Introduction

The American Academy of Pediatrics policy statement, “The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care,” proposes competencies requisite to providing mental health services in pediatric primary care settings and recommends steps toward achieving them. Achievement of the competencies will require innovations in residency training and continuing medical education, as well as a commitment by the individual clinician to pursue, over time, educational strategies suited to his or her learning style and skill level. The competencies build on the framework of general competencies established by the Accreditation Council for Graduate Medical Education with the expectation that they will be useful in setting goals for residency training, future board certification and recertification, and personal and professional growth in pediatric practice.

Enhancement of clinical mental health services requires preparations at the community and practice levels. Competencies related to these preparations are listed as follows:

Clinicians providing primary care to children and adolescents should be able to do the following:

**Prepare to Enhance Mental Health Practice**

**Systems-Based Practice**

- **Improve the Organizational and Financial Base of Care**
  - Apply collaborative strategies applicable to advocating with insurers and payers for appropriate payment to primary care clinicians and specialists for their mental health services.
  - Utilize appropriate coding and billing practices to support mental health services.

- **Build Community Collaborations**
  - Establish collaborative relationships with support groups; specialists available within the community (eg, early intervention specialists, school personnel, child care professionals, other specialists); or community agencies (eg, departments of social services, juvenile justice system, nonprofit agencies providing mental health services to children and families) and define respective roles in assessment, treatment, coordination of care, exchange of information, and family support.
  - Apply collaborative approaches involving parents and specialists to advocate for services and educational resources relevant to the full range of children’s, adolescents’ and families’ mental health needs, including those of special populations, such as abused children, children in foster care, homeless children, children of international political refugees and other recent immigrants, children with physical or mental disabilities, children displaced by disasters, children of separated and divorced parents, children of parents deployed for military service, and youth involved in the juvenile justice system.

  - **Enhance the Practice**
    - Establish systems within their practice to support mental health services. Elements include
      a) A directory of specialty referral sources and family support resources in the region
      b) Established procedures for
        - Promoting healthy lifestyles, including exercise, sleep, optimal nutrition, stress management, decreasing exposure to environmental toxins and stressors, and seeking support within the community
        - Eliciting a history of patients’ involvement in specialty care
        - Requesting consent to collect information from collateral sources such as specialists, schools, and social service agencies
        - Obtaining and documenting the child’s and family’s psychosocial history
        - Managing psychiatric emergencies
        - Screening for occult mental health problems
      c) Registries of patients with mental health problems (including children for whom psychopharmacologic agents have been prescribed, and children/families not prepared to take action on mental health concerns)
      d) Evidence-based protocols and monitoring/tracking mechanisms for the care of children with mental health problems
      e) Culturally and linguistically appropriate educational materials on mental health topics for children and families
      f) Tools to facilitate coding and billing specific to mental health
    - Establish a practice environment that normalizes integration of mental health and incorporates medical home principles for the care of children with mental health concerns, as for children and youth with other special health care needs.
Practice-Based Learning and Improvement

- Identify strengths, deficiencies, and limits in one’s own knowledge and expertise concerning mental health and substance abuse assessment and care.
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ problems.
- Use information technology to optimize learning.
- Apply learning to development of office protocols for the assessment and care of children with mental health disorders.
- Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement in mental health care.

The Task Force on Mental Health has developed 2 algorithms representing the processes through which primary care clinicians can provide mental health services in the medical home. Following are lists of competencies that might be applied to each step in these algorithms. The Task Force on Mental Health invites clinicians to develop their own pace in acquiring these competencies, informed by available resources, practice capacity, patient preferences, and circumstances.

Clinicians providing primary care to children and adolescents should be able to do the following:

**Step A2a: Collect and review pre-visit data**

**Patient Care**

- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (e.g., schools, agencies, juvenile justice system, other specialty services), and diagnostic assessment.
INTRODUCTION

COMPETENCIES FOR THE MENTAL HEALTH ALGORITHM STEPS

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**Step A3a: Provide initial clinical assessment; observe child-parent interactions.**

**Patient Care**
- Conduct history, physical assessment, and observations of parent-child interaction indicated by presenting mental health concerns or positive screening test(s) results.

