

Chapter 12

Behavioral Health

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ABSTRACT

The purpose of this chapter is to discuss the developmental and behavioral needs of children and adolescents with mental health concerns and to demonstrate how child life services can be used in a variety of settings both in and out of healthcare. This chapter emphasizes how child life specialists can adapt their skills to meet the needs of the pediatric mental health population, their families, and the interdisciplinary team. Child life specialists can provide psychosocial support to psychiatric patients and families by addressing developmental concerns, identifying emotional and coping needs, and advocating for trauma-informed and family-centered care.

INTRODUCTION

The prevalence of mental health needs has greatly risen over the last decade, thus revealing the glaring issue of lack of support and resources for those affected by psychiatric diagnoses, specifically children and adolescents. Mental health, typically referred to as behavioral health in the pediatric field, is characterized by an individual's level of psychological and/or psychosocial adjustments (Boles et al., 2020). In 2015, the World Health Organization (WHO) predicted that youth psychiatric disorders would rank as one of the five most common reasons for morbidity, mortality, disability, and functional impairment for youth worldwide by the year 2020 (Hunter et al., 2015). Subsequently, in 2021, a national state of emergency in children's mental health was declared by the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA). At the time, the AAP linked the mental health crisis to the stress from the coronavirus pandemic and the ongoing struggle of racial injustice, both of which exacerbated mental health challenges that youth were already experiencing (AAP, 2021; National Alliance on Mental Illness [NAMI], 2021b). The pandemic

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resulted in school closures, reduced access to family and friends, reduced access to health care, isolation, and economic pressures, all of which can negatively impact one's mental health (Hudson et al., 2022).

Due to the mental health crisis, there is a growing need to better understand and support the psychosocial needs of these children and their families. Certified Child Life Specialists (CCLS) have the unique skill set to help decrease stress and increase coping amongst children and their family's facing adversity. In this case, that adversity is learning how to cope with and understand one's behavioral health needs as a child or teenager. Certified Child Life Specialists may encounter the behavioral health population both in and out of traditional settings. Coincidentally, children and adolescents with chronic illnesses are at higher risk than their healthy peers for developing a mental illness due to facing more physical, cognitive, social, and emotional challenges (National Institute of Mental Health [NIMH], 2021). However, over the last decade, CCLSs have begun exploring more non-traditional settings such as inpatient psychiatric treatment.

Inpatient psychiatric treatment most commonly occurs in a behavioral health unit within a health care system or a free-standing behavioral health facility. The goals of inpatient psychiatric treatment typically include crisis stabilization, diagnosis, and initiation of appropriate treatment. Prior to discharge, a patient's crisis – defined as the “danger of suicide or homicide, harmful acts to self or to others, or impaired self-care (p. 394)” – is alleviated and proper psychopharmacologic and psychological treatments can continue through outpatient services (Sharfstein, 2009). Common pediatric psychiatric diagnoses include, but are not limited to (American Psychiatric Association [APA], 2013; Pittesenbarger & Manix, 2013; Sheridan et al., 2015):

- Mood disorders, such as major depressive disorder, anxiety disorder, post-traumatic stress disorder, bipolar disorder, and phobias;
- Developmental disorders, such as autism, attention-deficit/hyperactivity disorder, and learning disorder;
- Externalizing disorders, such as oppositional defiant disorder and conduct disorder;
- Substance-related disorders;
- Eating disorders;
- Personality disorders; and
- Schizophrenia and psychotic disorders.

Youth with mental health concerns often demonstrate self-harm behaviors, aggressive or assaultive behaviors, and/or neurological disabilities (Hazen & Prager, 2017). Some specific behaviors linked to suicidality can comprise of sadness or being withdrawn; trying to harm or kill oneself, or having thoughts of doing so; an increase in risk-taking behaviors; sudden overwhelming fear; severe mood swings; substance use; severe changes in behavior, personality, or eating/sleeping habits; and extreme difficulty in concentrating or staying still (National Alliance on Mental Illness [NAMI], 2015). Externalizing disorders are often associated with negativistic behaviors such as aggression, arguing, behavioral outbursts, screaming, fighting, destruction of property, hostile behavior, threats of homicide, and/or cruelty to animals (Dopheide, 2013; New et al., 2017). It is also common for people with mental illnesses to have auditory or visual hallucinations, cognitive delays, developmental delays, or lower-than-average academic performance (Dopheide, 2013; McLeod et al., 2013).

The skills of a Certified Child Life Specialist can be used to help meet these needs and serve children and adolescents experiencing behavioral health issues. Although behavioral health settings may be con-

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