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# BEHAVIORAL HEALTH SERVICES IN PEDIATRIC PRIMARY CARE:

Meeting the Needs in CONNECTICUT



## EXECUTIVE SUMMARY

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# BEHAVIORAL HEALTH SERVICES IN PEDIATRIC PRIMARY CARE: EXECUTIVE SUMMARY

## THE CRISIS AND THE CONTEXT

As many as 20% of American children and adolescents have an identifiable mental health disorder, yet only about one-fifth of them receive appropriate care.<sup>1</sup> For most children with a behavioral health disorder, the pediatric provider may be the only health care provider who sees them regularly, so pediatric health care may provide an important opportunity to address children's behavioral health needs early, either with treatment or linkage to mental health services. Up to 50% of pediatric office visits involve a behavioral, emotional or educational concern,<sup>2</sup> but most pediatric providers do not have specialized training to address all their patients' needs. At the same time there is a shortage of mental health providers, so waiting times for patients referred to behavioral health specialists may be lengthy. Expanding pediatric primary care to address the behavioral concerns, therefore, fills an important gap.

## MENTAL HEALTH IN PEDIATRIC PRACTICE SETTINGS

Child health care providers report that between 15 and 27% of their patients have behavioral and emotional problems.<sup>3,4,5</sup> Some of the most commonly seen mental health problems among pediatric patients are attentional and learning disorders, depression, anxiety, substance use, and posttraumatic stress disorder. Children with behavioral health disorders use more types of health care services, more often and at greater cost than other patients.<sup>6,4,7</sup>

The first challenge that pediatric providers face is identifying patients who need behavioral health services. This requires distinguishing normal developmental issues from concerns that require attention. Although there are validated behavioral screening and assessment tools developed for pediatric practice,<sup>8</sup> their use is not consistent,<sup>9</sup> and there is evidence that pediatric health care providers often fail to identify behavioral health problems.<sup>10,11,12</sup> Once identified, pediatricians respond to their patients' behavioral health problems in three basic ways:

1. Prescribing medications for a variety of behavioral health problems is routine among pediatricians, especially for such disorders as attention deficit and depression.<sup>13,14</sup>
2. Pediatricians commonly utilize simple counseling techniques such as education and behavior modification.<sup>3</sup>
3. Health care providers refer to mental health specialists. Many referred children, however, never see the specialist. Of those who do, fewer than a third attend more than one session.<sup>15</sup>

## RESOURCES AND EFFECTIVE MODELS TO ADDRESS BEHAVIORAL CONCERNS IN PRIMARY CARE

- **Bright Futures:** Bright Futures in Practice: Mental Health<sup>16</sup> is one module in the American Academy of Pediatrics' practice guide that supplies information and tools for providers including tips for prevention, a developmental checklist, psychological milestones and health supervision questions.
- **The Embedded Specialist:** This model involves training an existing staff person in the practice as a behavioral health liaison/care manager to provide resources and referrals to patients, thus integrating behavioral health into pediatric health care.
- **Streamlined Direct Access:** This type of program provides immediate access to telephone consultation from child mental health specialists, facilitating the primary care provider's ability to manage patients with behavioral health issues.<sup>17</sup>
- **Co-location:** In this collaborative model, the mental health specialist is located in the primary care office and is able to meet with clients at that site, which may reduce waiting times for service<sup>18,19</sup> and also increase follow through for referrals.<sup>19</sup>

Utilization of these resources and models requires willingness on the part of primary care providers to use them in their practices. Education of both primary care and specialist providers and multi-disciplinary collaboration is also needed. Implementation of these practice resources requires administrative and financial support as well.

## RECOMMENDATIONS TO EXPAND THE CAPACITY OF PEDIATRIC HEALTH CARE TO ADDRESS BEHAVIORAL HEALTH

### Professional development to include:

- training of pediatric primary care providers and their practice staff in screening, brief intervention, referral, and ongoing involvement with patients under the care of behavioral health specialists
- increased emphasis on behavioral health issues in pediatric and family medicine residency training
- development of a learning track for social workers and psychologists that prepares them for a future working in pediatric primary care alongside clinical and office staff

### Primary care practice redesign to include:

- implementation of routine screening for behavioral health problems as part of well-child services
- seamless access to behavioral health specialty services, including medication consultation from child psychiatrists and psychiatric advanced practice nurses
- commitment to care coordination activities to support referral and linkage to needed services
- co-location of behavioral health services into primary care sites

### Regulatory and financing reform to ensure:

- payment for behavioral health screening, counseling, and care coordination services rendered in primary care settings
- payment for extensive evaluation, short term management, and care coordination services performed by behavioral health clinicians working in, or in close collaboration with, primary care sites
- improved reimbursement for children's behavioral health services in general

## CONCLUSION

As the Surgeon General clearly stated,<sup>20</sup> the unmet needs of children who have mental health disorders have created a crisis situation in the United States that may be at least partially ameliorated by changes and improvements in health care practices. The following practice changes would go a long way towards addressing behavioral health issues for children:

- Improved identification of behavioral health problems
- More immediate access to mental health specialists
- Increased collaboration among health and mental health providers
- Implementation of available resources and effective models

This is a tall order for Connecticut state agencies, medical and behavioral health providers, and behavioral health and medical educational institutions. Yet initiatives underway in Connecticut, such as the Behavioral Health Partnership and Mental Health Cabinet, show promise that each of these sectors is committed to addressing improved integration of behavioral health services with primary care and are willing to collaborate in the design and implementation of a new system for meeting the behavioral health needs of children. Connecticut is well-positioned to build the capacity for pediatric primary care practitioners to be responsive to behavioral health concerns as evidenced by initiatives at the state and practice levels. Increasing attention is being paid at the highest levels of state government to children's behavioral health and to enhancing the capacity of the mental health system to meet children's needs.