**Interpersonal and Communication Skills**
- Elicit mental health concerns from a child or adolescent and family.
- Explore the cultural context of a child and family’s symptoms or concerns.
- Collaborate with child/adolescent and family to establish the agenda for an outpatient visit involving a mental health issue.

**Professionalism**
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.

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**Step A4a: Acknowledge and reinforce strengths**

**Patient Care**
- Promote mental health resilience through reinforcing child and family strengths and counseling families in healthy lifestyles (eg, nutrition, exercise, play, limited screen time, sleep, family time, stress management, decreased exposure to environmental toxins, promotion of social capital).

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**Step A5a: Concerns (symptoms, functional impairment, risk behaviors, perceived problems)?**

**Patient Care**
- Differentiate normal behavioral variations, mental health problems and disorders, physical conditions with mental health manifestations, and adverse medication effects.
- Recognize common mental health comorbidities in children with physical and cognitive disabilities, chronic medical conditions, and mental health disorders.
- Analyze results from mental health screening, history, and physical assessment to determine a child’s/family’s need for further assessment or intervention.

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**Step A6a: Provide anticipatory guidance for age per Bright Futures, Connected Kids, or KySS.**

**Patient Care**
- Promote mental health resilience through reinforcing child and family strengths and counseling families in healthy lifestyles (eg, nutrition, exercise, play, limited screen time, sleep, family time, stress management, decreased exposure to environmental toxins, promotion of social capital).

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**Step A8a: Emergency?**

**Patient Care**
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.

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**Step A9a: Facilitate referral for specialty services or emergency facility; re-enter algorithm at appropriate point (or A1a).**

**Patient Care**
- Assist families in seeking and using care of a mental health professional or emergency facility that provides evidence-based services appropriate to a child’s/family’s needs and preferences.
- Develop a contingency or crisis plan for a child or adolescent with an urgent mental health problem.

**Interpersonal and Communication Skills**
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (eg, sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Manage resistance or anger in child/adolescent or family.
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Bring a mental health visit to a close in a supportive, efficient manner.

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**Professionalism**
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.
- Discuss one's professional limitations in knowledge and skills as part of the referral process.

**Step A10a: Provide initial intervention; facilitate referral of family member for specialty services, if indicated.**

**Patient Care**
- Promote mental health resilience through reinforcing child and family strengths and counseling families in healthy lifestyles (eg, nutrition, exercise, play, limited screen time, sleep, family time, stress management, decreased exposure to environmental toxins, promotion of social capital).
- Provide guidance to families on managing common mental health problems; on coping with adverse life events such as parental separation and illness or death of a loved one; and on use of educational resources appropriate to their literacy level and cultural and individual needs.

**Medical Knowledge**
- Apply principles of behavior-change science to mental health practice.

**Interpersonal and Communication Skills**
- Explore the cultural context of a child and family’s mental health symptoms or concerns.
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (eg, sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Manage resistance or anger in child/adolescent or family.
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Promote healthy lifestyles that contribute to mental health.
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Bring a mental health visit to a close in a supportive, efficient manner.

Apply competencies listed in A9a to facilitating referral of family member, when indicated.

**Step A11a: Further diagnostic assessment needed?**

**Patient Care**
- Differentiate normal behavioral variations, mental health problems and disorders, physical conditions with mental health manifestations, and adverse medication effects.
- Recognize common mental health comorbidities in children with physical and cognitive disabilities, chronic medical conditions, and mental health disorders.
- Analyze results from mental health screening, history, and physical assessment to determine a child’s/family’s need for further assessment or intervention.
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.

