Behavioral Health in Children: Moving Upstream to Address Disparities

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National Minority Quality Forum
CBC Spring Health BrainTrust
Washington, DC
April 20, 2015
Faculty Disclosure Information

• In the past 12 months, I have not had a significant financial interest or other relationship with the manufacturer(s) of the products or provider(s) of the services that will be discussed in my presentation.

• This presentation will not include discussion of pharmaceuticals or devices that have not been approved by the FDA.
Public Health Parable: Moving Upstream...

...To Make A Difference
"UPSTREAM" INTERVENTION

Population Health: A Public Health/Prevention Approach

1°
2°
3°
4°

Clinical/Academic Enterprise
Behavioral Health: Moving Upstream to Address Disparities

- Context

- Early Identification

- Building Provider Self-Efficacy
Health Care in the 21st Century: The New Morbidities

Components of Health

- Community & Environment
- Clinical Care
- Public & Health Policy
- Behaviors

Health Outcomes
Epigenetics and the Environment

Adverse Childhood Experiences

Neuro-developmental and Behavioral Health Impact

“It is easier to build strong children than to repair broken men.”
- Frederick Douglass
1817-1895
Plasticity and Resilience
Behavioral Health: Moving Upstream to Address Disparities

- Context
- Early Identification
- Building Provider Self-Efficacy
Children and Mental Health: The Facts

1 in 5 of our nations youth are affected by a mental health condition.

50%

Source: American Academy of Pediatrics
There is 1 pediatric psychiatrist for every 10,000 children in the United States.

Average time of delay between the onset of a mental health symptoms and intervention.
Consequences: Unidentified & Untreated Mental Illness

• Approximately 50% of students >14 years with mental illness drop out of high school — the highest dropout rate of any disability group.

• 90% of those who die by suicide have a mental illness.

• 70% of youth in state & local juvenile justice systems have mental illness.
Mental Health Status among DC Children with Comparison to US as a Whole

Source: Health and Health Care Among District of Columbia Youth, RAND Corporation, 2009
Behavioral Health Resources are not located where children live in D.C.

- DC Health Matters, courtesy Child Health Data Lab

http://www.dchealthmatters.org
Behavioral Health: Moving Upstream to Address Disparities

• Context

• Early Identification

• Building Provider Self-Efficacy
DC Collaborative for Mental Health in Pediatric Primary Care

• **Aim:** To improve the integration of mental health in pediatric primary care for children and adolescents in DC.

• **Engage in initiatives that strive to be:**
  - Collaborative & interdisciplinary
  - Culturally competent
  - Family-focused
  - Developmentally-sensitive
    - Particular emphasis on early childhood (<5 years)
DC Collaborative for Mental Health in Pediatric Primary Care

Working Group
- American Academy of Pediatrics (DC Chapter)
- Children’s National Health System
- Children’s Law Center
- DC Department of Behavioral Health
- DC Department of Health
- DC Department of Health Care Finance
- Georgetown University
- Howard University

Advisory Board
- DC Behavioral Health Association
- DC Public Schools
- George Washington University
- Health Services for Children with Special Needs
- Mary’s Center
- Strong Start DC
- Total Family Care Coalition
- Unity Health Care
- Zero to Three

Disciplines represented:
- Advocacy
- Education
- Pediatrics
- Policy
- Psychiatry
- Psychology
- Social Work

Funding Sources:
- DC Department of Behavioral and the Howard and Geraldine Polinger Family Foundation
Universal Mental Health Screening in Primary Care

• **Rationale:**
  – Sensitivity rates for pediatric providers are low (14%-54%)
  – Few parents (17.7%) who report elevated problematic behavior report speaking to a provider

• **Our Role:**
  ➢ Make recommendations around mental health screening tools.
  ➢ Facilitate implementation of screening in DC.

• **Screening Tools:**
  ➢ 0-5 years: Ages & Stages Questionnaire: Social-Emotional
  ➢ 3-21 years: Strengths & Difficulties Questionnaire
  ➢ 18-21 years: Patient Health Questionnaire-9

• **Goals:**
  ➢ Increase the number of children receiving annual mental health screens in primary care.
  ➢ Increase the early identification of mental health problems.
Education: Training for Primary Care Providers

• **Rationale:** ~ Two-thirds of pediatricians cite lack of training, confidence, and knowledge as barriers to early identification and management of mental health issues (Horwtiz et al., 2007).

• **Our Role:** Implement a quality improvement learning collaborative with practices in DC focused on mental health screening.

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**Aims:**
- Increase provider readiness to perform mental health screening
- Increase % mental health screens completed
- Increase appropriate documentation (results) and billing of screening
- Increase % of positive screens that have an appropriate follow-up plan

**Framework:**
- 9 months
- 8 learning sessions (1-hour webinars)
- Monthly conference calls with practice team leaders
- Monthly practice team meetings
- Monthly chart audits (10)
- Pre-Post-Completion of AAP Mental Health Practice Readiness Inventory
Improving Access to Pediatric Mental Health Services via Telemedicine

Integrating Two Effective Models to Increase Access:

• School Health
  ➢ Familiar setting for children
  ➢ Ideal entry point for mental health services
  ➢ Place where students are more likely to actually use services

• Telemedicine
  ➢ Lack of mental health professionals serving children in DC
  ➢ Particularly for children in underserved communities
  ➢ Helps bridge the gap
Providing behavioral health services via telemedicine

Crisis management & stabilization

Mental health crisis occurs during school day

Psychiatrist conducts consult with student via telemedicine

Treatment coordinated with school nurse

Early identification, prevention & treatment

Psychiatrist visits school regularly to provide assessments & treatment

Regular educational sessions for school personnel via telemedicine

Family navigator helps families access community resources

Mental health screenings and classroom observations

Regular presence builds trust among students & school staff

Treatment coordinated with school nurse
COMMENTARY

Reframing the Disparities Agenda: A Time to Rethink, a Time to Focus

Ivor B. Horn, MD, MPH; Fernando S. Mendoza, MD, MPH

- Local, “high touch” community participatory efforts not-with-standing, at the macro level, little measurable change has occurred.

- Leveraging the ACA to focus efforts on eliminating systemic inequities in quality of care.

Academic Pediatrics 2014;14:115
Equity Does Not Always Mean Justice
Questions