ALGORITHM: A PROCESS FOR INTEGRATING MENTAL HEALTH CARE INTO PEDIATRIC PRACTICE

1. Schedule RHS visit or visit for MH concern

2. Initial psychosocial assessment (Expedite using previsit data collection and review)
   - Perform S-E/MH screening and surveillance, including ACEs, social determinants, routines, relationships, functioning (school, home, peers), parenting, parental MH, trauma exposure, family disruptions, environmental risks
   - Explore positive findings
   - Observe child and parent; perform examination as indicated
   - Elicit and reinforce strengths throughout

3. Concerns other than normal variations?

4. Routine health supervision
   - Provide reassurance
   - Promote healthy S-E development and resilience per Bright Futures

5. Acute care visit

6. Incorporate brief MH update

7. Concerns other than normal variations?

8. Complete acute care visit

9. Emergency?
   - Yes, findings suggest an emergency
   - Yes, findings suggest an emergency
   - No

10. RHS visit or visit for MH concern
    - Take one or more of the following actions:
      - Expand assessment (e.g., secondary screening; behavioral diary; collateral data collection from school, child care, previous MH evaluation)
      - Offer focused problem-solving, common elements intervention, stress reduction, assistance with behavior change, and/or self-help resources
      - Facilitate referral of family member for MH specialty or social services, if indicated
      - Schedule return(s) or outreach as needed to assess response, complete RHS, try additional interventions, or advance to step 12

11. Brief primary care intervention(s)
    - All visits: Engage using “common factors”; add patient to registry
    - Acute care visit: Complete acute care visit; address MH concern now (as in the bullets below) or plan follow-up visit
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Algorithm: A Process for Integrating Mental Health Care Into Pediatric Practice (continued)

12. Full diagnostic assessment needed?
   - Yes
   - PCC
   - MH specialist

14. Who will provide further assessment?

13. Monitor for symptoms and functioning
   - Reenter at step 9 if concerns recur

15. Full diagnostic assessment
   - Provide full diagnostic assessment in primary care
   - Interpret findings to youth and family

16. Full diagnostic assessment
   - Refer to MH specialist or DBP for diagnostic (re)assessment
   - Request results

17. Family-centered care plan
   - Summarize strengths and needs (patient's and family's)
   - Articulate patient's and family's goals
   - Reach agreement with family, school, agencies (+ MH specialists and pediatric subspecialists, if involved) on care components, including psychoeducation and plan for emergency care
   - Define roles of family and others

18. Care plan implementation, comanagement, and monitoring
   (May require collateral data, information exchange, multiple visits, and/or outreach)
   - Apply and schedule monitoring mechanisms
   - Coordinate with family and other clinicians
   - Schedule RHS for age
   - Revise plan as needed
   - For adolescents, articulate plan for transition to adult care

20. Return to step 16
   - No

19. Concerns resolved?
   - Yes
   - Monitor for symptoms and functioning
   - Reenter at step 9 if concerns recur

21. "Stop"

Legend
- Start
- Action/process
- Decision
- Stop

Abbreviations: ACE, adverse childhood experience; DBP, developmental-behavioral pediatrician; MH, mental health; PCC, primary care clinician; RHS, routine health supervision; S-E, social-emotional.