**Step A12a: Collect and review data from collateral sources**

**Patient Care**
- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (eg, schools, agencies, juvenile justice system, other health professionals), and diagnostic assessment.
- Identify potential behavioral, mental health, or learning differences/problems reflected in report cards, academic test results, Individualized Family Service Plans, or Individualized Education Plans.

**Interpersonal and Communication Skills**
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.

**Step A2b: Incorporate brief mental health update**

**Patient Care**
- Integrate a brief psychosocial update into acute care visits.

**Interpersonal and Communication Skills**
- Elicit mental health concerns from a child or adolescent and family.
- Collaborate with child/adolescent and family to establish the agenda for an outpatient visit involving a mental health issue.
Step A3b: Concerns?

**Patient Care**
- Conduct history, physical assessment, and observations of parent-child interaction indicated by presenting mental health concerns or positive screening test(s) results.
- Differentiate normal behavioral variations, mental health problems and disorders, physical conditions with mental health manifestations, and adverse medication effects.
- Recognize common mental health comorbidities in children with physical and cognitive disabilities, chronic medical conditions, and mental health disorders.
- Analyze results from mental health screening, history, and physical assessment to determine a child's/family's need for further assessment or intervention.

**Interpersonal and Communication Skills**
- Explore the cultural context of a child and family's symptoms or concerns.
- Bring a mental health visit to a close in a supportive, efficient manner.

Step A4b: Emergency?

**Patient Care**
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.

Step A5b: Facilitate referral for specialty services or emergency facility; re-enter algorithm at appropriate point (or A1a).

**Patient Care**
- Assist families in seeking and using care of a specialist or emergency facility that provides evidence-based services appropriate to a child's/family's needs and preferences.
- Develop a contingency or crisis plan for a child or adolescent with an urgent mental health problem.

**Medical Knowledge**
- Apply principles of behavior-change science to mental health practice.

**Interpersonal and Communication Skills**
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (e.g., sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Manage resistance or anger in child/adolescent or family.
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Bring a mental health visit to a close in a supportive, efficient manner.

**Professionalism**
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.
- Discuss one's professional limitations in knowledge and skills as part of the referral process.
Clinicians providing primary care to children and adolescents should be able to do the following:

**Step B2a: Who will provide further assessment?**

**Patient Care**
- Analyze results from mental health screening, history, and physical assessment to determine a child's/family's need for further assessment or intervention.
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.
- Integrate child/family strengths, needs, and preferences; clinician's own skills; and available resources into development of a care plan for children with mental health problems, alone or in collaboration with specialists (including further assessment; child/family education about the condition[s]; evidence-based nonpharmacologic and, if indicated, pharmacologic interventions; communication with family and collaborating professionals; monitoring mechanisms; and routine health supervision).

**Step B3a: Facilitate referral to specialist(s) for further assessment**

**Patient Care**
- Assist families in seeking and using care of a specialist or facility that provides evidence-based services appropriate to a child's/family's needs and preferences.
- Develop a contingency or crisis plan for a child or adolescent with an urgent mental health problem.
**Medical Knowledge**

- Apply principles of behavior-change science to mental health practice.

**Interpersonal and Communication Skills**

- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (e.g., sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Manage resistance or anger in child/adolescent or family.
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Bring a mental health visit to a close in a supportive, efficient manner.

**Professionalism**

- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.
- Discuss one’s professional limitations in knowledge and skills as part of the referral process.

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**Step B4a: Collect reports and recommendations**

**Patient Care**

- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (e.g., schools, agencies, juvenile justice system, other health professionals), and diagnostic assessment.

**Interpersonal and Communication Skills**

- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.

