

## Studies: Most pediatricians treat ADHD but not other mental health issues

from the **AAP Department of Research**

Over the past decade, the Academy has put increased emphasis on the importance of child mental health for optimal growth and development.



Two recently published studies based on data from the AAP Periodic Survey of Fellows explore how pediatricians are addressing behavior and mental health issues in their practice compared to a decade ago. A third study based on data from the same survey looks at pediatricians' screening practices regarding adverse childhood experiences (ACEs).

Results show little change from 2004-'13 in the percentage of respondents who reported inquiring or screening for five common mental health-related problems: attention-deficit/hyperactivity disorder (ADHD), behavioral problems, learning disabilities, anxiety disorders and child/adolescent depression (Stein REK, et al. *Acad Pediatr*. Sept. 5, 2015, <http://dx.doi.org/10.1016/j.acap.2015.08.012>).

In both 2004 and 2013, 57% of all pediatricians reported usually treating/managing/co-managing ADHD. For the other four conditions, the percent reporting treating/managing/co-managing significantly increased across survey years. However, less than 25% of pediatricians said they usually treat or manage these problems.

Among those exclusively practicing general pediatrics, the percentage who reported treating/managing/co-managing ADHD increased from 65% to 75% across survey years. Although the percentage treating the other conditions also increased, fewer than 30% reported doing so in both survey years.

Fewer pediatricians in 2013 than in 2004 identified barriers to identifying and treating/managing/co-managing child/adolescent mental health problems. However, significant barriers still exist (Horwitz SM, et al. *Acad Pediatr*. 2015;15:613-620, <http://dx.doi.org/10.1016/j.acap.2015.08.006>). A majority of pediatricians continue to report lack of time to treat child/adolescent mental health problems (77% in 2004 vs. 70% in 2013), lack of training in treating with counseling or medications (65% vs. 66%), and lack of confidence in their ability to treat with counseling (62% vs. 57%) and medication (59% vs. 51%).

In addition, fewer pediatricians in 2013 than in 2004 expressed interest in further education on identifying child mental health problems (65% in 2004 vs. 44% in 2013) and on managing/treating these conditions (56% in 2004 vs. 40% in 2013).

When asked in 2013 whether they usually inquire about or formally screen their patients for seven adverse experiences, 32% reported that they did not usually inquire/screen for any of them (Kerker BD, et al. *Acad Pediatr*. Oct. 31, 2015, <http://dx.doi.org/10.1016/j.acap.2015.08.002>).

### Percent of general pediatricians who usually ask patients about adverse childhood experiences

Maternal depression	46%
Parental separation/divorce	42%
Physical or sexual abuse	32%
Domestic violence exposure	26%
Parental alcohol/drug use	17%
Hostile/rejecting parenting by mothers	10%
Incarcerated relative	9%

Source: AAP Periodic Survey #85, 2013

The ACEs pediatricians most often ask about include maternal depression and parental separation/divorce. (See table.)

More than 90% of pediatricians in general pediatrics agreed that persistent physiological stress in childhood can make children less capable of coping with future stress and can disrupt brain development and impair educational achievement. However, only 34% agreed that prolonged or excessive physiologic stress in childhood can result in epigenetic modification of the DNA.

Data were gathered from AAP Periodic Survey #59 in 2004 and AAP Periodic Survey #85 in 2013. Both surveys were mailed to a unique random sample of non-retired U.S. AAP members, n=1,600 in 2004 and n=1,617 in 2013. Response rates were 52% and 37%, respectively; in both survey years, data were weighted to ensure respondents were representative of the AAP membership. For both surveys, analysis was limited to post-residency pediatricians who provide patient care.

### RESOURCES

- For more information on AAP mental health-related activities, contact Linda Paul at 800-433-9016, ext. 7787, or [lpaul@aap.org](mailto:lpaul@aap.org), or Karen Smith at 800-433-9016, ext. 7941, or [ksmith@aap.org](mailto:ksmith@aap.org), in the AAP Division of Developmental Pediatrics and Preventive Services. Or visit [www.aap.org/ebcd](http://www.aap.org/ebcd) and [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth).
- For more information on the AAP Periodic Survey of Fellows, contact Karen O'Connor, in the AAP Division of Health Services Research, at 800-433-9016, ext. 7630, or [koconnor@aap.org](mailto:koconnor@aap.org), or visit <http://bit.ly/1Ba8CWz>.

## This month in *Pediatrics*

The following are published in the December issue of *Pediatrics*:

### Critical Elements for the Pediatric Perioperative Anesthesia Environment

— An AAP policy statement from the Section on Anesthesiology and Pain Medicine

### The Individuals With Disabilities Education Act for Children With Special Educational Needs

— An AAP clinical report from the Council on Children With Disabilities and the Council on School Health  
(See article on page 28)

### Newborn Screening for Biliary Atresia

— An AAP technical report from the Section on Surgery and the Committee on Fetus and Newborn; and the Childhood Liver Disease Research Network  
(See article on page 26)

### Nontherapeutic Use of Antimicrobial Agents in Animal Agriculture: Implications for Pediatrics

— An AAP technical report from the Council on Environmental Health and Committee on Infectious Diseases  
(See article on page 22)

### National Model EMS Guidelines

— An AAP statement of endorsement

### Prehospital External Hemorrhage Control

— An AAP statement of endorsement

### Coming in January *Pediatrics*

#### Policy statements

- 2016 Recommendations for Preventive Pediatric Health Care
- Visual System Assessment in Infants, Children and Young Adults by Pediatricians

#### Clinical reports

- Apnea of Prematurity
- Evaluation and Referral of Children With Signs of Early Puberty
- Noninvasive Respiratory Support
- Patent Ductus Arteriosus in Preterm Infants
- Procedures for the Evaluation of the Visual System by Pediatricians
- Rescue Medicine for Epilepsy in Education Settings

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