

QTIP Monthly Meeting Special Topic: Mental Health in Children

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Disclaimer: This informational presentation was developed by Dr. Pender as an independent expert. The information provided in this presentation is not the official position or recommendation from SC DHHS, BCBS SC, Healthy Blue of SC or any affiliates. This presentation is Dr. Pender's expert opinion and is not intended to be appropriate for every clinical situation nor does it replace your own clinical judgment.



Agenda

- Level Set
- Pediatricians as the Frontline
- Referral to a Specialist –Best Case Scenario
- Real World Challenges
- Question & Answer

In 2021, AAP, AACAP, CHA declared a
NATIONAL EMERGENCY for
Children's Mental Health



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Among children and adolescents
aged 10-24 **SUICIDE** is the
leading cause of death



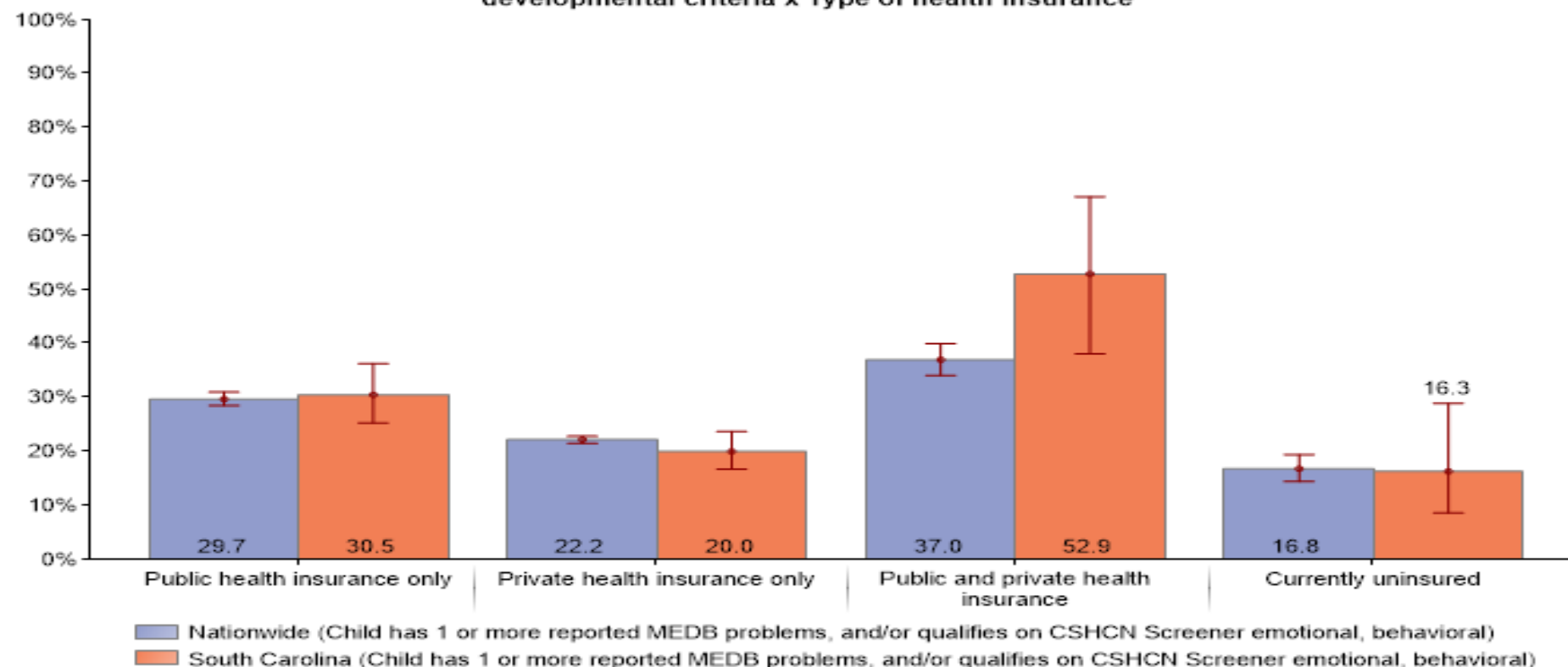
Statistics

Children with mental, emotional, developmental or behavioral problems

Children age 3-17 years

Nationwide vs. South Carolina

Child has 1 or more reported MEDB problems, and/or qualifies on CSHCN Screener emotional, behavioral or developmental criteria x Type of health insurance



Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>

Citation: Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

Pediatricians are the Frontline

of Board
Certified
Child
Psychiatrist

- @11,000

of Board
Certified
Pediatricians

- @56, 000



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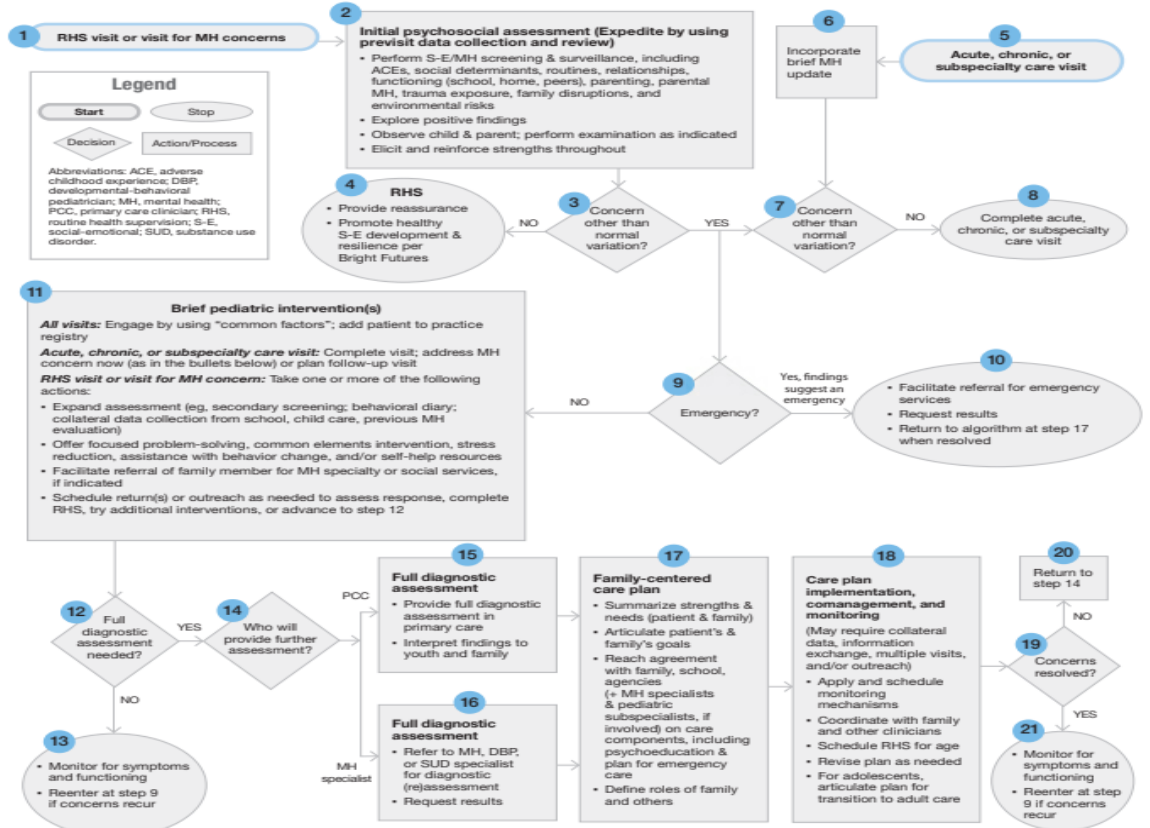
Pediatricians are the Frontline

Mental Health Care in Pediatric Practice



Click the boxes to jump to more information. Use the blue navigation bar at the bottom of the pages to return here.

- www.AAP.org -wonderful resource
 - Family Handouts
 - Mental Health Toolkit
 - Brief Interventions
 - Suggestions for under 5 yo



Pediatricians are the Frontline

Task Force on Mental Health Algorithm Teams: Brief Mental Health Update by Age

Using an Acute Care Visit for a Brief Mental Health Update: Suggested Questions by Age ^a		
Ages 0 to 5 y	Ages 5 to 12 y	Ages 12 to 21 y (parent/child separately)
<ul style="list-style-type: none"> ▪ How have things been going since our last visit? ▪ How are you coping with [the presenting acute illness]? ▪ How is [the illness] affecting your child, other than primary symptoms? ▪ (If an injury) How did it happen? ▪ How is your child sleeping, in general and in light of the condition? ▪ How are things going at home in general? ▪ Is there anything else that's worrying you about parenting your child? 	<ul style="list-style-type: none"> ▪ How have things been going since our last visit? ▪ How are you coping with [the presenting acute illness]? ▪ How is [the illness] affecting your child, other than primary symptoms? ▪ (If an injury) How did it happen? ▪ How is your child sleeping, in general and in light of the condition? ▪ How is everyone getting along at home? ▪ Has your child been enjoying school? (To the child) How's school going? ▪ What is the best part of parenting this child? What is the most difficult part? ▪ Do you have any worries or concerns about your child's mental health, emotions, or behaviors? 	<ul style="list-style-type: none"> ▪ How have things been going since our last visit? ▪ How are you/is your child coping with [the presenting acute illness]? ▪ How is [the illness] affecting you/your child, other than primary symptoms? ▪ (If an injury) How did it happen? Had anyone been drinking or using drugs? ▪ How are you/is your child sleeping, in general and in light of the condition? ▪ How are you/is your child getting along at home? At school? ▪ [Parents of] teenagers often mention that they are having difficulties with stress, worries, or changes in mood—has this been a problem for you/your child?

^aSelect questions as appropriate to the clinical circumstances and time available.