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**Step B5a: Provide MH assessment**

**Patient Care**

- Conduct history, physical assessment, and observations of parent-child interaction indicated by presenting mental health concerns or positive screening test(s).
- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (e.g., schools, agencies, juvenile justice system, other health professionals), and diagnostic assessment.
- Differentiate normal behavioral variations, mental health problems and disorders, physical conditions with mental health manifestations, and adverse medication effects.
- Identify potential behavioral, mental health, or learning differences/problems reflected in report cards, academic test results, Individualized Family Service Plans, or Individualized Education Plans.
- Recognize common mental health comorbidities in children with physical and cognitive disabilities, chronic medical conditions, and mental health disorders.
- Plan diagnostic assessment, alone or in collaboration with specialists, of children and youth with special health care needs who have comorbid mental health issues; infants and young children manifesting difficulties with communication or attachment; and children and adolescents presenting with anxious or avoidant behaviors, inattention and hyperactivity, depressive or withdrawn behaviors, oppositional or aggressive behaviors, problems with eating, substance use, exposure to trauma or loss, learning differences, and poor academic performance.
- Analyze results from mental health screening, history, and physical assessment to determine a child’s/family’s need for further assessment or intervention.
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.

**Medical Knowledge**

- Apply formal diagnostic criteria to the diagnoses of attention-deficit/hyperactivity disorder, major depressive disorder, and other disorders for which the clinician considers pharmacologic therapy.

**Practice-Based Learning and Improvement**

- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ problems.
COMPETENCIES FOR THE MENTAL HEALTH ALGORITHM STEPS

Interpersonal and Communication Skills
- Elicit mental health concerns from a child or adolescent and family.
- Explore the cultural context of a child and family’s symptoms or concerns.

Step B6: Interpret findings to family (and youth as appropriate); convey hopefulness about treatment and recovery.

Interpersonal and Communication Skills
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.

Professionalism
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.

Step B7: Specialty care needed?

Patient Care
- Integrate child/family strengths, needs, and preferences; clinician’s own skills; and available resources into development of a care plan for children with mental health problems, alone or in collaboration with specialists (including further assessment; child/family education about the condition[s]; evidence-based nonpharmacologic and, if indicated, pharmacologic interventions; communication with family and collaborating professionals; monitoring mechanisms; and routine health supervision).

Interpersonal and Communication Skills
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (eg, sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Manage resistance or anger in child/adolescent or family.
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Bring a mental health visit to a close in a supportive, efficient manner.

Professionalism
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.
- Discuss one’s professional limitations in knowledge and skills as part of the referral process.

Step B8: Facilitate involvement of specialist(s)

Patient Care
- Assist families in seeking and using care of a specialist or facility that provides evidence-based services appropriate to a child’s/family’s needs and preferences.
- Develop a contingency or crisis plan for a child or adolescent with an urgent mental health problem.

Medical Knowledge
- Apply principles of behavior-change science to mental health practice.

Interpersonal and Communication Skills
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (eg, sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Manage resistance or anger in child/adolescent or family.
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Bring a mental health visit to a close in a supportive, efficient manner.

Professionalism
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.
- Discuss one’s professional limitations in knowledge and skills as part of the referral process.

Step B9: Collect reports and/or convene team to review

Systems-Based Practice
- Participate in multidisciplinary meetings, appropriately applying such skills as reflective listening, mediation, and leadership skills.

Patient Care
- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (eg, schools, agencies, juvenile justice system, other health professionals), and diagnostic assessment.

Interpersonal and Communication Skills
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
Medical Knowledge
- Access current data about the safety and efficacy of common pharmacologic and psychosocial interventions in children and adolescents.
- Access current data about interactions between prescription drugs and dietary supplements commonly used for mental health problems.

Practice-Based Learning and Improvement
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ problems.

Step B10: Collaboratively develop a family-centered care plan

Systems-Based Practice
- Establish collaborative relationships with support groups; professionals available within the community (eg, early intervention specialists, school personnel, child care professionals, other specialists); or community agencies (eg, departments of social services, juvenile justice system, nonprofit agencies providing mental health and substance abuse services to children and families) and define respective roles in assessment, treatment, coordination of care, exchange of information, and family support.
- Apply collaborative approaches involving parents and specialists to advocate for services and educational resources relevant to the full range of children’s/adolescents’ and families’ mental health needs, including those of special populations such as abused children, children in foster care, homeless children, children of international political refugees and other recent immigrants, children with physical or mental disabilities, children displaced by disasters, children of separated and divorced parents, children of parents deployed for military service, and youth involved in the juvenile justice system.

