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David Hathcox

Thomas Frieden, M.D., M.P.H., tells Annual Meeting attendees that understanding how societal influences impact behavior and taking steps to apply that knowledge can lead to a reduction in the incidence of mental disorders and other medical conditions.

CDC Director Calls for Collaboration Of Mental Health and Public Health

BY MARK MORAN

"With a reciprocal revolution bringing together psychiatry and public health, we can affect deep societal change," said Thomas Frieden, M.D., M.P.H., director of the Centers for Disease Control and Prevention, as he presented the William C. Menninger Memorial Convocation Lecture at APA's 2016 Annual Meeting in Atlanta.

Frieden said depression and severe mental illness, alcoholism, opioid addiction, suicide, HIV/AIDS, and a host of other conditions are amenable to population-based solutions that look at how societal influences affect individual behavior and individual health.

"Broad and deep change is possible at the individual and societal levels when psychiatry and public health work together," Frieden said.

Frieden was appointed CDC director by President Barack Obama in 2009. As CDC director, he led the nation's response to the 2009 H1N1 influenza virus pandemic, and he launched the first-ever national paid anti-tobacco media campaign, "Tips From Former Smokers," projected to help more than 100,000 smokers quit.

Prior to coming to the CDC, he was commissioner of the New York City Health Department from 2002 to 2009, where he directed the city's anti-tobacco effort that led to the reduction in the number of smokers by 350,000 and cut teen smoking in half. Also, New York City became the first place in the United States to eliminate trans fats from restaurants, resulting in more than 50 national chains taking that step, and to require certain restaurants to post calorie information prominently.

From 1992 to 1996, as a CDC assignee, he led New York City's program that rapidly controlled tuberculosis, including reducing the number of cases of multidrug-resistant tuberculosis by 80 percent. While working in India for five years as a CDC assignee to the World Health Organization, he assisted with national tuberculosis control efforts.

In his Convocation lecture, Frieden said the opioid abuse epidemic has required physicians to rethink how they manage and treat chronic pain, since many heroin addicts today began their addiction

*see **CDC** on page 11*

Oquendo Urges Senate Passage Of Mental Health Reform Bill

The bill will benefit patients and their families for generations to come, say senators and psychiatrists.

BY AARON LEVIN

APA President Maria A. Oquendo, M.D., and other mental health experts went to Capitol Hill in late May to generate support for passage of the bipartisan Mental Health Reform Act of 2016 (S 2680).

"As a nation, we have failed to meet the needs of Americans with mental illness," Oquendo told senators and advocates gathered for the event in the Hart Senate Office Building. "We have a fragmented delivery and reimbursement system, we deal with workforce shortages and obsolete regulations, and we face the enduring stigma surrounding mental illness. We must do better, and we can do better." (See page 7.)

The Mental Health Reform Act would improve access to care by increasing the number of providers, disseminating the best scientific research, integrating physical and mental health care, and bolstering coordination among federal mental health agencies, said bill coauthor Sen. Bill Cassidy, M.D. (R-La.).

His colleague and coauthor from across the aisle, Sen. Chris Murphy (D-Conn.), described the step-by-step process of gathering support among fellow senators, including eight Democratic and eight Republican cosponsors, to move the bill closer to passage.

*see **Reform** on page 38*

PERIODICALS: TIME SENSITIVE MATERIALS

Child Psychiatrists Look at Specialty From Both Macro, Micro Perpectives

Big-picture approaches to system change and close attention to therapeutic detail can help improve the care of young patients.

BY AARON LEVIN

Children are not just small adults, and clinical practice and the overall health care system need to take notice of that reality, said speakers at APA's 2016 Annual Meeting in Atlanta in a session on child and adolescent psychiatry in the 21st century.

Mental disorders are the most expensive elements of child health care, and changes under way in the American health care system may present opportunities for major improvements in care and cost, said Gregory Fritz, M.D., a professor and director of the Division of Child and Adolescent Psychiatry at Brown University's Warren Alpert School of Medicine in Providence, R.I.

"Adults like to romanticize childhood and don't understand the profundity of childhood mental illness," said Fritz.

