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Tourette Syndrome
- Obsessive Compulsive Disorder (OCD)
- Post-traumatic Stress Disorder (PTSD)
- Autism
- Anorexia Nervosa
- Bulimia Nervosa
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Binge Eating Disorder
- PICA
- Rumination Disorder
- Intellectual Disability

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Top Diagnosed Disorders

- ADHD 9.8%
- Anxiety 9.4%
- "Behavior Problems" 8.9%
- Depression 4.4%
- Having another mental disorder was most common in children with depression: about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%)

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Barriers to Care

- About 37% of the U.S. population, or 122 million Americans, live in areas experiencing shortages of mental health professionals.
- Limited mental health knowledge
- Social stigma and embarrassment
- Inability to trust the provider and confidentiality concerns
- Financial Costs

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Common Treatments

- Cognitive Behavioral Therapy
- Speech and Occupational Therapy
- Play Therapy
- Medication
- Parent-Child Interaction Therapy
- Behavioral Management Therapy
- Problem-solving and social skills training

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Objective 2

Describe screening procedures for autism, mood disorders, ADHD, and eating disorders.

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Autism Screening Tools

- M-CHAT-R/F
 - 16-30 months
 - Low, medium, high risk
 - Medium risk has f/u questions
- STAT
 - 24-36 months
 - Requires training for administration
 - Not validated as first tier screen
- POSI
 - 18-35 months
 - Part of the Survey of the Wellbeing of Children Survey
 - Not validated as first tier screen
- ASSQ
 - 7-16 years old
 - 27 item checklist
 - Validated for first tier screening

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Autism Diagnosis Tools

- Autism Diagnostic Interview-Revised
 - greater than 18 months old
 - 2-3 hour clinical interview
 - Research settings; often combined with ADOS-2
- Autism Diagnostic Observation Schedule- Second edition
 - 12 months-adulthood
 - 40-60 minutes
 - Standard of practice for diagnosis
- Childhood Autism Rating Scale-Second edition
 - Greater than or equal to 2 years of age
 - 20-30 minutes
 - Can be completed by teacher or parent
 - High functioning questionnaire available
- Asperger Syndrome Diagnostic Scale
 - Higher-functioning children
 - 5-18 years old

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Mood/Emotional Disorders Tools

- Depression
 - PHQ-2, ages 12-18
 - PHQ-9 Modified for Teens, ages 12-18
 - Moods and Feelings questionnaire, ages 6-19
- Anxiety
 - SCARED, ages 7-18
 - Pediatric Anxiety Rating Scale, ages 6-17
 - GAD-7, ages 11-17
- Emotional and behavioral problems
 - ASQ Social and Emotional, ages 1-72 months
 - PSC-17, ages 6-18
 - PSC Youth, ages 11-18
 - SDQ, ages 3-16

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ADHD Screening/Diagnosis Tools

- Broadband Assessments
 - Conners 3rd Edition, ages 6-18 and 8-18
 - BASC, ages 2-21 years
 - CBC/Teacher Report Form, 6-18
- Narrow-Band Assessment
 - ACTeRS, Kindergarten-8th grade
 - ADHD Rating Scale, ages 5-17
 - Childhood Attention Problem Scale, ages 5-17
 - Conners 3rd short edition, ages 6-18
 - Vanderbilt Assessment Scales, ages 6-12

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Eating Disorder Screening

- SCOFF, ages 20-35 years
- Eating Disorder Screen for Primary Care, NS
- Eating Attitudes Test, ages 13 and older
- Ch-EAT, ages 8-13
- PHQ, ages 12 and older

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Objectives 3-5

1. Discuss treatment plans for autism, mood disorders, ADHD, and eating disorders.
2. Recognize comorbid conditions in a child with a DBMH diagnosis
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Autism Case Study

30 month old patient presents to your clinic as a new patient for a wellness exam. Mom reports negative PMH, but positive SH for domestic violence and paternal drug use. Mom reports concerns for communication development. Mom states the child is not talking, but does make audible noises.

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Mood Case Study

16 year old cisgender female presents to your clinic with complaints of fatigue and worsening headaches. PMH is negative. No recent changes in social history. She is typically a straight A student, but mom admits to drop in grades on this last report card (2 C's). Mom also is concerned because all she wants to do is sleep and stay in her room. She has also been trying to get out of going to school to the point she is causing herself to throw up from being so upset.

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ADHD Case Study

An 8 year old presents to your clinic for an ADHD follow up appointment. The patient was diagnosed with ADHD at age 5. Patient has med history of the following:

1. Methylphenidate IR 5mg BID
2. Methylphenidate XR 10mg-20mg
3. Dexmethylphenidate 20mg (current medication)

Mom has concerns today with impulse control, medication wearing off too soon, and worsening irritability in the afternoon. He is currently having HA, decreased appetite, and stomach aches for SE.

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Eating Disorder Case Study

14 year old cisgender female presents to your clinic for a wellness exam. Prior to entering the exam room, the nurse informs you of patient's refusal to be weighed. Parent tells the nurse in a separate room of concerns regarding patient's eating habits. Parent reports of compulsive calorie counting and calorie restriction. Mom denies any known vomiting or skipping of meals.

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