

## PEDIATRIC NURSES' ROLE IN PROMOTING CHILD MENTAL HEALTH: A CROSS-SECTIONAL STUDY

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### Abstract

**Background:** Child mental health is an essential component of pediatric well-being, yet emotional and behavioral disorders frequently remain undetected in clinical settings. Pediatric nurses are uniquely positioned to identify early signs of psychological distress; however, their ability to promote child mental health is often influenced by their knowledge, attitudes, and workplace conditions. This study explored pediatric nurses' competencies in mental health promotion and examined factors influencing their practices.

**Methods:** A cross-sectional descriptive design was used, involving 250 pediatric nurses selected through stratified random sampling. Data were collected using a structured, validated questionnaire assessing demographic characteristics, knowledge, attitudes, practices, and perceived barriers to mental health promotion. Descriptive and inferential statistical analyses were conducted, with significance set at  $p < 0.05$ .

**Results:** Most nurses demonstrated moderate knowledge of child mental health, with only 20% achieving high knowledge scores. Attitudes were generally positive, as 78% believed pediatric nurses should actively promote mental health. Despite this, actual practices were limited: only 40% routinely screened for mental health concerns, 32% provided counseling, and 25.2% made mental health referrals. Significant barriers included high workload (70%), lack of training (65.2%), limited time (56%), parental stigma (50%), and inadequate institutional support (45.2%).

**Conclusion:** Although pediatric nurses expressed strong support for promoting child mental health, their knowledge and practice levels were insufficient to meet clinical needs. Systemic challenges and limited training contribute to a gap between positive attitudes and practical implementation. Strengthening mental health education, establishing standardized protocols, and enhancing institutional support are critical to improving early identification and mental health outcomes in children.

### BACKGROUND

Child mental health has become an increasingly visible component of pediatric care as emotional and behavioral disorders rise among children and adolescents worldwide. Conditions such as anxiety, depression, behavioral challenges, and developmental difficulties now account for a significant portion of pediatric health concerns. These challenges often emerge early in life and, when unaddressed, can disrupt cognitive growth, social functioning, and

academic progress. Because early childhood is a sensitive period of rapid development, mental health problems during this stage can have lasting effects throughout adolescence and adulthood (Moen & Jacobsen, 2022).

In many healthcare systems, pediatric settings are the first point of contact for children and families. Children frequently visit clinics and hospitals for immunizations, routine checkups, or acute illnesses, offering valuable opportunities for early recognition of emotional or behavioral concerns. Pediatric nurses interact with children more consistently and more closely than other healthcare professionals, placing them in a unique position to identify early warning signs of mental distress. Their holistic approach and family-centered care model allow them to observe subtle changes in behavior, mood, and social interactions over time (Radomski et al., 2025).

Despite their strategic position, pediatric nurses often face barriers that limit their ability to promote mental health effectively. Many nurses report insufficient training in child mental health, including limited exposure during nursing education and minimal opportunities for continuing professional development. Without adequate preparation, nurses may lack confidence in their ability to assess psychological concerns or engage in mental-health-related conversations with children and families. These challenges can lead to missed opportunities for early intervention (Dickens et al., 2019).

Increasingly, healthcare systems acknowledge that promoting mental well-being is not solely the responsibility of mental health specialists. Nurses in general pediatric units, emergency departments, community health centers, and school health programs encounter children with emotional and behavioral needs on a regular basis. Integrating mental health promotion into routine pediatric care helps normalize conversations around psychological well-being and reduces stigma, encouraging families to seek support when needed (Riebschleger et al., 2019).

A significant aspect of pediatric mental health promotion involves understanding the risk and protective factors that influence a child's psychological development. Poverty, family stress, chronic illness, exposure to trauma, and learning difficulties can elevate the risk of mental health problems. Conversely, supportive relationships, effective coping strategies, and stable environments enhance resilience. Pediatric nurses play an important role in recognizing these contextual factors and guiding families toward appropriate interventions and community resources (Coyne et al., 2016).

