NAPNAP Position Statement on the Integration of Mental Health Care in Pediatric Primary Care Settings

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The National Association of Pediatric Nurse Practitioners (NAPNAP) acknowledges the importance of providing infants, children, and adolescents with comprehensive mental health services including anticipatory guidance, prevention strategies, standardized screening, surveillance at every visit, early identification of concerns and evidence-based intervention, referrals as needed, and timely follow-up. Mental health disorders are the most common health issues faced by our nation's school-aged children. One in five children (20%) suffers from a mental health disorder. Approximately 50% of lifelong mental health disorders begin by the age of 14 years (Centers for Disease Control and Prevention [CDC], 2019b). Research suggests a potential delay of 2–4 years between the initial presentation of behavioral and/or emotional functioning disorder symptoms and the development of a mental health disorder (Donahue & Aalsma, 2019). There is an urgent need to identify these conditions early in the life of children to promote the best possible outcomes.

Behavioral and mental health disorders are among the top five chronic conditions causing functional impairments affecting 13%–20% of U.S. children (CDC, 2019b; Ghandour et al., 2019). The incidence of mental and/or behavioral health disorders is grossly underestimated because of several factors, including lack of recommended surveillance and screening leading to delayed identification, and minimal reporting of cases in children under the age of 10 years. The stigma associated with mental health and/or behavioral diagnosis often leads to denial in families, and a reluctance to talk with primary care providers (PCPs) about mental health and/or behavioral concerns leading to additional delays in identification (National Alliance on Mental Illness [NAMI], 2019; Tyler, Hulkower, & Kaminski, 2017). Many PCPs identify a lack of experience and/or training and/or comfort with screening and diagnosing mental health disorders as reasons for delayed evaluation (NAMI, 2019).

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This document replaces the 2013 "NAPNAP Position Statement on the Integration of Mental Health Care in Pediatric Primary Care Settings." All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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Another reason for the delay in mental health care is the lack of mental health providers. Approximately 60% of U.S. counties do not have a mental health provider (Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health & Human Services [HRSA], 2019; NAMI, 2019; Riddle et al., 2019). The American Academy of Pediatrics recommends pediatric health care providers to be prepared to diagnose and manage mild-to-moderate mental health conditions (Walter et al., 2019).

Multiple factors influence pediatric mental health including the child's stage of development (CDC, 2019b), autism spectrum disorder (Baio et al., 2018), infant attachment related to maternal (Ko, Rockhill, Tong, Morrow, & Farr, 2017) and paternal depression (Health Resources and Service Administration [HRSA], 2019), social determinants of health (Children's Defense Fund, 2018; Office of Disease Prevention and Health Promotion, 2019), adverse childhood events (Harris, 2018; Sacks & Murphey, 2018; Tyler et al., 2017), and bullying (CDC, 2019b; National Center for Educational Statistics, 2016; Table).

The holistic, family-centered, longitudinal approach of care delivered at the pediatric primary care level can lead to early identification of mental health issues and behavioral factors contributing to mental health issues of children (National Institute of Mental Health [NIMH], 2017; Tyler et al., 2017). More than 90% of all children under the age of 18 years had a visit with their PCP in the previous year, whereas only 10% of children aged 3–17 years received treatment or counseling from a mental health professional (Child and Adolescent Health Measurement Initiative [CAHMI], 2017; Tyler et al., 2017).

In the primary care setting, a collaborative model employing telehealth, colocation, and community partnerships between primary care and mental health providers can address the mental and behavioral health concerns and issues of infants, children, adolescents, and their families (Findling & Stepanova, 2018; Wissow, van Ginneken, Chandna, & Rahman, 2016). Developing a collaborative service model with adequate time for mental health screening and interventions during office visits allows payers and providers to provide the appropriate mental health services in the primary care setting (Tyler et al., 2017).

Changes must occur to address the increasing incidence of child and adolescent mental health concerns, especially with the lack of mental health providers. Pediatric-focused advanced practice registered nurses (APRNs) have the education and skill to meet the increasing demand for pediatric mental health care integration in primary care settings. Pediatric-focused APRNs should lead efforts to integrate behavioral and mental health services in primary care pediatric settings.

