American Hospital Association™

Advancing Health in America

Integrating Behavioral Health into Pediatric Care: Hospital-led Solutions to a Growing Crisis

Introduction

Children and adolescents are experiencing rising rates of anxiety, depression and other mental health conditions. The National Survey of Children's Health found that between 2016 and 2023 the prevalence of diagnosed behavioral health conditions among adolescents rose 35%, with diagnosed anxiety increasing 61% and depression increasing 45%.[1] The COVID-19 pandemic amplified these concerns, with children's hospitals reporting increases in suicides, suicide attempts and self-injury cases among patients ages 5 to 18 between 2016 and 2021.[2]

Public health groups declared a national emergency in children's mental health in 2021, and subsequent data has confirmed that emergency departments, inpatient units and clinics continue to see elevated demand.[3]

The Window for Intervention Is Narrow

Half of all individuals who will develop a mood, impulse control or substance use disorder show symptoms by age 14,[4] with many indicators emerging during the years when children see pediatric primary care providers most consistently. When hospitals — particularly children's hospitals — integrate behavioral health into primary care encounters, clinicians can recognize symptoms early, provide immediate support and reduce the chance of escalation into emergencies or long-term treatment. Early, coordinated care gives children a stronger foundation for healthy development.

Whole-person Care Improves Long-term Outcomes

Integration is especially critical for children at risk of severe conditions such as schizophrenia or bipolar disorder. Individuals with severe mental illness die 20 to 25 years earlier than the general population, often because unmanaged psychiatric symptoms interfere with treatment for chronic conditions such as diabetes or heart disease.[5] When pediatric and behavioral health teams coordinate care, they can reinforce treatment plans and healthy behaviors, which may lessen the risk of complications later in life.

Integrated Care Is Whole Person Care — Across Multiple Settings

The United States faces severe behavioral health workforce shortages, with substantial gaps projected by 2037 across multiple professions, including addiction counselors, therapists, psychologists and psychiatrists. Currently, more than one-third of Americans live in areas designated as Mental Health Professional Shortage Areas. Families referred to behavioral health specialists often face months-long waits or fail to secure appointments at all.[6] As a result, hospitals, particularly children's hospitals, are redesigning how they provide behavioral health care. Some connect children to care during the school day through telehealth. Others embed therapists in pediatric clinics so families can get help immediately. Still others operate coordination hubs that track available treatment slots across a region, helping providers place children more quickly. All successful initiatives to improve access to youth behavioral health.

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1 Olivia Sappenfield, Cinthya Alberto, Jessica Minnaert, Julie Donney, Lydie Lebrun-Harris, and Reem Ghandour. Adolescent Mental and Behavioral Health, 2023. National Survey of Children's Health Data Briefs. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. National Library of Medicine published October 2024. https://www.ncbi.nlm.nih.gov/books/NBK608531

2 Children's Hospital Association. The State of Pediatric Suicide: Trends and Implications. Pediatric Health Information System (PHIS®) data, 2016–2021. https://www.childrenshospitals.org/content/behavioral-health/summary/the-state-of-pediatric-suicide

3 Children's Hospital Association. "The Latest Pediatric Mental Health Data." Children's Hospitals Today, April 21, 2023. Pediatric Health Information System (PHIS®) data. https://www.childrenshospitals.org/news/childrens-hospitals-today/2023/04/the-latest-pediatric-mental-health-data

4 Ronald C. Kessler, PhD; Patricia Berglund, MBA; Olga Demler, MA, MS; Robert Jin, MA; Kathleen R. Merikangas, PhD; Ellen E. Walters, MS. "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication." Archives of General Psychiatry, doi:10.1001/archpsyc.62.6.593.https://jamanetwork.com/journals/jamapsychiatry/fullarticle/208678

5 National Institute of Mental Health. "Mental Illness." NIMH. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/statistics/mental-illness.

