



Prevention and Treatment of Pediatric Mental, Emotional and Behavioral Disorders

March 7, 2019

WHEREAS, both the United States Surgeon General¹ and the Institute of Medicine² have documented the high prevalence and early onset of mental health disorders; the shortage of resources to address these disorders; and the compelling public health need to address this important disparity; and

WHEREAS, 2 in 10 children suffer from a mental illness severe enough to cause some level of impairment¹; yet, in any given year, less than 50% of these children receive mental health services¹; and

WHEREAS, untreated mental health disorders can affect a child's ability to reach his or her full potential or to learn and develop into a strong, resilient adult and community member³, and can have serious long-term consequences for the lives of family members and their work productivity as well as for society at large²; and

WHEREAS, the biological and psychosocial contributions to most major mental health conditions are increasingly understood;⁴ the onset mental health conditions typically begin in childhood and adolescence⁵, and the most common mental health conditions affecting children have effective treatments;^{6,7,8,9,10,11} and

WHEREAS, early identification and intervention strategies are available to prevent suffering and enhance emotional and cognitive development in children and adolescents;¹³ and to address the substantial mental health disparities for all children and families;^{2,13} and

WHEREAS, early identification and intervention can be beneficial for children and families in promoting mental health and wellbeing, reducing mental disorder symptoms and impairment;² and over the long term, reduce the need for costlier interventions²; and

WHEREAS, timely access to evidence-based mental health services is impeded by: a severe shortage of trained primary care and mental health professionals, especially pediatricians¹³ and child and adolescent psychiatrists;^{3,14,15,16} the lack of funding for services,¹⁷ stigma that discourages children and families from seeking services;¹⁸ and disparities related to race, socio- economic status, and geographical location;¹⁹ and

WHEREAS, families and children have uniformly expressed the preference to receive mental health care in the context of care from their primary care provider.²⁰



WHEREAS, promotion of best pediatric practices, including early assessment and intervention for mental health disorders; and the development of a work force that is well-prepared to meet the behavioral health needs of children and families throughout our community are consistent with the mission of Ann & Robert H. Lurie Children's Hospital of Chicago to improve care for all children

LET IT BE RESOLVED

That Ann & Robert H. Lurie Children's Hospital of Chicago will engage in policy and program initiatives to: (i) reduce stigma and increase access to mental health care for youth and families in Chicago, Illinois and the nation; and (ii) increase the readiness and number of pediatric primary care providers and mental health professionals, by developing and disseminating evidence-based, family-centered assessment and treatment services and by encouraging novel funding mechanisms, so that best mental health care practices are cost effective, readily accessible and provide quality treatment for all.

References

1. Satcher DS. Executive summary: a report of the Surgeon General on mental health. *Public Health Rep.* 2000;115(1):89-101.
2. National Research Council and Institute of Medicine. 2009. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12480>.
3. U.S. Interagency Working Group of Youth Programs (IWGYP). *How Mental Health Disorders Affect Youth*, <http://youth.gov/youth-topics/youth-mental-health/how-mental-health-disorders-affect-youth>. Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, 2015. HHS Publication No. SMA-16-Baro-2015-IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
4. Kendler KS, Zachar P, Craver C. What kinds of things are psychiatric disorders? *Psychol Med.* 2011;41:1143-50. [PubMed]
5. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. Age of onset of mental disorders: a review of recent literature. *Curr Opin Psychiatry.* 2007;20(4):359-64.
6. Hawes, David & Allen, Jennifer. (2016). Evidence-Based Parenting Interventions. 10.1016/B978-0-12-804394-3.00010-3. https://www.researchgate.net/publication/304705694_Evidence-Based_Parenting_Interventions
7. MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry*, 56(12), 1073.



8. Walkup, J. T., Albano, A. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., ... Kendall, P. C. (2008). Cognitive Behavioral Therapy, Sertraline, or a Combination in Childhood Anxiety. *The New England Journal of Medicine*, 359(26), 2753–2766. [oi:10.1056/NEJMoa080463](https://doi.org/10.1056/NEJMoa080463)
9. Treatment for Adolescents With Depression Study (TADS) Team. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents with Depression Study (TADS) Randomized Controlled Trial. *JAMA*. 292(7):807-820. [doi:10.1001/jama.292.7.807](https://doi.org/10.1001/jama.292.7.807)
10. Pediatric OCD Treatment Study (POTS) Team. Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder: the Pediatric OCD Treatment Study (POTS) randomized controlled trial. *JAMA*. 2004 Oct 27;292(16):1969-76. PubMed PMID: 15507582.
11. McCracken JT, McGough J, Shah B, Cronin P, Hong D, Aman MG, Arnold LE, Lindsay R, Nash P, Hollway J, McDougle CJ, Posey D, Swiezy N, Kohn A, Scahill L, Martin A, Koenig K, Volkmar F, Carroll D, Lancor A, Tierney E, Ghuman J, Gonzalez NM, Grados M, Vitiello B, Ritz L, Davies M, Robinson J, McMahon D; Research Units on Pediatric Psychopharmacology Autism Network. Risperidone in children with autism and serious behavioral problems. *N Engl J Med*. 2002 Aug 1;347(5):314-21. PubMed PMID: 12151468
12. National Academies of Sciences, Engineering, and Medicine. 2017. Implementing Evidence-Based Prevention by Communities to Promote Cognitive, Affective, and Behavioral Health in Children: Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24709>
13. Committee on Psychosocial Aspects of Child and Family Health and Task Force on Mental Health, American Academy of Pediatrics. Policy statement: The future of pediatrics: mental health competencies for pediatric primary care. *Pediatrics*. 2009;124(1):410- 421.
14. Beck AJ, Manderscheid RW, Buerhaus P. The Future of the Behavioral Health Workforce: Optimism and Opportunity. *Am J Prev Med*. 2018 Jun;54(6S3):S187-S189. doi: 10.1016/j.amepre.2018.03.004. PubMed PMID: 29779540.
15. Beck AJ, Boulton ML. Building an effective workforce: a systematic review of public health workforce literature. *Am J Prev Med*. 2012 May;42(5 Suppl 1):S6-16. doi: 10.1016/j.amepre.2012.01.020. Review. PubMed PMID: 22502927.
16. Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025. Rockville, MD: 2016.



17. National Council for Behavioral Health FY 2019 MENTAL HEALTH AND SUBSTANCE USE APPROPRIATIONS <https://www.thenationalcouncil.org/wp-content/uploads/2018/04/FY-2019-Appropriations-FINAL.pdf>

18. Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*, 103(5), 777-80.

19. Cook BL, Trinh NH, Li Z, Hou SS, Progovac AM. Trends in Racial-Ethnic Disparities in Access to Mental Health Care, 2004-2012. *Psychiatr Serv*. 2016;68(1):9-16.

20. Ogbeide, S. A., Landoll, R. R., Nielsen, M. K., & Kanzler, K. E. (2018). To go or not go: Patient preference in seeking specialty mental health versus behavioral consultation within the primary care behavioral health consultation model. *Families, Systems, & Health*, 36(4), 513-517.
<http://dx.doi.org/10.1037/fsh0000374>