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Pediatricians are the Frontline

- Use your longitudinal relationship to build trust
- Use Validated Screening/Measurement Tools
- Be Comfortable with 2 medications in each class
- Learn some brief interventions
- Use a Family Centered Planning Tool
- Have names of a couple of therapist you know are good and regularly refer

Refer to Specialist-BEST CASE SCENERIO

Consultation Only

- Trusting Relationship with the Family
- Simple Questions about Meds
- Brief Interventions have been successful in the past

Co-Management

- Eating Disorders
- Primary Anxiety and brief interventions not working (Therapist)
- Autism

Full Transfer

- Thinking about adding a 3rd medication
- **Severe** Aggression/Suicide attempt
- School Refusal
- Diagnosis unclear or psychotic symptoms

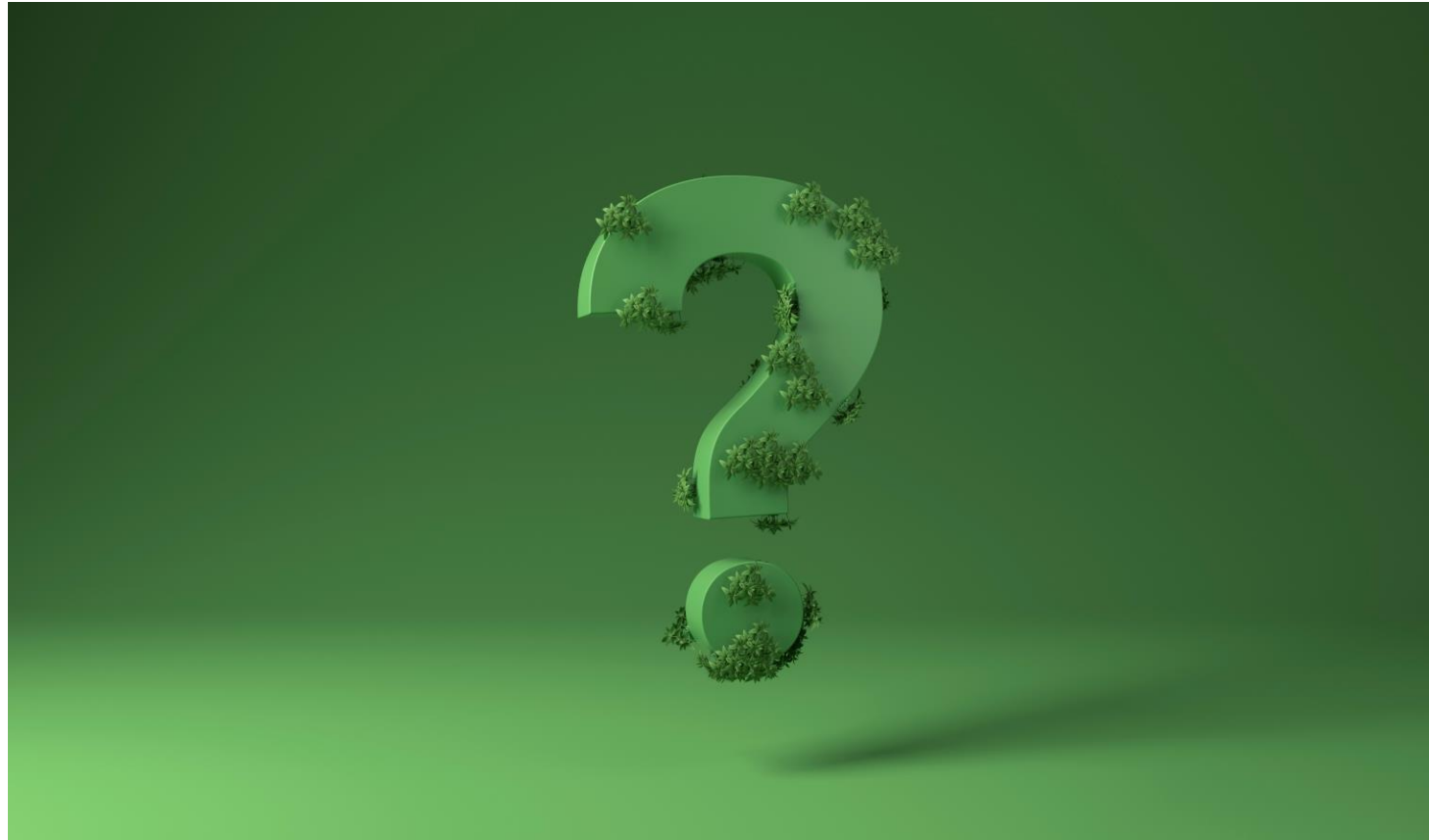


Real World Scenarios

- Complex Diagnosis
 - Validated screening tools with trend data
 - Longitudinal Relationship (trust your gut)
 - Family History
 - Symptom Control (sleep is primary)
- Post-Discharge
 - Request records
 - Verify follow-up appointments
 - Make sure family understands discharge instructions
 - Help with PA



Q & A



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