Integrating Children's Mental Health into Primary Care



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KEYWORDS

Mental health ● Children/youth ● Prevention ● Primary care

KEY POINTS

- Mental health problems in children and adolescents are common and begin early in life.
- Mental health promotion and early intervention during childhood are global public health priorities.
- Primary care can help meet this need through collaboration with specialists and by recognizing the centrality of mental health to physical health.
- Mental health interventions can be re-designed to fit the work flow and staffing of primary care sites.
- Taking on mental health promotion and care is a "whole office" task that includes families in its design and execution.

UNMET NEED FOR CHILD MENTAL HEALTH SERVICES

Children's mental health problems are among global health advocates' highest priorities¹ because they are among the leading causes of disability for children and youth and often go untreated for years, significantly disrupting healthy development.^{2,3} In addition, advocates increasingly see mental health promotion in childhood as the only viable short-term path to reducing the burden of adult mental disorders.^{4,5} Nearly three-quarters of adult disorders have their onset or origins during childhood, becoming harder to treat and incurring ever-greater social, educational, and economic consequences over time. In contrast, there is good evidence that commonly occurring problems such as anxiety and depression can be prevented or ameliorated through intervention in childhood and adolescence.⁶⁻¹⁰

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Designing an expanded program to address mental health in childhood presents many challenges. Even in the most highly resourced countries, child mental health professionals are in short supply and their optimal use is hampered by fragmented systems and competition for limited public funding. In much of the world, specialized care is virtually unavailable except to the most privileged. ¹¹ In the United States, the 2003 National Health Interview Survey found that 56% of children aged 4 to 17 years with definite or severe functional difficulties attributable to mental health problems had not seen a mental health professional in the past year. ¹² A decade later, a study in Massachusetts, after the start of mandatory child mental health screening in primary care, found that 40% of screen-positive children had no previous history of mental health service use. ¹³

A ROLE FOR PRIMARY CARE

Strategies for improving children's access to mental health care focus largely on increasing the number and kinds of providers who can deliver preventive and treatment services. This includes engaging family members, improving the mental health promotion and treatment capacity of schools and community programs, and increasing the capacity of primary care.¹⁴

Around the world, primary care is delivered in many different ways and by professionals and paraprofessionals with differing skill sets. The extent to which child mental health care integrates with primary care thus varies, and also depends on opportunities to expand services in schools and from community-based organizations. For example, in the United States, primary care providers (family physicians, primary care pediatricians, nurse practitioners, physicians' assistants, and the others who work with them) are tasked with a variety of health maintenance and monitoring functions that, in other systems, are carried out by public health workers. Thus, integration efforts in the United States focus mostly on primary care sites themselves, whereas in other countries (such as the United Kingdom) they involve work with a combination of primary care, school-based, and public health services.

Whether in primary care predominantly, or in a combination of primary care and public health, the philosophy of promoting and tracking children's healthy development creates the benefit of integration, forming a natural base from which to promote mental health and detect emerging problems. Mental health care can then be delivered in the context of care for co-occurring medical conditions, and with a focus on periods of individual and family vulnerability. Ongoing relationships can build willingness to share sensitive information and trust in the appropriateness of diagnosis and treatment.

Developing primary care as a resource for mental health has involved 2 strategies (collaborative care and task shifting), which in fact are inseparable. Collaborative care emphasizes effective partnerships between primary and specialty care, allowing patients to receive treatments that take advantage of specialty expertise, while benefiting from the comprehensiveness and longitudinal aspects of primary care. However, collaborative care cannot function without some degree of task shifting, the delivery of some specialized services by primary care providers themselves. In Task shifting is needed for several reasons: early detection and intervention (as well as efforts at health promotion) may identify situations that do not qualify for specialty care; waiting times for specialty care may be too long; many patients may prefer to be treated in primary care and opt for no care at all rather than accepting a referral. Task shifting may be the only alternative in settings where specialty care is available only at great expense or in extraordinary circumstances.

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