

Initial Approaches to Addressing Behavioral & Emotional Concerns in Primary Care

The Rationale for Addressing Pediatric Mental Health Concerns in the Medical Home

Mental health is what we all aspire to—to feel good about oneself, to be able to have meaningful and sustaining interactions with others, and to feel confident about meeting the inevitable challenges that life poses. We can have transient difficulties maintaining this sense, and sometimes need help to return to it. We can also have a number of different kinds of emotional, behavioral, or developmental problems that last longer and have an impact on our functioning. If these are sustained or particularly severe we often call them disorders.

Mental disorders among children are described by national organizations as "serious deviations from expected cognitive, social, and emotional development." The American Academy of Pediatrics uses the term "mental" to encompass "behavioral," "neurodevelopmental," "psychiatric," "psychological," "social-emotional," and "substance abuse," as well as adjustment to stressors such as child abuse and neglect, foster care, separation or divorce of parents, domestic violence, parental or family mental health issues, natural disasters, school crises, military deployment of children's loved ones, and the grief and loss accompanying any of these issues or the illness or death of family members. It also encompasses somatic manifestations of mental health issues, such as fatigue, headaches, eating disorders, and functional gastrointestinal symptoms.

Mental health disorders are an important public health issue in the United States because of their prevalence, early onset, and impact on the child, family, and community, with an estimated total annual cost of \$247 billion. Our current health care system does not meet the needs of children with mental health disorders. Although 1 in 5 children in the United States suffers from a diagnosable mental health disorder, only 21% of affected children actually receive needed treatment.

Early identification and treatment of mental health disorders is key to ensuring that children grow up to be both developmentally and physically healthy. Half of adults with mental health disorders exhibited signs of mental illness by the age of 14, yet many of these disorders go undiagnosed in adolescence. Pediatricians have the unique ability and opportunity to identify and address the unmet mental health needs of children and adolescents.

Prevalence of Mental Health Concerns Overall

According to the Centers for Disease Control and Prevention, suicide—which often occurs in the presence of mental health disorders—was the second leading cause of death among children aged 12 to 17 years in 2010.

- The overall suicide rate for persons aged 10 to 19 years was 4.5 suicides per 100,000 persons in 2010.
- 9.5% to 14.2% of children from birth to 5 years of age experience social emotional problems that cause suffering to the child and family and interfere with functioning.
- 16% of children and adolescents in the US have impaired MH functioning and do not meet criteria for a disorder.
- 13% of school-aged, 10% of preschool children with normal functioning have parents with "concerns."
- Children with chronic medical conditions have more than 2X the likelihood of having a MH disorder.
- 30% of children with substantial dysfunction go unrecognized by primary care physicians.
- Approximately 8% of adolescents aged 12 to 17 years reported ≥ 14 mentally unhealthy days in the past month.

- Children with emotional and behavioral disorders have the greatest amount of unmet healthcare needs.

Prevalence of Specific Mental Health Concerns

- Attention-deficit/hyperactivity disorder (6.8%) was the most prevalent parent-reported current diagnosis among children aged 3 to 17 years
- Behavioral or conduct problems (3.5%)
- Anxiety (3.0%)
- Depression (2.1%)
- Autism spectrum disorders (1.1%)
- Tourette syndrome 0.2% among children aged 6 to 17 years
- An estimated 4.7% of adolescents aged 12 to 17 years reported an illicit drug use disorder in the past year, 4.2% had an alcohol abuse disorder in the past year, and 2.8% had cigarette dependence in the past month

A critical shortage of child and adolescent mental health specialists presents a pronounced barrier to accessing needed services. Children face a significant shortage and inaccessibility of specialty mental health services. This shortage is especially pronounced for children in rural areas and from low-income families who do not fall within the target population of public/community mental health services.

- A 2006 study estimated a need for 30,000 child psychiatrists in the US, but only 6,300 currently practice.

According to a 2012 survey by the Children’s Hospital Association, the average wait time for families to see a developmental-behavioral pediatric specialist is 14.5 weeks, 8.9 weeks for neurology, and 7.5 weeks for child and adolescent psychiatry. Children seeking access to these specialists can’t afford to wait that long for treatment; they need a strong pediatric workforce to meet their needs.

Adequate funding of the Pediatric Subspecialty Loan Repayment Program will help address the shortage of mental health providers like developmental pediatricians, pediatric neurologists, and child and adolescent psychiatrists.

The Solution: The Primary Care Advantage

Pediatricians are well suited to address mental health issues in primary care because they develop long-term, longitudinal, trusting relationships with children and families. They emphasize development, early intervention, prevention and understand common social-emotional and learning issues in context of development. Frequent visits offer unique opportunities for prevention and anticipatory guidance. By providing care within the medical home framework, pediatricians also have experience in coordinating with specialists in the care of children with special needs. Pediatricians and other providers in a patient-centered medical home team are able to make referrals to community and mental health resources that are known in each community. They have experience with chronic care principles and practice improvement methods.