Chronic Mental Health Issues in Children Now Loom Larger Than Physical Problems

Anita Slomski

IT'S HARD TO BE A KID TODAY. FOR THE first time in the half century that the US government has continuously collected data, the top 5 disabilities affecting US children are mental health problems rather than physical problems.

In 2008-2009, 7.7% of US children younger than 18 years had a disability that limited usual activity, which is a 4-fold increase in the prevalence of childhood activity limitations since 1960, according to data from the National Health Interview Survey from the US Department of Health and Human Services. Among these children, a speech problem; learning disability; attention-deficit/hyperactivity disorder (ADHD); other emotional, mental, or behavior problems; and other developmental problems were each reported by roughly 1 in 5 parents as contributing to their child's limitations, according to *Children With Disabilities*, the newest volume in the journal series *The Future of Children* (http://tinyurl.com/6myzbco), published by the Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution. Asthma, the most prevalent physical condition reported, was named as a cause for 8% of children with limitations.

Although children from both poor and well-off families showed the same increase in disability prevalence, disadvantaged children were more likely to have a disability (10.8%) compared with financially secure children (7.4%), according to the most recent data. Disadvantaged children remain the most likely to have a chronic disability, but the socioeconomic gap may be closing. According to new research by Neal Halfon, MD, MPH, director of the UCLA Center for Healthier Children, Families, and Communities and professor of pediatrics, health sciences, and policy studies, a disproportionate amount of the increase in mental, developmental, and behavioral problems over the past decade appears to be in children from higher-income families.

PREVALENCE VS DIAGNOSIS CREEP

One explanation for why mental, behavioral, and developmental problems have soared is that parents are pushing their children to develop the advanced cognitive, social, and emotional skills they'll need to compete in our knowledge-based economy.

"The conveyor belt [to adulthood] that we put our children on is moving much faster and at a much sharper incline than it used to," Halfon said. "And many kids don't have the capacity to hold on for dear life and make it to the top."

Other observers cite changes that may affect children's health, such as a rise in premature births and subsequent risks for neurodevelopmental disorders or exposure to new or more environmental toxins during pregnancy and early childhood. A growing body of research has found that developmental disorders such as ADHD have complex etiologies with multiple genetic and environmental risk factors (Willcutt EG et al. *J Dev Behav Pediatr*. 2010; 31[7]:533-544). And physicians may be diagnosing more of these problems as a result of better diagnostic tools, lower diagnostic thresholds that recognize greater numbers of children as having cognitive problems, greater access to screening for low-income children, and even a trend of savvy parents demanding a diagnosis of ADHD for children struggling at school in order to improve academic performance with stimulant medication and special accommodations.

It's tricky to tease out a true rise in prevalence of disabilities from improved detection or changing definitions of them, according to James P.

Leading Causes of Limitation in Usual Activities due to Chronic Conditions in US Children

1979–1981	1992–1994	2008–2009
1. Diseases of the respiratory system	1. Diseases of the respiratory system	1. Speech problems
2. Impairment of speech, special sense, and intelligence	2. Impairment of speech, special sense, and intelligence	2. Learning disability
3. Mental or nervous system disorders	3. Mental or nervous system disorders	3. Attention-deficit/hyperactivity disorder
4. Diseases of the eye and ear	4. Certain symptoms or ill-defined conditions	4. Other emotional, mental, and behavioral problems
5. Specified deformity of the limbs, trunk, or back	5. Deafness and impairment of hearing	5. Other developmental problems
6. Nonparalytic orthopedic impairment	6. Nonparalytic orthopedic impairment	6. Asthma or breathing problems

Source: Halfon N, Houtrow A, Larson K, et al. The changing landscape of disability in childhood. *Future Child*. 2012;22(1):13-42.

For the first time in more than 30 years, mental health conditions have displaced physical illnesses as the top 5 disabilities in US children. Nearly 8% of children have an activity-limiting disability.

