

The Role of Pediatricians in Children's Mental Health

A Policy Brief from Philadelphia Citizens for Children and Youth

Introduction

The number of children identified as having behavioral health problems has grown markedly in the last decade. A 1999 Surgeon General report on mental health estimated that 21 percent of children in the United States were affected by a mental health disorder and 11 percent of children and adolescents had a mental health condition resulting in considerable functional limitations at school or at home.¹ In Philadelphia, this would mean that approximately 84,000 children were affected by a behavioral health problem while 44,000 had a severe behavioral health problem.

While increasing numbers of children are being identified as needing behavioral health services, most informed estimates are that far too few children in the city and state are accessing needed behavioral health services. The Centers for Disease Control (CDC) in 2003 reported that fewer than 45 percent of children with severe emotional or behavioral problems were seen by a mental health professional in the last year.²

Only a limited number of children and adolescents who need behavioral health treatment secure these services, but many children and adolescents see a health care provider each year – usually their pediatrician or primary care physician. It is estimated

that nationally over 70 percent of children and adolescents see a primary health provider in a given year.³ In Philadelphia, that number is even higher, with estimates that nearly 98% of parents report their children receive regular check-ups, while nearly 93% reported that their child has a regular source of health care.⁴

"I'm not sure why the prevalence of mental or behavioral health needs appears to be increasing, but it does. I am seeing more and more patients who have mental health problems."

- Pediatrician

Based on these findings, it is reasonable to conclude that significant numbers of children who see pediatricians for regular check-ups and physical ailments also have behavioral health issues. In part because of this, both the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners are encouraging primary care practitioners to screen patients for common behavioral health problems and to refer those who need

additional assistance to appropriate behavioral health providers.

This policy brief focuses on the results of a survey of pediatricians conducted by Philadelphia Citizens for Children and Youth (PCCY) in Philadelphia. The overwhelming majority of these pediatricians care for patients who have health insurance which covers behavioral health, but the families often turn to pediatricians for diagnosis and treatment – at least as a first step.

Overview: Survey Results

Over the last five years, PCCY has heard from many pediatricians who report feeling overwhelmed by the number of their patients in need of behavioral health services.

Some who wanted to treat their patients' behavioral health issues struggled with office time constraints and discomfort in prescribing psychotropic medications. Others who looked to refer their patients felt unfamiliar with the choices, unprepared to assess quality and unhappy with the long waiting lists for services their patients would experience.

PCCY surveyed pediatricians throughout Philadelphia to explore these concerns and to better understand pediatrician's perspectives on children behavioral health needs.

Surveys were distributed to local pediatricians using the Pennsylvania Chapter of the American Academy of Pediatrics (AAP) database. A total of 101 completed surveys were collected which represents approximately 28 percent of Pennsylvania AAP members who are practicing pediatricians in Philadelphia.

Eighty-five percent of survey respondents reported that they worked in a pediatric medical practice, with the majority employed in hospital-based or academic settings. Most of the physicians had been practicing for 10 years or less, and saw on average 145 patients per month. The majority of respondents also accepted Medicaid.

As will be seen throughout this policy brief, the responding pediatricians were very concerned with the behavioral health of children as well as their role in this aspect of their patients' health care.

Our survey documented strong agreement among the pediatricians surveyed on key issues related to behavioral health care for Philadelphia children:

- There is wide agreement that more and more children are turning to pediatricians for behavioral health needs.
- Pediatricians often do not have adequate time to address behavioral health concerns during a visit.
- Pediatricians often do not feel they have adequate training to respond to many behavioral health needs of children.
- Pediatricians often have difficulty knowing where to refer children for timely, appropriate service.
- When patients do succeed in securing behavioral health treatment, there is often inadequate communication between behavioral health specialists and pediatricians.

Table 1: Insurance breakdown of Pediatrician Respondents

	Medicaid	Private Insurance	Self Pay
Approximate breakdown of patient health insurance	68%	27%	5%

A Closer Look at Survey Findings

According to PCCY's survey, 40 percent of pediatricians believe they are seeing an increase in the number of children with behavioral health needs in their practice. As a result, 20 percent of respondents stated that greater than 15 percent of their patients have emotional or mental health issues for which a referral was needed.

