



The Child & Adolescent Mental Health Crisis

Closing the Service Gap

Fifteen million children and adolescents in the U.S. are affected by a mental or behavioral health problem, making prevention and treatment of these disorders a major public health problem (Center for Disease Control and Prevention, 2006). Although behavioral and mental health disorders have now surpassed physical health problems as the leading causes of morbidity and mortality in children and adolescents, less than 20 to 25 percent of affected children and youth receive any treatment (American Psychological Association, 2006; Hughes & Wright, 2006).

There are several reasons for this:

- ✓ The severe shortage of child psychiatrists and other mental health care providers, including child-family psychiatric/mental health nurse practitioners (American Psychological Association, 2006; Hughes & Wright, 2006; Melnyk & Moldenhauer, 2006);
- ✓ Inadequate screening by primary care providers;
- ✓ The stigma about mental health problems that still keeps parents from talking to their children's health care providers about them (Melnyk et al., 2002).

Significant disparities also exist in the receipt of mental health services, with a disproportionate number of Hispanic and African-American children affected. Furthermore, the gap in mental health services is severe in rural and medically underserved areas of the country because of a lack of mental health providers (Martin & Leslie, 2003).

Common Problems

The most prevalent mental health disorders among the nation's children and teens are attention deficit/hyperactivity disorder (ADHD) and attention ADD (Hughes, 2005). As many as half of the youth diagnosed with AD/HD also have other mental health disorders, which makes diagnosis and treatment challenging (Environmental Protection Agency, 2006). Other prevalent mental health disorders among children and teens include depression and suicide, oppositional defiant disorder,

alcohol/drug abuse, and eating disorders (Hughes, 2005). A report recently published in *Pediatrics* from the Centers for Disease Control found that the suicide rate in children 1-19 years increased by 18.2% from 2003 to 2004, and the increase was largely in the older teen population.

Major depression is missed in primary care settings for one-third to one-half of affected patients (Frank, Hiskamp, & Pincus, 2003). Depressed young children under seven usually show symptoms of restlessness, hyperactivity and inattention, and are frequently misdiagnosed with AD/HD. Adolescents who are depressed are often not taken seriously and labeled by adults as going through "normal adolescent mood swings." However, depression during childhood and adolescence is serious and associated with many negative outcomes that include substance abuse, academic problems, cigarette smoking, high-risk sexual behavior, physical health problems, impaired social relationships, and a thirty fold increased risk of completed suicide (Horowitz & Garber, 2006).

Primary Care Providers as a Solution

Primary care providers (PCPs), such as pediatric nurse practitioners (PNPs), family nurse practitioners (FNPs) and pediatricians, are in a unique position to identify and manage common behavioral and mental health problems among children and adolescents.

Approximately 75 percent of children with mental health disorders are seen in primary care settings; yet PCPs often feel they have inadequate knowledge for screening and early interventions for these problems. They recognize their need to gain these skills as they are often faced with treating children with these disorders (Asarnow et al., 2005; Horwitz et al., 2002; Melnyk et al., 2002; Melnyk et al., 2003; Richardson et al., 2005).

A recent telephone survey of over 700 primary care physicians conducted by the Annenberg Public Policy Center found that although mental health screening and intervention is viewed as an important responsibility for PCPs who care for children and adolescents, health care providers report fairly low screening rates for these problems and only weak ability to diagnose mental health disorders (Melnyk et al., 2002; Romer & McIntosh, 2005).

Unfortunately, PCPs do not typically receive the training they need

in their educational programs to recognize mental health disorders or to practice using guidelines that integrate mental health and primary care (Alfano, 2004). Recently, the Arizona State University College of Nursing & Healthcare Innovation announced the launching of a new on-line educational 15-credit graduate certificate in child and adolescent mental health, designed specifically for pediatric and family nurse practitioners, pediatricians, and other allied health professionals who want to gain more in-depth knowledge and skills in how to assess and treat common mental health problems in children and teens (see www.nursing.asu.edu).

In addition to preparing more pediatric and family nurse practitioners, there is a tremendous need to prepare more nurses as child-family psychiatric nurse practitioners who can assess and treat more complex child and adolescent mental health and behavior problems. According to the American

Association of Colleges of Nursing (AACN), there are only 15 family psychiatric NP programs in the U.S.

NAPNAP's KySS Campaign

In an effort to promote the mental health of children and adolescents, and to educate PCPs on how to provide better screening and earlier intervention, the National Association of Pediatric Nurse Practitioners (NAPNAP) launched the Campaign in 2001 to promote the mental health of children and teens. The Keep Your Children and Yourself Safe and Secure (KySS) program is now endorsed and supported by 22 interdisciplinary professional organizations. Major initiatives of the KySS campaign have included:

- ✓ A 24-state survey of over 1900 school-age children, adolescents, parents and PCPs to assess their mental health knowledge, attitudes and needs for intervention;

Nurses play a key role in recognizing common mental health problems in children and teens.

- ✓ A National KySS Summit that convened over 70 experts in pediatrics/adolescence and mental health, including Dr. David Satcher, the 16th U.S. Surgeon General;
- ✓ A national KySS Continuing Education Institute for PCPs that was taped and disseminated on CD-ROM to over 2000 PCPs across the U.S.

The KySS program regularly conducts continuing education workshops for NPs, nurses and primary care physicians on how to screen and provide early interventions for children and adolescents with mental health problems/disorders. Most recently, NAPNAP published The KySS Guide to Child and Adolescent Mental

Health Screening, Early Intervention and Health Promotion (Melnik & Moldenhauer, 2006), an outcome of findings from the National KySS Survey and KySS Summit as well as numerous requests from NPs and pediatricians for a user-friendly resource that contains screening tools, early intervention strategies, and educational handouts for parents, children and adolescents that teach them about recognizing common mental health problems. NAPNAP's KySS Program is addressing the Healthy People 2010 goals to improve mental health and ensure access to appropriate services, and to increase the number of persons seen in primary health care who receive mental health screening and

assessment. More information about KySS and the KySS Guide can be found at www.napnap.org.

Help Promote Children's Mental Health

All nurses across various clinical settings can play a key role in screening for and teaching families about how to recognize common mental health problems in children and teens. Even when patients are admitted to the hospital, mental health screening should be performed as every healthcare encounter is an opportunity to assess for and educate patients about this growing public health problem. The KySS Guide contains excellent resources and educational handouts that you can use to promote the mental health of children and teens. I hope you will use the guide to enhance the mental health of children and teens so that they will become healthy productive adults. ©

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Bernadette Mazurek Melnyk, PhD, RN, CPNP/NPP, FAAN, FNAP is Dean and Distinguished Foundation Professor at the Arizona State University College of Nursing & Healthcare Innovation. She also is a pediatric and child-family psychiatric nurse practitioner who founded and chairs the National Association of Pediatric Nurse Practitioners' KySS Campaign.