

Thoughts about integrating child and
adolescent mental health into general
medical care

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Talking about the same things?

- What is “mental health?”
 - Emotional and behavioral problems
 - Developmental delays and learning problems
 - Epilepsy
 - Substance abuse
 - Maltreatment and domestic violence
- Age groups
 - Infants and toddlers
 - Pre-puberty
 - Adolescents (up to what age?)

Differences from adults [?]

- Equal prevalence of “subthreshold” conditions causing functional impairment
- Multiple co-morbid symptom clusters rather than single defined disorder
- Much less possible to treat in isolation from family context

Points of access

- Post-natal care for mother
- Immunization/health maintenance
 - Up to what age?
- School-based services
- General medical care serving adults and children
- Any specialized services (HIV, TB)

Organizational issues

- Privacy/confidentiality
- Time in visit for disclosure and discussion?
- Who comes to visits and who participates?
- Which providers best suited to detection and treatment?
- “Chronic disease” model possible?
- Planning for emergencies

Detection

- Promoting medical care as a resource
- Interaction skills and clinic structure that facilitate disclosure
- Screening and tracking instruments
 - Short
 - Validated in language/culture

Detection

- Provider “algorithms” that allow decision in minutes
 - Presence of emergency or clear need for secondary care
 - Impression of broad cluster of problem (anxiety, low mood, conduct, developmental problem, etc.)
 - Criteria for return visit or decision for referral

What treatments

- Provider gives advice in visit
 - Many evidence-based suggestions for behavior, mood, anxiety *that can be considered for cultural acceptability*
 - Small set covers many common concerns
 - Can be combined with brief “handout”

What treatments

- Lay-led or assisted groups attached to clinical site [partial list]
 - “Parenting” issues [for parents]
 - Mutual support for developmental delay [for parents]
 - Low mood (IPT) [for adolescents or parents]
 - School skills [for children/adolescents]
 - Therapeutic play [children with chronic illness]

What treatments

- Medications
 - For epilepsy
 - Possibly for low mood among older adolescents (only fluoxetine thought effective)
- Links to community resources
 - Schools
 - Traditional healers
 - Recreational and vocational opportunities
 - Abuse and violence programs

Training issues

- Need to reduce topics covered so training can be relatively brief
 - Blend “public health” and “high impact” approaches
- Availability of initial “co-consultation” or on-going telephone back-up may increase buy-in
- Refreshers and new skills