

Addressing Child and Adolescent Depression and Anxiety in Pediatric Primary Care: A Co-Management Approach

Increasing the capacity of pediatric primary care providers to address mental health concerns, including psychotropic medication management, is critical to meeting the needs of children at a time when there are too few mental health professionals. The Academy of Pediatrics expects that pediatricians will handle a range of behavioral health services and work in collaboration with mental health providers. The challenge is that few pediatric primary care physicians have advanced training in behavioral pediatrics and many indicate concerns about their capacity to deliver this type of care.

Connecticut is poised to fully address this challenge. The Appropriations Committee's FY '14 and FY '15 budget proposal includes funds to support the establishment of a regional behavioral health consultation and care coordination program for pediatric primary care providers. This program would offer timely telephone access to a consultation team that includes child psychiatrists, social workers and care coordinators. It has been effective in Massachusetts and Washington in increasing children's access to mental health services without creating additional burdens on the mental health system. (See CHDI's September 2011 IMPACT - *Pediatric Psychopharmacology: Improving Care Through Co-Management* - <http://www.chdi.org/impact-pediatric.psychopharm> for descriptions of these two state programs.)

In addition to the proposed behavioral health consultation program, Connecticut is also home to a new co-management initiative developed by staff from CHDI, with funding from the Children's Fund of CT and based on the recommendations in the 2011 IMPACT. Co-Management -- shared responsibility and authority for patient care between pediatric primary care and behavioral health providers -- is a promising strategy to improve outcomes for patients and providers such as reduced waiting times for behavioral health services, increased screening and identification of children with possible mental health disorders, and increased options for consultation.

CHDI's Initiative: Co-Management of Depression and Anxiety in Pediatric Primary Care

Over the past year, CHDI has worked with a small group of pediatricians and mental health providers to design tools to help the pediatricians deliver care for children with depression or anxiety. These tools include practice guidelines and mechanisms for seamless connection to services and ongoing participation in care by both specialties. Although the initiative began with a focus on psychotropic medication management, it became apparent that medications should not be addressed in isolation from other necessary mental health services.

Pediatricians need tools to assist with screening, assessment, referral, and a range of behavioral health therapeutic services that are delivered with or without medication. The goals of CHDI's co-

management initiative are to develop and test tools to equip pediatricians to identify children who may suffer from depression and/or anxiety, connect these children to mental health services, prescribe medications, monitor the impact of therapy and medication on children's behavioral health, and coordinate care.

Phase I

During the first phase of the project (2012), three pediatric primary care practices and their behavioral health care partners developed and tested evidence-based guidelines and tools (algorithms) for co-management of mild to moderate depression and anxiety. Daniel Connor, the Director of Child Psychiatry at the University of Connecticut, and Kenneth Spiegelman, a primary care pediatrician in Manchester, provided expert consultation throughout this process. The group selected depression and anxiety as target conditions because they are commonly encountered in pediatric care and it is believed that child health providers can effectively treat them given the right tools, training and consultation.

The three practices, a combination of urban and suburban, screened patients at all well-child visits over four months using the 17-item Pediatric Symptom Checklist. Of the 482 children screened, 19% scored positive for depression and/or anxiety. The practices then used the algorithms to assess and treat the children who screened positive, including linking them with therapists when needed. Preliminary results indicate that behavioral health co-management is a promising approach in primary care to address the needs of children with mental health concerns.

Phase II

Building on the work from Phase I, the algorithms are being adapted from paper format to a computer-assisted version, which will be tested over this next year in three new pediatric practices. If the tools help pediatric providers identify and co-manage child and adolescent depression and anxiety, they will be made available for interested primary care providers and behavioral health professionals throughout Connecticut.

Building Statewide Supports for Co-Management

CHDI expects that the tools developed through its *Co-Management of Depression and Anxiety* project in combination with a new telephone consultation system will ensure consistent access to quality mental health consultation for pediatric health providers throughout the state. These collaborative approaches to care give pediatricians needed support to address mental health concerns effectively. Together these efforts to integrate behavioral health and primary care services for children can significantly improve access to, and delivery of, health and mental services for children in Connecticut.

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