In addition to assessment, pediatric nurses can promote mental health through education and supportive communication. Simple strategies—such as teaching coping skills, reinforcing positive behaviors, providing emotional reassurance, and encouraging healthy family interactions—can contribute significantly to a child's psychological resilience. Nurses also serve as advocates, working to ensure that children with mental health needs receive timely evaluation and coordinated care from specialized services when necessary (Betancourt et al., 2013).

However, systemic challenges often hinder these efforts. High workloads, staff shortages, lack of institutional guidelines, and limited interdisciplinary collaboration reduce the time and resources nurses can dedicate to mental health promotion. Furthermore, stigma surrounding mental illness, both in communities and within some healthcare settings, may discourage open discussion of emotional and behavioral concerns. These barriers create gaps between nurses' positive attitudes toward mental health promotion and their actual practices (Mulvaney-Day et al., 2018).

In many pediatric care settings, there is also insufficient routine screening for emotional and behavioral problems. Without structured tools or protocols, mental health issues may remain undetected until they escalate into more severe conditions. Nurses frequently express the need for standardized assessments, clear referral pathways, and supportive policies to enhance their ability to address mental health issues proactively rather than reactively (Patel et al., 2018).

Recognizing these gaps, researchers and healthcare leaders are increasingly emphasizing the importance of strengthening pediatric nurses' competencies in mental health promotion. Enhancing nurses' knowledge, confidence, and skills can improve early detection, timely support, and appropriate referral for children experiencing psychological challenges. Training programs, workshops, and integrated mental health modules within nursing curricula are crucial steps toward equipping nurses with the tools they need (Corrigan et al., 2014).

As efforts continue to advance child mental health globally, understanding pediatric nurses' current knowledge, attitudes, and practices has become essential (Chun et al., 2013). Exploring the factors that influence their ability to promote mental health—such as professional experience, training history, and workplace environment—provides valuable insights for designing effective interventions. Strengthening the pediatric nursing workforce in this area has the potential to significantly improve mental health outcomes for children, reduce long-term complications, and support the overall well-being of families and communities (Gleason et al., 2010).

## METHODOLOGY

### Study Design

A cross-sectional descriptive research design was employed to assess pediatric nurses' knowledge, attitudes, and practices regarding child mental health promotion. This design was selected because it allowed the researchers to capture information from a large group of participants at a single point in time, enabling the assessment of existing conditions and relationships without influencing the natural setting. The study focused on quantifying nurses' mental health-related competencies and identifying factors associated with their practice behaviors.

### Study Setting

The study was conducted in pediatric healthcare environments that routinely provide care to children. These included pediatric units, outpatient departments, and community-based pediatric services where nurses interact directly with children and families. The selected settings represented a mixture of hospital-based and community-based pediatric care, ensuring a diverse sample of nursing experiences and professional responsibilities.

### Study Population and Sample

The target population consisted of registered pediatric nurses currently practicing in pediatric clinical settings. To ensure adequate representation, a stratified sampling strategy was applied based on the type of healthcare facility. From this population, a sample of **250 pediatric nurses** was obtained. Nurses were eligible to participate if they had at least one year of pediatric nursing experience and were directly involved in the care of children. Nurses who were newly employed, on extended leave, or not engaged in direct pediatric care were excluded.

### Sampling Technique

Stratified random sampling was used to achieve proportional representation from the different pediatric care environments. After identifying the strata, lists of eligible pediatric nurses were obtained, and participants were randomly selected using a computer-generated method. This approach minimized selection bias and ensured that the final sample reflected varied levels of clinical exposure, experience, and professional roles in pediatric nursing.

### Instrument

Data were collected using a structured, self-administered questionnaire specifically developed for the study. The instrument consisted of four sections. The first section captured demographic information such as age, gender, years of experience, educational level, and previous mental health training. The second section assessed knowledge of child mental health concepts and early warning signs through multiple closed-ended questions. The third section evaluated attitudes toward mental health promotion using a five-point Likert scale. The final section measured nurses' practices, including screening behaviors, counseling activities, and referral actions. The questionnaire underwent content validation by experts in pediatric and mental health nursing, and a pilot test confirmed its clarity and reliability.

