

Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth

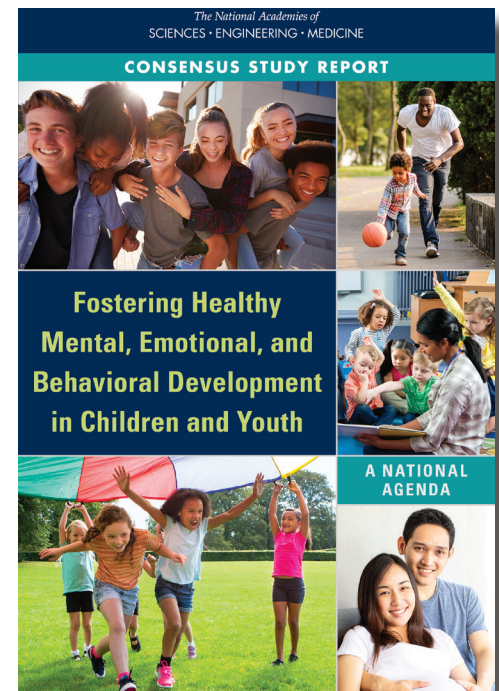
A National Agenda

Highlights for Health Care Professionals

Visits to a medical office or clinic provide ideal opportunities to both foster healthy mental, emotional, and behavioral (MEB) development and prevent MEB disorder. At every stage of life—from before conception and throughout development—health care providers can build trusting relationships, provide education and support, and identify and address issues that can interfere with healthy MEB development across generations. These opportunities include:

- Preconception and prenatal health care involving both mother and father;
- Child health care starting at birth and extending into young adulthood, including well-child care in the first years of life, health maintenance visits, and care for chronic conditions;
- Health care for adolescents and young adults in the child-bearing years; and
- Health maintenance for parents.


The report *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda* (2019) from the National Academies of Sciences, Engineering, and Medicine calls for a broad-based effort—involving multiple sectors of society—to improve MEB health for children and youth. It notes that rates of MEB disorder, including depression, suicide, and self-harm, have been increasing in the United States, and children, youth, and their families struggle with a range of MEB challenges. The health care system can play a vital role in reaching large populations who have not yet benefited from decades of research on effective interventions. The report committee conducted a review of the literature to identify existing efforts in health care to address MEB development. The report highlights



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the need to close the gap between the potential for impact and the current practice in many health care settings.

PRECONCEPTION AND PRENATAL HEALTH CARE

Healthy MEB development in children begins with the health of their parents before they are even conceived. Supporting the physical, behavioral, and social health of prospective parents, and minimizing the risk of adverse pregnancy outcomes, has been termed “three-generation health” because it has potential benefits for parents, their children, and their children’s children. Reaching young prospective parents can be challenging but preconception reproductive risk assessments have the potential to strengthen pregnancy outcomes. Public health models for addressing this need have been proposed as an important contribution to boosting MEB health at the population level.


Preventing and addressing risks that can affect pregnant women and their children is a key tool for promoting healthy MEB development and preventing MEB disorder. The most common risk is preterm birth, which can be caused by maternal inflammatory conditions, smoking during pregnancy, maternal disordered sleep, maternal stress, and maternal anxiety and depression. Despite evidence of the importance of promoting healthy pregnancy and preventing prenatal risks, only modest progress has been made in these areas. Clinicians can support better progress through comprehensive medical surveillance and care for women in the early stages of pregnancy. Participation in home visiting programs that target parent-child interactions has proved beneficial for supporting the health and development of preterm babies.

Fetal exposures to toxic substances is another key risk factor during the prenatal period. In utero exposure to substances including tobacco smoke, alcohol, and opioids is known to adversely affect fetal brain development and can interfere with healthy MEB development in children. Early clinical surveillance of maternal health is critical so that patients can receive effective treatment of maternal substance use. Effective approaches include brief screening, intervention such as cognitive-behavioral therapy, and supports such as 12-step programs. However, access to these programs is limited because many health care facilities do not yet offer services tailored to pregnant women.

The prenatal period also provides an opportunity for health care providers to provide parenting education. Classes organized by obstetric providers, including midwives, are popular approaches. Prenatal visits at pediatric clinics, which are recommended by the American Academy of Pediatrics (AAP), are another chance for physicians to address elements of positive parenting. One example of an evidence-based prenatal parenting program is Family Foundations, which has been effective in reducing rates of preterm birth, parental stress, maternal depression, and harsh parenting. Another effective intervention is Centering Pregnancy, a group prenatal care program that allows expectant women to participate in their own care.

PEDIATRIC HEALTH CARE

Primary care currently offers the best opportunity to address children’s early MEB development at a population level. Nearly all children are seen in primary care settings for well-child checks, with multiple visits in the first 3 years of life: the AAP recommends up to 13 such visits. While these well-child checks have generally focused on physical and developmental health outcomes, nearly one-third of pediatric office visits involve a behavioral concern, and tracking of children’s socioemotional development is now increasingly incorporated into pediatric care practice. Guidelines from the AAP and the American Board of Pediatrics for pediatric care have begun to emphasize attention to the socioemotional needs of children and advocated stronger behavioral health training for future pediatricians and



these organizations have also issued guidelines promoting expanded behavioral health training for physicians.