6 HRSA "State of the Behavioral Health workforce: 2024" National Center for Health Workforce Analysis. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf

Investment and Philanthropy Accelerate Progress

Philanthropy and public investment have accelerated this work. Fortunately, philanthropic contributions have become more common in behavioral health. In 2016, Big Lots donated $50 million to Nationwide Children's Hospital to expand behavioral health services for children and adolescents, one of the largest corporate gifts ever made to a children's hospital.[7] Similar gifts, along with state appropriations and community fundraising, have empowered hospitals to launch, scale and sustain behavioral health services.

Additional Resources

Integration: For more information on the value of integration and best practices of current hospitals and health systems, visit: www.aha.org/behavioral-health-physical-behavioral-health-integration-resources.

Community partnerships: Resources on www.aha.org/behavioral-health-community-partnerships showcase successful initiatives and key components to creating collaborative behavioral health community partnerships.

Building Solutions: Examples from the Field

While the challenges are national, many children's hospitals are already putting integration into practice in ways that reflect the needs of their communities and patient populations. The following case studies demonstrate how integrated models are taking shape and what hospital leaders, particularly those in children's hospitals, can learn from them.

7 The Wall Street Journal Custom Content. "Courage for a Cause." Sponsored by Nationwide Children's Hospital, 2023. https://partners.wsj.com/nationwide-childrens-hospital/next-generation-philanthropy/courage-for-a-cause/

CASE STUDY **The Texas Child Health Access Through Telemedicine (TCHATT)**

School-based Access Through Telehealth

The University of Texas System and the Texas Higher Education Coordinating Board | Austin, Texas

Why does it matter?

In 2021, Texas faced a severe shortage of child psychiatrists, ranking 50th out of 50 states and the District of Columbia in overall access to mental health care. Only one in seven Texas children with major depression were receiving consistent treatment, according to the 2021 "State of Mental Health in America" report.[8]

What is it?

Texas Child Health Access Through Telemedicine (TCHATT) provides in-school behavioral health care to children and adolescents via telehealth, after consent from a legal guardian, in more than 950 Texas school districts. Schools designate private rooms with secure connections so care can take place during the school day.

School counselors refer children who appear to be at risk of anxiety, depression, uncontrollable anger and/or suicide, or other concerns to behavioral health providers, including advanced practice providers and child/adolescent psychiatrists. These clinicians, who are employed by a dozen partnered academic hospitals and health systems, meet with students for up to five sessions, conducting assessments and counseling. They may connect families to pediatricians, primary care physicians or psychiatrists if needed. Typically, only 7.5% of the sessions require any medication management.

TCHATT is part of the Texas Child Mental Health Care Consortium (TCMHCC), which uses a HIPAA-compliant, secure electronic medical record where all participating providers document care, share records and track outcomes.

How is it funded?

The 86th Texas Legislature in 2019 created and funded TCMHCC, including TCHATT. In 2021, TCHATT was expanded through additional federal funding from the American Rescue Plan Act. The Texas Legislature has expanded funding as additional school districts have added the services. Some partner institutions also receive grants and philanthropic support.

Impact

TCHATT is now available to 4.5 million Texas students, pre-K through 12th grade, which is about 82% of the Texas student population. Providers receive an average of 3,500 referrals per month and provide up to 14,000 sessions per month. Anecdotally, families and school personnel report high satisfaction, including fewer adverse symptoms and improved school performance among students.

Lessons learned

After some families didn't complete enrollment, a necessary condition for student participation, schools now help families complete forms on site and schedule students' first telehealth visits while caregivers are present.

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8 Mental Health America 2021: The State of Mental Health in America. https://mamh-web.files.svdcdn.com/production/files/2021-State-of-Mental-Health-in-America.pdf

CASE STUDY **Integrated Behavioral Health (IBH) Model, Pediatric Acute Telemental Health (PATH), and the Behavioral Health Hub**

Integrating Behavioral Health into Pediatric Visits

Nemours Children's Health | Orlando, Fla.

Why does it matter?

