VIEWPOINT

Health Care Workforce Development to Enhance Mental and Behavioral Health of Children and Youths

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Mental and behavioral disorder diagnoses in children and youths are increasing at a concerning rate and are antecedent to many lifetime physical and behavioral health disorders.[1] The cost to individuals, families, communities, and the American public is enormous. Comprehensive attention to the risks of all children, starting early in life, through behavioral health promotion, risk prevention, early detection of concerning behaviors, and effective treatment of behavioral disorders is an unmet need.

Child health care holds considerable promise for improving child and lifespan behavioral outcomes.[2] Well-child visits, frequent in the first 3 years and continuing to early adulthood, provide opportunities to enhance family support of child social-emotional development, identify common behavioral problems, detect early signs of significant mental disorders, and provide or arrange beneficial interventions. Parents generally trust primary child health care professionals and view visits to their care settings as supportive and nonstigmatizing. Similarly, parents of children at risk for behavioral consequences of chronic disease repeatedly visit and trust their pediatric subspecialty care clinicians. However, most primary care and subspecialty care pediatricians are not trained to take on this role or participate in team efforts to do so.[3]

Integration of behavioral and medical expertise in practice has received increasing attention. Colocated and integrated care has focused largely on diagnosis and treatment of serious behavioral disorders and comorbidities of serious acute and chronic diseases and has not yet systematically engaged behavioral health promotion and risk prevention. Some subspecialties and a growing number of primary care child health practices now have interdisciplinary staff including behaviorally oriented pediatricians, psychiatrists, psychologists, nurse practitioners, social workers, or other health care professionals. Yet, child psychiatrists, pediatric psychologists, and developmental-behavioral pediatricians are in short supply; other professionals are often not trained to provide behavioral health promotion and care for children and families. Pediatricians of the future will be expected to more competently contribute to behavioral health promotion and care.[4] However, most training programs in pediatrics, as well as other disciplines, are not prepared to create a workforce that can address the full spectrum of today's child health needs in an interdisciplinary mode.

All of these points were considered at a workshop conducted by the Board of Children, Youth, and Families of the National Academies of Science, Engineering, and Medicine, on November 29 to 30, 2016, and in an accompanying Perspectives Paper of the National Academy of Medicine.[5] Attendees represented leadership from all the disciplines mentioned previously. There was overwhelming consensus that training around child behavioral health, both within and across disciplines, deserves immediate and energetic attention. The workshop highlighted the role of interdisciplinary training that addresses the attainment of competency in child and family behavioral health promotion and identified what was a shared core knowledge base across disciplines as well as important unique competencies and contributions of specific disciplines. An urgency to achieve these training goals was reinforced by 5 parents of children with an array of behavioral health needs, who shared their frustrations as well as their too-often elusive successes in finding behavioral support for their child, themselves, and other family members.

Overarching levers for action (**Box**) were identified: (1) enhancing clinical care settings to better support education and training, (2) partnering with other innovative programs, evaluating those efforts, and disseminating learnings, (3) encouraging a focus on behavioral health by organizations that determine qualifications and standards for trainees and training programs, and (4) coordinating local, state, and national promotion of effective training programs and funding streams for their initiation and ongoing support. Eight themes were identified to promote training settings and experiences that better prepare health professionals to improve behavioral health outcomes for children. Important themes include multigenerational (family-focused) behavioral health surveillance and care; embedding evidence-based interventions to improve parenting and social-emotional child development; improving training that addresses the behavioral outcomes of disabling and life-threatening chronic conditions; engaging parents in copromotion of behavioral health; training health care professionals to collaborate with community programs, including preschools and schools, that also promote child behavioral health; and, perhaps most urgently, advocating for funding that supports child behavioral health training in interdisciplinary settings.

Promising models of child behavioral health care and training were introduced by speakers from all disciplines as well as by contributors of more than 30 abstracts describing model programs that address child behavioral health needs. Documenting program effect as well as readiness for interdisciplinary imple-

Box. Levers to Improve Child Behavioral Health Training

1. Adopt clinical program themes that enhance behavioral training settings and curricula
   - A. Recognize the social determinants of child and family health
   - B. Build on family strengths to promote wellness and resilience
   - C. Foster parenting knowledge and skills
   - D. Promote cognitive and behavioral health starting in infancy
   - E. Recognize and mitigate risks for healthy behavioral development
   - F. Identify and intervene early for problem behaviors in nonstigmatizing settings
   - G. Recognize chronic disease as a risk for child and family behavioral disorders
   - H. Work effectively as interprofessional teams and partner with nonmedical services
2. Educate and train health professionals early to address behavioral health
3. Employ training modalities, eg, online simulation, that surmount limitations of faculty and services
4. Develop faculty who foster innovative behavioral education and training
5. Evaluate model programs and disseminate learnings
6. Harness the power of certification and accreditation to shape training
7. Align local, state and national promotion of effective programs, policies and resource allocation
8. Create funding streams for broadly implemented interdisciplinary training

mentation was seen as an important next step. Trainee certification and accreditation of training programs were seen by all disciplines, particularly by pediatrics, as an opportunity to enhance the behavioral training of the child health professions workforce. Time constraints in formal training were identified as a challenge for addressing all important dimensions of child health. Maintenance of certification was noted by most disciplines as an opportunity to extend child behavioral health training. The Perspectives Paper[5] reinforced the importance of training the workforce to conduct research that provides a strong evidence base for child behavioral health care training models across the spectrum of promotion, prevention, diagnosis, and treatment.

The American Academy of Pediatrics has led the call to better prepare pediatricians to promote the behavioral health of children.[6] The American Board of Pediatrics has joined the chorus of those speaking out for more intensive behavioral health training of pediatricians to participate in this effort[4] and on April 5, 2017, cohosted a workshop for training program leadership with the Association of Pediatric Program Directors. All of the members of the pediatric community will need to foster these critical collaborative efforts. Finally, health systems that provide child health care, payer systems, and all who are able to influence education policy, including reimbursement for student as well as postgraduate education, must do their part. Changing health care educational content and context faces formidable financial, policy, and attitudinal challenges. Progress will undoubtedly be incremental. Nevertheless, workshop participants from all disciplines recognized a wave of interest and an emerging opportunity to effect much-needed behavioral training enhancements and create a generation of health care professionals who promote behavioral health in pediatric settings.

We urge all stakeholders in the pediatric family to join in this effort to ensure that future generations of children are advantaged by access to pediatricians who support and provide holistic health care in their clinical practices. A summary of the workshop can be accessed at http://www.nas.edu/healthcareworkforce.

ARTICLE INFORMATION

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