Children with behavioral or emotional disorders often suffer symptoms for years before being diagnosed. A new AAP clinical report focuses on the need to increase behavioral screening to improve mental health treatment of pediatric patients.

The report, Promoting Optimal Development: Screening for Behavioral and Emotional Problems (Pediatrics. 2015;135:384-395), gives pediatricians a blueprint for routine mental health screening and serves as a call to action, offering information that can be used in advocating for referral resources, said Carol Weitzman, M.D., FAAP, a lead author.

A new CPT billing code for brief behavioral assessment — 96127 — now allows for separate reporting and payment for this service, and was developed by the report's other lead author, Lynn Mowbray Wegner, M.D., FAAP.

**Widespread problem**

At any given time, up to 20% of U.S. children are grappling with a behavioral or emotional disorder. By the time they turn 16, about 38% of patients will be diagnosed with one of these disorders. Still, less than one in eight children is treated for behavioral and emotional problems.

From 25% to 40% of children with one disorder will have at least one additional mental health or behavioral diagnosis at a given time, according to the report. The most common co-occurring conditions are attention-deficit/hyperactivity disorder and oppositional defiant disorder. Co-occurrence of anxiety and depression is also common.

Risk factors for behavioral and emotional problems include economic disadvantage and, in military families, parental deployment and return. In certain subpopulations, such as children with developmental disabilities, chronic health problems or parents with their own mental health issues, the number of children with some type of mental health problem climbs.

**Importance of early screening**

Early screening is critical, Dr. Weitzman said, and might even change the trajectory of a disorder. A preschooler with sub-threshold anxiety, for example, might be helped before the symptoms become significant and interfere with school success.

“That’s why screening is so important, because we’re picking up … problems that have not been detected,” Dr. Weitzman said. “Screening is really a way of taking a look and starting a conversation. You’re not making a diagnosis,” she said.

“Children don’t come in with a sign that reads ‘I have an anxiety disorder’ or ‘I have depressive disorder,’” Dr. Wegner added. “You really have to use your diagnostic acumen to figure these things out because we don’t have definitive physical signs.”

The report’s appendix includes details on 22 screening instruments that can be used in primary care.
**Prepare the office first**

Preparation for a screening program is essential, according to the authors. The report emphasizes the need for front-end work to prepare the whole office for screening, from selection of the most relevant measures, to workflow to identification of referral resources and follow-up.

“When you're introducing new things, the entire office plays a role,” said Dr. Weitzman. “You have to work out a kind of workflow. Who's giving out the screens? Who's going to score the screens? Are they going to be in your electronic health records? How are you going to maintain patient confidentiality? When are you going to follow up with people who have had a positive screen when you’ve referred them somewhere?”

Identifying someone in the practice who is enthusiastic can help. In addition, it's important to obtain “buy-in” from the staff. The work should not fall disproportionately on the physicians' shoulders, said Dr. Weitzman.

Having a stable cadre of referral sources in the community and on a tertiary level also is recommended. An adolescent with an eating disorder, for example, may need to go to a specialized facility for care.

The report discusses other options for identification and treatment of mental health issues, such as co-located resources in practices. This is a growing, successful model, said Dr. Weitzman, but still uncommon.

**New CPT code**

Helping pediatricians provide evidence-based care for mental health issues and get paid adequately for it has been a longtime concern for Dr. Wegner. She said she developed the new behavioral assessment code, which was six years in the making, to help pediatricians receive adequate payment and reduce one of the barriers to screening. Other barriers include time constraints, long waits for appointments with mental health providers, lack of available providers to refer children, liability issues and the increasing number of mandates for care rendered by pediatricians.

“People pay lip service to pediatricians providing mental health care in general pediatrics,” said Dr. Wegner, “but what has to happen is every training program in this country needs to take it seriously.”

Dr. Wegner argues that identifying and managing emotional problems is like managing a bad sepsis – maybe even more difficult. “With sepsis, you’ve got blood pressure, you’ve got pulse, blood cultures, white count – a bunch of physical indices to help you out,” said Dr. Wegner. “These behavioral scales are your lab tests that are going to help you. They are like ‘mental health lab tests.’”

Consider a patient who goes into cardiopulmonary arrest while in the doctor's office.

“How bad is it if you don’t already have a crash cart assembled and ready?” she asked. “We need to make mental health as important as having a well-stocked and current crash cart.”

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**RESOURCE**

Report calls for routine screening for behavioral, emotional disorders
Alyson Sulaski Wyckoff
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