Does Perceived Responsibility Lead to Practices in Caring for Mental Health Problems in Pediatric Trainees?

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**Objectives**
1) To assess pediatric trainees perceived role in providing MH care and whether these are associated with practices
2) To assess factors that influence perceived role and practices in treatment

**Mixed Methods Design**
*Setting: Academic urban medical center, 3 continuity clinic sites*

**Qualitative Methods:**
- 3 Focus Groups (n=31/60) Open-ended questions about experiences, with MH care, recorded, transcribed, and analyzed using grounded theory

**Quantitative Methods:**
- Web-based survey, n=45/60 responded

**Variables:**
- Perceived Responsibility and Self-Reported Practices in inquiring, treating, and referring ADHD, Depression, Behavioral Problems, and Anxiety
- *Attitude: Measured by Physician Belief Scale*
- *Educational Experiences: where and from who they have learned*
- *Barriers: variables adapted from AAP Periodic Survey*

**Quantitative Results:**
Trainees believe it is their role to inquire and refer the majority of the time. Perceived role was associated with practices when inquiring about anxiety ($r_s=0.37$, $p=0.01$), treating ADHD ($r_s=0.3$, $p=0.03$) and behavioral problems ($r_s=0.34$, $p=0.02$), and referring all conditions. Psychosocial orientation correlated with perceived responsibility. Learning from a gen/adolesc pediatrician, MH professional, correlated with practices.

**Putting the results together:**

**Responsibility Associated with**
- Inquiring about Anxiety
- Treating ADHD and Behavioral problems
- Referring All Conditions

**Intention**

**Perceived Responsibility**

**Behavior**

**Self-Reported Practices**

**Attitudes**

**Educational Experiences**

(learn from Gen Peds)

**Reasons:**

**Responsibility NOT Associated with**
- Inquiring ADHD, Depression, or Treating Depression or Anxiety

**Barriers:**
- Confidence, preceptor lacks expertise, continuity and time within clinic, parental refusal or compliance, MH is more difficult to treat

**Conclusions:** Perceived responsibility (intention) was not always associated with behaviors contrary to theories of behavior change. Barriers were identified to explain discrepancies and include internal and external factors. Future initiatives must target attitude and provide more positive role models and learning environments conducive to caring for MH problems.