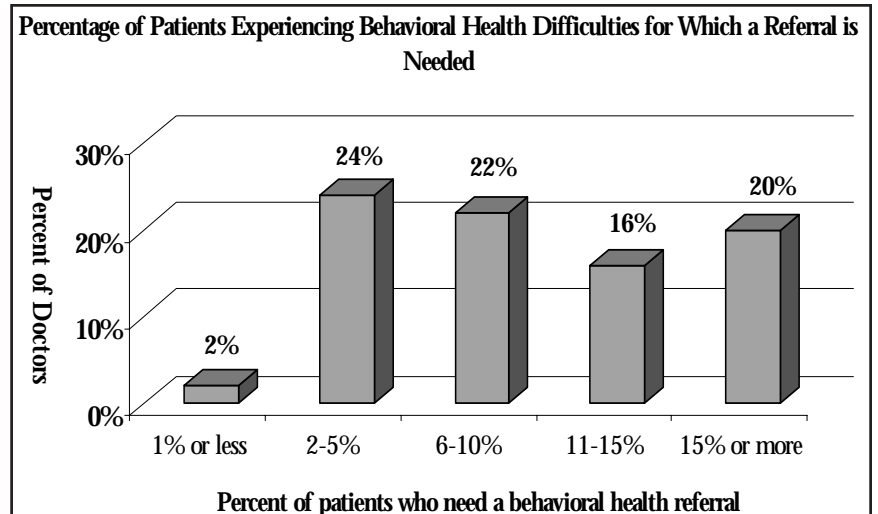
Families turn to their pediatricians

*"Pediatricians feel unable to adequately address the behavioral health needs of their patients."
- Pediatrician*

Although there was universal agreement among pediatricians that families are turning to them for help with behavioral health problems, more than 75 percent of the physician respondents reported not having enough time to screen for or address behavioral health problems during regular appointments. Fifty-seven percent reported not having enough knowledge to diagnose or treat many common children's behavioral health problems.

The survey revealed that pediatricians' comfort level with behavioral health varied by diagnosis. More than 50 percent of surveyed physicians reported that they would be willing to treat and manage ADD/ADHD. But many responded that they were not comfortable treating other illnesses listed such as depression, anxiety, conduct disorder, or oppositional defiant disorder. Over 50 percent of respondents did not feel that they had the knowledge to diagnose or treat common behavioral health conditions.

The lack of clinical knowledge to screen, diagnose and treat children and adolescents with behavioral health problems was attributed, in large part, to the lack of behavioral health



training pediatricians receive both during and after residency. Forty-one percent of respondents said they had received minimal or no training on the management of childhood behavioral health problems while only two respondents (3 percent) stated that they received comprehensive training during residency.

PCCY's survey findings regarding the lack of training mirror those of residents at The Children's Hospital of Philadelphia, who conducted a behavioral health survey of 3-year, general pediatric residency programs in the United States in 2002. One finding was that while nearly three quarters of residency programs offered some sessions or classes on mental health, 94 percent of residency programs offered less than five of these sessions per year. In addition, 76 percent of Chief Residents expressed a need for improved mental health instruction for residents.

*"I can often diagnose these issues, but I do not have the training or time to treat them. I do take care of only the most straightforward ADHD, but even then I often need help managing the medications."
- Pediatrician*

75 percent of pediatricians responding to the survey reported that they do not have enough time to screen for or address behavioral health problems during regular appointments.

57 percent of the pediatricians did not feel that they had the knowledge to diagnose or treat many common behavioral health conditions

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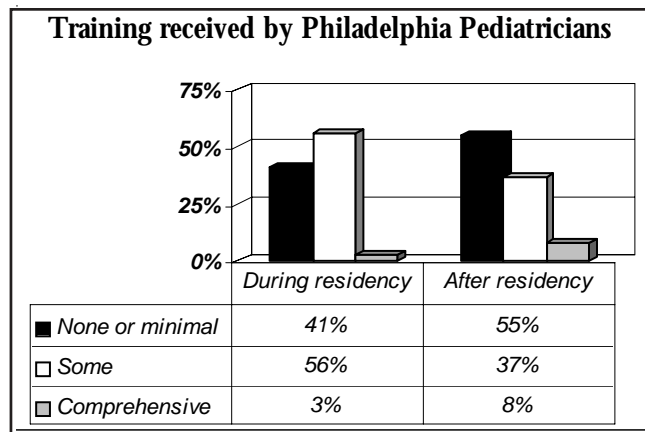
Pediatricians want more training

I was not trained to diagnose mental health problems in children but when they are sitting in front of you and you know it is going to take months to get an appointment with a mental health agency, you do the best you can. But, I never feel comfortable with it.

