



Characteristics of Young Children Served Through a Statewide Child Psychiatry Access Program

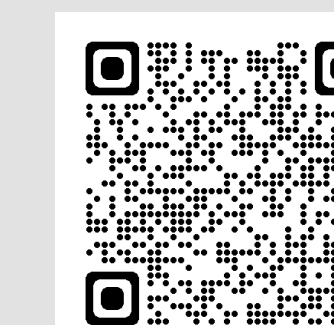
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Background

- Child psychiatry access programs (CPAPs) help address the pediatric mental health treatment gap by supporting PCPs in meeting their patients' needs through provider education, physician-to-physician consultation, resource/referral networking, and direct-to-patient mental health care
- This study aims to describe the:
 - Clinical characteristics of patients, 0-5 years old, for whom PCPs sought BHIPP services
 - Recommendations provided by BHIPP to support PCPs in addressing these young children's behavioral health concerns

Methods

- Data from 1,671 unique patient-specific contacts from October 2012 – June 2023 were collected on:
 - Patient demographics
 - Presenting problems
 - BHIPP and PCP diagnostic impressions
 - Severity as measured by Clinical Global Impression Scale (CGI-S)
 - Treatments patient received prior to BHIPP contact
 - Medications already prescribed at BHIPP service contact
 - BHIPP treatment recommendations
- Data analyzed in SPSS using descriptive and chi-square statistics

Results

	Total Sample N=1671 n (%)	0–3-year-olds N=541 (32.4%)	4-5-year-olds N=1130 (67.6%)	Statistic	p-value
Age, M (SD)	3.80 (1.26)	2.27 (0.96)	4.53 (0.5)	72.99	<.001
Gender				8.06	.018
Male	1008 (60.3)	303 (56.0)	705 (62.4)		
Female	606 (36.3)	221 (40.9)	385 (34.1)		
Non-binary	2 (0.1)	0 (0.0)	2 (0.2)		
Unknown	55 (3.3)	17 (3.1)	38 (2.4)		
Insurance Status				18.21	<.001
Private	528 (31.6)	137 (25.3)	391 (34.6)		
Public	799 (47.8)	282 (52.1)	517 (45.8)		
Both	13 (0.8)	5 (0.9)	8 (0.7)		
None	11 (0.7)	7 (1.3)	4 (0.4)		
Unknown	320 (19.2)	110 (20.3)	210 (18.6)		

Discussion

PCPs primarily sought services for males with behavior problems.

Older children in this sample tended to present to BHIPP as more complex and severe, as evidenced by multiple presenting concerns, higher severity ratings, and were more often already prescribed medication.

This study highlights the important role of pediatric PCPs in addressing complex behavioral health concerns that present in early childhood.

CPAPs play a significant role in providing support to PCPs and improving access to early childhood mental health care.

CPAPs should tailor support to PCPs to address the needs of young children, given the scarcity of specialists in this area.

Table 2. Sample Clinical Characteristics and BHIPP Recommendations

Characteristic	Total Sample N=1671 n (%)	0–3-year-olds N=541 (32.4%)	4-5-year-olds N=1130 (67.6%)	Statistic	p-value
Presenting Problem at BHIPP Service Contact					
Behavior problems	916 (54.8)	264 (48.8)	652 (57.7)	11.70	<.001
ADHD-related problems	497 (29.7)	97 (17.9)	400 (35.4)	53.42	<.001
Aggression	404 (24.2)	131 (24.2)	273 (24.2)	0.001	.980
Anxiety-related problems	312 (18.7)	60 (11.1)	252 (22.3)	30.28	<.001
# of presenting problems				32.81	<.001
0	69 (4.1)	38 (7.0)	31 (2.7)		
1	749 (44.8)	272 (50.3)	477 (42.2)		
2 or more	853 (51.0)	231 (42.7)	622 (55.0)		
Diagnostic Impression					
ADHD	452 (27.0)	62 (11.5)	390 (34.5)	98.53	<.001
Disruptive Behavior Disorders	379 (22.7)	106 (19.6)	273 (24.2)	4.35	.037
Anxiety Disorder	287 (17.2)	49 (9.1)	238 (21.1)	37.06	<.001
CGI-S Rating (N=1148)				103.750	<.001
Mild-Moderate (1-4)	1027 (89.5)	355 (92.7)	672 (87.8)		
Severe (5-7)	121 (10.5)	28 (7.3)	93 (12.2)		
Receiving Any Treatment?				18.86	<.001
Yes	410 (24.5)	97 (17.9)	313 (27.7)		
No	1261 (75.5)	444 (82.1)	817 (72.3)		
Medications Already Prescribed at BHIPP Service Contact					
Methylphenidate preparations	78 (4.7)	5 (0.9)	73 (6.5)	25.20	<.001
Alpha Agonists	60 (3.6)	6 (1.1)	54 (4.8)	14.23	<.001
Amphetamine preparations	28 (1.7)	1 (0.2)	27 (2.4)	10.79	<.001
BHIPP Recommendations					
Refer to Mental Health or Community Services	994 (59.5)	308 (56.9)	686 (60.7)	2.17	.141
In-Office Behavioral Interventions	485 (29.0)	181 (33.5)	304 (26.9)	7.63	.006
Follow-up	366 (21.9)	120 (22.2)	246 (21.8)	0.04	.849

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