Technical Assistance Series:

Supporting Early Childhood Mental Health

Brief 2: Integrating Behavioral Health into Primary Health Care

Through its Project LAUNCH grant program, the Substance Abuse and Mental Health Services Administration (SAMHSA) supports selected states, tribes, and local communities in promoting behavioral health in young children (ages 0–8) and families, preventing future challenges by implementing a series of evidenced-based strategies. This brief provides information on one of those strategies: Integrating behavioral health (IBH) into primary health care.

More than 14 million children in the United States, one in five, have behavioral health problems.[1] The management of these problems is a fast-growing component of primary health care practices. Reports estimate that 75 percent of children with diagnosed mental health disorders are patients within primary health care settings.[2] Countless other children are identified as having behavioral health problems through routine screenings conducted in primary care practices. There are several advantages to addressing children's behavioral health issues within the primary care setting. For example, providing behavioral health services within primary care can increase access to services for children and families, improve the effectiveness of behavioral health care, decrease medical costs, and improve patient and provider satisfaction.[3] In addition, providing services in these familiar settings can help to normalize and de-stigmatize behavioral health care.

Moving Towards an Integration of Behavioral Health into Primary Health Care

As more and more primary care practices work to address behavioral health issues, these practices are developing new ways to provide services. In the past decade, several reports have described the efforts of pediatric primary care practices to integrate behavioral health services into their work. These integration activities vary, based on a practice's size, location, and existing resources and on the needs of their families. However, practices typically offer a variety of services along a continuum, from promotion and prevention to treatment of diagnosed disorders (see sidebar). Integration models also vary in the way that some practices rely on consulting with mental health experts by telephone or video-conferencing; others meet the needs of children and families through co-location—an arrangement through which independent mental health care clinicians provide mental health services in the primary care setting; and still others provide services through mental health clinicians who are part of the primary practice staff.

Despite the advantages of providing integrated care, pediatricians and other primary health care staff often report being unequipped to integrate behavioral health services for children and their families into their practices because of (1) a lack of staff training in the behavioral health care of children and families, (2) a shortage of mental health professionals to refer families to, and (3) inadequate rates of reimbursement for screening and services.[5,6]

Integrating Behavioral Health in Project LAUNCH

In their roles as pediatric behavioral health care laboratories, Project LAUNCH grantees are trying out new approaches to overcoming the obstacles to integrating behavioral health into primary care. The examples on page two illustrate several innovative strategies used by Project LAUNCH grantees to achieve more coordinated and integrated behavioral health care within primary health care settings based on community, tribal, and state infrastructure. These efforts can provide guidance for others planning to support the unmet mental health needs of children and families through primary health care settings.

Examples of Behavioral Health Integration Activities along a System Continuum

Promotion and Primary Prevention

- Child and adult screening for mental wellness and behavioral health concerns
- Parent education and awareness
- Staff training on behavioral health screening and other topics

Secondary Prevention

- Targeted behavioral health assessments
- Intensive parent training
- Mental health consultation
- Care coordination

Tertiary Prevention

- Comprehensive evaluation, diagnosis, and referral
- Problem-specific education
- Provider training
- Crisis intervention
- Medication management

Adapted from the National Institute for Health and Care Management, 2009 (page 10) [4]

Strategy 1: Comprehensive Training for Primary Health Care Staff

Oregon Project LAUNCH, Multnomah County. To improve the ability of primary health care staff to detect and manage the behavioral health needs of families, Project LAUNCH in Oregon is supporting START (Screening Tools and Referral Training) within Multnomah County. With START, physicians train primary health care teams to: 1) use standardized screening tools to detect developmental delays, autism and maternal depression, 2) recognize psychosocial and family risk factors, 3) improve the workflow at clinics to standardize screening, increase referrals, and improve care coordination for patients, and 4) directly connect Primary Care Providers with local resources in their community that provide support resources critical for family success. This in-depth training series has led to an improvement in the coordination of care for families and has received strong support from the medical community. by the American Academy of Pediatrics and , and training attendees can earn Continuing Medical Education (CME) credit, as well as Maintenance of Certification for one of the training modules.

Strategy 2: Behavioral Health Screening and Referral

Rhode Island Project LAUNCH. To improve early identification and access to developmental and behavioral health care services, Rhode Island's (RI) Project LAUNCH is expanding efforts of the Watch Me Grow program to increase the number of primary care providers conducting standardized screenings within two urban hospital pediatric clinics in Providence. Efforts have led to the development of a comprehensive Child Wellness Screen (CWS) administered at 9, 18, 30 months and at each well child visit starting at age 3. This screen utilizes standardized tools to assess the development, social-emotional and behavioral health, and parenting stress of children ages birth-8 years old. Additionally, bilingual, bicultural AmeriCorps staff members are housed in the clinics to assist families in completing the screenings. A Project LAUNCH clinician is available onsite to conduct follow-up assessments of family needs and to provide appropriate community referrals. These efforts have resulted in (1) an increase in the number of Child Wellness Screens completed as part of the routine pediatric visit, (2) an increase in the number of families accessing behavioral health services, (3) an increase in the primary care providers' level of knowledge about children's mental health, (4) an increase in the primary care providers' knowledge of community resources for children and families.

Strategy 3: Telemedicine

Ohio Project LAUNCH. Ohio is challenged by a lack of behavioral health providers and long wait lists within rural mental health agencies. As a result, Ohio's Project LAUNCH team has incorporated a telemedicine consultation approach using interactive audiovisual media to link rural providers and families with behavioral specialists in the capitol area of Columbus. Families receive comprehensive, expert consultation at their local primary care office without the expense of costly travel and time away from home. In addition, primary health care staff uses the service to discuss and coordinate care for families. This approach has increased access to behavioral health services for families.

Strategy 4: Integrated Consultation

Michigan Project LAUNCH. To decrease access barriers to mental health services for families, such as a of lack transportation or the feeling of being stigmatized for seeking help, Michigan has integrated a masters prepared clinician into several primary care offices to provide behavioral health support onsite for children and families. Office staff are facilitating the completion of mental health screening tools with children and families and the consultant then meets with families' onsite to discuss topics related to social and emotional issues, screening results and also to administer further evaluation and offer anticipatory guidance in partnership with office staff. The consultant also guides families through referrals to outside sources. Integrating a mental health consultant has led to (1) an increase in families' knowledge of and inquiry about social-emotional behavior, (2) an increase in the awareness among health care staff of issues related to behavioral health, and (3) more appropriate referrals to community resources that match the needs of the family.

Conclusion

The integration of behavioral health activities within primary health care settings is showing promising results by increasing early identification and coordinated early intervention for young child and families at risk of or experiencing behavioral health challenges. The effort is leading to more positive, healthy, and sustainable outcomes.

Endnotes

1. National Scientific Council on the Developing Child (2008). *Mental Health problems in early childhood can impair learning and behavior for life. Working Paper #6*. Retrieved from http://www.developingchild.net
2. Regalado, M., & Halfon, N. (2002). *Primary care services: Promoting optimal child development from birth to three years*. The Commonwealth Fund.
3. National Institute for Health Care Management. (2009). Issue paper: Strategies to support the integration of mental health into pediatric primary care. Retrieved from http://www.nihcm.org/pdf/PediatricMH-FINAL.pdf
4. Ibid.
5. Ibid.
6. Ibid.