

## Start a Conversation about Children's Mental Health

Primary care physicians and staff are often the first point of contact for families when it comes to the health and well-being of their child. Mental health is no exception. In a recent NAMI survey, 89 percent of families responded that they had discussed mental health concerns with their child's primary care physician. Eighty-three percent responded that they believe primary care physicians should routinely talk about a child's mental health with families even when there are no concerns. Yet, survey results show that:

- Thirty-five percent of families believe that their child's primary care physician was not comfortable talking about mental health and related issues;
- About 50 percent of families believe that their child's primary care physician was not knowledgeable about mental illness; and
- Sixty-one percent of families believe that their child's primary care physician was not knowledgeable about local mental health resources, services and supports.

There has been widespread support and calls for identifying mental health concerns in primary care.

One of the best indicators of risk for emergence of mental illness in the future is the presence of parental or caretaker concern about a particular child's behavior. Primary care offices can screen for risk by routinely inquiring about parental concern. The prevention of mental illness and physical disorders and the promotion of mental health and physical health are inseparable.

Institute of Medicine, 2009

The need for primary care clinicians to manage children with mental health concerns only will continue to increase in the future... Primary care clinicians are, and will continue to be, an important first resource for parents who are worried about their child's behavioral problems.

American Academy of Pediatrics  
Task Force on Mental Health, 2010

Mass screening in primary care could help clinicians identify missed cases and increase the proportion of depressed children and adolescents who initiate appropriate treatment. It could also help clinicians to identify cases earlier in the course of disease.

U.S. Preventive Services Task Force, 2009

Unfortunately, children living with mental illness are often not identified early and linked with mental health services and supports. Here are the facts:

- Thirteen percent of youth aged 8-15 live with mental illness severe enough to cause significant impairment in their day-to-day lives. This figure jumps to 21 percent in youth aged 13-18.
- One-half of all lifetime cases of mental illness begin by age 14 and three-quarters by age 24. Early identification and intervention improve outcomes, before these conditions become more serious, more costly and more difficult to treat.
- Despite the availability of effective treatment, there are average delays of eight to 10 years from the onset of symptoms to intervention—critical developmental years in the life of a child.
- Untreated, these disorders can have devastating consequences, including increased school drop-out and failure rates, increased drug and alcohol abuse, involvement with law enforcement and the justice system and youth suicide.

Mental illness is treatable and the best outcomes occur with early identification and intervention. Primary care physicians are in the best position to identify mental health concerns early.

Open communication with families helps to reduce the pain and isolation so often experienced when a child is living with a mental illness. NAMI urges primary care physicians and staff to start the conversation with families about children's mental health.

*The information in this fact sheet came directly from a national survey that the National Alliance on Mental Illness (NAMI) conducted of families' experiences in primary care. To review the complete survey report and additional primary care resources, visit [www.nami.org/primarycare](http://www.nami.org/primarycare).*