



Child & Teen Checkups (C&TC) FACT Sheet

For Primary Care Providers

Social-Emotional/Mental Health

Please note: At this time there is no tool that adequately screens both development and social-emotional/mental health.

C&TC Requirements:	Qualified Personnel	Documentation
<p>Social-Emotional/ Mental Health Screening A history and current functioning of a child’s social-emotional/mental health must be obtained from the child, parent of the child, or an adult who is familiar with the child’s health. This must include, but is not limited to:</p> <ul style="list-style-type: none"> ● Identification of mental health needs/risks ● Family mental health history ● Attention skills ● Social / relationship skills <p>This information may be collected verbally, through a review of other sources (i.e., Early Childhood Screening or Head Start screening), by use of a standardized social-emotional/mental health screening tool, or through a combination of these methods.</p>	<p>Physician Nurse Practitioner Physician’s Assistant Or R.N. with adequate training Screener with adequate training</p>	<p>Document mental health history. Use of a standardized screening instrument is strongly recommended. Record normal/abnormal findings. Refer to the C&TC Documentation Forms & Criteria Guidelines.</p>

Key Points / Facts about the Importance of Social – Emotional / Mental Health Screening:

- In a telephone survey of Minnesota parents whose children were eligible for Medicaid services, 53% raised at least one concern about their child’s social, emotional, behavioral, and cognitive development, 26% were concerned about how their child behaves, and 23% were concerned about how their child got along with others [1].
- Epidemiological data indicate that 14%-20% of all school-aged U.S. children and 13% of preschoolers have an emotional and/or behavioral disorder. However, primary care physicians identify only 50% of these children. Once identified, only a fraction of them receive appropriate mental health treatment [2].



- National guidelines recommend that pediatric clinicians assess the well being of parents and safety within the family. However, one survey found that pediatric healthcare providers did not usually assess the mental and emotional well being of parents in Minnesota. 42% of parents reported that their child’s healthcare provider did not talk with them about whether they experienced depression [1].
- 56% of mothers who experienced symptoms of depression in the past year said that they were not asked about their mental and emotional well being by their child’s healthcare provider [1].
- An estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment. Fewer than 1 in 5 of these ill children receive treatment [3].
- Children with developmental delays are at higher risk for behavioral problems [4].
- Under the “Minnesota Comprehensive Children’s Mental Health Act” (Minnesota Statutes 245.487 – 245.4887), children who are eligible for mental health services must be identified [5].
- Between 1993 and 2003, the percent of high school students who reported attempting suicide (8–9 percent) and whose suicide attempts required medical attention (just under 3 percent) remained fairly constant. Girls were more likely than boys to consider or attempt suicide. However, in 2002, adolescent boys (15–19 years of age) were five times as likely to die from suicide as were adolescent girls, reflecting their choice of more lethal methods, such as firearms [6].

Recommended Social-Emotional/Mental Health Screening Instruments [7]:

- Ages & Stages Questionnaire: Social--Emotional (ASQ:SE)
- Brief Infant Toddler Social Emotional Assessment (BITSEA)
- Pediatric Symptom Checklist (PSC)

Suggested Mental Health History items include: (*Federally required components)

Identifying Information

Contextual information

- Family, childcare, school, work, and community, etc.

Past Mental Health History

- Diagnosis
- Therapy or treatment
- Hospitalization
- Family Mental Health History

Present Mental Health Status

- Parent report
- Standardized screening

Functional Health Patterns

- Health maintenance including development, discipline, **mental health needs***, activities and recreation, **chemical use***, sexuality, etc.

Mental Health Screening Suggestions:

- Ask questions regarding psychosocial problems or concerns. Concerns often develop in children as a response to social conditions such as family/community violence and abuse, frequent loss and/or separation, and stresses associated with poverty.



- Use screening questionnaires to facilitate recognition and referral of psychosocial problems as part of routine primary care visits. (See resources, Jellinek et al.) Mental health concerns such as depression should be screened with questions including school performance, chemical use, and relationships with family and peers.
- Best practice would dictate using one of the recommended, standardized Social-Emotional/Mental Health screening tools.

Chemical Use Screening Suggestions:

- Ask about alcohol use and other substances with abuse potential such as over-the-counter or prescription drugs for non-medical purposes, including anabolic steroids.

Professional Recommendations:

American Academy of Pediatrics - An initial or interval history is to be completed at all well child visits.