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Smith, PhD, distinguished chair in labor markets and demographic studies at the RAND Corporation. Smith, who studies childhood health histories, believes that conclusions about escalating rates of chronic physical disabilities "are premature at best," but that mental health problems are definitely increasing. He points out that known causes of physical disabilities have not been rising: "Parents' smoking has gone down, as has childhood poverty, and obesity didn't increase until after this period." Contributing factors to poor mental health in children, on the other hand, have accelerated. For example, he said, "divorce is on the rise; more kids are being brought up in single-parent families and in families where there is often conflict."

That's especially troublesome because mental health problems in childhood have much larger consequences in adulthood than do chronic physical conditions, said Smith. Adults who had mental, behavioral, or developmental problems as children lost more schooling, had fewer educational opportunities, and worked an average of nearly 7 fewer weeks per year than people who had chronic physical disorders as children, according to Smith's research. Lower productivity and educational attainment translate to a 37% decline in family income, 3 times greater than the decline related to having childhood physical health problems, said Smith. "In terms of reduced economic outcomes, mental health issues in childhood are a serious problem, way bigger than obesity" will ever be, he said.

Researchers and clinicians are starting to understand that the child with ADHD in grade school may be on a path to become "the kid with oppositional-defiant disorder at 14 and the kid with a bad drug problem by the time he's 17," said Halfon. "Without the right kind of care, these kids are heading for a trajectory that is suboptimal not only for themselves, but also for society in the long run."

AN ILL-PREPARED HEALTH SYSTEM

Although mental disabilities constitute a larger share of children's chronic conditions, services to treat them have lagged. "Pediatric care in the United States was developed in the '50s and '60s to primarily take care of acute infectious diseases," says Paul H. Wise, MD, MPH, professor of child health and society and pediatrics at Stanford University School of Medicine. "That has largely evaporated due to immunizations, so we have a terrible—and unsustainable—mismatch between our health system and the current epidemiology rooted in chronic disease and mental health problems in children."

Only about half of these children get any kind of services, said Halfon. "Parents typically recognize learning disabilities in their children between the ages of 3½ and 4½, but the children don't get enrolled in special education classes at school until they are about 8½, when problems become too difficult to ignore," he said. The Centers for Disease Control and Prevention estimates that 1 in 88 children in the United States has an autism spectrum disorder (ASD), but 40% of affected children don't get a diagnosis until after age 4 years (http://tinyurl.com/7w4z4m7). And a new data brief from the National Center for Health Statistics (http://tinyurl.com/cbx9dva) states that fewer than one-half of children with ASDs use behavioral intervention or modification, "the most well-established and efficacious intervention for ASD." Pediatricians often don't recognize learning disabilities, or they lack connections to school districts to place children in special education classes, according to Halfon.

Pediatricians need more training to treat chronic disabilities, and insurers have to give them the incentive by providing adequate reimbursement, said Wise. "We'll never have enough child psychiatrists to deal with all the developmental or mental illnesses. Pediatricians may be providing primary care, but that doesn't mean they don't have the capacity to treat kids with serious problems," if they have more training and more support from the child psychiatry community. Pediatric medical homes would be a good start in improving care for children with chronic illness, "but no one has been able to implement the medical home on a large scale," said Wise. "And until we have a more stable, adequate reform of Medicaid reimbursement for child health care, we'll see a continued erosion in the ability of the health community to take care of kids with chronic illness."

MODIFYING THE ENVIRONMENT

Preventing children's disabilities in the first place will be more effective than treating them. But a shift to primary prevention will require a willingness to enlist the help of city planners, engineers, and politicians to address a likely cause of chronic illness—environmental contamination, argued Bruce Lanphear, MD, MPH, professor of health sciences at Simon Fraser University in Vancouver, British Columbia, Canada. Children, who are more vulnerable than adults to adverse effects from environmental toxins, are sometimes exposed to numerous chemicals that may be contributing to mental and developmental problems.

