

Promoting Mental Health

A core service provided within each medical home is supporting infant, child, and adolescent mental health and emotional well-being. It requires a deep understanding of each family's culture and perceptions of mental health, as well as the capacity to identify common risk factors for behavioral and mental health problems.

Each phase of a child's life presents different opportunities and challenges in social and emotional development. Therefore, health supervision visits provide unique opportunities to learn about families' experiences and offer guidance to promote optimal mental health. Identifying risk factors in culturally responsive ways can help pediatric health care professionals connect families to needed resources and mitigate more significant mental health concerns later in life.



Mental health is not merely the absence of mental disorder but is composed of social, emotional, and behavioral health and wellness and should be considered in the same context as physical health.

SCREENING AND REFERRAL

Pediatric health care professionals are ideally situated to begin the process of identifying children with problem behaviors that might indicate mental disorders. The [Bright Futures/American Academy of Pediatrics \(AAP\) Recommendations for Preventive Pediatric Health Care \(Periodicity Schedule\)](#) recommends assessing for psychosocial/behavioral concerns at every health supervision visit, and screening for depression beginning at 12 years of age. Additionally, regular interactions with families also set the stage to determine whether adult family members may benefit from mental health supports. Depression and anxiety are common in many mothers and fathers of infants which can seriously impair the infant's emotional and physical well-being due to neglect or lack of responsiveness to needs and engagement cues.⁴

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.



Prevalence and Trends:

- Lifetime cases of mental disorders¹:
 - ½ start by 14 years
 - ¾ by 24 years
- Median age for onset of anxiety & impulse control disorder¹: 11 years
- Emotional distress²: 1 in 5 teens
- Emotional impairment (depression, anxiety, ADHD, and substance use disorders)²: 1 in 10 teens
- Psychiatric disorder among vulnerable youth (eg, in juvenile justice system)³:
 - 66% boys
 - 74% girls

The Bright Futures/AAP Periodicity Schedule recommends screening for maternal depression at the 1, 2, 4, and 6 month health supervision visits. Through collaborative relationships with psychiatrists, psychologists, social workers, other therapists, mental health providers, and education agencies, pediatric health care professionals are able to effectively identify mental health concerns and refer children and families for support.

Most mental health problems are chronic, with roots of origin during youth. Yet, under-detection of mental health problems in pediatric practice has been well-documented and, for those patients identified with needs, many have not sought, found, or received services.⁵ This may be due to short pediatric appointments and stigmas regarding mental health resulting in hesitancy to discuss more challenging topics.

Integrated screening and referral practices can mitigate some of the stigma and other barriers to mental health assessment. Integration can improve both identification of mental health concerns and provision of services

to children and families who need additional supports. Existing screening tools can help the pediatric health care professional recognize possible mental health concerns of the child and family during health supervision visits. Screening tools are useful conversation starters and can provide reassurance about symptoms that may be normative for a child's developmental stage, which is important for families to understand. Screening and assessment should be integrated into the office workflow and can be completed before the visit or in the waiting room. Find listings of commonly used screening/assessment instruments and resources as part of the [Bright Futures Tool and Resource Kit, 2nd Edition](#) and within recent AAP publications.^{7,8}

While these screening/assessment tools do not offer diagnosis, they provide indications of the severity of symptoms within a given time period and can begin a conversation between the parent and/or patient and the pediatric health care professional. Concerns can be addressed through in-office intervention (such as the common factors approach)⁸, as well as through co-management of care with, or referral to, a mental health professional. Knowing when to refer is critically important. The level of pediatric health care professional competence, clinical need, and availability of mental health referral should help dictate the conditions for a referral. Additionally, the earlier mental health referrals are discussed, the more likely treatment will be accepted.

Possible referral situations:

- Emotional dysfunction is evident in more than one of the following critical areas of the child's or adolescent's life: home, school, peers, activities, and mood.
- The patient is acutely suicidal or has signs of psychosis.
- Diagnostic uncertainty exists.
- The patient has not responded to treatment.
- The parent requests referral.
- An adolescent's behavior creates discomfort for the health care professional, potentially precluding an objective evaluation (eg, adolescents with acting-out or seductive behaviors).
- The patient, or family, has a social relationship with the treating health care professional; in some instances, the nature of the mental or behavioral health problem indicates or demands referral.



CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Many health conditions have co-related mental health symptoms which require specific supports. Additionally, any chronic health condition brings stressors to children and families. Pediatric health care professionals should be alert to common concerns, such as anxiety, depression, or problems with adjustment.

AGE-SPECIFIC GUIDANCE FROM HEALTH SUPERVISION VISITS

Mental health conversations occur within every health supervision visit, addressing different topics and highlighting specific concerns based on a child’s age. Several themes that run throughout involve relationships, specifically connections to families, friends, and communities as children grow. Additionally, risk factors (eg, maltreatment, abuse) and protective factors (eg, secure attachment) are found throughout the guidance (see table

below), with a focus of enhancing positive social and emotional supports, particularly when they are not already present in a child’s or adolescent’s life. Promoting mental health is part of overall developmental surveillance of infants, children, and adolescents, which is a continuous and cumulative process used to ensure optimal health outcomes. For more information about promoting healthy development across the age spectrum, review the [Promoting Healthy Development](#) theme. This theme includes summaries such as developmental milestones (newborn – 4 years), social and emotional development in middle childhood, and domains of adolescent development.

Research shows the critical connection between the environment in which a child lives and their ability to cope with challenging situations. When prosocial interventions are offered to a child or adolescent, their mental well-being and emotional development are more likely to prosper. Therefore, the health supervision visit offers a unique opportunity to understand mental health strengths and challenges, promote prosocial behaviors, and offer resources to children, adolescents, and families who need them.

Stage	Focus of Anticipatory Guidance
Infancy (Prenatal to 11 months)	<ul style="list-style-type: none"> ● Child/adult temperament match ● Patterns of attachment (Secure, avoidant, or insecure characterized by ambivalence and resistance) ● Infant well-being including possible parental symptoms of depression, grief, anxiety, post-traumatic stress disorder, other significant stress, substance use, or intimate partner violence. ● Child maltreatment and neglect ● Abusive head trauma ● Support and comfort for families facing infant illness (<i>For more information on this topic, see the Promoting Health for Children and Youth With Special Health Care Needs theme</i>)
Early Childhood (1 to 4 years)	<ul style="list-style-type: none"> ● Building independence and autonomy from the secure base of trust within family ● Social understanding and behaviors ● Patterns of attachment: facilitating relationships and autonomy ● Behavioral patterns <ul style="list-style-type: none"> – Bedtime struggles – Resistance to toilet training – Excessive tantrums – Chronic aggression – Difficulty in forming friendships – Excessive anxiety – Excessive activity and impulsivity ● Child sexual abuse ● Early identification of Autism Spectrum Disorder

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Stage	Focus of Anticipatory Guidance
<p>Middle Childhood (5 to 10 years)</p>	<ul style="list-style-type: none"> ● Independence and development of friendships ● Understanding cultural differences ● Awareness of other’s emotions ● Development of self-esteem ● Patterns of attachment and connection: connectedness to parents and other caregivers ● Protective factors <ul style="list-style-type: none"> – A warm and supportive relationship between parents and children – Positive self-esteem – Good coping skills – Positive peer relationships – Interest in and success at school – Healthy engagement with adults outside the home – An ability to articulate feelings – Parents who are employed and are functioning well at home, at work, and in social relationships ● Learning disabilities and attention-deficit/hyperactivity disorder (ADHD) ● Mood disorders ● Anxiety disorders ● Conduct disturbances ● Bullying (eg, verbal, physical, relational, extortion, and cyberbullying) ● Early substance use ● Child sexual abuse
<p>Adolescence Visits (11 to 21 years)</p>	<ul style="list-style-type: none"> ● Coping with multiple stressors including <ul style="list-style-type: none"> – Problem-solving strategies for emotional management – Being able to match strategies to specific situations – Drawing on others as resources for social support ● Involvement in meaningful activities ● Patterns of attachment and connection: connectedness with parents, family, and caregivers ● Inter-relation of challenges within areas of function ● Depression and anxiety ● Deficits in attention, cognition, and learning ● Conduct disturbances ● Sexual abuse ● Suicide ● Substance use, including screening and intervention, as well as prevention and protective factors