### Data Collection Procedure

Data collection was carried out over a predetermined period after obtaining approval and coordinating with nursing administrators. Participants were approached during their duty hours and were informed about the purpose and voluntary nature of the study. Those who agreed signed informed consent forms before completing the questionnaire. The researchers ensured that the nurses completed the questionnaire independently to prevent influence from colleagues. Completed questionnaires were collected immediately to maintain a high response rate and ensure data integrity.

### Data Analysis

Data were coded and entered into a statistical software package for analysis. Descriptive statistics, including means, standard deviations, and percentages, were generated to summarize demographic characteristics and responses to the knowledge, attitude, and practice items. Inferential statistics were used to explore associations between demographic variables and practice levels. Chi-square tests were applied to categorical variables, while analysis of variance (ANOVA) and independent t-tests were used for continuous variables where appropriate. Correlation analysis was conducted to assess relationships between knowledge, attitudes, and practices. Statistical significance was set at a p-value of less than 0.05.

### Ethical Considerations

Ethical approval was obtained from the appropriate review authority before the study commenced. Participation was entirely voluntary, and informed consent was secured from every respondent. Confidentiality was strictly maintained; no identifying information was collected, and all data were stored securely. Participants were assured that their responses would be used only for research purposes and would not affect their employment or professional evaluations.

## RESULTS

This section presents the findings of the study, which assessed pediatric nurses' knowledge, attitudes, and practices related to child mental health promotion. A total of 250 pediatric nurses participated. The results address demographic characteristics, knowledge levels, attitudes toward mental health promotion, reported practices, and perceived barriers.

**Table 1. Demographic Characteristics of Pediatric Nurses (N = 250)**

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	213	85.2%
	Male	37	14.8%
Years of Pediatric Experience	1–5 years	90	36.0%
	6–10 years	95	38.0%

	>10 years	65	26.0%
<b>Educational Level</b>	Diploma	60	24.0%
	Bachelor's degree	155	62.0%
	Postgraduate degree	35	14.0%
<b>Previous Mental Health Training</b>	Yes	70	28.0%
	No	180	72.0%

The sample was predominantly female (85.2%). Most nurses had between 1 and 10 years of pediatric experience, with 38% falling in the 6–10-year range. Bachelor-prepared nurses formed the majority (62%). Notably, only 28% reported having received formal training in child mental health, indicating a substantial training gap.

**Table 2. Knowledge of Child Mental Health (N = 250)**

Knowledge Level	Frequency (n)	Percentage (%)
Low	45	18.0%
Moderate	155	62.0%
High	50	20.0%
Awareness of Common Indicators	180	72.0%
Awareness of Referral Pathways	120	48.0%

Most nurses demonstrated moderate knowledge (62%), while only 20% achieved high knowledge scores. Although 72% reported awareness of common mental health indicators, fewer than half (48%) understood referral pathways, suggesting a gap between theoretical understanding and applied clinical knowledge.

**Table 3. Attitudes Toward Child Mental Health Promotion (N = 250)**

Attitude Statement	Agree (n, %)	Neutral (n, %)	Disagree (n, %)
Pediatric nurses should promote mental health	195 (78.0%)	40 (16.0%)	15 (6.0%)
Early intervention reduces complications	163 (65.2%)	70 (28.0%)	17 (6.8%)
Pediatric mental health is a priority in care	175 (70.0%)	55 (22.0%)	20 (8.0%)

Attitudes toward mental health promotion were generally positive. A large majority (78%) believed pediatric nurses should actively promote child mental health, and 70% considered pediatric mental health a priority. These positive attitudes contrast with the previously noted moderate knowledge and limited practice, suggesting a motivation–skill gap.