Lanphear cited studies that linked various environmental exposures and mental conditions in children: the association of black carbon (an airborne by-product of fossil-fuel combustion) with reduced verbal and nonverbal intelligence and poor memory (Suglia SF et al. *Am J Epidemiol*. 2008;167[3]:280-286); of low lead exposure with lower IQ scores (Lanphear BP et al. *Environ Health Perspect*. 2005;113[7]:894-899); of prenatal exposure to tobacco with ADHD (Froehlich TE et al. *Pediatrics*. 2009;124[6]:e1054-1063); and of organophosphate pesticides, mercury, and polychlorinated biphenyls with ADHD (Bouchard MF et al. *Pediatrics*. 2010;125[6]:e1270-1277; Eubig PA et al. *Environ Health Perspect*. 2010;118[12]:1654-1667; Sagiv SK et al. *Am J Epidemiol*. 2010;171[5]:593-601). Lanphear's own research found associations between prenatal exposure to bisphenol A and depressive symptoms, anxiety, and hyperactivity in young girls (http://tinyurl.com/6uv67nn).

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"We used to try to protect kids from lead poisoning by telling moms to mop their homes better, to wash their kids' hands better," said Lanphear. "But that didn't work. What brought the lead levels down was taking lead out of gasoline, paint, and canned food. If you really want to change exposures, whether it is lead or unhealthy food, the most effective [strategy] by far is to take away the toxin." The biggest challenge, he said, will be in standing up to corporations whose profits are at stake. "We have to ask ourselves whether we value the short-term profits of an industry over the long-term health of our children," said Lanphear.

Although everyone recognizes the obesity epidemic time bomb because it can be seen, the growing prevalence of mental and developmental problems in children may be much less visible, but it's just as explosive, Halfon said. "This is a very disturbing trend that will only get worse," he said. "I think we're looking at the tip of the iceberg here." □

USPSTF: Taking Vitamin D and Calcium Doesn't Prevent Fractures in Older Women

Bridget M. Kuehn

SUPPLEMENTATION WITH LOWER-dose vitamin D and calcium is not an effective fracture prevention strategy for healthy postmenopausal woman, according to a draft recommendation from the US Preventive Services Task Force (USPSTF). The task force recommends that healthy postmenopausal women should not take such supplements for this purpose.

The recommendation is based on a USPSTF review of the evidence, which found that the data to date do not demonstrate that supplementation with lower daily doses of vitamin D (400 IU of vitamin D_3 or less) and calcium (1000 mg calcium carbonate) prevent fractures in postmenopausal women who don't have other underlying health issues (http://tinyurl.com/3wuyzdm). In addition to not having the intended benefit, such supplementation also increased the risk of developing kidney stones. According to the USPSTF, 1 in 273 women who take these lower-dose vitamin D and calcium supplements for 7 years will develop kidney stones.

"Kidney stones can be a problem," explained Timothy Wilt, MD, a member of the USPSTF. "They can be painful and may lead to other problems."

The task force found insufficient evidence to determine whether lower-dose vitamin D and calcium supplementation prevents fractures in younger women or men. Questions also remain about the utility of higher doses of vitamin D.

Alison E. Burke/AMA

The largest and best-quality clinical trial considered by the USPSTF was the Women's Health Initiative (WHI), which included 36 282 healthy postmenopausal women and found no reduction in hip fractures or total fractures among women who used vitamin D and calcium supplements vs those who didn't. In its review of the evidence, however, the USPSTF noted that the dose of vitamin D (400 IU of vitamin D_3) would be considered low by today's clinical standards. Wilt, who is also a professor at the University of Minnesota and a staff physician at the Minneapolis VA Medical Center, said the jury is still out on the utility of higher supplement doses for preventing fractures.

Although vitamin D and calcium supplementation may not be living up to clinicians' hopes, Wilt said it remains important for individuals to maintain adequate levels of these nutrients, both through their diet and by spending time in the sun to promote vitamin D synthesis by the body.

"We recognize the importance of vitamin D and calcium in overall bone health," he said.

A reassuring finding came from a 2011 report by the Institute of Medicine (IOM): most US individuals get enough of these 2 nutrients through diet and sun exposure (Slomski A. *JAMA*. 2011;305[5]:453-456). In fact, many US individuals may be getting too much of these nutrients as a result of supplementation, the IOM has noted. In addition to kidney stones, excess calcium intake has been linked to hypercalcemia, hypercalcinuria, vascular and soft tissue calcification, unfavorable interactions involving iron and zinc, and constipation. Excess vitamin D intake has been associated with vitamin D toxicity and related hypercalcemia and hypercalcinuria.

