

The Advantages of Providing Mental Health Services in the Primary Care Setting

SUMMARY

1. Primary care providers are playing an increasingly important role in promoting children’s social and emotional development. Providers are also increasingly engaged in treating children for mental health issues. In the past 20 years, the rate of psychosocial problems identified by primary care providers has more than doubled from 7% to 18%.¹
2. New models for integrating child development and mental health services within primary care have emerged. These models include training of primary care providers on child development issues and mental health disorders, consultation by early childhood mental health providers to primary care providers, and co-location of these providers within primary care practices.
3. This paper provides a rationale for integrating social and emotional development and mental health services in primary care as well as strategies for helping to ensure the effectiveness of this co-location. In addition, the brief outlines key policy recommendations that could help advance and strengthen comprehensive and effective co-location models in Delaware.

Children’s Social and Emotional Development in Primary Care

The early development of cognitive skills, emotional well-being, social competence, and sound physical and mental health are critical foundations to children’s overall health and well-being. Childhood is an important time for health promotion, as well as identification and treatment of developmental and behavioral problems. Yet, opportunities for promoting children’s social and emotional development in the places where children and families most commonly are, such as primary care, can often be missed.

A significant proportion of children experience mental health problems, but few have access to mental health services. An even greater number of children struggle from time to time with their emotions, or getting along with others, but these struggles may not develop into a diagnosable mental disorder. Few children have access to resources that promote development of social and emotional skills or help *prevent* emotional or behavioral problems before they start.



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The Advantages of Providing in the Primary

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The Role of the Pediatric Primary Care Provider in Children’s Mental Health

Treatment for mental health issues in children is increasingly being provided by primary care providers. In the past 20 years, the rate of psychosocial problems identified by primary care providers has more than doubled.² Many primary care providers have taken on greater roles in children’s mental health because of significant shortages in the availability of child mental health providers. Moreover, these providers sometimes lack the professional preparation and skills to fully address the social and emotional needs of children. They may be reluctant to refer children for mental health assessment and treatment given shortages in the availability of mental health providers and the often inadequate communication between primary care and mental health systems. When children are referred to a mental health provider, less than half of their families follow-through on the referrals.³

Roles of Pediatric Primary Care Clinicians in Children’s Mental Health

less severe		more severe			
Parent Education	Screening	Assessment	Care Management	Treatment	Referral
(parenting concerns, appropriate discipline techniques)	(developmental, social/emotional)		(follow-up for office interventions, monitoring referrals)	(e.g. ADHD)	

The role of the primary care provider in addressing children’s mental health covers a broad range. There are a variety of concerns that primary care providers address. When they do refer children to mental health providers, the referrals tend to be for more persistent or severe mental health concerns.

Co-location of Mental Health Providers in Primary Care

Given the realities and complexities of addressing children’s mental health by pediatricians and family physicians, new models for integrating child development and mental health services into primary care have emerged. Primary care settings have:

- modified staff responsibilities to incorporate activities related to child development;
- implemented new practice protocols to guide discussions by primary care providers;
- provided parents with child development resources; and
- used care managers to handle screening and referral of children.⁴

In addition to practice-wide changes such as these, more formal models of mental health integration also have been developed. These models include training of primary care providers on child development issues and mental health disorders, consultation by mental health providers to primary care providers, and co-location of child development and mental health providers within primary care practices.⁵

ng Mental Health Services y Care Setting



Studies indicate that high-quality mental health services in primary care are generally multi-disciplinary and collaborative.⁶

Many practices are co-locating mental health providers in primary care settings because of the numerous benefits to this approach. Co-located practices have been found to decrease the use of general health care services by children with unidentified and untreated mental health problems and has resulted in improved outcomes and reduced costs.⁷ Co-location has been associated with other benefits including:

- Greater willingness by the primary care provider to explore mental health issues that might result in a mental health referral
- Less stigma for families in seeking mental health care
- Families are more likely to seek timely well-child care
- Improved parenting practices that promote child development
- Enhanced communication among mental health and primary care providers
- Increased exchange of knowledge and skills between mental health and primary care disciplines.^{8, 9, 10, 11}

Creating Effective Practice Structures and Operational Procedures

Co-location models that have successfully addressed structural and operational barriers to service integration make optimal use of primary care staff (e.g., nurses) and co-located professionals while maximizing primary care physician time with the child and family. Structural and operational procedures that can enhance co-location include the following:^{12, 13}

- Use of a validated parent-report screening tool such as the Ages and Stages Questionnaire (ASQ) or the Parent Evaluation of Developmental Status (PEDS). Parents complete the tool on their own in advance of the primary care visit or while in the waiting room, thus saving provider time.
- Interpretation of the tool during the well-child visit or health physical by primary care providers or co-located professionals who have been trained to score the tool.
- Use of information technology systems to score and interpret screening tools.
- Referral of any child with a positive screen to the co-located professional for follow-up and further assessment if necessary.
- Protocols and procedures to appropriately follow-up, whether within the practice or external to the practice, for those children who have been identified as needing further assessment and/or treatment.

See reverse for policy and program recommendations.

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RECOMMENDATIONS FOR PROVIDERS AND POLICY MAKERS

Key policy and program changes can promote and enhance the ability of co-located practices to effectively provide social and emotional development and mental health services to children and adolescents. These recommendations include the following:

1. Provide training opportunities in health and development and mental health topics to primary care providers.
2. Educate and train primary care and mental health providers on validated developmental screening tools that are available for use in primary care, such as the ASQ and PEDS.
3. Create grant opportunities that enable primary care systems to develop and pilot test co-location models, evaluate the models, and widely disseminate lessons learned from their implementation.
4. Create public and private financing systems that support effective co-location, including:
 - Separate billing costs for developmental services.
 - Identify Current Procedural Terminology (CPT) codes that can be used for developmental screening and communicate these to providers.
 - Promote insurance policies that allow physicians to bill for mental health diagnostic codes on behalf of mental health professionals in their employ, or that allow mental health professionals to enroll directly and bill as providers.
 - Establish financing structures that support integrated behavioral health care services such as extensive evaluation, care management, and psychiatric consultation.
 - Ensure that Medicaid rates for primary care and mental health services are comparable to Medicare.
 - Improve public and private reimbursement of child development and mental health services.
5. Evaluate the impact of co-location models on practice-wide changes, provider outcomes, and child outcomes.

Notes

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