

How can we use SDQ to link the work in the primary and secondary sector?

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Child & Adolescent Psychiatry (CAP) in Denmark

- Overwhelmed by extremely many referrals
- At age 18 – about 15% have been referred to Child & Adolescent Psychiatric evaluation
- Need for a “buffer” in the primary sector
 - Like Mind-My-Mind
 - Psychiatry-minor in the municipalities
- Children at risk must be identified!
 - and offered preventive treatment



Psychometrics

- Instruments to measure psychopathology or behavioural and emotional problems



Two sorts of psychometric instruments

- **Instruments for screening/classification**
 - Problem/Symptom currency
 - Does the child fulfil diagnostic criteria?
 - Following diagnostic manuals
- **Instruments for rating of severity**
 - Measure severity of psychopathology
 - Measure differences (outcome)



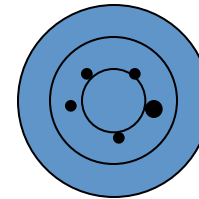
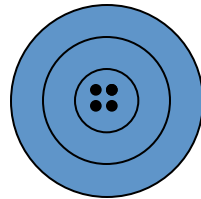
Classification

Psychometry of diagnostic instruments

High reliability

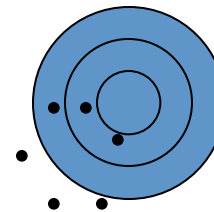
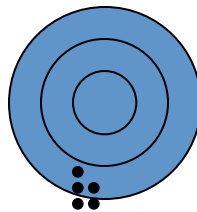
Low reliability

High validity



Random error

Low validity



Systematic error



Populations screening

- Broad band screening (Danish standards):
 - SDQ (Goodman)
 - Preschool (parents, preschool teachers)
 - School children (parents, teachers and self report versions (11-17))
 - ASEBA (Achenbach)
 - Preschool children (CBCL 1½-5, C-TRF)
 - School children and youth (CBCL, TRF, YSR)



Screening?

- For what?
 - Emotional problems (anxiety, mood problems), disrupted behaviour, social problems, attention/hyperactivity problems
- To what?
 - Stepped care



“Stepped thinking” – “stepped care”

- School screening – “skole-sundhed.dk”
 - Identification
- Mental problems
 - Child guidance – **10-20%?**
 - Family intervention
 - Mind-My-Mind (project PsykiatriFonden & TrygFonden)
 - ???
- Severe problems – Psychopathology
 - CAMHS **2-5%?**



Triage using SDQ in CAMHS

- SDQ total score
 - Clinical cutoff
- SDQ-profile
- Impairment score
 - Perhaps the best predictor for referral (need for treatment)



National standards?

- Normal population
 - Age- and gender stratified
 - Mean, SD (median, percentiles)

Varies between cultures/countries

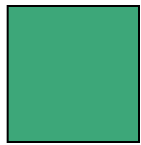
Opens for working with T-scores (Z-scores)

- Clinical population
 - Baseline (case-mix)
 - Follow up (after treatment, case-mix)

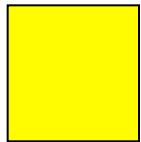


Example

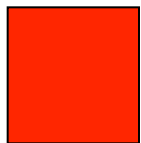
Score groups - Outcome indicator



- “Normal score” (based on age and gender stratified norm data)
 - T-score ≤ 60 (norm mean +1 SD); below the 84 percentile in the population based sample



- “Borderline” symptom load
 - $60 < \text{T-score} < 70$; (between +1 SD and +2 SD); in the population based sample



- “Severe” symptom load
 - T-score ≥ 70 (norm mean +2 SD); above the 98 percentile in the population based sample



Evaluation – individual surveillance

8-year old boy with ADHD

| Score | Date | Inatt. | Hyp./imp. | ODD |
|---------|-------------|--------|-----------|-------|
| Rater | | P / T | P / T | P / T |
| Initial | 4/11; 2015 | ■ ■ | ■ ■ | ■ ■ |
| Eval. | 17/12; 2015 | ■ ■ | ■ ■ | ■ ■ |
| Eval. | 6/2; 2016 | ■ ■ | ■ ■ | ■ ■ |

Started treatment with Methylphenidate 10 mg x 3

Methylphenidate dose was increased to 15 mg x 3

After returning from CAP

- Follow up in school setting (SDQ)
- Recovery
- Observation for relapse