Across the United States, Nemours, as well as other pediatric hospitals, witnessed a steady rise in the frequency and severity of behavioral health issues in pediatric patients, which only worsened with the pandemic. As a result, in August 2023 Nemours introduced Pediatric Acute Telemental Health(PATH) to address to address a child or family's opportunity to access mental health care rapidly, sometimes same day or within a week. PATH focused on early detection and integrated care. In addition to PATH, Nemours also has opportunities for increased access to care from their Primary Care Integrated Behavioral Health (IBH) programs, where patients see a mental health provider in their PCPs office; and the Behavioral Health Hub, where case coordinators connect them with available providers and community resources.

What is it?

At Nemours' IBH locations, pediatric teams screen for behavioral and social concerns during routine visits and connect families directly to licensed therapists when issues arise. These behavioral health clinicians provide short-term counseling — most often for anxiety, depression or behavior challenges — and then decide with families whether the child can return to routine care or should be referred to additional behavioral health specialty services. When families face barriers such as housing or food insecurity, clinicians link them to the Hub, where case coordinators help address these issues so children can continue care successfully.

When children need rapid access to care, whether for early or urgent intervention or after-hours behavioral care, pediatricians can refer them to PATH, a Nemours program that offers families telehealth visits within days of referral. Clinicians provide short-term, evidence-based interventions and return the child to their "medical home" with a clear plan for next steps. PATH also extends access to rural primary care and pediatric practices that lack on-site behavioral health staff.

With family consent, behavioral and primary care providers directly share notes in Nemours' EHR and coordinate treatment. Clinicians can record sensitive information disclosed by adolescents under age 18 in a protected section of the medical record that only the behavioral health provider can access, ensuring confidentiality when safety is not at risk.

How is it funded?

Families often discover that their pediatrician is covered by insurance, but their child's therapist is not. Nemours keeps services accessible through the use of a Health Resources and Services Administration (HRSA) grant and philanthropic funding.

Impact

Nemours is beginning to measure outcomes by using screening results as baseline data, tracking follow-up care and emergency department use, and adding quarterly re-screenings. Symptom improvement and parent feedback are not yet available.

Lessons learned

Because behavioral health sessions run longer than standard pediatric checkups, Nemours built longer appointment slots into clinic schedules and added evening and weekend hours so children can be seen quickly after a concern is identified.

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CASE STUDY **Illuminate**

Community-driven Integration Across Care Settings

Children's Mercy | Kansas City, Mo.

Why does it matter?

With only 214 child-adolescent inpatient psychiatric beds within 45 miles of Children's Mercy in Kansas City,[9] zero beds designated as psychiatric beds for children with comorbidities and medical complexities,[10] and 50% of youth with a mental health disorder going untreated in the region, Children's Mercy launched Illuminate in 2023 to address the growing mental health needs of children and teens in the community.

What is it?

Illuminate is a five-year initiative developed to transform access care through more than a dozen complementary projects, aimed to reach more than 80,000 children in the area through early intervention, increasing specialty services, investing in research and innovation, and expanding acute care services.

One of the 14 programs embeds behavioral health providers in three of its community pediatric practices, with a fourth planned.

During routine primary care visits, behavioral health providers offer same-day interventions for children with mild to moderate mental health concerns. More than 2,100 visits have already connected children to care, thereby reducing wait times from months to minutes.

Other projects include a new "One Front Door" intake process, which creates a single entry point for families, with a care coordinator connecting children with more complex needs to specialty behavioral health providers — simplifying the process for almost 10,000 families since its launch.

Hospital-based expansions have added 48 inpatient pediatric psychiatric beds, creating additional capacity in the community to treat patients with behavioral health needs.

Children's Mercy has also created a coordinated discharge process and a Partial Hospitalization Program (PHP) to improve care continuity for children and adolescents who need more intensive treatment than found in typical outpatient programs, but do not require full hospitalization. For several hours each weekday, a team of psychologists, psychiatrists, nurses, board certified behavioral analysts and behavioral health technicians provide daily therapy, psychiatric consultation and educational support for children and adolescents whose psychiatric needs are complicated by serious medical, psychological or neurodevelopmental conditions. Care coordinators manage discharge and confirm outpatient, school and medical follow-up so treatment continues without interruption and patients can return home each night.