The USPSTF found insufficient evidence to determine whether vitamin D and calcium supplementation may prevent cancer in any age group of men or women. The IOM has also concluded that there are insufficient data to sup-

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Wednesday , July 10, 2013
10:00 to 11:30am

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El Nido Family Centers
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(Street Parking on Manchester or Haas or across the street on Van Ness next to Firestone)

For questions and to RSVP contact:
Leslie Marlephansakul
(323) 971-7360 Ext. 251

E-mail:
lmarlephansakul@elnidofamilycenters.org

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Early Head Start

Home Based Program

Service Areas:

90002
90003
90044
90047

Eligibility is based on family size and income. Total household income must meet the current federal poverty guidelines.

Children with disabilities or special needs are encouraged to apply.

Early Head Start (EHS) is a **No COST** program for pregnant women and low income families with children ages 0-3.

Services include:

- 90 minute weekly home visits
- Socializations 2x month (snacks provided)
- Parental and Health Support
- Parent-child activities

Required documents to enroll:

- Proof of income
- Child's proof of age
- Proof of address (utility bill, CA ID/DL, etc)

For more information, CALL 323-971-7360

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Early Head Start

Programa basado en el hogar

Areas de servicio:

90002

90003

90044

90047

La elegibilidad es basada en los ingresos y la necesidad de cada familia. El ingreso total de cada familia debe estar dentro de las guías federales.

Los niños con discapacidades o necesidades especiales son bienvenidos.

Early Head Start (EHS) es un programa **SIN COSTO** para mujeres embarazadas y familias de bajos ingresos con niños de 0-3 años.

Servicios incluyen:

- Visitas semanales de 90 minutos
- Socializaciones 2x mes (bocadillos proporcionado)
- Apoyo de padres y de la salud
- Actividades para padres-hijos

Documentos necesarios para inscribirse:

- Comprobante de ingresos
- Comprobante de Edad
- Comprobante de domicilio

Para mas información, LLAME (323)971-7360

CONTINUING EDUCATION

Physicians

This activity has been planned and implemented in accordance with the Institute for Medical Quality/California Medical Association's CME Accreditation Standards through the Perinatal Advisory Council: Leadership, Advocacy and Consultation (PAC/LAC). PAC/LAC is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing education for physicians. PAC/LAC designates this education activity for a maximum of 5 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

Nurses

The Perinatal Advisory Council – Leadership, Advocacy and Consultation (PAC/LAC) is an approved provider by the California Board of Registered Nursing Provider CEP 5862. This course is approved for 6 contact hours of continuing education credit.

Transportation

Parking:

Free conference parking is offered during conference hours behind the California Endowment.

Metro:

Take the metro to Union Station. The conference center is located a block to the right as you exit Union Station

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About PAC/LAC

The Perinatal Advisory Council: Leadership, Advocacy and Consultation (PAC/LAC) has been a leading maternal and child health organization since its incorporation as a non-profit agency in 1981. PAC/LAC's mission is to improve perinatal health outcomes by providing leadership, education and support to professionals and systems caring for women and their families. Children's health and well-being start with a healthy pregnancy and the events that occur during an infant's first few hours of life. PAC/LAC strives to make those first health experiences the best by ensuring that pregnant women, babies, and families are cared for by the most competent professionals in well-equipped health care settings. PAC/LAC has a long-standing reputation of excellence in the community for our work with hospitals and health care professionals.

About Membership

Our members include a broad spectrum of individuals and organizations in the maternal child health community including healthcare professionals, hospitals, community-based organizations, health clinics, health plans and public health organizations.

