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
Integrating Behavioral Health and Primary Care: Making it Work in Four Practices in Connecticut; March 2010, Honigfeld and Nickel
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://web.jhu.edu/pedmentalhealth
Questions?

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