Doctor of Public Health in Leadership Program

Informing Action Toward Integrated Mental Health Practice in the Pediatric Primary Care Setting in Connecticut

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Background

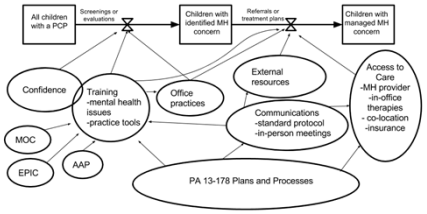
- From 2009 to 2013 there has been a 40% increase in pediatric mental health visits in the US (Rogers et al, 2017).
- 156,000 children with unmet mental health needs in Connecticut (CT-DCF, 2014).
- Pediatric emergency departments (PEDs) in Connecticut have become overwhelmed with the need to provide mental health care with more than half of all PED beds taken by children with mental heath concerns (Dworkin, 2012).
- Primary care pediatricians (PCPs) have not yet fully incorporated the available tools and supports that would enable the regular and consistent screening, diagnosis, treatment, counseling, and referral of children with mental health (MH) conditions (Hooper et al, 2012).
- PCPs occupy a crucial space in the system of care and need to more fully take-on the full range of activities that support children's MH (Pisani & Siegel, 2011).
- The Sandy Hook school shooting in 2012 prompted Public Act 13-178 mandating that CT DCF develop a Children's Behavioral Health Plan (CBHP).
- Connecticut pediatricians felt alienated from the process of developing the CBHP.

Aims

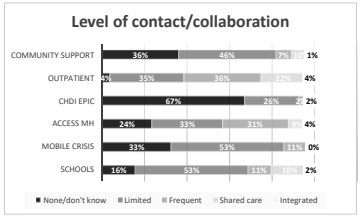
- *Specific Aim 1:* Describe perceived roles, relationships, and practice behaviors as it relates to or influences the integration of mental health care within the pediatric practice setting.
- *Specific Aim 2:* Create network/systems maps that detail the pediatric care provider and the community mental health provider views of the system of children's mental health care within the context of primary care.
- *Specific Aim 3:* Engage in a participatory priority-setting process that identifies actions in support of strengthening the system of children's mental health care.
- *Specific Aim 4:* Assess the alignment of identified priorities for strengthening children's mental health care with the existing Children's Behavioral Health Plan.
- *Specific Aim 5:* Provide specific recommendations for strengthening the system of children's mental health care based on the input of pediatric care providers and community mental health providers to policy-level decision-makers.

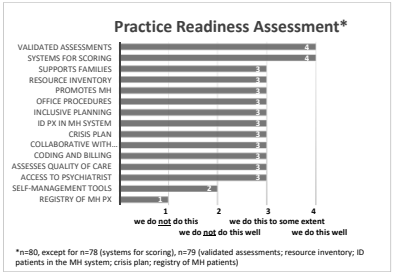
Methods

- Mixed methods concurrent exploratory strategy framed as action research using a 47-item survey of 84 of 132 eligible primary care pediatricians (PCPs) and 6 mental health action groups (MHAGs) made up of 48 individuals from pediatric primary care offices and community MH providers engaged in a participatory System Support Mapping (SSM) process.
- Survey elicited responses on confidence, training, and practice behaviors.
- MHAG participants engaged in priority setting to better define systems level roles, responsibilities, and action steps toward integrated care.
- Guided by a concept map utilizing a modified stock and flow diagram to isolate the factors supportive of mental health integration.



Results





- PCPs commonly reported limited or no contact with available resources such as Mobile Crisis.
- PCP self-reported confidence in managing MH concerns was strongly associated with feeling adequately trained ($p<.001$).
- PCPs feeling adequately trained were more likely to use in-practice therapeutic management tools to address MH concerns ($p<.001$).
- PCPs reported a lack of available "self-management tools."
- Use of "validated assessments" and "systems for scoring" were the only variables with a modal response of 4 = "we do this well."

➢ MHAG participants identified 8 priority areas:

1. Capacity/Access;
2. Communication;
3. Information;
4. Insurance/Cost;
5. Training & Education;
6. Techniques/Technology;
7. Management; and,
8. Parent/families.

Priorities overlapped with 46% of the CBHP goals.

Conclusions

1. The study identifies several opportunities to promote better MH care for children within the pediatric primary care setting, including enhancing communications with MH providers and improved use of existing supports and services.
2. On-going professional training can serve to support pediatrician comfort in managing/treating mental health issues and serve to promote connections to existing supports.
3. The participatory SSM methodology also served to promote action to improve the level of integration of MH care in the pediatric primary care setting:
   "…we are now sending psychiatric evaluations to pediatricians/pcp's for all child/adolescent clients when those visits occur. We are also sending notes from med [sic] management visits whenever there is a medication change so that the PCP is fully aware of what medications shared patients are on. This was a project that we were already working on, but participating in this process helped me to be able to push this along quicker than anticipated."
4. Pediatric primary care providers recognize their role in the system of care and can provide input on actionable steps to achieve strengthened integration of mental health care within the pediatric primary care setting.

Leadership Implications

- Public health leaders, by taking a systems viewpoint, can play a role in bridging gaps between sectors, and by asking questions in an effort aligned with state planners can re-engage disaffected groups such as the Connecticut Chapter of the AAP.
- The SSM process, for those forty-eight participants, gave them an opportunity to describe their roles and then to engage in a joint process centered on the role of primary care providers. Other groups and other challenges might benefit from adopting the SSM model. This participatory process revealed information that the drafters of the CBHP did not uncover or expect to find.

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