The Importance of Parent-Clinician Communication about Mental Health Diagnoses in a Pediatric Clinical Setting

Population Health Sciences

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An eight-year-old girl, Amber*, checks into the hospital for another round of treatment for her heart condition. Amber's physician asks her family if they have any concerns related to Amber's feelings or behaviors. The family replies, "Of course, but it's all because of her heart." Unsure what to say and strapped for time, the doctor moves on to discuss the treatment plan for her heart condition.

Hospitalization can disrupt a child's whole life and lead to emotional stress, particularly for the one in five children who have a mental health condition. Many hospitalized children and adolescents do not know how to process or articulate feelings of depression or anxiety and may not understand that it's okay to talk about these issues. In addition, parents may understand that their child's physical condition affects their behavior, however this may be overlooked as parents prioritize their child's physical health condition over any resulting behavioral concern.

Despite the high prevalence of mental health conditions in hospitalized children, many young people do not receive the mental health services they need to heal for a variety of reasons. For example, families may feel stigmatized into silence or doctors may not communicate their concerns. In our recent study at Children's Hospital of Philadelphia, we found that hospital staff and families are not always on the same page about mental health concerns in children. For example, what if Amber had a history of an anxiety disorder that her family did not communicate with her treating physician?

Our study focused on children ages 4-21 who were hospitalized for medical or surgical concerns, not for psychiatric care. We found that families and physicians do not always share the same information about mental health concerns. Miscommunication between doctors and families about mental health conditions raises three main issues in pediatric hospital care:

1. If hospital teams are unaware of a child's mental health needs, they may miss opportunities to provide helpful treatments during hospitalization. In Amber's case, the doctor didn't have the tools to begin a discussion about Amber's mental health, which could negatively influence Amber's hospital experience and overall health.
2. Miscommunication between the clinician and a patient's family about a mental health concern during hospitalization could result in the patient, such as Amber, and her family not seeking treatment once she leaves the hospital, even though such treatment may be in the child's best interest.
3. Among all of the different mental health conditions, families and physicians in our study were least likely to agree on the diagnosis of anxiety disorders. Hospitalization can exacerbate anxiety symptoms, and if unaware of a patient's symptoms or diagnosis, clinicians may miss opportunities to prevent or treat anxiety symptoms.

While we were able to identify cases where clinicians and families are not on the same page, we need further research to shed light on why clinicians and families may not share the same understanding of mental health diagnoses in hospitalized children. Next steps for our research include designing interventions to improve communication and understand how better communication might improve health outcomes of hospitalized children. Training, communication tools for clinicians and improving access to mental health specialists could help clinicians and families work together to make sure a child's mental health concerns are addressed during a hospitalization. At the end of the day, we want to ensure that children like Amber receive the care that they need to improve their overall wellbeing.

*Name has been changed to protect patient identity

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