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

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/Alaskan 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
    – Improvements in PCPs' ability to collaborate with mental health providers
• Families:
  – Individual interviews with 6 families who attended at least one session
  – Families reported a high level of satisfaction with the HMHK service
  – 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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References