MAKE THE MOST OF HEALTH SUPERVISION VISITS BY USING THE BRIGHT FUTURES TOOL & RESOURCE KIT

The *Bright Futures Tool & Resource Kit*, 2nd Edition, provides the forms and materials that health care professionals need to carry out preventive health supervision and health screening for infants, children, and adolescents. These materials can help health care professionals discuss mental health with families.

The *Toolkit's* Core Tools provide valuable resources that help health care professionals focus on mental health during the health supervision visit. Reviewing parents' and patients' responses on the **Previsit Questionnaires** gives insights related to mental health, providing a foundation for discussion during the visit. The **Visit Documentation Form** is a convenient resource for documenting activities during the visit. This form can be adapted for use in electronic health record systems. The **Education Handout** can help reinforce the discussion and provide additional information on promoting mental health.



Example: 15–17 Year Visit Previsit Questionnaire



Example: 15–17 Year Visit Documentation Form



Example: 15–17 Year Visit Parent Education Handout

FOR MORE INFORMATION:

Pediatric health care professionals have access to a wide range of mental health resources and tools as they work with children and adolescents and their families. Consider reviewing these resources for more information.

- **Mental Health; Primary Care Tools:** Supplemental tools developed by the AAP Task Force on Mental Health offer concrete tools including:
 - **Mental Health Practice Readiness Inventory:** This checklist offers detailed information about the types and level of preparation programs need to have in place to support mental health services. From community resources to clinical information systems and delivery system redesign, pediatric primary care practices can evaluate the elements necessary to screen and refer or treat child and adolescent mental health needs.

- **Algorithm: Integration of Mental Health Care Into Pediatric Practice:** This decision tool helps pediatric health care professionals make decisions based on screening and health supervision activities.
- **Mental Health Tools for Pediatrics:** This catalog offers practices brief descriptions of over 100 tools including the ways they fit into the Algorithm above, the number of items and format, the age group and languages available, administration and scoring time, and source.
- **Sources of Specialty Services for Children:** This list of partner organizations and professionals supports pediatric primary care practices in identifying the types of partner organizations to approach about collaboration on mental health services.
- **Mnemonic for Common Factors Communication Methods: HELP:** This one page fact sheet helps frame mental health services within the pediatric primary care practice. It can be used as a professional development tool for health care professionals and staff within the primary care practice.
- **Common Elements of Evidence-Based Practice Amenable to Primary Care: Indications & Sources:** This fact sheet offers some of the indications related to mental health, evidence-based practices that can be used by pediatric health care professionals and common elements that work best in the setting. This resource offers a quick-reference to tools to use with children, adolescents, and families during the health supervision visit.
- **Implementing Mental Health Priorities in Practice:** This website offers a range of videos that identify specific mental health concerns and an overview of motivational interviewing to support pediatric health care professionals with tools needed to respond to these concerns as they arise in the health supervision visit.
- **Working With Families: Tips for Pediatricians:** These flyers and tools help pediatric health care professionals and their staff to discuss mental health, social and emotional health, integrated care, adjustment and coping, and teen mental health with families. Written in family friendly and culturally responsive ways, these tools support family-centered mental health practices.
- **Pediatric Mental Health Minute Series:** These brief webinars offer expert overviews and tips from experts in childhood and adolescent mental health including suicide, adolescent depression, trauma informed care, and anxiety.

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- **Suicide Prevention:** This website includes videos, infographics, and other resources to help pediatric health care professionals and their staff understand and address the critical needs of adolescents considering suicide.
- **Substance Use Screening and Brief Intervention for Youth:** This website offers clinical reports, policy statements, guides, screens, assessment guides, and additional resources to identify and respond to adolescents with substance use concerns.

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