Children's Mercy also implemented school-based programs to extend efforts into eight schools, reaching more than 2,500 students and lowering discipline referrals at seven of the sites. Behavioral health clinicians train local K-12 teachers, school staff and students in restorative practices that have been shown to reduce discipline problems and improve student engagement. Teachers then apply these approaches in classrooms, students practice them with peers, and families receive guidance to reinforce the skills at home.

How is it funded?

A 5-year, $150M funding goal was set to ignite the Illuminate initiative. Thanks to the overwhelming generosity of more than 5,000 donors and a $25 million appropriation from the State of Missouri, Children's Mercy is close to achieving this in record time, securing 87% of funding to date.

Impact

Since launch, participating practices have completed more than 2,100 visits, reducing wait times. Early results show improved access and measurable impact. In one school year, seven out of eight schools reported fewer formal disciplinary referrals for student behavior. Future updates on the impact of this initiative may be found at Illuminate Projects - Children's Mercy.

9 Children's Mercy Behavioral Health Business Plan Final March 21, 2022, page 38

10 Children's Mercy Behavioral Health Business Plan Final March 21, 2022, page 31

Lessons learned

Commitment from the highest levels of leadership and a clear, bold vision helped the project gain and sustain momentum. Community partnership was vital as well. The voice of educators, families and local organizations ensured the program's comprehensiveness and relevance.

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CASE STUDY **Minnesota Mental Health Collaboration Hub (MHCH)**

Creating A Statewide System to Reduce Boarding

PrairieCare (a division of Newport Healthcare) | Brooklyn Park, Minn.

Why does it matter?

More than 80% of Minnesota counties are designated as mental health treatment shortage areas.[11] Across the country, for Medicaid-enrolled youth, more than 1 in 10 mental health–related ED visits last more than two days.12 Before the Mental Health Collaboration Hub (MHCH), no statewide system followed individual children who boarded in emergency departments, so providers couldn't know what care they eventually received or how their cases were resolved. Moreover, there was no organized forum for community providers to connect around service capability and capacity, so providers had to make dozens of phone calls only to discover facilities were full or had outdated information. The MHCH platform provides aggregate analytics about treatment needs, service capacity and boarding times. It became the first statewide system to track these cases and provide data about the scope of the boarding crisis.

What Is It?

The MHCH is made up of a web-based database of more than 275 participating provider organizations, including Minnesota's largest health systems, county agencies and treatment centers. Participating children's hospitals include Children's Minnesota in Minneapolis, Children's Minnesota and Gillette Children's, both in St. Paul. The platform matches children and adolescents in prolonged boarding situations with residential facilities, group homes, psychiatric hospitals and crisis units. Any health provider or human services agency in the state can register their organization and build a profile to interact within the database.

Hospitals and emergency departments upload de-identified information about each patient, including age, diagnosis, risk factors, insurance coverage and placement needs. Treatment facilities separately update their profiles with current bed availability, accepted insurance coverage and the types of patients they can serve. The database compares those details and suggests potential matches between patients and facilities. Providers can also flag specific barriers, such as aggression or guardianship issues, when they enter a case. The system uses those staff-entered tags to refine the matches. These cases typically involve youth with severe mental illnesses and complex behavioral issues such as aggression, self-harm or suicidality. Most have multiple psychiatric diagnoses; many are in foster care and have histories of trauma. The database surfaces potential matches immediately, but the coordination of admissions usually take two to three weeks as the receiving facility reviews the case; the patients' insurer authorizes coverage; the legal guardian or county signs consent; and the care team confirms a bed and schedules transport.

In addition to using the database, many of the same providers stay engaged through weekly video calls convened by the Metro Health and Medical Preparedness Coalition, a Twin Cities partnership that supports MHCH. The calls typically draw 30 to 40 frontline providers, such as social workers, case managers and clinicians from participating organizations, to review active cases and work through placement challenges. Turnout varies depending on the number and urgency of cases.

How is it funded?