Patient Care
- Apply strategies to monitor adverse and positive effects of nonpharmacologic and pharmacologic therapy.
- Integrate child/family strengths, needs, and preferences; clinician’s own skills; and available resources into development of a care plan for children with mental health problems, alone or in collaboration with specialists (including further assessment; child/family education about the condition[s]; evidence-based nonpharmacologic and, if indicated, pharmacologic interventions; communication with family and collaborating professionals; monitoring mechanisms; and routine health supervision).

Interpersonal and Communication Skills
- Interpret to families current evidence related to the safety and efficacy of therapeutic options.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Promote healthy lifestyles that contribute to mental health.
- Clarify and discuss psychological test results, mental health findings, and concerns to children, adolescents, and families in language that is appropriate for age, education level, and cultural norms.
- Bring a mental health visit to a close in a supportive, efficient manner.

Professionalism
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.
- Establish clear expectations in children, adolescents, and their families about conditional confidentiality (specific to state laws), exchange of protected health information, and business practices.

Step B11: Implement chronic care protocol

Patient Care
- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (eg, schools, agencies, juvenile justice system, other health professionals), and diagnostic assessment
- Analyze results from mental health screening, history, and physical assessment to determine a child/family’s need for further assessment or intervention.
- Provide guidance to families on managing common mental health problems; on coping with adverse life events such as parental separation and illness or death of a loved one; and on use of educational resources appropriate to their literacy level and cultural and individual needs.
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.
- Develop a contingency or crisis plan for a child or adolescent with an urgent mental health problem.
- Apply strategies to monitor adverse and positive effects of nonpharmacologic and pharmacologic therapy.
COMPETENCIES FOR THE MENTAL HEALTH ALGORITHM STEPS

Medical Knowledge
- Access current data about the safety and efficacy of common pharmacologic and psychosocial interventions in children and adolescents.
- Access current data about interactions between prescription drugs and dietary supplements commonly used for mental health problems.
- Apply principles of behavior-change science to mental health practice.

Practice-Based Learning and Improvement
- Apply learning to development of office protocols for the assessment and care of children with mental health disorders.

Interpersonal and Communication Skills
- Identify and address barriers preventing a child or family from seeking or accepting help for a mental health problem (e.g., sense of hopelessness, inadequate insurance or financial resources, family conflict, stigma).
- Apply motivational interviewing techniques, family engagement strategies, and behavioral contracts to seek consensus on a mental health plan of action and to prepare the family for a mental health consultation.
- Communicate effectively with physicians, other health professionals, health-related agencies, and educators in the mutual care of children and adolescents.
- Bring a mental health visit to a close in a supportive, efficient manner.

Professionalism
- Demonstrate sensitivity to cultural differences and family preferences in addressing mental health concerns.

See also competencies for preparing a practice.

Step B12: Is concern persisting?

Systems-Based Practice
- Participate in multidisciplinary meetings, appropriately applying such skills as reflective listening, mediation, and leadership skills.

Patient Care
- Conduct history, physical assessment, and observations of parent-child interaction indicated by presenting mental health concerns or positive screening test(s) results.
- Differentiate normal behavioral variations, mental health problems and disorders, physical conditions with mental health manifestations, and adverse medication effects.
- Recognize common mental health comorbidities in children with physical and cognitive disabilities, chronic medical conditions, and mental health disorders.

- Analyze results from mental health screening, history, and physical assessment to determine a child/family’s need for further assessment or intervention.
- Recognize mental health emergencies, severe functional impairment, and complex mental health symptoms that require specialty care.
- Integrate child/family strengths, needs, and preferences; clinician’s own skills; and available resources into development of a care plan for children with mental health problems, alone or in collaboration with specialists (including further assessment; child/family education about the condition[s]; evidence-based nonpharmacologic and, if indicated, pharmacologic interventions; communication with family and collaborating professionals; monitoring mechanisms; and routine health supervision)

Interpersonal and Communication Skills
- Elicit mental health concerns from a child or adolescent and family.