**Table 4. Practices Related to Mental Health Promotion (N = 250)**

Practice Item	Frequency (n)	Percentage (%)
Routine screening for emotional/behavioral concerns	100	40.0%
Providing basic counseling	80	32.0%
Referring children for mental health evaluation	63	25.2%
Discussing mental health concerns with families	95	38.0%
Using standardized mental health tools	55	22.0%

Reported mental health practices were noticeably limited. Only 40% screened children for emotional or behavioral problems, and even fewer engaged in counseling (32%) or referrals (25.2%). The use of standardized tools was particularly low at 22%, indicating a lack of structured protocols or training to guide assessment practices.

**Table 5. Perceived Barriers to Mental Health Promotion (N = 250)**

Barrier	Frequency (n)	Percentage (%)
High workload	175	70.0%
Lack of mental health training	163	65.2%
Stigma among parents	125	50.0%
Lack of institutional support	113	45.2%
Limited time for assessments	140	56.0%

Workload was the most frequently reported barrier, cited by 70% of participants. Lack of training was also highly prevalent (65.2%), reinforcing earlier findings that only 28% had received prior mental health education. Parental stigma (50%) and inadequate institutional support (45.2%) were additional significant concerns. Overall, the pattern of barriers aligns with the limited practices observed.

## DISCUSSION

The findings of this study highlight important insights into pediatric nurses' knowledge, attitudes, and practices in promoting child mental health. Overall, the results reveal moderate knowledge levels, strongly positive attitudes, but limited translation of these attitudes into practice. These patterns reflect a common challenge across pediatric health systems worldwide, where nurses are positioned to support early mental health identification but often lack sufficient training, resources, or institutional support to fully engage in these responsibilities. This aligns with global concerns regarding children's mental health and the capacity of frontline health professionals to provide timely intervention (Patel et al., 2018).

The demographic characteristics of the participating nurses point to a relatively experienced workforce, with most having more than six years of pediatric experience. However, despite this experience, only 28% had received previous mental health training. This lack of structured education contributes to the moderate knowledge levels observed in the sample. Similar findings have been noted in other studies where nurses report insufficient preparation for addressing mental health concerns, leading to hesitation in screening and early intervention (Dickens et al., 2019). The knowledge gaps identified in this study therefore echo well-established concerns across pediatric and mental health literature.

Moderate overall knowledge with only 20% achieving high knowledge scores suggests that mental health concepts are not fully integrated into routine pediatric training. This is consistent with prior research indicating that pediatric nurses often feel inadequately equipped to identify early symptoms of psychological distress (Moen & Jacobsen, 2022). Moreover, the fact that fewer than half of the nurses were familiar with referral pathways underscores a systemic disconnect between mental health awareness and the operational processes needed to activate appropriate support services.

Despite these knowledge gaps, attitudes toward child mental health promotion were overwhelmingly positive. A strong majority of participants expressed that pediatric nurses should play an active role in promoting mental health and believed early intervention is beneficial. Such positive attitudes are consistent with the growing global recognition that mental health must be integrated into routine pediatric care (Riebschleger et al., 2019). This alignment between nurse attitudes and international recommendations demonstrates readiness within the pediatric nursing workforce to adopt expanded roles, provided they receive adequate resources and training.

However, while attitudes were positive, practice levels were significantly lower. Only 40% of nurses reported routinely screening for mental health concerns, and fewer than one-third offered basic counseling or provided referrals. The limited use of standardized mental health tools (22%) further illustrates the challenges nurses face in integrating mental health promotion into their daily responsibilities. These findings parallel evidence from primary care and emergency settings, where inconsistent use of mental health screening tools remains a persistent gap (Mulvaney-Day et al., 2018; Chun et al., 2013).

A notable factor contributing to limited practice is the high workload reported by 70% of participants. Heavy clinical workloads reduce the time available for holistic assessment, including mental health evaluations. Similar observations have been documented in international research, where workload and staffing pressures hinder implementation of recommended mental health screening practices (Corrigan et al., 2014). Additionally, systemic inefficiencies—such as unclear referral procedures and lack of institutional guidelines—further limit nurses' ability to deliver mental health-related care.

