Create a Welcoming Setting

Families shared recommendations on how to make primary care offices more welcoming to conversations about their child's mental health.

1. Display resources about children’s mental health, local services and supports and behavioral interventions. For resources to share with families, visit www.nami.org/primarycare.

2. Provide a private area to allow families to comfortably share information about their child’s mental health. Offer families the option to share information without their child being present.

3. Educate the office staff about mental health concerns, community resources and how to share these with families.

4. Create a safe zone for families to share concerns by actively listening and using positive language and nonjudgmental prompts to discuss concerns.

5. Provide mental health screening as part of routine clinical practice. Regularly asking families about mental health concerns gets the conversation started and makes mental health a part of a child’s overall health and well-being.

“Mental health is a real issue for families and shouldn’t be ignored because it’s uncomfortable.

Parent, Lake Forest, Calif.”

NAMI’s National Survey

Information in this brochure came directly from The Family Experience with Primary Care Physicians and Staff, a national survey conducted by NAMI of families’ experiences in primary care. Review the complete survey report and other primary care resources at www.nami.org/primarycare.

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### The Importance of Mental Health in Primary Care

Primary care providers are often the first point of contact for families when it comes to the health and well-being of their child. They are in a key position to identify potential mental health concerns early and to communicate these concerns with families.

Open communication with families helps to reduce the pain and isolation often experienced by youth living with mental illness and their families.

### Encourage Open Communication

Make questions about a child’s mental health part of routine practice to facilitate open communication with families. Families suggest asking these five questions:

1. *Do you have any concerns about your child’s mental health?*
2. *How is your child behaving in school, at home, in the community and with peers?*
3. *Have you noticed any changes in your child’s moods?*
4. *Is your child sleeping and eating well?*
5. *Is there a family history of mental illness?*

Families suggest making these five helpful comments when a child has a mental illness:

1. **There is hope.** Use hopeful, encouraging and positive statements to talk about mental health.
2. **You are not alone.** Share how common mental illness is and information on local support groups and resources so families feel less isolated and alone.
3. **It is not your fault.** Families appreciate reassurance that they are not to blame for their child’s mental illness.
4. **I understand.** Show empathy, compassion and understanding. Consider sharing personal stories about mental illness.
5. **You and your child have many strengths.** Set a positive tone for a conversation about mental health by talking about the child and family’s strengths and how these can help them meet challenges.

### Take Action to Support Families

1. Ask questions to begin an interactive discussion about a child’s mental health.
2. Screen within the primary care office to identify mental health issues early.
3. Evaluate for other physical conditions that can mimic mental illness and rule these out before making a diagnosis.
4. Discuss options for mental health services and supports, including psychosocial interventions, parent skills training and medications.
5. Suggest support groups, family education programs and other local resources to learn more.
6. Refer families to mental health providers for further evaluation and services.
7. Follow up with referrals to ensure help was received. Make appointments for families, if necessary.
8. Encourage families to seek treatment and to give it time to work.
9. Provide treatment when mental health providers are not available.
10. Check in with families to see if treatment is working. If not, re-evaluate treatment options and providers.

### Did you know…

- Thirteen percent of youth aged 8-15 live with mental illness. This figure jumps to 21 percent in youth aged 13-18.
- One-half of all lifetime cases of mental illness begin by age 14.
- Despite the availability of effective interventions, there are average delays of eight to 10 years from the onset of symptoms to intervention—critical developmental years in the life of a child.
- Fewer than one-half of children with a diagnosable mental illness receive mental health services in a given year.

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"Primary care physicians who can help identify potential mental illness can save a child and parent years of pain.

Parent, Chapin, S.C."