Involving multidisciplinary and interdisciplinary teams in primary care is a logical way to address the full range of patients' and families needs. This strategy has been incorporated first in clinics serving children from under-resourced families, and more recently by private practices. When behavioral practitioners are physically located at the primary practice site families can take advantage of “one-stop shopping,” and activities targeting integrated MEB health promotion can easily be incorporated with regular physical health care. Although the importance of screening has been recognized in practice it is not yet widely done, even among Medicaid enrollees for whom screening is required.

Some researchers have examined the full integration of behavioral care that encompasses promotion, and prevention as well as diagnosis and treatment, in primary care settings. In these settings, parenting specialists or child psychologists partner with pediatricians in working with child and caretaker dyads at well-child visits. Emphasis is placed on promoting positive caregiver-child interactions, as well as coaching caregivers to adopt positive parenting practices. Evidence suggest parents have embraced this model, and, in urban settings, the rate at which caregivers and their children return to the next well-child appointment is higher for those families who spend time with the psychologist.

A number of innovative efforts to better integrate behavioral health into primary care may signal a move toward fully integrated universal practice. For example, as part of the implementation of the Triple P parenting program in Seattle, Washington, pediatric residents acquired knowledge and skills that translated into more effective interactions concerning parenting practices with the caregivers of their patients. Another integrated evidence-based intervention is the Safe Environment for Every Kid (SEEK) program, which trains health professionals to better address the psychosocial risks of child maltreatment.

Universal, comprehensive behavioral care in child primary health care practices may be one of the best opportunities to foster MEB health in children and youth at a population level. One challenge, however, is the need to restructure the current organization of child health care to better support these efforts, such as through partnerships among primary and behavioral health care practitioners. A second challenge is the limited training that primary pediatric and family medicine providers receive to address behavioral health issues, particularly at the level of promotion or risk prevention.

Parenting programs that are linked to or embedded in primary care practice are another important tool for fostering MEB health. As trusted professional, physicians may be successful in efforts to advise parents in need of enhanced parenting skills to join a parenting class. A number of programs found that recruiting for such classes within primary care health settings may be effective. These programs include The Incredible Years; Chicago Parenting Project; Family Checkup; Familias Unidas; and Healthy Steps.

ADOLESCENT AND YOUNG ADULT MEDICINE

As children move into adolescence, promotion of healthy MEB development continues to be crucial. The lifetime prevalence of any mental disorder among this population is estimated to be 49.5 percent, and one in 25 adolescents has a substance use disorder. Furthermore, suicide is the second leading cause of adolescent death. Screening and treatment for depression at this life stage is essential not only for the promotion of adolescent health, but also for the health of the future progeny of affected young people. Studies in student populations have found evidence for the benefits of preventive interventions, such as mind-body techniques and other self-monitoring and cognitive-behavioral practices.

As with the integration of behavioral health care into primary care settings, one major challenge to meeting this need for adolescent MEB health services is a lack of appropriate training for the medical workforce. Pediatric residents report unmet needs in training in adolescent issues. Stronger adolescent and behavioral health training in fields such as internal medicine and family medicine, as well as pediatrics will be an important component of a comprehensive approach to fostering MEB health.

CHRONIC DISEASE CARE

MEB disorders frequently co-occur with chronic health conditions, which may cause stress to both the child and the family. Often, the burden of care associated with the physical condition results in a home life that is chaotic and disruptive, and affected children and their parents have a high prevalence of anxiety and depression.

Families coping with chronic disease can be supported in managing situational and chronic stress in the context of most chronic medical care that is provided by teams of nurses, psychologists, social workers, dietitians, physical therapists, and physicians. Further, partnerships between health care providers and schools can support children with chronic disease by ensuring responsive school environments and academic success, potent resilience factors that promote MEB development.

CONCLUSION

Primary care settings provide opportunities for promoting healthy MEB development for children and their parents across the lifespan. Specifically:

- Preconception and prenatal care for women provide critical opportunities to mitigate the risks of premature birth, tobacco and alcohol exposure, and other risks to children's MEB development.
- Primary care for young people from infancy to young adulthood, particularly in the early years of life, offers critical opportunities to provide parenting education and screening for risks to healthy MEB development.
- Multidisciplinary and interdisciplinary care, in which nurses and nurse practitioners, parenting counselors, behaviorally trained social workers, and psychologists work alongside or partner with primary care physicians to provide care in a single setting that can address a wide range of promotion and prevention needs shows particular promise. Linking practice settings to promotion and prevention programs also deserves further exploration.
- Preventive and therapeutic attention to the behavioral needs of children with serious chronic disorders and their families can better address behavioral outcomes in this growing segment of the population.

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