UTJMS 2026 February 16, 15(S1):e1-e3 doi:10.46570/utjms-2026-1687

Pediatric Mental Health Crisis: Current Guidelines and Adjustments

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Received 8/1/2025

Accepted for publication 11/7/2025

Published 2/16/2026

Abstract

Pediatric anxiety, depression, and suicide rates are on the rise across the U.S. and Ohio. This mental health crisis has placed significant burden on both the emergency department and primary care providers. The emergency department does not have the resources for the long-term care of pediatric patients struggling with mental health. Furthermore, primary care providers do not feel their training has equipped them to manage the psychiatric conditions plaguing today's youth. To help address this crisis and decreased the number of patients resorting to emergency care, primary care and pediatric residency programs can implement seminars, simulations, and trauma-informed care trainings. Additionally, robust screening protocols, discussions about pediatric mental health in office, and increasing connections between physicians and mental health services will ensure patients are appropriately screened, diagnosed, and treated for psychiatric conditions.

Keywords: Pediatric Primary Care,Mental Health,Residency Training

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1. Introduction

Anxiety, depression, and suicide are increasingly prevalent in the U.S., culminating in a mental health crisis. As a result, suicide is the second leading cause of death among children 10-19 years old (1). The United Health Foundation's *America's Health Rankings 2024 Annual Report* showed that 19.9% of children ages 3-17 are diagnosed with a mental health condition in the U.S. (Table 1) (2). In Ohio, 22.1% of children 3 to 17 years old are diagnosed with a mental health condition (Table 1) (2).

In response to this crisis, pediatric primary care providers are recommended to screen for anxiety, depression, and suicide. However, many providers do not always ask patients about their mental health. About 76% of primary care physicians (PCPs) believe it is important to talk to adolescent patients about their mental health; however, only 46% ask about their patients' mental health at every visit (1). Although there have been calls to improve mental health training within pediatric residency programs and the ACGME requires a developmental and behavior pediatrics rotation, many pediatricians still do not feel fully equipped to treat patients with mental health conditions (3). In this mini review, we discuss the current guidelines for pediatric mental health management, pediatric residency training in mental health, the uptick of mental health-related emergency department (ED) visits, and methods in which PCPs can address this demand.

Current Pediatric Mental Health Guidelines

Per the current guidelines, pediatricians are recommended to screen for anxiety, depression, and suicide risk (1, 4, 5). Screening instruments for anxiety and depression are recommended for patients ages 8-18 years and 12-18 years respectively (1, 5). The most used anxiety screening tools are Screen for Child Anxiety Related Disorders (SCARED) and Social Phobia Inventory (SPIN) (5). The 9-item Patient Health Questionnaire (PHQ-9) is the most used screening tool for depression (1). Screening for suicide involves asking patients about current and past suicidal ideation, self-harm, and suicide attempts (1). In addition, pediatricians should consider factors that increase the risk of these conditions, including personal and family history of mental illness, age, sex, race, ethnicity, and adverse childhood experiences (1, 5). Pediatric clinical systems are advised to collaborate with mental health specialists to enhance their knowledgebase, consult mental health services and refer to specialists as needed to provide adequate support (1, 4, 5). This ensures patients are appropriately screened, diagnosed, and treated.

Resident Training in Pediatric Mental Health

The ACGME requirements for pediatric residency training list diagnosing, assessing, and treating behavioral and mental health (B/MH) conditions as a core competency (6, 7). Since only about half of B/MH referrals from pediatric offices reach mental health specialists, this burden falls on PCPs and pediatricians (8). Sadly, many physicians feel their residencies did not prepare them to manage B/MH conditions. While 86% of pediatric residents felt that those entering pediatric subspecialties should be trained in B/MH competencies, only around 52% feel confident in their ability to assess and treat them (9). There have been improvements to residency training, however. The Be ExPeRT (Behavioral Health Expansion in Pediatric Residency Training) program is one example. After an initial half-day seminar and four monthly case-based seminars, 23 residents reported improved confidence in assessing, diagnosing, and treating depression, anxiety, and suicidal ideation (8).

Emergency Department Trends in Mental Illness Among Youth

The rising prevalence of pediatric mental illness has been accompanied by a significant increase in mental health–related ED visits. In the U.S., pediatric mental health-related ED visits increased from 4.8 million (7.7% of all pediatric ED visits) in 2011 to 7.5 million (13.1% of all pediatric ED visits) in 2020 (10). Among the pediatric mental health-related ED visits, suicide-related visits increased the most, increasing from 0.9% in 2011 to 4.2% in 2020 (10). These trends of mental health-related ED visits demonstrate the burden the mental health crisis has placed on the ED.

2. Discussion

Pediatric mental health conditions are not being treated effectively. Patients often are unable to see mental health specialists, so the burden falls to PCPs and pediatricians. However, many physicians do not feel prepared to treat these conditions. Pediatric patients are then forced to seek treatment at the ED, which increases their burden. Seeing as one of the ACGME's core competencies

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is treating mental health conditions, pediatricians need robust training. This can include seminars, simulations, and trauma-informed care. Some programs have implemented new strategies, such as Be ExPeRT, which has increased physician competency in diagnosing and treating mental health conditions. With consistent screening and management of these conditions in primary care settings, patients will not have to resort to emergency care.

3. Conclusion

Anxiety, depression, and suicidal ideation are increasingly prevalent among pediatric patients, and rates have continued to rise. Much of the burden of management falls to PCPs, pediatricians, and EDs, since it is difficult to see mental health specialists. However, PCPs and pediatricians do not feel prepared to handle these conditions, and EDs are often overwhelmed by psychiatric visits. Pediatricians and PCPs need to be equipped to manage mental health conditions.

Supplementary Content

Table 1. Ohio and U.S. Mental Health and Suicide Statistics.

Mental health conditions include ADHD, depression, anxiety or behavior or conduct problems diagnosed by a healthcare provider. Mental health conditions, anxiety, and depression data is from 2022-23. Suicide data is from 2020-22. Mental health statistics for Ohio and the United States are from the United Health Foundation's *America's Health Rankings 2024 Annual Report* (2).

	Ohio	United States
Diagnosed Mental Health Conditions (% children ages 3-17)	22.1	19.9
Anxiety (% children ages 3-17)	12.7	10.7
Depression (% children ages 3-17)	5.7	4.4
Suicide (deaths per 100,000 adolescents ages 15-19)	9.6	10.5

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