- Pediatrician

Whether or not pediatricians have other resources to help connect children to behavioral health services, there was broad agreement (74 percent) among respondents that all primary health care providers need additional training on diagnosing and managing behavioral health issues in children.

At the same time, these respondents felt that the pediatrician alone could not and should not be responsible for treating behavioral health needs of their patients. Eighty-eight percent of respondents said that children's behavioral health difficulties must be managed by a combination of behavioral health and primary health providers.



Difficulty in referring patients for behavioral health care

“There is a lack of mental health services that could treat early symptoms effectively so that by the time they [children] get to my office, often it is a huge problem.”

- Pediatrician

82 percent of respondents reported managing behavioral health conditions on their own, simply because of the lack of other options or services for their patients.

Pediatricians in Philadelphia universally report that they refer children experiencing behavioral health difficulties to behavioral health providers, but also express high levels of frustration regarding the process of accessing these services.

Some pediatric offices have other staff to help physicians obtain care for children with behavioral health needs. This may include a nurse, social worker, or case manager. However, more than 22 percent of doctors surveyed are working without a team and must work alone to find services for their patients. Respondents all expressed frustration at not knowing where to refer children for behavioral health services.

When asked what they believe are the biggest obstacles for children accessing behavioral health services, 30 percent said long waiting lists, while 33 percent said there were not enough providers to treat children.

“I do not have enough time nor enough personal expertise to help these children and have no one to refer them to.”

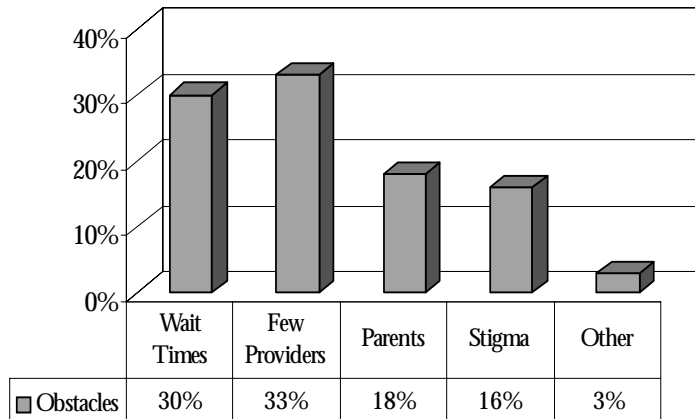
- Pediatrician

Team work is essential for good communication

“When I make a referral, I just hope that the child gets in to see a therapist, but I don’t really know anything until the next time I see that child and even then I have to rely on the family to tell me what is going on. I often find out because they come to me for a refill of a medication that I did not prescribe.”

– Pediatrician

Obstacles to Children Accessing Behavioral Health Care



Over 88 percent of pediatricians believe that care for patients with mental health difficulties must be shared between primary health providers and mental health providers.

Unfortunately, pediatricians cite the lack of communication between behavioral and physical health providers as a barrier to high quality care for children.

While most respondents understood the confidentiality requirements under the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws that make sharing of information between physical and behavioral health providers difficult, they expressed frustration with not knowing the outcome when they refer a child for behavioral health treatment.

This lack of communication also results in primary health providers not being aware of psychotropic medications taken by children in their care. As one pediatrician said, *“It is not unusual to have a patient come to me for a refill of a prescription I did not even know they were on! This usually happens because they cannot get an appointment with a psychiatrist and are about to run out. But I never feel comfortable refilling it.”*

“The mental health care provider rarely sends us information because of patient confidentiality issues, I guess. I usually have to call them several times to get information or talk with the provider and even then I often get nothing.”

– Pediatrician

“I find that many therapists do not think a pediatrician wants to be involved with these issues. They are always surprised when I call to discuss my patients.”

– Pediatrician

“There is a lack of mental health services that could treat early symptoms effectively so that by the time they [children] get to my office, often it is a huge problem.”

– Pediatrician

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Recommendations

1. Expand the provider network for children; increase the number of children's behavioral health providers.
2. Better prepare pediatricians to screen, diagnose and manage children with behavioral health needs.
3. Reimburse physical health care providers for assessing, diagnosing and treating behavioral health problems in children and adolescents.
4. Provide incentives to co-locate behavioral health and physical health services.
5. Explore ways to improve communication between physical and behavioral health care providers.

