Pediatric Primary Care Provider Comfort with Mental Health Practices: Assessing Regions with Treatment Shortages

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Maryland-Behavioral Health Integration in Pediatric Primary Care (MD-BHIPP)

Background

According to the National Survey of Children's Health (2016), nearly 50% of children with a diagnosable mental health (MH) concern do not receive treatment. Child Psychiatry Access Programs like Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) address regional shortages of MH treatment access by supporting primary care providers (PCPs) with managing their patients' MH concerns.

Purpose

The purpose of the current study is to assess PCPs' comfort with MH practices (e.g., screening, psychoeducation and in-office intervention) to inform expansion of BHIPP services.

Methods

N=107 Pediatric PCPs were recruited from 3 Maryland regions with known shortages of MH providers. Respondents completed a brief survey with items on PCP:

- Demographic and clinical characteristics
- Perceived comfort with providing evaluation and treatment of pediatric mental health concerns
- Perceived ability to find mental health providers in a timely manner

Descriptive statistics were used to examine responses. A Friedman's test examined whether there were significant differences among responses to comfort with items. Wilcoxon-signed rank tests examined significant post-hoc pairwise comparisons of PCP comfort items and differences between PCP's ease of finding a therapist versus psychiatrist.

Results

Table 1. PCP Characteristics (N=107)

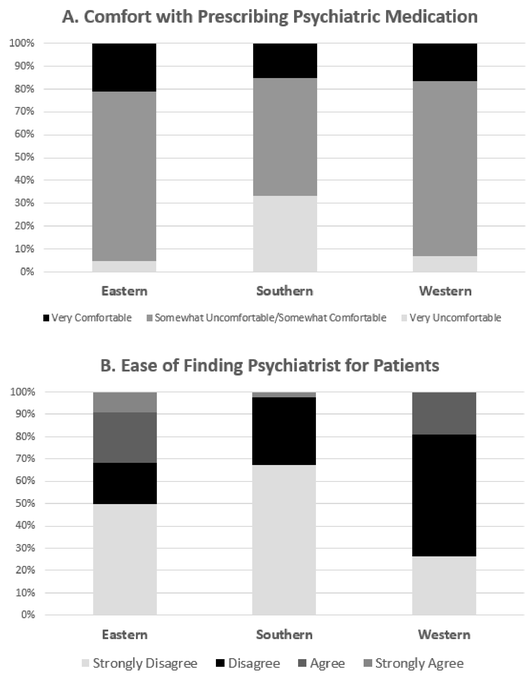
Characteristics	N (%)
Avg. years in practice (M/SD) (N= 97)	15.0 (11.7)
Type	
MD/DO	67 (53.3)
NP/PA	42 (39.3)
RN	8 (7.5)
Specialty	
Pediatrics	55 (51.4)
Family Practice	38 (35.5)
Other	14 (13.1)
Weekly Caseload	
≤ 50	17 (16)
51-75	29 (27.4)
76-100	45 (42.5)
101+	15 (14.2)
Missing	1 (0.9)
Gender	
Female	81 (75.7)
Male	25 (23.4)
Missing	1 (0.9)
Race/ethnicity	
White	68 (63.6)
Asian	13 (12.1)
African American	11 (10.3)
Other	6 (5.6)
Missing	9 (8.4)

Table 2. PCP Comfort with MH Practices and Perceived MH Treatment Access

Comfort Questions	Very uncomfortable N (%)	Somewhat comfortable/ uncomfortable N (%)	Very comfortable N (%)
Providing referrals to mental health providers (*N*=103)	8 (7.8)	26 (25.2)	69 (67.0)
Asking families about major life changes or stressors (*N*=104)	3 (2.9)	36 (34.6)	65 (62.5)
Asking families about mental health problems (*N*=104)	3 (2.9)	38 (36.5)	63 (60.6)
Using screening tools to identify mental health problems (*N*=102)	6 (5.9)	38 (37.3)	58 (56.9)
Educating families about the nature, course, and treatment of mental health problems (*N*=103)	4 (3.9)	74 (71.8)	25 (24.3)
Providing support to other PCPs in addressing mental health problems (*N*=101)	14 (13.9)	65 (64.4)	22 (21.8)
Prescribing psychiatric medications (*N*=102)	19 (18.6)	66 (64.7)	17 (16.7)
Providing in-office mental health interventions (*N*=103)	6 (5.8)	80 (77.7)	17 (16.5)

Access to MH Provider Questions (N=104)	Strongly Disagree N (%)	Disagree N (%)	Agree N (%)	Strongly Agree N (%)
I can find a therapist/ counselor in a timely manner	30 (28)	38 (35.5)	27 (25.2)	9 (8.4)
I can find a psychiatrist in a timely manner	49 (45.8)	39 (36.4)	13 (12.1)	3 (2.8)

Regional Differences in PCP Comfort with MH Practices and MH Treatment Access



- 33.3% of PCPs in Southern Maryland reported being very uncomfortable prescribing psychiatric medication compared to 7.1% in Western Maryland and 4.5% in the Lower Eastern Shore (see Figure A).
- More providers in Southern (95.2%) and Western Maryland (77.3%) disagreed that they could find a psychiatrist in a timely manner compared to the Lower Eastern Shore (68.2%) (see Figure B).
- 90.3% of PCPs in Southern Maryland disagreed that they could find a therapist in a timely manner as compared to 54.6% in the Lower Eastern Shore and 43.1% in Western Maryland.

Conclusions

PCPs surveyed were more comfortable with providing mental health assessment and referral than psychoeducation or direct interventions. However, PCPs reported difficulty finding therapists and psychiatrists for their pediatric patients. Regional differences were observed with regard to PCP comfort prescribing medication and difficulty identifying behavioral health treatment providers in the community. Possible explanations for the observed regional differences could be related to proximity to high-demand urban areas, geographical differences and type of practicing respondent.

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