

Bridging the Child Mental Health Crisis: The Role of Web-Based Education

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Abstract

The prevalence of mental health disorders in children and adolescents presenting to primary care providers has increased during and since the COVID-19 pandemic, highlighting the need for more support for providers and families in identifying and treating these conditions, which challenge them daily. Our online educational web series aims to bridge this gap by offering critical mental health support and guidance for distressed children and families during and after the COVID-19 outbreak. This initiative provides accessible, evidence-based information on various mental health topics, including depression, anxiety, autism spectrum disorders, disruptive behaviors, and ADHD, tailored for primary care providers and as valuable information to the general public. As an online platform, these resources are widely available, improving the capacity of primary care providers to address mental health issues effectively. We recommend these free resources to primary care providers and the public as a valuable tool for enhancing mental health care knowledge and delivery to benefit children and adolescents.

Keywords

Mental Health, Online Education, Children and Adolescents, Primary Care Providers

1. Introduction

In the United States, between 37% and 39% of children will have a behavioral or emotional disorder diagnosed by age sixteen, potentially negatively impacting their quality of life, and the prevalence has increased during and since the COVID-19 pandemic [1]-[3]. In 2023, over 5.3 million adolescents aged 12 to 17 years (20.3%) were diagnosed with mental or behavioral health conditions, including anxiety, depression, or behavior/conduct disorders. Among these, anxiety was the

most prevalent (16.1%), followed by depression (8.4%) and behavior/conduct issues (6.3%) [4].

Psychoeducation is a vital component of visits with mental health providers. Unfortunately, only about one-quarter of children with mental illness are seen by a behavioral health specialist. As a result, primary care providers often become the first line of care for children with mental and behavioral health issues. However, few primary care providers report confidence in their ability to manage their patient's mental health challenges successfully [5]. Psychiatric illness is often associated with suicidality. Suicide is a serious public health problem and among the leading causes of death for individuals aged 15 to 34 [6] [7]. Additional open educational resources and support are necessary to help primary care providers treat children with mental health issues. In 2014, our group administered a survey to pediatricians to identify interest in additional educational opportunities that fit a busy pediatrician's schedule. The investigator-designed online survey, hosted by the secure web application REDCap (Research Electronic Data Capture), was anonymous and voluntary. Of the 83 providers who received the survey, 28 (33%) responded. The majority of primary care providers expressed a desire for case management and medication treatment lectures. They reported difficulties in coordinating services and showed interest in discussions. (Figure 1). Despite implementing live lectures on selected topics at the clinical site, low attendance due to busy schedules led the Penn State Hershey Division of Child and Adolescent Psychiatry to develop an educational web series. This series addresses the symptoms and diagnosis of common mental health disorders, including warning signs for self-harm. Our group has experience with this type of educational activity on a smaller scale, having participated in a well-received webinar for school nurses across Pennsylvania as part of the Penn State Hershey PRO Wellness Center and the Highmark Foundation webinars. As of November 2016, 172 school nurses in Pennsylvania had taken the course, with 90% finding it useful. In 2017, a new "needs analysis" survey was conducted, targeting pediatricians at our pilot site. This survey, which also ensured anonymous and voluntary participation, revealed significant interest in lecture-type delivery, with 87% expressing a preference for online lectures of no more than 30 minutes.

2. Methods

We developed a no-cost, fully supported, online, evidence-based educational web series. The talks, recorded by six board-certified child and adolescent psychiatrists, covered topics such as depression and suicide prevention, autism spectrum disorders, anxiety disorders in youth, disruptive behaviors in children and adolescents, mental health services in schools, and an overview of ADHD treatment in primary care settings. These talks are available on video to primary care providers through our Telephonic Psychiatric Services program website (TiPS) and accessible to the public on the Child Advocate website. Additionally, the talks were delivered as live lectures, both in person and online, to primary care practices