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Conclusion: What Can be Done?

In keeping with their strong agreement on what the problems are, the pediatricians who participated in our survey had clear recommendations about what is needed to make behavioral health care more accessible and effective for the children of Philadelphia.

1 – Expand the provider network for children; increase the number of children's behavioral health providers.

"More services! More providers! Easier access to services for children!!"

"Philadelphia seems lacking in adequate resources, especially practitioners and clinics to help the many patients who have behavioral/mental health disorders."

The wait for services has long been identified as contributing to pediatricians' difficulty in finding adequate and appropriate treatment for their patients. The overwhelming consensus is that there is a need for more providers that are qualified to treat children with behavioral health problems.

Suggestions from survey participants for increasing the number of behavioral health providers included:

- Providing incentives for medical students to enter the fields of child psychiatry and developmental-behavioral pediatrics.
- Providing incentives for child psychologists and psychiatrists to work in Philadelphia.
- Providing incentives to general and developmental-behavioral pediatricians who manage the behavioral health problems of their patients.
- Utilizing and supporting psychiatric extenders such as nurse practitioners to conduct evaluations of children and assist with psychiatric care.

2 – Better prepare pediatricians to screen, diagnose and manage children with behavioral health needs.

"The bottom line is I just don't know what to do for these children." - Pediatrician

- Educate primary care providers on childhood mental health conditions, diagnoses, treatment, and pharmacology.
- Incorporate more behavioral health education into pediatric residency programs.
- Educate primary care providers on the local network of behavioral health providers.

3 – Reimburse physical health care providers for assessing, diagnosing and treating behavioral health problems in children and adolescents.

4 – Provide incentives to co-locate behavioral health and physical health services.

5 – Explore ways to improve communication between physical and behavioral health care providers.

- Make the sharing of information between behavioral health providers and pediatricians a standard part of care by providing all patients with HIPAA release forms.
- Reimburse case management services that help facilitate communication between physical and behavioral health providers.

Looking Ahead: Next Steps

Philadelphia is poised to take a giant step forward in improving the behavioral health system for children. The Mayor's Blue Ribbon Commission is finishing work on developing a major plan of action and public school stakeholders in the city and the state are seeking ways to respond to the increasing needs of children in our city's schools.

Much of the work to prevent children from experiencing behavioral health difficulties and to improve the delivery of behavioral health care services relies on primary health care providers to play a fundamental role. In addition, as was noted in the introduction, there are calls from national organizations such as the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners for physical health care providers to take a more active role in preventing, diagnosing and managing children's behavioral health concerns.

However our goal of having pediatricians more engaged in children's behavioral health must be based on the reality of pediatricians' experiences. Primary health care providers often do not have adequate time to respond to or treat behavioral health concerns, have difficulty knowing where to refer children for services, and receive little to no feedback from behavioral health providers regarding patients in their care.

As long as physical and behavioral health care remain separate and distinct, we do a disservice to our children. Maintaining two systems is based on a false distinction; we cannot disconnect children's social and emotional health from their physical health.

We hope that this report helps to identify barriers to a more integrated approach to children's health, and moves us towards a more seamless delivery system for both physical and behavioral health care for children and adolescents in Philadelphia.

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and
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Dr. Carrie Daymont*

Endnotes

¹ United States, Department of Health and Human Services, Mental Health: A Report of the Surgeon General—Executive Summary (Rockville, MD: U.S. Department of Health and Human Services, 1999) 123-124.

² United States, Centers for Disease Control, "MMWR: QuickStats: Percentage of Children Aged 4-17 Years with Emotional or Behavioral Difficulties Who Used Mental Health Services, By Type of Service – United States, 2003," 11 May 2006, www.cdc.gov/mmwr/review/mmwrhtml/mm5434a7.htm.

³ Wells, Kataoka, & Asarnow, 2001

⁴ Philadelphia Health Management Corporation. Community Health Data Base. 2004 <http://www.phmc.org/chdb/datatool/surveyresults.asp>

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About PCCY

Founded in 1980, Philadelphia Citizens for Children and Youth (PCCY) serves as the region's leading child advocacy organization and works to improve the lives and life chances of its children. Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for children and families.

PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including after-school, child care, public education, child health, juvenile justice and child welfare.

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