The keys to caring for children, he continued, lie in early recognition and treatment of their symptoms and integrating their care with care provided by pediatricians.

"Primary care is where the patients with mental disorders are," said Fritz, president of the American Academy of Child and Adolescent Psychiatry. "There is a high level of trust, providers know the family better, and there is less stigma attached to a primary care visit."

Unfortunately, the barriers to better care for children still amount to a "perfect negative system," he said.

"Situational problems, developmental questions, and behavioral problems also can be important but are not diagnosable, and their treatment is thus not reimbursed," he said. The traditional model of paying only for face-to-face care has impeded the adoption of integrated or collaborative care models in which psychiatrists serve in a consultative role.

He outlined other barriers as well. Mental health and primary care practitioners may be on different insurance panels and use different electronic health record systems. *DSM* and ICD diagnostic categories do not reflect lower levels of severity that require attention if early diagnosis and intervention are to be effective.

The time has come, said Fritz, to bring together federal and state agencies, insurers, and professional organizations to provide the big solutions to improving child mental health care: end fee-for-service payments, end mental health carveouts, enforce the 2008 parity law in combination with the Affordable Care Act, and better educate both primary care and mental health clinicians about new models of practice.

In the clinic, managing mental illness in young people requires subtle but significant shifts in thinking, said Karen Dineen Wagner, M.D., Ph.D., a professor and chair of psychiatry and behavioral sciences at the University of Texas Medical Branch, Galveston. For instance, depression in children and adolescents presents differently from depression in adults and requires different approaches to evaluation and treatment, she said.

"Compared with adults, children with depression usually present more often with irritability than with sadness," she said. Frequently, depression is comorbid with other problems common to young people, such as anxiety, ADHD, conduct disorder, substance use, or anorexia.

David Hathcox

Because children's brains are still malleable, modest investments in their present mental health pays off in the long run, according to Gregory Fritz, M.D.

David Hathcox

Parents' information about their children may be more useful when evaluating an adolescent patient for depression, says Karen Dineen Wagner, M.D., Ph.D.

Screening can be done with the Mood Disorder Questionnaire–Adolescent, a modification of the PHQ-9. After some trial and error, Wagner and colleagues found that parents' responses to the questionnaire were more useful than either the adolescents' answers or an "attributional" form that asked teens what they thought their friends or teachers might be saying about them.

As for treatment, only two drugs are approved for use in youth by the Food and Drug Administration (FDA): fluoxetine for ages 8 to 17 and escitalopram for ages 12 to 17, said Wagner. "The youngest age in the clinical trials determines the lower end of the approved age range. So what do you do if an 11-year-old doesn't respond to fluoxetine?"

One looks at other trials, she said, even if the FDA has not approved the drugs for pediatric use. For instance, one clinical trial found positive results for citalopram in ages 7 to 17, while two pooled trials of sertraline did so for ages 6 to 17.

Another issue with pediatric clinical trials is that 61 percent of youth respond to the drugs, but 50 percent respond

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The Stephen E. Straus Distinguished Lecture in the Science of Complementary Therapies is presented by the NIH's National Center for Complementary and Integrative Health and honors its founding director. PN

More information on the Stephen E. Straus Distinguished Lecture series is posted at https://nccih.nih.gov/news/events/lectures.

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to placebo, compared with 30 percent among adults, making it hard to separate effects.

When parents express anxiety about using SSRIs and ask for psychotherapy, Wagner explains that cognitive-behavioral therapy (CBT) takes time to work and that a faster response can be obtained by combining an antidepressant with CBT. CBT can teach social skills and problem-solving techniques as well. Wagner counsels patience once an SSRI is prescribed.

A 36-week trial of a drug is too brief, she said. "The clock starts when the child is well, usually around six months. Go for one year and then taper off to observe the effect."

Wagner suggested using an algorithm to plot treatment, beginning with an SSRI, then trying an alternative SSRI if that doesn't work, then switching to a different class of antidepressants, and finally trying newer drugs.

"We need to become much more systematic in treating depression," she concluded. PN