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Common Practice for Behavioral Health Screening in Pediatric Primary Care Settings


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Common Practice for Behavioral Health Screening in Pediatric Primary Care Settings

Mental health disorders in the United States are highly prevalent, affecting 14-20% of children yearly. Only 25-35% receive treatment after on average a six-plus year delay from symptom onset. Current recommendations suggest primary care physicians/providers (PCP) manage mental health conditions, however, PCPs are wary, citing lack of time, training and resources. This study evaluated pediatric/adolescent PCPs using a self-report questionnaire assessing knowledge/skill, clinical practice (e.g. screening tool) and perceived barriers when managing attention deficit hyperactivity disorder (ADHD), anxiety and depression (N = 11). Self-reported knowledge/skill diagnosing, treating and referring each disorder were recorded on a 5-point Likert scale and evaluated using repeated-measures ANOVA with post-hoc Bonferroni tests. Percentages of providers screening for each disorder were calculated (91% for depression, 55% for ADHD and 9% for anxiety). Results showed significant differences in self-reported skill diagnosing the conditions assessed, and in self-reported skill treating the conditions assessed, $F(2, 20) = 13.671, p < 0.001$ and $F(2, 20) = 14.933, p < 0.001$ respectively. Post-hoc Bonferroni tests revealed the significant difference in skill diagnosing was between ADHD (M=3.73, SD=0.65) and anxiety (M=2.64, SD=0.81, $p = 0.01$), and the significant differences in skill treating were between ADHD (M=3.45, SD=0.688) and anxiety (M=2.36, SD=0.5, $p < 0.001$), and between ADHD and depression (M=2.73, SD=0.9, $p = 0.036$). Providers were unlikely to screen for anxiety indicating an area where PCPs could improve their management of mental health disorders. Further study may reveal differences in clinical practice and perceived barriers to increased PCP screening and management.