

## BRIDGES: FROM IDENTIFICATION TO MANAGEMENT OF COMMON PSYCHOSOCIAL PROBLEMS AND MENTAL DISORDERS IN PRIMARY CARE PRACTICE

Primary care health professionals encounter a broad range of cognitive, emotional, and behavioral problems and mental disorders among children, adolescents, and their families. Epidemiological data indicate that 21 percent of U.S. children and adolescents have a diagnosable mental disorder that causes at least minimal impairment. Eleven percent have a diagnosable mental disorder that causes significant impairment (Shaffer et al., 1996; U.S. Department of Health and Human Services, 1999). Primary care health professionals can play a critical role in the early identification and initiation of interventions for a broad range of psychosocial problems (e.g., child maltreatment, substance abuse, attention deficit hyperactivity disorder, mood and anxiety disorders) and are often the primary source of mental health care. However, studies have shown that the rate of identification of psychosocial problems and mental disorders by primary care health professionals is relatively low (less than 50 percent) (Bernal et al., 2000; Costello, 1986). More must be done to equip primary care health professionals with the knowledge and tools they need to identify and treat children and adolescents for mental health problems and mental disorders. This section of the guide, the Bridges, is a step toward addressing that need.

The purpose of the bridge topics is to link primary care prevention efforts to descriptions of and inter-

ventions for specific mental health problems and mental disorders. The selection of bridge topics is based on epidemiological data that reflect the problems and disorders primary care health professionals are most likely to encounter. Each bridge topic is introduced by a set of “key facts” that highlight the prevalence of the problem or disorder and the potential consequences of untreated symptoms. Next, the spectrum of behaviors and symptoms associated with



the particular problem or disorder is described in the context of a child's or adolescent's developmental stage. These descriptions help primary care health professionals recognize difficulties ranging from mild problems to severe disorders. Problems reflect emotional or behavioral symptoms that are serious enough to disrupt a child's or adolescent's functioning but are not severe enough to warrant the diagnosis of a disorder (Wolraich et al., 1996). If primary care health professionals can recognize and address problems at an early stage, suffering and impairment may be prevented or ameliorated.

The descriptions of symptoms of mental health problems and mental disorders in this volume are summaries based on resources such as *The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version* (Wolraich et al., 1996),<sup>1</sup> the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM-IV) (American Psychiatric Association, 1994), and the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision) (DSM-IV-TR) (American Psy-

chiatric Association, 2000).<sup>2</sup> Diagnostic codes for each problem and disorder have been provided for reference and to help health professionals bill and obtain reimbursement for their clinical time.<sup>3</sup> The description of symptoms is followed by a short list of commonly associated problems and disorders that should be considered. Finally, strategies of assessment and potential interventions for the problems and disorders are discussed.

The Bridges provide primary care health professionals with suggested interventions for the problems and disorders described. Interventions are viewed in the context of the child or adolescent, family, and community, and they focus on the following issues:

- Guidelines for crisis intervention
- Problems that require immediate evaluation

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<sup>2</sup>While not directly referenced in the Bridges, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC: 0–3) is another resource for primary care health professionals who see children from birth to age 3 and their families. DC: 0–3 contains axes and diagnostic categories that define new constructs arising out of clinical and research experience with infants, young children, and their families. DC: 0–3 provides a framework for identifying strengths and weaknesses in infants or young children and the caregiving environment, and for creating, in partnership with the family, a developmentally appropriate, comprehensive treatment or management plan.

<sup>3</sup>Adjustment disorders, which are frequently diagnosed in clinical practice in individuals with mental health concerns resulting from emotional and behavioral reactions to acute or chronic stressors, are not discussed separately within the Bridges because approaches used for adjustment disorders are similar to approaches used for the specific mental health concerns at the problem level (e.g., individuals with adjustment disorder with anxiety would benefit from the interventions outlined for anxiety problems).

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<sup>1</sup>Please note that the definition of the four developmental age periods in DSM-PC differs from that used in the Bright Futures series. Where necessary, the criteria used in DSM-PC have been adjusted in this volume to be consistent with the age ranges of the Bright Futures developmental periods.

	Bright Futures	DSM-PC
<b>Infancy</b>	Birth–11 months	Birth–2 years
<b>Early Childhood</b>	1–4 years	3–5 years
<b>Middle Childhood</b>	5–10 years	6–12 years
<b>Adolescence</b>	11–21 years	13 years and older

- Interventions that may be implemented at the problem stage, before disorders develop
- When to consider referring a child, adolescent, or family to a mental health professional
- Types of referral services to consider (e.g., psychological testing; medication; individual, group, and family therapy)
- Collaboration with mental health professionals and community organizations (e.g., schools, human services agencies)

In some cases the reader is referred to Bright Futures teaching cases (Emans and Knight, 2001; Knight and Emans, 2001; Knight et al., 2001) at <http://www.pedicases.org> for additional approaches to diagnosing and managing specific disorders. (See footnote 1 in the Introductory Material, p. xx, for more information on the teaching cases.)

Over time, primary care health professionals get to know children and adolescents in the context of their school, family, and community. These health professionals can use the Bridges as a guide for navigating the complex problems they may face in the course of their relationship with a child or adolescent. The Bridges also provide ideas on how to collaborate with families, schools, and other health professionals to address the needs of each child or adolescent in developmentally appropriate ways.

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