

Want to improve children's mental health? Integrate care

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Caring for young people's mental and behavior health was important before the pandemic and it's become even more critical as a result of the hardships and uncertainty so many experienced in the past year.

With nowhere near the number of trained child psychiatrists needed to meet existing behavior health demands, behavioral health integration (BHI) is a path to reach teens and children in need.

During a recent BHI Collaborative webinar the AMA hosted, two child and adolescent psychiatrists and a pediatrician shared stories of integrating care to better provide comprehensive, whole-person care to their patients. They also discussed how they overcame some obstacles and laid out payment issues that need to be addressed to make collaborative care even more feasible and sustainable.

"This isn't easy, but it sure is worth it. Once you try this and you have integrated mental health, nobody wants to go back into a silo," Southern Pines, North Carolina, pediatrician Christoph Diasio, MD, said during the BHI Collaborative webinar.

His practice, Sandhills Pediatrics, began integrating behavioral health in 2013 when a child psychiatrist moving to town contacted them. Their integrated team has only grown since then, adding a psychiatric nurse practitioner, a PhD psychologist, three licensed professional counselors and an individual with a master's degree in education. A majority of the practice's patients are insured by Medicaid.

To help physicians practices so they are able to treat the whole patient, the AMA established the BHI Collaborative with seven other leading medical associations. The collaborative assists physicians in overcoming obstacles to integrating behavioral and mental health care into primary care practices to help reach more patients.

The goal is for the patient to receive mental health care within the primary care office, whether from a psychiatrist, other mental health professional or a combination in a team-based care approach. This

webinar was part of the collaborative's Overcoming Obstacles webinar series.

It's about saving, improving lives

Cleveland Clinic child and adolescent psychiatrist Tatiana Falcone, MD, MPH, told webinar viewers about the successes they have had in implementing routine screening for psychiatric comorbidities in the pediatric epilepsy unit and outpatient pediatric epilepsy setting.

Suicide accounts for mortality rates up to five times higher in patients with epilepsy when compared with the general population, similar to what is seen in other patients with chronic illnesses. In a three-year period, Dr. Falcone and colleagues worked with nine pediatric practices to boost their knowledge about caring for pediatric patients with mental health issues and give them resources to help care for children who screened positive for depression or other behavioral health conditions.

A brief screening takes about 20 seconds, a safety assessment takes about 10 minutes and a full safety evaluation takes about 30 minutes. Of the 400 9- to 18-year-old patients that pediatricians screened, their study showed 26.5% screened positive for suicide ideation or behavior, 13 patients were referred to the emergency room and 13 likely suicides were prevented, Dr. Falcone said.

She said it is impossible for her to see all the patients and there can be a three-month wait to see a child psychiatrist. Others asking questions at the right time can get the people who need help connected with the right resources more quickly and it is important for patients to leave the office with hope and to know that medication and therapy are available.

"Screening is feasible and can save lives," she said. "The more that we all worked together collaboratively, we realized that the effect we can have is so much bigger."

The BHI Compendium provides a one-stop online collection of resources from eight national physician organizations designed to help you on your integrated health care journey no matter where you are on the path also is available.