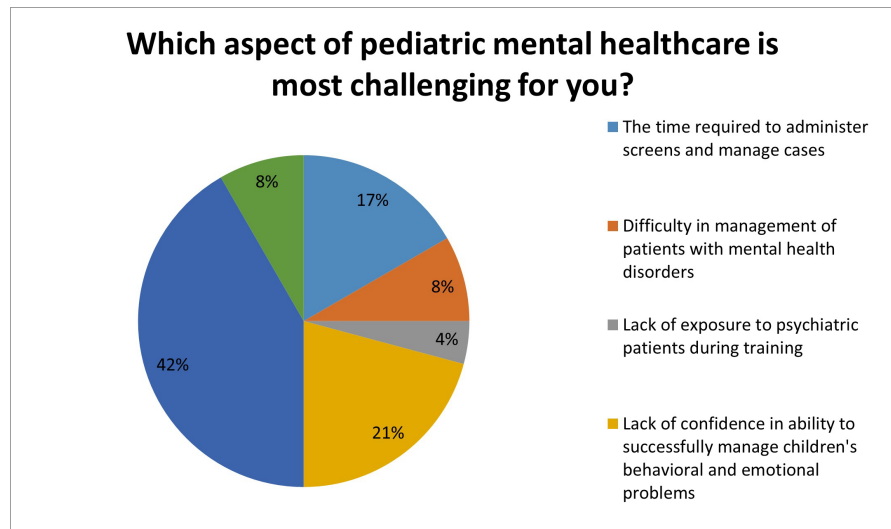


Figure 1. Primary care survey.

in our region [8] [9]. Telephonic Psychiatric Services program offers remote support to primary care providers in central and northeastern Pennsylvania. This initiative provides consultations and resources for primary care providers managing patients up to age 21 who are covered by Health Choices (PA Medicaid and CHIP). The Child Advocate website primarily focuses on providing resources that address the interests and needs of its users. The posts from users on the overall website cover common topics such as mental health treatment of children and adolescents, video presentations from Penn State, as well as press releases on national conferences addressing child maltreatment and data-driven innovations. Additional topics include news releases on children and adolescents admitted to psychiatric hospitals, discussions on suicide and safety issues, and resources on the treatment of depression in children and adolescents, along with suicide prevention efforts.

The program's website offers various resources, including COVID-19 information, news updates, rating scales, screening tools, and links to relevant organizations such as the American Academy of Child and Adolescent Psychiatry, the National Institute of Mental Health, and the Pennsylvania Department of Health TiPS. Additionally, it features newsletters on related topics and includes information about The Child Advocate mentioned in our manuscript.

3. Results

The complete web series of six presentations received a total of 52,842 views online between 2018 and 2022 (Figure 2). Videos on depression (blue line) and other topics (red line) were particularly popular. The program initially presented the topics in person to PCPs, and the continuing education (CE) reviews indicated that the information promoted health improvements. Feedback from 77 participants at live presentations noted the program's usefulness to their practices. (Figure 3). The total online views came from a diverse group of viewers, including

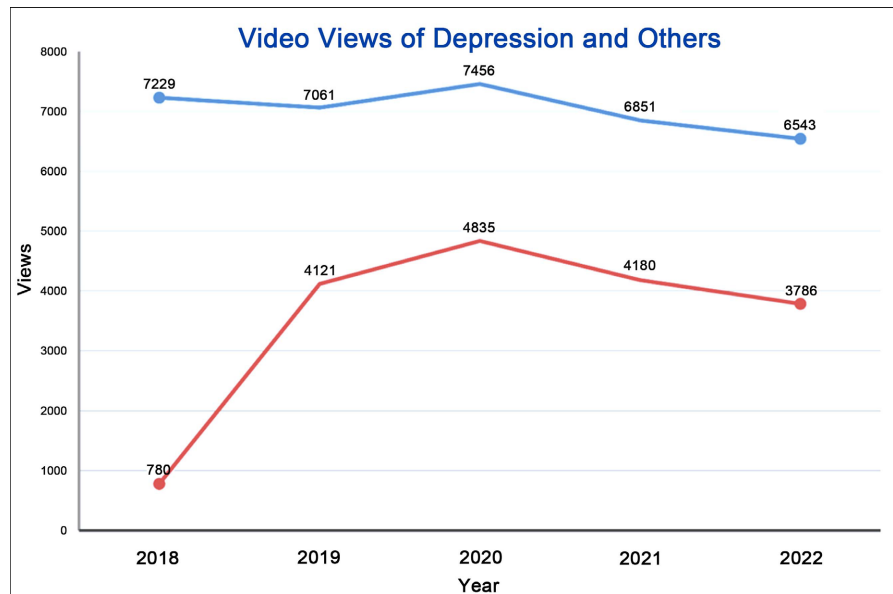


Figure 2. Clinician views of videos on depression (blue) and other topics (red) that increased initially and continue currently.