1. Use a life span approach to provide mental and behavioral health promotion and standardized screening from the beginning of life, through adolescence, and into adulthood (NIMH, 2017; Tyler et al., 2017).
2. Support and integrate into practice research findings that optimize physical and mental health in childhood and adolescence as the foundation for physical and mental well-being in adulthood (Sacks & Murphey, 2018; Tyler et al., 2017).
3. Encourage and support the development of strong parental capacities beginning in infancy and continuing through adolescence, by promoting an understanding of the needs of infants, children, and adolescents and the parent and/or caregiver's ability to meet their needs (Safyer, 2019).
4. Integrate anticipatory guidance, prevention strategies, standardized screening at well-child visit and surveillance at all visits for the child's stage of development, mental health concerns, maternal depression, social determinants of health, adverse childhood events (ACEs), the risk for substance use disorders, and bullying in the primary care setting leading to early identification of developmental concerns, and mental and behavioral health problems (CAHMI, 2017; Harris, 2018; NIMH, 2017; Tyler et al., 2017).
5. Educate children, adolescents, and families about early signs and symptoms of mental and behavioral health disorders and provide strategies to promote health (CDC, 2019a; Harris, 2018; Tyler et al., 2017).
6. Implement evidence-based interventions for common mental and behavioral health problems in primary care (CAHMI, 2017; Harris, 2018; Tyler et al., 2017; Wissow et al., 2016).
7. Promote additional education and training to obtain specialty certification in the assessment, diagnosis, and treatment of children and adolescents with mental health disorders to provide comprehensive mental and/or behavioral care in a primary care setting (NAMI, 2019; NIMH, 2017; Tyler et al., 2017).
8. Advocate for reimbursement policies that support parity for mental health services provided to children in primary care settings (Foy, Green, Earls, & Committee on Psychosocial Aspects of Child and Family Health, Mental Health Leadership Work Group, 2019; Tyler et al., 2017).
9. Develop collaborative relationships with pediatric mental health providers by developing effective partnerships allowing care delivery in the primary care setting, providing the benefits of comprehensive and longitudinal aspects of primary care while taking advantage of specialized expertise and establishing a resource for referral of children and adolescents with complex mental and/or behavioral health problems (NIMH, 2017; Tyler et al., 2017; Wissow et al., 2016).
10. Advocate for strengthening APRN curricula in mental health assessment and promotion; early and evidence-based interventions; and the diagnosis and treatment of mental health disorders in children and adolescents (Gordon, Gaffney, Slavitt, Williams, & Lauerer, 2020; NAMI, 2019; NIMH, 2017; Tyler et al., 2017).

TABLE. Factors influencing pediatric mental health

Factor	Prevalence	Consequences
Developmental delay	1 in 6 children	Impairments in physical, learning, language, or behavior development[b]
Autism spectrum disorder	1 in 59 children	Challenges with socialization interactions, impaired communication skills, and repetitive or ritualistic behaviors[a]
Maternal depression	8%–20% variance by state 11% national average	Impair parent–child bond leading to less attentiveness and interaction with an infant; l ong-term consequences on infant's cognitive ability, behavior, and development[c,e,i]
Paternal depression	8%–20% variance by state 11% national average 10% of new fathers	Impair parent–child bond leading to less attentiveness and interaction with an infant; long-term consequences on infant's cognitive ability, behavior, and development[d,e]
Social determinants of health: limited access to social and economic opportunities—poverty, safety, access to clean water supply, poor air quality, limited opportunities for education, employment, health care, food sources, and exercise	12.8 million children 1 in 5 birth to preschool	Impaired brain development, learning, and social skills development[c,g,i]
ACEs:–; abuse: physical, emotional, and/or sexual; neglect: physical and/or emotional; dysfunction in the home: violence, substance abuse, parental separation, and/or incarceration of a household member	45% at least 1 ACE 10% 3 or more ACEs	Dose-related; higher number of ACEs, a higher number of consequences: altered brain architecture leads to numerous negative outcomes for the physical and mental health of the child[h,i]
Bullying	21% 6th–12th grades 11.5% cyberbullied	Strong association with risk for anxiety, depression, lower academic achievement, sleep issues, substance use, violence, dropping out of school, behavioral problems, mental health issues, and suicide[c,f,i]

Note. *ACE, adverse childhood event.*
([a]Baio et al., 2018; [b]CDC, 2019b; [c]Harris, 2018; [d]HRSA, 2019; [e]Ko et al., 2017; [f]NCES, 2016; [g]Office of Disease Prevention and Health Promotion, 2019; [h]Sacks & Murphey, 2018; [i]Tyler et al., 2017).

11. Promote activities at the community level to educate the public about mental health conditions in children including development, autism spectrum disorder, mental health, maternal depression, social determinants of health, ACEs, and bullying to promote partnerships focused at the prevention, early identification, and development of resources to improve the mental health of children (CAHMI, 2017; Harris, 2018; NIMH, 2017; Tyler et al., 2017; Wissow et al., 2016).
12. Support legislative and other interdisciplinary efforts that aim to address children's mental and/or behavioral health services at the local, state, and federal levels (CAHMI, 2017; Harris, 2018; NIMH, 2017; Tyler et al., 2017; Wissow et al., 2016).

In summary, NAPNAP, an organization whose mission is to empower pediatric-focused APRNs and key partners to optimize child and family health, acknowledges the importance of providing comprehensive mental and behavioral health services to all infants, children, and adolescents. Furthermore, NAPNAP acknowledges the unique contribution that pediatric-focused APRNs in the primary care setting can make in the prevention, standardized screening, early intervention, assessment, diagnosis, counseling, and treatment for children, adolescents, and families in need of mental health services.

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