

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

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Background: Training programs need to better prepare future pediatricians to provide care for children with mental health (MH) problems. There is limited data on how trainees see their role in MH care and whether this influences their practices.

Aims: 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.

Methods: Mixed methods study using a survey and focus groups. Perceived responsibility and self-reported practices in inquiring, treating, and referring common MHPs were collected. Other variables included provider and practice characteristics, educational experiences, perceived barriers, and psychosocial orientation measured by the Physician Belief Scale (PBS). Nonparametric correlations looked for associations between variables. 14 focus group questions asked about experiences with MH care.

Results: 45/60 residents completed the survey. Perceived role was associated with practices when inquiring about anxiety ($rs=0.37$, $p=0.01$), treating ADHD ($rs 0.3$, $p=0.03$) and behavioral problems ($rs0.34$, $p=0.02$), and referring all conditions. Psychosocial orientation correlated with perceived responsibility. Learning from a general pediatrician correlated with practices. 3 focus groups ($n=31$) elucidated 4 main themes: provider factors, environmental factors, patient factors, and mental health itself. Within each theme there were rewards and barriers in providing MH care. Many accepted an active role in MH care and acknowledged the impact and satisfaction achieved with successful treatment. Knowledge, confidence, the structure of continuity clinic, and the paucity of role models prevented them from fulfilling their role and providing rewarding patient care experiences.

Conclusions: Perceived responsibility (intention) was not always associated with behaviors which is contrary to many theories of behavior change. Future initiatives need to target resident attitudes in order to influence their acceptance of their role in MH care and provide more positive role models who provide MH care.

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