PrairieCare built and launched MHCH operations under a $300,000 Minnesota Department of Health Pediatric Mental Health Access Program grant through the Health Resources and Services Administration, awarded in 2022. In 2025, the Minnesota state legislature committed $750,000 to fund bridge services, including home-based care, additional facility staffing, and care coordination, so children can safely leave boarding situations while waiting for treatment beds.

Impact

Organizations report a 55% reduction in boarding time. The Hub has processed more than 500 cases,

11 Minnesota Department of Health, Rural Health Care in Minnesota: Data Highlights, November 2024, PDF

12 McConnell, K. John; Thomas H. A. Meath; Lindsay N. Overhage. "Variations in Psychiatric Emergency Department Boarding for Medicaid-Enrolled Youths." JAMA Health Forum, vol. 6, no. 8, August 15, 2025. https://jamanetwork.com/journals/jama-health-forum/fullarticle/2837523?resultClick=1

with most successfully discharged to appropriate care settings. Emergency department capacity improvements translate to significant cost savings and improved patient flow.

Lessons learned

MHCH emerged from grassroots stakeholder calls, creating trust and shared urgency even among competing organizations and before any platform existed. Attempts to expand MHCH to adult populations and into longer-term care pathways are underway but will depend on strong community relationships.

Because the Hub operates as a free public utility, smaller organizations are able to participate.

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CASE STUDY **Stein Tikun Olam Early Connections Program**

Embedding Infant Mental Health in Routine Care

Children's Hospital Los Angeles | Los Angeles

Why does it matter?

Without a consistent way to identify behavioral health concerns in families with hidden stressors or bonding difficulties, mental health needs in very young children under 3 often go undetected. Early childhood mental health is crucial because early experiences greatly impact brain development and lay the groundwork for future social, emotional and cognitive skills, as well as overall well-being.[13] Identifying needs and supporting families early strengthens caregiver-child relationships and reduces long-term behavioral health risks.

What is it?

The Stein Tikun Olam Early Connections Program at Children's Hospital Los Angeles is one of the first of its kind in the nation to provide universal, hospital-wide infant-family mental health services by providing early mental health screening and intervention for young children receiving medical care at CHLA.

In the Neonatal Intensive Care Unit and the Cardiac Intensive Care Unit, psychologists meet all families with a child under the age of 4 to screen for parental stress, infant social-emotional concerns and bonding challenges as part of routine care. Interventions at bedside are provided as needed throughout an infant's stay, and short-term home visiting services are available to support the transition to home. The program is now expanding to a universal model that will be provided to all children 0-3 receiving specialty medical care in the hospital, including both inpatient and outpatient settings. Psychologists have parents complete a short EHR-based questionnaire that screens for social-emotional and behavioral concerns; the system highlights concerning responses so a psychologist or social worker on the care team can follow up during the same visit. Interventions are then offered by the Early Connections team based on identified needs.

How is it funded?

A $25 million gift from the Tikun Olam Foundation financed the launch and expansion of CHLA's infant-family mental health services to the specialty medical care settings, including psychologist and social worker positions on inpatient and outpatient teams, and development of parent education materials, parent group curricula and other intervention models.

Impact

Still in its initial rollout, CHLA has moved from providing infant and early childhood mental health services to approximately 1,800 medically complex children between the ages of 0-3 each year to screening families across NICU, CICU, fetal-maternal and high-risk infant follow-up clinics, to eventually serving all children receiving specialty medical care at CHLA. The goal is to reach all 30,000 children aged 0-3. Families who receive support during hospitalization often continue services after discharge, showing that embedding mental health in medical care increases uptake.

Lessons learned

Partnering with high-volume teams already accustomed to interdisciplinary care, and the newborn follow-up clinic, which welcomed the addition of infant mental health specialists, made it easier to refine clinic flow and screening processes before expanding to other units. Leaders discovered existing hospital support services across IT, marketing and patient education departments that enhanced program development and sustainability.

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13 J. Clinton, A. F. Feller and R. C. Williams, "The Importance of Infant Mental Health," Paediatrics & Child Health, 21:239–241, June–July 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933050/