

Partnerships with Primary Care for the Treatment of Preschoolers



Sheila M. Marcus, MD*, Nasuh M. Malas, MD, MPH,
Joanna M. Quigley, MD, Katherine L. Rosenblum, PhD,
Maria Muzik, MD, MS, Dayna J. LePlatte-Ogini, MD,
Paresh D. Patel, MD, PhD

KEYWORDS

• Preschool mental health • Integrated care • Collaborative care • Telepsychiatry

KEY POINTS

- This article informs the reader about access issues in child psychiatry and how access impacts the appropriate diagnosis and treatment of preschool children.
- The article presents a model for a collaborative care program in Michigan (Michigan Child Collaborative Care Program [MC3]), which is a program providing phone-based and telepsychiatric consultation in primary care in 40 counties in the state of Michigan.
- The article describes demographic and diagnostic data from preschool children referred to the MC3 program.

BACKGROUND

The first years of life provide a critical window to promote healthy social and emotional development across the life span,¹ and systems of care that support the cognitive and emotional development in early childhood can play a crucial role in addressing issues that have both quality-of-life and cost implications. Early detection of preschool mental health begins in the primary care setting.² Primary care physicians (PCPs) work closely with families in early childhood administering regularly scheduled well-child visits, treating illnesses common to preschoolers, and supporting families with regard to infant behavioral regulation, sleep, and nutrition. PCPs are ideally suited to identify risk factors for preschool behavioral disorders. Although infants and

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Department of Psychiatry, University of Michigan, 4250 Plymouth Road, Ann Arbor, MI 48109, USA

* Corresponding author.

E-mail address: smmarcus@med.umich.edu

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toddlers may exhibit externalizing behavioral problems ranging from social to developmental delays, these children are less likely to be identified by their parents, who may perceive these problems as developmentally appropriate or transient.^{3,4} Thus, the burden of identification falls on PCPs who may have a window of opportunity to identify social and developmental delays, perturbation of the parent-child relationship, or trauma.

Despite frequent visits to primary care, most youths with mental health conditions do not receive care for their conditions.⁵⁻⁸ Chronic stress and adverse life events can have a toxic effect on the developing young brain.^{9,10} Failure to detect and treat psychiatric conditions in early childhood can undermine social and academic development and may negatively impact relational security.¹¹⁻¹⁴ Preschool children are even less likely than older children to be identified for treatment; when identified, only about half attend treatment.¹⁵ There are important psychosocial barriers (such as poverty) as well as practical barriers (childcare, transportation) that disproportionately impact access to care for young children.¹⁶ Therefore, it is imperative that PCPs have access to behavioral health expertise and support, ideally through trained clinicians who can partner with the PCP and families to provide education and collaborate on referrals for mental health resources in the community that are feasible for the family.

PCPs are often willing to treat mild behavioral health conditions, particularly in rural areas,¹⁷⁻²¹ but report discomfort treating more complex conditions,²² including those in early childhood. PCPs can often recognize and appreciate the high frequency of common behavioral conditions in their practice, the difference between normal development and psychopathology, and the value of psychotherapeutic intervention for behavioral psychopathology. This recognition is critical for families, as PCP recommendations are the best predictor of parents seeking further care for preschool behavior problems.²³

Medical silos, time constraints inherent in PCP visits, limited numbers of child mental health providers, and limited care coordination between medical and behavioral health conditions have been linked to the undertreatment of mental health conditions. For high-risk children, PCPs note lack of access to child psychiatric care either due to long waits or lack of available providers. This failure of the systems of care leaves young children at risk for devastating long-term outcomes, including increased health care utilization, poor academic outcomes, and later mental health issues.²⁴

The emerging evidence about integrated care strategies and economic scaffolding provided through the Affordable Care Act has enabled many PCP offices to employ an embedded behavioral health consultant (BHC). This BHC is usually a master's level social worker who assists with assessment, local mental health referrals, provision of mental health education, and brief behavioral therapy, often using techniques of motivational interviewing and behavioral activation to increase engagement of patients and families. In a 2012 study, BHC involvement was shown to result in high levels of parental satisfaction, enhanced access to behavioral services, and improved behavioral outcomes in children with mental health conditions.²⁵ In most of these integrated programs, however, there is no child psychiatric involvement, which is related both to availability and expense.

Infant and early childhood psychiatrists are individuals trained in highly specialized assessments of preschoolers, including a developmentally appropriate, relationally sensitive evaluation of common disorders (autism and other developmental disorders, anxiety, trauma, disruptive behavioral disorders) as well as the parent-child dyad. Access to child psychiatrists familiar with preschool mental health is markedly poor because of the overwhelming demand for services. This problem is further compounded by the scarcity of child psychiatry training programs with specific clinical

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