Nurse Practitioners: Integrating Mental Health in Pediatric Primary Care

Susan N. Van Cleve, DNP, PMHS, Elizabeth Hawkins-Walsh, PhD, PMHS, and Sheree Shafer, DNP, PMHCNS-BC

ABSTRACT

There is increasing recognition of the critical need for pediatric primary care providers to attend to the developmental, behavioral, and mental health needs of children and adolescents in their practices. Children and families have difficulty accessing psychiatric care because of scarce psychiatric specialists, stigma associated with referrals, and service fragmentation. The use of pediatric and family nurse practitioners with expertise in developmental, behavioral, and mental health care to provide this care within the pediatric health care home is a solution to address the growing need for integration of accessible, quality mental health services in primary care.

Keywords: integration of mental health, nurse practitioner role, pediatric primary care

It has been over a decade since the US Surgeon General called upon pediatric primary care providers (PCPs) to expand their scope of practice to attend to the mental health needs of children and adolescents.[1] Since that time, calls for pediatric PCPs to better address the unmet mental health care (MHC) needs of US children and adolescents have only increased.[2,3] The need for integrated MHC within the primary care setting is supported by multiple factors, both those that are pragmatic—the high incidence of children and adolescents who need MHC and face barriers to access[4–6]—as well as those that reflect a growing philosophical argument that true primary care cannot be easily dichotomized into mental health and physical health.[1]

Compelling arguments have been made to support the call for PCPs to expand their traditional roles beyond that of parent and child advisor, counselor, and educator and to provide primary MHC in pediatric primary care settings. These include a continuing and projected lack of access to mental health specialists,[7] the unique position and developmental training of the pediatric PCP,[8,9] the availability of valid screening tools designed for use in primary care,[10] the avoidance of stigma associated with mental health, new opportunities for specialty training,[11] the increasing availability of effective interventions,[12,13] certification of pediatric PCPs in evidence-based primary MHC,[14] and recent progress by PCPs in obtaining reimbursement for MHC within primary care.[15]

Pediatric and family nurse practitioners (PNPs/FNPs) who have expertise in development, behavior management, and mental health as PCPs or subspecialists with this population may be a solution to addressing the growing demand for mental health services for children and adolescents who have mild to moderate mental health conditions and who present to primary care practices.[16] These PNPs/FNPs may help to close the gap in services and address the growing need.

The definition of the term *mental health* used in this article is based on the Committee on Psychosocial Aspects of Child and Family Health and Task Force on Mental Health Policy Statement from the American Academy of Pediatrics: "The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care."[3] Mental health encompasses behavioral, neurodevelopmental, psychiatric, and emotional conditions.

BACKGROUND

The prevalence of mental, emotional, and behavioral disorders in children under 18 years old is estimated at between 17%–20%.[6] Half of the mental health

disorders that are seen in adults have been found to emerge by age 14 and nearly 75% by 21.[17] The situation is magnified by the studies that document a continuing severe national shortage of child and adolescent psychiatrists and psychiatric advanced practice registered nurses (APRNs) who are prepared to practice with children,[4,7,18] with even fewer child and adolescent psychiatrists practicing in rural or lower income areas.[1,4]

In addition, decreasing numbers of developmental behavioral pediatricians (DBPs) are being trained, which compounds the problem of available specialists to respond to the growing need for services.[19] Only 1 in 5 children with mental health problems are believed to receive MHC, even when they are insured.[1] PCPs report frustration with the lack of timely access to support from psychiatrists or DBPs, managed care restrictions, and inconsistent communication between referring provider and the mental health specialist, often resulting in delayed evaluation and treatment.[20]

In those children identified in need of a mental health referral, the rate of follow-through with referral to behavioral health services is less than half.[21] Workforce data suggest the need for a public health model for delivery of MHC for children that relies heavily upon better trained pediatric PCPs for first line "primary mental health" care and uses more highly trained specialists (ie, child psychiatrists, psychiatric APRNs, child psychologists, social workers) for more severe problems[3]—a coordinated system in which "scope of practice (is) matched to level of child symptom severity and need."[18]

PRIMARY MENTAL HEALTH CARE

"Primary mental health" has been described as a population-based approach to mental health that addresses the needs of all patients upon first point of contact. Primary care for mental health commonly refers to mental health services that are integrated into general health care at a primary care level and are influenced both by patient need and PCP skill.[22] The framework of the well child visit, the backbone of the relationship that develops between the infant/family dyad and the pediatric provider within the primary health care home, is 1 such population-based approach.[9] Well child visits are designated as rich opportunities to pre-emptively address or thwart early potential threats to a child's well-being through such interventions as parental education and screening.

Today's parental concerns are largely psychosocial and often related to behavior. The frequency of well child visits and the special relationship that develops between the PCP and family provide unique opportunities to recognize those children at greatest risk, to learn of parental concerns, and to provide anticipatory mental health promotion, parent teaching, and simple behavioral approaches. Parents and providers alike are understandably reluctant to prematurely label a child's behavior as a disorder. Yet, at the same time, an increasing body of research provides evidence that early identification of true behavioral and mental health problems is critical to improved outcomes for children.[23] Behavioral problems in young children that persist and are not managed appropriately are more likely to worsen.[24]

The relationship that develops between parents and PCPs around discussions of common parenting concerns may provide an important foundation for the trust and confidence so critical for ongoing therapeutic encounters. The PCP who has observed a child over time may be in the best position to recognize behaviors that appear to be more than variations of normal development.

Additionally, the availability of valid and reliable screening instruments for pediatric mental health concerns has improved the PCP's ability to identify children who are at risk and who will benefit from careful clinical assessment.[10] Furthermore, families who may otherwise avoid mental health services because of perceived stigma may be open to MHC when it is provided within a familiar pediatric health care home.[24]

FREQUENT BARRIERS TO INTEGRATIVE MENTAL HEALTH CARE

Despite the documented high rate of behavioral concerns among parents, the quality of services for emotional and behavioral health provided within primary care varies.[25] Screening, evaluating, and managing children with concerns about behavior is time consuming and requires expertise in skilled interviewing, the use of standardized measures, skills