Interprofessional Training in Integrated Behavioral Health Urban Pediatric Primary Care

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Background

- 10% of preschoolers have social, emotional & behavior problems
  - Increases risk for developmental disruptions and delayed competence
  - Preschool aged children with behavior problems are very likely to be expelled from preschool programs
- 13% of youth aged 8-15 live with a mental illness that causes significant impairment, with an increase to 21% by age 18
  - 50% of all mental illness begins by age 14; 75% by age 24
- 37.3% of children 4-17 with a psychiatric disorder had one chronic health condition; 50% had more than one
- Only 20% of children with mental illness ever receive treatment
- Shortages of mental health providers, specifically child psychiatrists and child psychologists
- Stigma of mental health conditions
- Expense of treatment for families
- Insurance reimbursement and constraints
- Despite effective treatments
  - average delays of 8-10 years between time of symptom onset and intervention

Primary Care and Mental Health

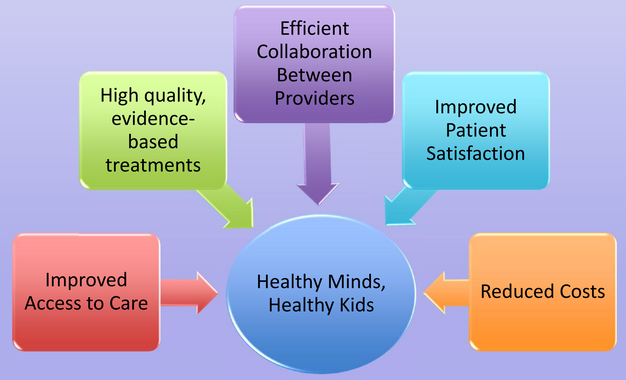
- 50-60% of pediatric visits involve behavioral, psychosocial and/or educational concerns
- PCPs recognize the importance of addressing MH issues and importance of role consistent with the Medical Home model (AAP)
- There are opportunities for prevention, screening, assessment, treatment, and coordination of services with community providers

- PCPs report significant challenges in addressing mental health needs of their patients:
  - Lack of mental health training
  - Insufficient time with poor reimbursement
  - Lack of knowledge about mental health resources
  - Poor referral feedback from community mental health providers

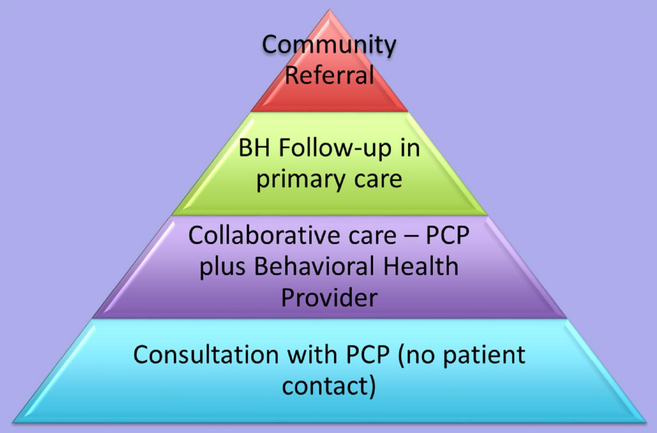
Integrated Mental Health Care

- Purpose:
  - Treat the whole child in the medical home
  - Intervene early to alter the trajectory of problem development
  - Decrease stigma
  - Improve access to high quality care
- Mental health professionals provide assessment and treatment as part of the primary care team
  - Improving communication between providers

Healthy Minds, Healthy Kids: Goals and Objectives



Healthy Minds, Healthy Kids Model



HMHK Model

- Point of entry:
  - Warm handoff: Consult with family during visit with the PCP
  - Electronic referral: Message from PCP to HMHK team through electronic health record
- Brief follow-up care:
  - Evidence-based intervention
  - Up to 8 sessions
- Psychopharmacology:
  - Evaluation and medication stabilization
  - Consultation directly with PCP and/or family
    - Side effects or dosing questions

HMHK Training Model

- Goal: Build a workforce of behavioral health providers who have necessary competencies to provide evidence-based integrated care in urban pediatric primary care settings
- Psychology Interns (final year of training, pre-doctoral)
  - Warm handoff and brief follow up care
  - Supervised by licensed psychologists
  - Currently providing care in two different practices
- Psychiatry Fellows
  - Warm handoff, medication stabilization, brief follow up
  - Supervised by attending psychiatrist
  - Currently in one practice
- Supervision and didactic opportunities
  - Interprofessional training seminar
    - Psychology Interns and Psychiatry Fellows
    - Discuss evidence-based treatment protocols, clinical operations, case presentations
    - Co-led by psychology and psychiatry attendings
  - Group supervision for psychology interns
  - Practice-based psychosocial rounds, including pediatrics residents, attending pediatricians, behavioral health trainees

Training Program Completers (N = 12)

- Descriptive Data (N = 8 [respondents to survey sent electronically])
  - Age range: 27-30 at program entrance
  - Gender: 7 Female, 1 Male
  - Ethnicity: 7 Non-Hispanic/Non-Latino, 1 Hispanic/Latina
  - Race: 1 African American, 5 White, 1 Asian, 1 American Indian/Alaska Native White
  - 1 under-represented minority
  - Average clinical contact hours in medically underserved areas during training year = 768
- Entered/completed post-doctoral fellowship = 100%
- Working with medically underserved communities at least half time = 87.5%
- Working in Primary Care = 50%

Program Satisfaction

- Trainees:
  - Interns completed satisfaction survey
    - Respondents indicated high levels of satisfaction with the training program
    - Example quote: "I am currently a pediatric psychologist working in Integrated Care. My experiences within the IBH track provided an excellent foundation for my current work"
- Providers:
  - Conducted focus groups with PCPs
    - Providers reported that the training program/availability of HMHK providers resulted in:
      - Increased access to high quality mental health care for patients, reductions in barriers to care for patients
      - Reductions in stigma related to mental health services
      - Improvements in PCPs' ability to collaborate with mental health providers
- Families:
  - Individual interviews with 6 families who attended at least one session with an HMHK trainee
  - Families reported a high level of satisfaction with the HMHK service (9.9 out of 10; 10 = very positive experience)
    - Providers seen as competent, accessible, and responsive to family culture/beliefs about care
  - Example quote:
- *" My son felt more comfortable being seen in the same doctor's office where he has been going his whole life. My needs were addressed very well; Recommendations were very clear "*

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