



Characteristics of Patients with Feeding or Eating Concerns Served Through a Statewide Child Psychiatry Access Program

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Background

- There is a clear unmet need related to the treatment of feeding and eating concerns in children and adolescents.
- Child Psychiatry Access Programs (CPAPs), like Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP), help address the treatment gap by providing telephone consultation, resource/referral networking, training, and telemental health services for primary care providers (PCPs).
- The current study aims to describe the demographic and clinical characteristics of patients with feeding and eating problems for whom PCPs sought BHIPP services and recommendations provided by BHIPP to support PCPs in addressing these patients' behavioral health concerns.

Methods

- Sample includes N=419 unique patient-specific contacts with BHIPP between January 2013 and December 2023 regarding feeding and eating concerns.
- Conducted secondary data analysis of program data collected during provision of BHIPP services.
- Descriptive and chi-square statistics were performed in SPSS.

Results

Characteristic	Total Sample N=419, n (%)	1-12 year olds N=148 (35.3%)	13-23 year olds N=271 (64.7%)	Statistic	P-value
Age, M (SD)	13.45 (3.84)	9.17 (2.54)	15.78 (1.94)		
Gender (N=413)				21.50	<.001
Male	126 (30.5)	64 (43.8)	62 (23.2)		
Female	280 (67.8)	82 (56.2)	198 (74.2)		
Non-binary	7 (1.7)	0 (0.0)	7 (2.6)		
Insurance Status (N=371)				24.16	<.001
Private	240 (64.7)	68 (51.9)	172 (71.7)		
Public	122 (32.9)	60 (45.8)	62 (25.8)		
Both	3 (0.8)	3 (2.3)	0 (0.0)		
None	6 (1.6)	0 (0.0)	6 (2.5)		

Table 2. Sample Clinical Characteristics and BHIPP Recommendations and Referrals

Characteristic	Total Sample N=419 n (%)	1-12-year-olds N=148 (35.5%)	13-23-year-olds N=271 (64.7%)	Statistic	p-value*
Mean (SD) # of Presenting Concerns	2.38 (1.36)	2.26 (1.36)	2.44 (1.35)	-1.34	.181
Most Common Presenting Concern in Addition to Feeding and Eating Problem					
Anxiety	153 (36.5)	49 (33.1)	104 (38.4)	1.15	.284
Depressed Mood	111 (26.5)	14 (9.5)	97 (35.8)	34.09	<.001
Sleep Problems	33 (7.9)	12 (8.1)	21 (7.7)	0.02	.896
Attention/Concentration	30 (7.2)	18 (12.2)	12 (4.4)	8.61	.003
Mean (SD) # of Diagnostic Impressions	1.73 (1.07)	1.48 (0.97)	1.86 (1.11)	-3.51	<.001
Most Common Diagnostic Impressions					
Feeding and Eating Disorders	249 (59.4)	63 (42.6)	186 (68.6)	26.98	<.001
Anxiety Disorders	165 (39.4)	50 (33.8)	115 (42.4)	3.00	.083
Depressive Disorders	111 (26.5)	13 (8.8)	98 (36.2)	36.85	<.001
ADHD	60 (14.3)	36 (24.3)	24 (8.9)	18.67	<.001
Receiving Any Treatment Prior to BHIPP Contact				2.29	.131
Yes	185 (44.2)	58 (39.2)	127 (46.9)		
No	234 (55.8)	90 (60.8)	144 (53.1)		
Most Common Medications Already Prescribed at the time of BHIPP Contact (N=107)					
Zoloft (Sertraline)	26 (24.3)	2 (6.5)	24 (31.6)	7.56	.006
Methylphenidate preparations	18 (16.8)	11 (35.5)	7 (9.2)	10.86	<.001
Amphetamine preparations	13 (12.1)	9 (29.0)	4 (5.3)	11.66	<.001
Most Common BHIPP Recommendations					
Refer to Mental Health or Community Services	344 (82.1)	124 (83.8)	220 (81.2)	0.44	.506
Medication Evaluation/Change	111 (26.5)	36 (24.3)	75 (27.7)	0.55	.458
Screening Tools	57 (13.6)	13 (8.8)	44 (16.2)	4.52	.033
Follow-up	41 (9.8)	7 (4.7)	34 (12.5)	6.63	.010
Most Common Referrals					
Outpatient Psychotherapy	246 (58.7)	102 (68.9)	144 (53.1)	9.84	.002
Medication Treatment	61 (14.6)	16 (10.8)	45 (16.6)	2.58	.108
Evaluation or Assessment	61 (14.6)	29 (19.6)	32 (11.8)	4.67	.031
Intensive Outpatient	41 (9.8)	7 (4.7)	34 (12.5)	6.63	.010

Discussion

1. PCPs are managing patients with complex mental health needs
2. A significant portion of patients have not received mental health treatment at time of BHIPP contact
3. CPAPs can improve access to mental health treatment for patients with feeding and eating concerns
4. More education on earlier identification and intervention for patients with feeding and eating concerns is needed