Step B2b: Collect reports and recommendations

Systems-Based Practice
- Participate in multidisciplinary meetings, appropriately applying such skills as reflective listening, mediation, and leadership skills.

Patient Care
- Select, use, and interpret tools appropriate to the primary care setting for such purposes as screening for mental health problems, functional assessment of children and families, collection of information from collateral sources (e.g., schools, agencies, juvenile justice system, other health professionals), and diagnostic assessment.

Medical Knowledge
- Access current data about the safety and efficacy of common pharmacologic and psychosocial interventions in children and adolescents.
- Access current data about interactions between prescription drugs and dietary supplements commonly used for mental health problems.
## Reference


## Personal Checklist for Assessing Competencies for Each of the Mental Health Algorithms Steps

**Algorithm A: Promoting Social-Emotional Health, Identifying Mental Health and Substance Use Concerns, Engaging the Family, and Providing Early Intervention in Primary Care**

<table>
<thead>
<tr>
<th>Algorithm Step</th>
<th>Description</th>
<th>Competencies Achieved</th>
<th>Competencies Needed</th>
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<tbody>
<tr>
<td>A2a</td>
<td>Collect and review pre-visit data</td>
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<tr>
<td>A3a</td>
<td>Provide initial clinical assessment; observe child-parent interactions.</td>
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<td>A4a</td>
<td>Acknowledge and reinforce strengths</td>
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<tr>
<td>A5a, A3b</td>
<td>Concerns (symptoms, functional impairment, risk behaviors, perceived problems)?</td>
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<tr>
<td>A6a</td>
<td>Provide anticipatory guidance for age per Bright Futures, Connected Kids, or KySS</td>
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<tr>
<td>A8a, A4b</td>
<td>Emergency?</td>
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<tr>
<td>A9a, A5b</td>
<td>Facilitate referral for specialty services or emergency facility.</td>
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<tr>
<td>A10a</td>
<td>Provide initial intervention; facilitate referral of family member for specialty care, if indicated.</td>
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<td>A11a</td>
<td>Further diagnostic assessment needed?</td>
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<tr>
<td>A12a</td>
<td>Collect and review data from collateral sources</td>
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<tr>
<td>A2b</td>
<td>Incorporate brief mental health update</td>
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## Algorithm B: Assessment and Care of Children with Identified Social-Emotional, Mental Health (MH) or Substance Abuse (SA) Concerns, Ages 0-21

<table>
<thead>
<tr>
<th>Algorithm Step</th>
<th>Description</th>
<th>Competencies Achieved</th>
<th>Competencies Needed</th>
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<tbody>
<tr>
<td>B2a</td>
<td>Who will provide further assessment?</td>
<td></td>
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<tr>
<td>B3a</td>
<td>Facilitate referral to specialist(s) for further assessment</td>
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<tr>
<td>B4a, B2b</td>
<td>Collect reports and recommendations</td>
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<tr>
<td>B5a</td>
<td>Provide MH assessment</td>
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<tr>
<td>B6</td>
<td>Interpret findings to family (and youth as appropriate); convey hopefulness about treatment and recovery.</td>
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<tr>
<td>B7</td>
<td>Specialty care needed?</td>
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<tr>
<td>B8</td>
<td>Facilitate involvement of specialist(s)</td>
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<td>B9</td>
<td>Collect reports and/or convene team to review</td>
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<td>B10</td>
<td>Collaboratively develop a family-centered care plan</td>
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<tr>
<td>B11</td>
<td>Implement chronic care protocol</td>
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<tr>
<td>B12</td>
<td>Is concern persisting?</td>
<td></td>
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