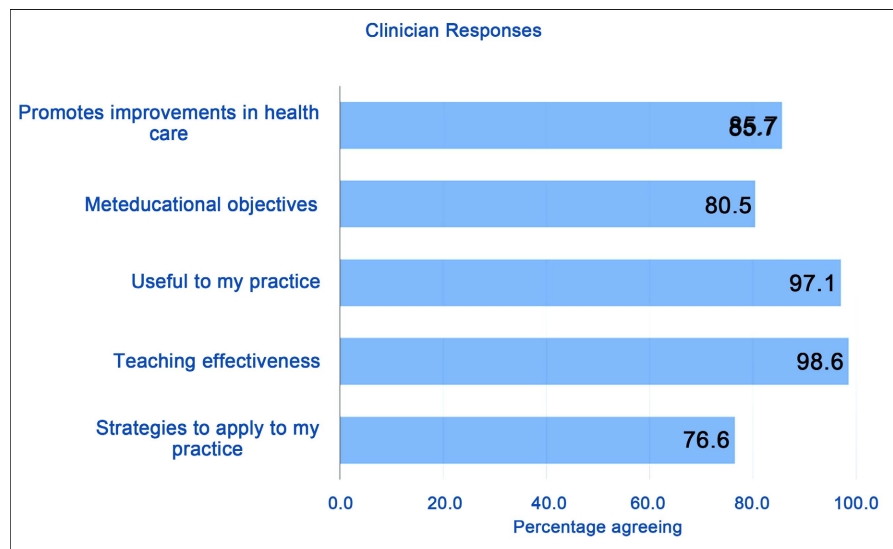


Figure 3. Clinicians CE reviews with high scores on promoting better health care and useful to my practice.

physicians, nurses, nurse practitioners, teachers, school counselors, occupational therapists, physical therapists, and family members. The majority of our users are based in the United States, followed by users from China, Ireland, the Russian Federation, Japan, the United Kingdom, Germany, the Netherlands, Singapore, and Canada.

Online views increased dramatically from 2018 to 2019 (Figure 2) after posting on a well-known health information website. Notably, the number of views has remained consistent over time. From July 2023 to July 2024, the depression presentation received 6591 views, matching the total it accumulated since its initial release

(**Figure 4**). Similarly, the “Other” category from the Video Presentations group garnered 3,657 views during the same period. These metrics underscore the sustained interest and ongoing relevance of the content.

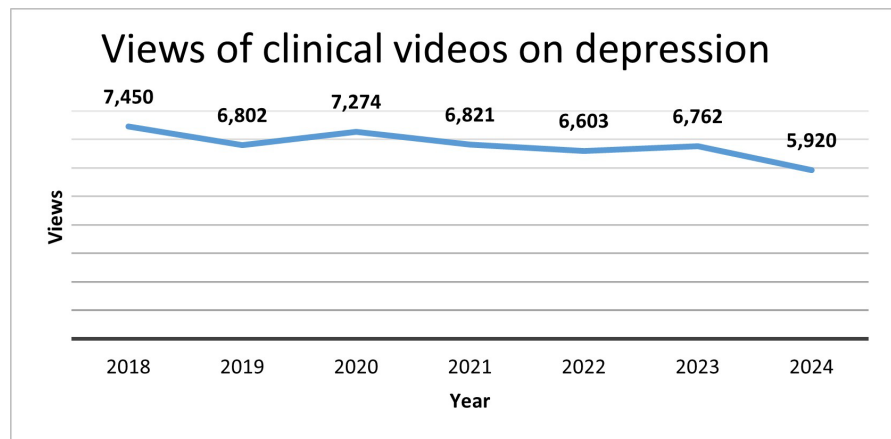


Figure 4. Online views of clinical videos on depression.

4. Discussion

These resources are valuable to clinicians, professionals working with children, and families in all areas, especially those with limited access to behavioral health specialists. The educational content is for informational purposes only and directs viewers to consult with their healthcare providers. The resources we developed provide additional mental health knowledge and support to many clinicians, thus helping a vast number of distressed children and families. The free educational resources were especially timely during the COVID-19 outbreak when already limited access to mental health services became even more challenging. Post-COVID studies indicate a great increase in the prevalence of mental health disorders. Alizadeh et al. reported that 23.8% of children had at least one psychological disorder post-COVID [10]. Many patients rely on websites and online resources not developed by professionals or mental health providers. Our board-certified child psychiatrists provided evidence-based information for this program.

5. Conclusion

Our online educational web series provides support and guidance to clinicians managing distressed children and families during and after the COVID-19 outbreak and continues to do so. We recommend this free resource to primary care providers and the public, as viewing these videos can significantly enhance knowledge about the quality of mental health care provided to children and adolescents. By offering these accessible and evidence-based resources, we empower primary care providers to better understand and care for mental health issues in their patients. This initiative not only fills a critical gap in mental health education but also promotes the well-being of children and adolescents across diverse communities, ensuring that they receive the care and support they need. The ChildAdvocate.net

website provides information on a wide range of topics to support children, families, and professionals. It highlights and addresses mental health, medical, educational, legal, and legislative issues. Future plans include assessing visitors' interests and knowledge before and after they view the educational videos.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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