Children in Mental Health Crisis: Pediatric Primary Care Providers' Role in Bridging Treatment Following Higher Levels of Care

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BHIPP Maryland Behavioral Health Integration in Pediatric Primary Care

Introduction

- Pediatric mental health crises are leading to increased need for treatment in higher levels of care
- Child psychiatry access programs provide support to pediatric PCPs for their patients' mental health concerns
- Many PCPs have contacted Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) for support following their patients' receipt of higher levels of care

Objective

- This study explores the role of pediatric PCPs in bridging treatment for youth who have recently received treatment in a higher level of care

Methods

- N= 208 BHIPP calls (129 consultations; 79 referrals) regarding patients recently discharged from a higher level of care (ER, inpatient, residential)
- Descriptive and chi-square analyses were conducted to examine 1) patient and call characteristics and 2) the role of the PCP
- Patients were M_{age}: 14 years old (*SD* = 3.83), majority female (58.2%), majority Caucasian (48.1%) or African American (18.5%)

Case Illustrations

- A 13-year-old patient is discharged from the ED following a suicide attempt with no follow-up in place. Their PCP called BHIPP for referrals.
- A 6-year-old patient was admitted to the ED due to aggression. The patient may have SSRI-induced behavioral activation. After discharge, the patient is unable to attend school due to aggression. Their PCP called BHIPP for a consultation about medication management.

Pediatric PCPs are managing their patients' complex mental health concerns following receipt of higher levels of care.

The majority of pediatric patients in this study were discharged from higher levels of care without care plans in place.

Improvements in collaboration and care coordination between pediatric PCPs and emergency department providers are needed.

Child psychiatry access programs can help address gaps in care coordination.

Results

Pediatric PCPs role in bridging treatment

- 95.7% were seeing their patients more frequently
- 92.7% were serving a care coordination role
- 54.3% were managing psychiatric medications

Pediatric patient characteristics

- Patients most often presented with depressed mood (41.3%), suicidal thoughts/gestures (37.0%) and anxiety (29.8%)
- Most common diagnoses were major depressive disorder (46.6%), anxiety disorders (36.5%) and ADHD (18.8%)
- Patients considered to be higher severity (CGI-S ≥6) more often presented with aggression (36.7%), $\chi^2(2) = 11.65$, p=.003
- 61.5% of patients were receiving some type of outpatient services at the time of the PCP's call to BHIPP
- 51.0% of patients were prescribed medication for a psychiatric disorder
- 66.8% of patients were discharged without a care plan in place

Table 1. Patient Characteristics

	N(%)
Severity (CGI-S)	
Mildly-moderately ill (3-4)	46 (35.7)
Markedly ill (5)	54 (41.9)
Severely to extremely ill (6-7)	26 (20.2)
Comorbidity	
0 or 1 diagnosis	98 (47.1)
2 diagnoses	61 (29.3)
3 diagnoses	31 (14.9)
4 or more diagnoses	18 (8.7)
Medication type	
Antidepressants	58 (27.9)
Antipsychotic	39 (18.8)
ADHD	33 (15.9)
Anxiolytics	17 (8.2)
Mood stabilizer	15 (7.2)
Sleep aid or other	5 (1.4)
Polypharmacy	
1 medication	68 (32.7)
2 medications	24 (11.5)
3 or more medications	22 (10.6)

Note: severity scores were only available for consultation calls (N = 129).

BHIPP and this poster are supported by funding from the Maryland Department of Health, Behavioral Health Administration and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

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