Key Benefits of Membership

- Exclusive access to cutting-edge research and information regarding perinatal care
- On-demand, customized expert consultation, advice and resources on all topics related to perinatal care, hospital practices, policies & procedures
- Education and networking plus access to the leaders who are making a difference in perinatal care

About the Conference

This event allows for the important dissemination of new and emerging clinical practice standards as well as an opportunity to discuss health-related issues affecting the perinatal community. This one day conference will occur on May 30, 2013 and will address many of the most pressing perinatal issues in the healthcare community focusing on current neonatal and obstetrical topics. The program is designed for perinatal nurses, pediatricians, obstetricians, neonatologists, hospital administrators, social workers, health educators and other professionals responsible for the care of mothers and/or newborns. Topics presented will explore areas of rapid change and significant influence on the practice of perinatal and neonatal care, with an emphasis on optimizing outcomes for mother and infant.

Conference Fees:

We offer a lower conference registration for current PAC/LAC members and for those joining PAC/LAC at this time. Membership is renewed on an annual basis and must be current in order to purchase membership prices. If you are unsure of your membership status, please contact the PAC/LAC office at (818) 708-2850 or jennie@paclac.org. To join or renew your membership with PAC/LAC at this time, please also select a membership option on the registration page.

Registration fees include: Breakfast, lunch, snacks, syllabus, CEUs or CMEs. Registration fee, less a $25 administrative charge, is refundable if cancellation is received by May 10, 2013. No refunds will be granted after that time.

Objectives

Upon completion of this conference, participants will be able to:

- Describe the changes in hypoglycemia practice
- List benefits and disadvantages of the Ram-Cam
- Discuss the current recommendations in developmental care of the neonate
- Identify risk factors, which contribute to Maternal Mortality
- Compare and contrast the differences between Team of Experts, versus An Expert team

CONFERENCE AGENDA

7:30am **Registration & Breakfast**

8:15am **Opening Remarks**
Andie Bogdan

8:45pm **Plenary Session:** From the Devine to the Sublime: The New AAP Hypoglycemia Guidelines
Gilbert Martin MD.

9:45pm **Break and exhibits**

10:30pm Concurrent Session:

A. Translating Research to Practice
Sherri Mendelson, RNC, PhD, CNS, IBCLC

B. The RAM Cannula: Neonatal Non-Invasive Ventilation
Richard Hernandez, RCP

11:30pm Concurrent Session:

A. Pre-Eclampsia/Eclampsia: Long Term Effects on the Fetus, Mother and Child
Jeotsna Grover, MD, FACOG

B. Current Practice in Developmental Care
Barbara W. Jonkey, MS, PT, C/NDT

12:30pm **Lunch**

1:30pm Concurrent Session:

A. Preventing Maternal Mortality
Sarah Kilpatrick, MD, PhD

B. Attachment and the Preterm infant
Elise Holloway, MPH, OTR/L

2:30pm **Break and Poster Session**

3:00pm **Plenary Session:** Leadership in Healthcare: It's Not A Team Of Experts, It's An Expert Team
Naveen Sangwan, MBA, MPH, CPC, ELI-MP

4:00pm **Closing**

Faculty

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Olive View UCLA Medical Center Sylmar, CA

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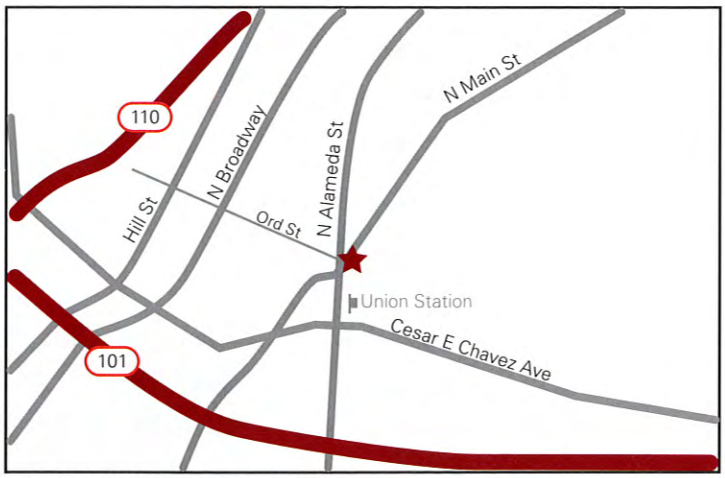

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