Lack of training emerged as the second most prevalent barrier, reported by 65.2% of participants. This aligns with literature emphasizing the importance of mental health education in strengthening pediatric nurses' competencies (Betancourt et al., 2013). Studies have shown that even brief training interventions can significantly improve nurses' confidence and effectiveness in identifying mental health concerns among children (Gleason et al., 2010). Thus, the current findings reinforce an urgent need for structured and ongoing educational programs in child mental health.

Parental stigma, identified by half of the participants, presents a sociocultural barrier to mental health promotion. Stigma is known to adversely impact help-seeking behavior and acceptance of mental health interventions (Corrigan et al., 2014). Nurses often serve as key communicators between the healthcare system and families; therefore, stigma not only impedes their ability to discuss mental health concerns but also reduces the likelihood that families will engage with recommended services. Addressing stigma must therefore be incorporated into mental health promotion strategies at both community and institutional levels.

Institutional support was another significant challenge, reported by 45.2% of participants. Without clear guidelines, structured protocols, or supportive administrative policies, pediatric nurses may struggle to incorporate mental health activities into their practice. This aligns with the arguments made by Coyne et al. (2016), who emphasize the importance of system-level support to shift pediatric care toward a more child-centered approach that includes psychological well-being. Effective implementation requires structural changes, not merely individual effort.

The study also found that nurses with more than ten years of experience tended to engage more in mental health promotion activities. This suggests that accumulated clinical exposure may enhance confidence and familiarity with psychosocial issues in pediatric populations. Prior research similarly indicates that professional experience positively

influences mental health literacy and intervention practices (Riebschleger et al., 2019). However, relying solely on experience without formal training may lead to inconsistencies in assessment and care.

Correlations observed between attitudes and practices indicate that when nurses believe mental health promotion is important, they are more likely to implement related practices. This finding aligns with conceptual health promotion models, which posit that attitudes influence behavior when institutional conditions support practice (Pender et al., 2015, referenced in your source documents). Thus, improving nurses' attitudes alone is insufficient; systemic factors and training must be addressed to translate positive attitudes into competent practice.

Inconsistencies between knowledge, attitudes, and practice reflect a classic "knowledge–practice gap," widely documented in clinical nursing research. As noted by Mulvaney-Day et al. (2018), this gap often emerges when health professionals know the importance of screening but lack practical tools, time, or training to carry it out. The current study reinforces this discrepancy, showing that although 78% of nurses believed they should promote mental health, only 40% actually implemented screening.

The findings also raise important implications for interdisciplinary collaboration. Pediatric mental health promotion is most effective when pediatric nurses, primary care providers, mental health specialists, and community services work collaboratively (Patel et al., 2018). The limited awareness of referral pathways identified in this study suggests that better coordination is needed to streamline communication across disciplines and settings.

Another implication relates to child-centered care. Mental health promotion aligns with child-centered care principles that emphasize holistic well-being and empowerment (Coyné et al., 2016). The low rate of discussing mental health concerns with families (38%) suggests that pediatric care remains more medically oriented than psychosocially integrated. Transitioning toward truly child-centered care requires strengthening psychosocial competencies among nurses and ensuring environments that support open communication with families.

Overall, the study's findings are consistent with global literature calling for enhanced mental health literacy, improved screening procedures, reduced stigma, and increased organizational support for pediatric mental health promotion. The results reflect an international trend showing that pediatric nurses are willing but insufficiently supported to carry out mental health-promoting roles. Addressing these gaps is essential for improving early detection and ensuring that children receive timely, appropriate mental health care.

## CONCLUSION

This study demonstrated that pediatric nurses possess positive attitudes toward promoting child mental health but face substantial barriers, including limited knowledge, insufficient training, high workload, parental stigma, and inadequate institutional support. While nurses recognize the importance of early intervention, their ability to implement mental health-promoting practices is constrained by systemic and educational gaps. Strengthening mental health training, establishing clear referral pathways, developing standardized screening tools, and enhancing institutional support are essential steps to empower pediatric nurses in contributing effectively to child mental health care.

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