

# The Pediatrician and the "New Morbidity"

Committee on Psychosocial Aspects of Child and Family Health

## THE CHALLENGE

A decade has passed since the American Academy of Pediatrics (AAP) defined the role of the pediatrician in providing increased attention to the prevention, early detection, and management of the various behavioral, developmental, and social functioning problems encountered in pediatric practice.<sup>1</sup> These problems, called the "new morbidity,"<sup>2</sup> are not really "new"; they have always affected children, but many have become more prevalent. For example, the number of children and adolescents with activity limitation caused by a chronic health condition with attendant psychological problems currently approaches 8%.<sup>3</sup> The number of children living with divorced mothers doubled between 1970 and 1986. The suicide rate for male adolescents has doubled since 1960.<sup>4</sup> Because of the prevalence of these problems, the pediatrician is being asked to expand the traditional role of health supervision and management of physical illnesses to address psychosocial and behavioral problems more effectively.

## THE BARRIERS

To achieve this goal, pediatricians must overcome educational, economic, and time management obstacles, despite tremendous strides in the development of an educational blueprint,<sup>5</sup> an ever-increasing knowledge base, and a growing cadre of educators.<sup>6</sup> Pediatric residency training is focused on major physical illness in tertiary care hospitals and to a limited degree on behavioral issues. Training in ambulatory settings has expanded, although training in behavioral pediatrics remains limited in many residency programs. In 1987, the Residency Review Committee added a requirement for behavioral teaching, although the specific time requirement for training in behavioral pediatrics is undefined. Consequently many pediatricians have completed training with limited instruction in psychosocial issues. Expanding developmental, behavioral, and adolescent training during residency would better equip the pediatrician to address these new morbidities.

Better education of pediatricians is necessary but not sufficient to address the new morbidity. Many children with pressing needs never reach the pediatrician or other child care professionals because of barriers to health care access. In practice, even the

pediatrician with a well-rounded education experiences time constraints and inadequate reimbursement for the effort required to address behavioral problems.

There are additional barriers to addressing behavioral problems. Current systems for classifying mental disorders in children do not adequately describe the types of psychosocial and behavioral problems encountered by pediatricians. Another concern is the increasing reliance on a pathology-based model for screening mental health problems. Although behavioral checklists help screen children with psychiatric problems needing referral,<sup>8</sup> the pediatrician's potential area of competence is greater than mere screening for major mental disorders.

## REALISTIC OBJECTIVES

The pediatrician's professional competence and job satisfaction in handling behavioral issues can be enhanced by several changes.

### Clarify the Expanded Areas of Pediatric Competence

Pediatricians need the following areas of knowledge:

1. Physical and environmental factors affecting behavior, including risk factors, their impact, prevention, and management;
2. Normal variations of development and behavior, and how to help parents deal with them;
3. Behavior affecting physical health, including risk factors (eg, medical noncompliance, smoking), their impact, prevention, and management;
4. Mild and moderate behavioral problems, including detection, evaluation, and management;
5. Severe behavioral deviations, including recognition, preliminary evaluation, and appropriate referral.

### Develop Interviewing Skills

Pediatricians depend heavily on interviewing skills in their evaluation of patients. Interviewing skills are an important diagnostic and therapeutic method for managing behavioral issues. The interviewing and evaluation process sorts through the complex data presented by parents and other caretakers, arrives at an assessment of the status of the child and family, assesses what is needed to alter significant family interactions to benefit the child, and determines appropriate referral.

### Establish a Comprehensive Mental Health Model

A mental health model that adequately integrates physical and mental issues should be developed for

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primary care. A comprehensive model integrating those issues and considering aspects of adjustment and adaptation among children and families is needed. The AAP Task Force on Coding for Mental Health in Children is developing a Diagnostic and Statistical Manual for Primary Care (DSM-PC). A nosology in primary care is being developed that incorporates a developmental perspective and categorizes normal variation and problems as well as mental health disorders.<sup>9</sup>

The current psychiatric diagnostic terminology (*Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition revised, and *International Classification of Diseases*, 9th revision), is useful to child psychiatrists and other mental health professionals, but it is not designed to meet the needs of the pediatrician. The terminology and model do not provide a meaningful framework for organizing the information gathered by a skillful pediatric interviewer. A comprehensive mental health model that is appropriate for the pediatric setting, considers positive as well as negative aspects of adjustment, and encourages the clinician to make the behavioral diagnostic judgments is needed.

#### Improve Pediatric Counseling Skills

Counseling is a skill possessed by pediatricians but underutilized in the management of behavioral problems.<sup>10</sup> With a combination of knowledge, interviewing skills, and diagnostic understanding, pediatricians can effectively counsel patients and families and improve most behavioral problems they encounter. Many pediatricians may need to improve their performance in these areas in order to utilize their skills more effectively. For example, pediatricians can allay parents' fears and provide reassurance by bringing information about the wide range of normal behavior to the clinical encounter.<sup>11</sup> Pediatricians may underestimate the therapeutic value of the interview itself, a value that is gained before any counseling is done.

#### Allocate Time Realistically

Child health supervision visits are effective for detecting physical abnormalities and preventing illness. When psychosocial issues are detected during such a visit, there may be insufficient time to address the problems adequately. Developmental issues reflecting normal variations may be managed within the context of a health supervision visit. More complex situations, such as divorce, bereavement, or school failure, require additional visits with ample time to discuss the problem. The individual skill level of the pediatrician will determine the complexity of psychosocial issues that can be managed effectively.

#### Improve Referral Skills

Some children have complex psychosocial problems that need referral. Some children may be better served in an alternate setting, such as a school or community mental health center, where a wider range of resources is available for the child and family.<sup>12</sup>

The child's environment, such as a stressful marital separation, can pose a threat to a child even though he or she may not yet manifest any ill effects. Pediatricians with appropriate clinical knowledge, interviewing, and counseling skills are more likely to make timely and effective referrals.

The pediatrician's relationship with the school system and knowledge of the available social and mental health referral sources affects referral. Pediatricians must be familiar with mental health professionals who can manage complex problems identified in a typical pediatric practice.

#### Revise Allocation of Resources

Resources are needed to address psychosocial morbidity and to compensate for past inattention to these problems. The quantity and quality of resident training in this area must be improved to allow for acquisition of requisite knowledge and skills. Reimbursement for the management of children with psychosocial problems must be revised to allow pediatricians the additional time required to perform this vital role.

#### CONCLUSION

Implementing these objectives would make the pediatrician more effective in managing the "new morbidity." The cooperation of pediatric training program directors, educators, and practicing pediatricians is required. As new "epidemics" such as violence, poverty, technology-dependent children, drug-addicted infants, and human immunodeficiency virus continue to emerge, pediatric and pediatric-related organizations will need to continuously expand a mental health model that encompasses a classification scheme and new training curricula. Such efforts will gain momentum as pediatricians experience the satisfaction of growing professional competence and the sense of achievement that comes with effectively managing children's psychosocial problems.

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Canadian Paediatric Society

Consultants

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for Child Mental Health Services

Robert Pantell, MD, University of  
California-San Francisco

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