Do On-Site Mental Health Professionals Change Pediatricians' Responses to Children's Mental Health Problems?

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Received for publication January 15, 2016; accepted March 28, 2016.

Abstract

Objective: To assess the availability of on-site mental health professionals (MHPs) in primary care; to examine practice/pediatrician characteristics associated with on-site MHPs; and to determine whether the presence of on-site MHPs is related to pediatricians' comanaging or more frequently identifying, treating/managing, or referring mental health (MH) problems.

Methods: Analyses included American Academy of Pediatrics (AAP) members who participated in an AAP Periodic Survey in 2013 and who practiced general pediatrics (n = 321). Measures included sociodemographics, practice characteristics, questions about on-site MHPs, comanagement of MH problems, and pediatricians' behaviors in response to 5 prevalent MH problems. Weighted univariate, bivariate, and multivariable analyses were performed.

Results: Thirty-five percent reported on-site MHPs. Practice characteristics (medical schools, universities, health maintenance organizations, <100 visits per week, <80% of patients privately insured) and interactions of practice location (urban) with visits and patient insurance were associated with on-site MHPs. There was no overall association between colocation and comanagement, or whether pediatricians usually identified, treated/managed, or referred 5 common child MH problems. Among the subset of pediatricians who reported comanaging, there was an association with comanagement when the on-site MHP was a child psychiatrist, substance abuse counselor, or social worker.

Conclusions: On-site MHPs are more frequent in settings where low-income children are served and where pediatricians train. Pediatricians who comanage MH problems are more likely to do so when the on-site MHP is a child psychiatrist, substance abuse counselor, or social worker. Overall, on-site MHPs were not associated with comanagement or increased likelihood of pediatricians identifying, treating/managing, or referring children with 5 common child MH problems.

Keywords: child psychosocial problems; on-site mental health; primary care

Academic Pediatrics 2016;16:676–683

What's New

The number of on-site mental health professionals (MHPs) is increasing. The discipline of on-site MHPs affects pediatricians' co-management of mental health (MH) problems among pediatricians who do some co-managing, but overall, on-site MHPs are not related to comanagement or to pediatricians' identification, treatment/management, or referral of MH problems.

In 1974, WHEN Robert Haggerty first wrote about the "new morbidity," he effectively presaged the tremendous changes in the complexion of pediatric practice.[1] The effective treatment and prevention of infectious diseases, coupled with the tremendous advances in treatment of chronic diseases and the increased recognition of childhood mental health (MH) problems, means that pediatric generalists are routinely called on to treat more complex physical and MH problems. Data suggest that up to 20% of US children meet criteria for a MH problem; 75% of those children are seen in primary care, but only 50% of those with identified problems receive any specialty MH treatment for their problems.[2,3]

A number of professional efforts have been made to address the reality of pediatric primary care as a de facto MH system, especially for infants and preschool children. As of 1997, the Residency Review Committee for Pediatrics of the Accreditation Council for Graduate Medical Education required that pediatric residents have a minimum of a 1-month block rotation of developmental and

behavioral training to include both assessment and treatment/management of identified MH problems as expected competencies.[4] The Future of Pediatric Education II (FOPE II) included recommendations for improving pediatric education with respect to the family, and guidelines such as Bright Futures focus attention on child and family MH.[5–7] In 2010 the American Academy of Pediatrics (AAP) published a policy statement articulating MH competencies recommended for pediatric primary care.[8] However, despite the fact that pediatricians are identifying and treating more children with MH problems than in the past, most children go undiagnosed and untreated.[9] Pediatricians have endorsed and continue to increasingly endorse many barriers to identifying and treating childhood MH problems, making understanding why these barriers continue to exist critical for improving care to children with MH needs. A major barrier that continues to be endorsed is lack of availability of mental health professionals (MHPs).[10,11]

To address the barriers and complex needs of children and families, since the early 1990s the AAP has promoted the concept of the medical home.[12] Medical homes are defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.[13] The AAP and the American Academy of Child and Adolescent Psychiatry (AACAP) recommend that care for children with MH problems be initiated in primary care, with pediatricians identifying and managing relatively uncomplicated conditions, comanaging intermediate-level problems, and referring complex problems.[14] The need to provide complex, coordinated care across a range of conditions and to integrate behavioral health care into primary health care has prompted the investigation of strategies beyond simply improving the education of pediatricians. One major focus has been on changing the structure of pediatric practices to improve capacity and to better integrate behavioral health services. Within that context, a promising structural change that has been recommended by the AAP and AACAP is on-site location of one or more child MHPs within a primary care pediatric practice.[15,16] One of the aims of this structural change is to enhance the level of shared management—that is, comanagement—between MHPs and primary care professionals compared to traditional models of siloed, poorly coordinated behavioral health and primary care systems.

Although promoted as a mechanism to improve the care of children with MH issues, little is known about physically locating a MHP near or in a pediatric practice or about the influence of on-site MHPs on pediatricians' activities with regard to child/adolescent MH issues.[14–17] In an early examination of referrals for child/adolescent MH problems by pediatricians, Williams et al[18] found that pediatricians reported that they were likely to use a MH specialist who was on site in their practice but would be less likely to use either psychopharmacology or behavioral health consultation by phone. Guevara and colleagues[19] examined pediatricians identified from the American Medical Association's 2004 physician directory and found that 17% had an on-site MHP and that those with an on-site MHP were more likely to consult with and refer to that professional. However, they did not investigate whether on-site MHPs were associated with increases in pediatricians' likelihood of identifying and treating common child and adolescent MH problems.

In 2013, the AAP included a series of questions about on-site MHPs in its Periodic Survey (PS) 85, thereby allowing the examination of this underresearched but potentially important practice change. Therefore, the objectives of these analyses were to examine the availability of on-site MHPs in the practices of pediatricians and to examine the characteristics of the practices where on-site services are available; to determine if on-site services were related to whether and how often pediatricians comanaged the MH problems of their patients with a MHP, arguably a proxy for integration; and to learn whether on-site services were related to pediatricians more frequently identifying, treating/managing, or referring 5 prevalent child MH problems.

METHODS

PS ADMINISTRATION

The sample for these analyses included only pediatricians who responded to a 2013 AAP PS and who practiced general pediatrics exclusively (n = 321). The study population for the PS consisted of US nonretired members of the AAP in 2013 (n = 54,491) (http://www.aap.org/). The PS has been conducted multiple times yearly since 1987 to inform policy, develop new initiatives, and evaluate current projects. The questionnaire was pretested for clarity and approved by the AAP institutional review board. The 2013 questionnaire was mailed 7 times to a random sample of 1617 members beginning in July 2013 and ending in December 2013; 36.7% responded. An e-mail reminder was sent with a link to an electronic version of the survey.

SURVEY QUESTIONNAIRE MEASURES

The survey included questions used in previous PSs about sociodemographic characteristics (eg, age, sex, race/ethnicity, years in practice) and practice characteristics (eg, type of practice, percentage of time spent in general pediatrics, number of ambulatory visits per week, patient race/ethnicity, insurance). Also included were questions about pediatricians' behaviors in response to 5 prevalent MH issues: attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, behavior problems, and learning difficulties. For each problem, they were asked how often (never, sometimes, usually) they inquire/screen, treat/manage/comanage, or refer each of the problems.

In addition, the survey included a series of questions on whether MHPs were located on site and on comanagement of MH problems. Pediatricians were asked whether 7 types of MHPs (child psychologists, child psychiatrists, developmental-behavioral pediatricians, developmental services providers [ie, early intervention], substance abuse counselors, social workers, child life specialists) were located on site at their practices, as well as the percentage