

# Mental Health Care and the Medical Home

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# Goals and Objectives

- Briefly describe innovative and effective models for providing behavioral health services in the pediatric primary care medical home
- Learn how these integrated models can improve outcomes for patients
- Discuss local efforts to implement and disseminate these models

# Access to mental health services

- 21% of children and adolescents in US meet criteria for a mental health disorder
  - About half with significant functional impairment
- Another 16% do not meet criteria for a disorder but show impairment
- ONLY 20% who need mental health services receive them

# Access barriers

- Provider shortages
  - Especially in rural areas
  - Low income families
- Shortage of school based services
- Minority populations suffer disproportionately
  - Prevalence
  - Accessing care
- Financing

# Consequences

- Poor outcomes
- Increased emergency care utilization
- Resources focused on most severely impaired
- Increased reliance on primary medical care for mental health advice
- Persistence and worsening of behavioral health problems in individuals
- Increased risk of family conflict and/or violence
- Many others

# Mental health in primary care

- A novel, evidence based way of providing mental health services
- Reduces many barriers to accessing care
- Efficient utilization of resources

# Types of models

- Co-located mental health/primary care providers, independent practices
- Mental health provider employed by primary care practice
- Mental health provider outstationed in primary care practice
- Facilitated referrals, not integrated

# Child Psychiatry Access Programs

- National Network of Child Psychiatry Access Programs
  - Massachusetts Child Psychiatry Access Project
    - Increased rate of primary care providers reporting that they are “usually able to meet the needs of psychiatric patients” from 8% to 63% (Sarvet et al, *Pediatrics* Dec 2010)
  - 24 states as member organizations
  - [www.nncpap.org](http://www.nncpap.org)



# Evidence

## Agency for Healthcare Research and Quality Evidence Report: Integration of Mental Health/Substance Abuse and Primary Care

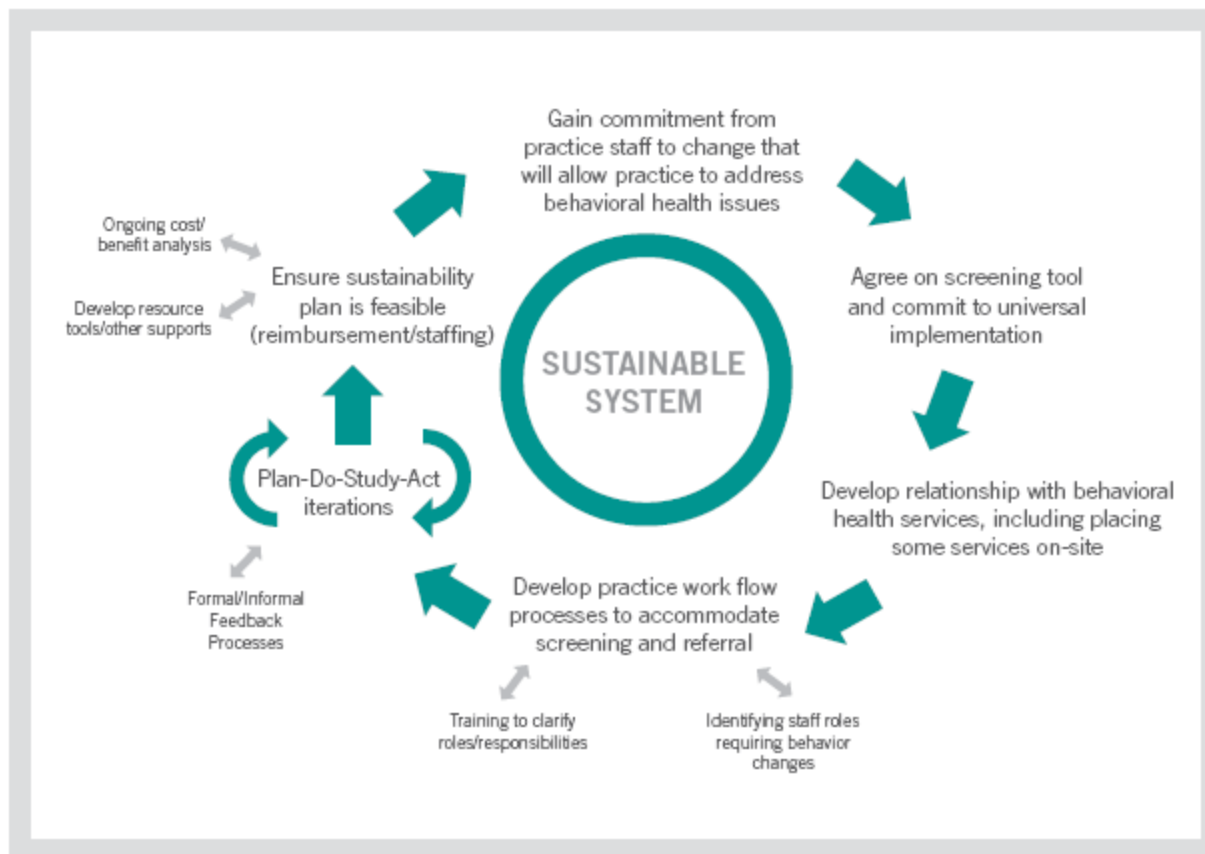
- Wide variation in models and level of integration
- Most studies focused on adult care
- Generally positive outcomes, particularly for depression
- Unclear what level of integration is needed

# Reduces barriers

- Maximizes utilization of resources through co-location of services
- Based in a longitudinal and trusting relationship
- Multi-disciplinary and comprehensive
- Philosophically consistent with the concept of “medical home”
- Mental health care for parent AND child

# Case Study--Connecticut

Figure 1. Model for Sustainable Integration of Behavioral Health and Primary Care



Integrating Behavioral Health and Primary Care: Making it Work in Four Practices in Connecticut; March 2010, Honigfeld and Nickel



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# Challenges

- Financial
- Community support
- Mental health delivery system design
- Comfort level of medical providers
- Medication management
- Family engagement

# Maryland

- Maryland Behavioral Health Integration in Pediatric Primary Care

<http://web.jhu.edu/pedmentalhealth/BHIPP>

- Phone consultation
- Continuing Education
- Referral and Resource Networking
- Social work co-location

- Research

<http://web.jhu.edu/pedmentalhealth/Projects.html>

# District of Columbia

- Clinic based initiatives
- DC Collaborative for Mental Health in Pediatric Primary Care
  - DC Child Psychiatry Access Project
  - Universal mental health screening
  - Early Childhood Mental Health



# Resources



- [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth)
- <http://www.ahrq.gov/downloads/pub/evidence/pdf/mhsapc/mhsapc.pdf>
- <http://web.jhu.edu/pedmentalhealth>





# Questions?

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