American Medical Association/Guidelines for Adolescent Preventive Services (GAPS) - Collecting a medical history is an essential component of GAPS and should include questions about body image and dieting patterns, tobacco use, alcohol and other drug use, and involvement in sexual behaviors that may result in unintended pregnancy and STDs.

Resources: (Accessed April 16, 2007)

- Department of Human Services. C&TC Documentation Forms [Online] http://www.dhs.state.mn.us/id_028848 and Criteria Guidelines for C&TC Provider Documentation. [Online]: <http://www.dhs.state.mn.us/provider/ctc>.
- Bright Futures in Practice: Mental Health (2002) is a two-volume set considering the mental health of children in a developmental context, presenting information on early recognition and intervention for specific mental health problems and mental disorders, and providing a tool kit with hands on tools for health professionals and families for use in screening, care management, and health education. Table of contents available [Online]: <http://www.brightfutures.org/mentalhealth/index.html>.
- Mayer R, Anastasi JM, Clark EM. 2006. *What to Expect & When to Seek Help: A Bright Futures Tool to Promote Social and Emotional Development in Infancy*. (Also available for: *Early Childhood - Adolescence*.) Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, in collaboration with the National Center for Education in Maternal and Child Health. © 2006 Georgetown University Center for Child and Human Development. [Online]: <http://www.brightfutures.org/tools/index.html>.
- Mayer R, Anastasi JM, Clark EM, Lorenzo S, Richards JT. 2006. *Where to Seek Help: A Bright Futures Referral Tool for Providers*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, in collaboration with the National Center for Education in Maternal and Child Health. © 2006 Georgetown University Center for Child and Human Development. [Online]: <http://www.brightfutures.org/tools/index.html>.
- The Health Resources and Services Administration. *Stop Bullying Now!*. [Online]: <http://stopbullyingnow.hrsa.gov/adult/indexAdult.asp?Area=preventiontips>
- National Association of Pediatric Nurse Practitioners. The KySSSM Guide to Child and Adolescent Mental Health Screening, Early Intervention, and Health Promotion. *Information for Teens and School-Age Children about Stress and Anxiety*. [On-line]: <http://napnap.org/Docs/Info%20about%20Stress.pdf>.



- American Medical Association: Guidelines for Adolescent Preventive Services. 1997. [On-line]: <http://www.ama-assn.org/ama/pub/category/1980.html>.
- Minnesota Department of Health, Maternal and Child Health Section. For questions, training, or additional information, contact the C&TC Support Staff at (651) 201-3760. [Online]: <http://www.health.state.mn.us/divs/fh/mch/candtc.html>.
- The Minnesota Interagency Developmental Screening Task Force. Developmental screening instruments. [On-line], available: <http://www.health.state.mn.us/divs/fh/mch/devscrn/instruments.html>.

References :

1. Child and Adolescent Health Measurement Initiative. (July 2004). The Promoting Healthy Development Survey – Plus (PHDS-PLUS). MN Medicaid 2003-2004 PHDS-PLUS Survey Findings.
2. Jellinek, M. S., Murphy, J. M., Little, M., Pagano, M. E., Comer, D. M., Kelleher, K. J., (1999). Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care. Arch Pediatr Adolesc Med., 153, 254-260.
3. National Institute of Mental Health, *Treatment of Children with Mental Disorders* (2006). [On-line]: <http://www.nimh.nih.gov/publicat/childqa.cfm>. Accessed April 16, 2007.
4. American Academy of Pediatrics' Committee on Children with Disabilities. (July 2001). Developmental Surveillance and Screening of Infants and Young Children. PEDIATRIC, Vol. 108 No. 1, 192-195. [On-line]: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/1/192>. Accessed April 16, 2007.
5. 245.487, Minnesota Statutes 2006. Minnesota Comprehensive Children's Mental Health Act. [On-line]: <http://www.revisor.leg.state.mn.us/bin/getpub.php?type=s&year=current&num=245.487>. Accessed April 16, 2007.
6. Centers for Disease Control, Office of Women's Health, Child & Adolescent Health: Mental Health, 2005. [On-line]: <http://www.cdc.gov/women/natstat/child.htm#mntlhlth>. Accessed April 16, 2007.
7. The Minnesota Interagency Developmental Screening Task Force. Developmental screening instruments. [On-line]: <http://www.health.state.mn.us/divs/fh/mch/devscrn/instruments.html>. Accessed April 16, 2007.

