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## Addressing Child Mental Health through Integration: ICH's Multidisciplinary Approach

Child behavioral and mental health represents a critical public health issue, with over four million children in the U.S suffering from mental disorders serious enough to impair functioning.<sup>1</sup> Untreated, child and adolescent mental health disorders can lead to many serious health and social consequences, ranging from poor school performance to criminal justice involvement and suicide.

Improving child mental health care depends in part on adequate identification. Today, it is evident that identification of children with mental health needs can be enhanced through improved screening for mental health in primary care settings.<sup>2</sup> Behavioral health screening has been mandated for Massachusetts' Medicaid patients since the landmark [Rosie D vs. Patrick](#) remedy went into effect in 2008. However, studies suggest that even among children who are identified with mental health disorders, linking them to mental health services still presents a huge challenge.

Integration of mental health services into primary care settings – including strategies such as screening for mental health in pediatrics and co-locating mental health clinicians in the pediatric office – may offer value in promoting improved mental health care.

ICH Executive Director [Karen Hacker, MD, MPH](#) has a long history of work in this area. “We started doing this work way back in 2003, and we’ve had a sequential number of grants that have involved a lot of community partners. We have tried to implement integration and also think about other strategies for improving the mental health of children,” says Hacker.

<sup>1</sup> [National Alliance on Mental Illness, Child & Adolescent Action Center.](#)

<sup>2</sup> Hacker KA, Arsenault LN, Williams S, DiGirolamo AM. [Mental and Behavioral Health Screening at Preventive Visits: Opportunities for Follow-Up of Patients Who are Nonadherent with the Next Preventive Visit.](#) *Journal of Pediatrics*, April 2011; 158(4): 666-671.

Dr. Hacker also adds that her past experience attempting to connect her own adolescent patients to needed mental health services was a key driver of this work. “This has been a real focus of mine because of my own struggles [as a physician] with my own patients who have mental health issues – what is the best strategy for getting them [mental health] care or getting them referrals with mental health professionals?”

Building on findings from prior studies,<sup>3,4,5</sup> Hacker wanted to go beyond examining factors that were associated with a score above the cut-point for a given mental health screening tool, and understand what happens after screening. While screening may prompt the identification of patients, children are still not engaging in care.

Currently, Hacker serves as principal investigator on four grants focused on improving mental health outcomes and treatment engagement for children, including ICH's first [National Institute of Mental Health \(NIMH\)](#) grant.

“To examine the impact of screening and hopefully improve our services, we’re approaching investigation from multiple angles,” says Hacker. ICH has had the advantage of being able to examine this issue through multiple lenses using a variety of different methodologies, from secondary analysis of hospital and Medicaid data to reviewing adolescent medical records to interviewing healthcare providers.

Two projects at ICH are currently focused on evaluating the effects of mental health screening in primary care on health and behavioral health utilization amongst pediatric patients.

<sup>3</sup> Hacker KA, Myagmarjav E, Harris V, Suglia SF, Weidner D, Link D. [Mental Health Screening in Pediatric Practice: Factors Related to Positive Screens and the Contribution of Parental/Personal Concern.](#) *Pediatrics*, November 2006; 118(5): 1896-1906.

<sup>4</sup> Hacker KA, Arsenault LN, Williams S, DiGirolamo AM. [Mental and Behavioral Health Screening at Preventive Visits: Opportunities for Follow-Up of Patients Who are Nonadherent with the Next Preventive Visit.](#) *Journal of Pediatrics*, April 2011; 158(4): 666-671.

<sup>5</sup> Hacker KA, Williams S, Myagmarjav E, Cabral H, Murphy M. [Persistence and Change in Pediatric Symptom Checklist Scores Over 10 to 18 Months.](#) *Academic Pediatrics*, July-August 2009; 9(4): 270-77.



# Institute for Community Health

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“You know you’ve got a young person [with mental health issues], you screen them, you identify them, and then what happens?” Hacker says. “We want to find out if they received services within [an appropriate] period of time.”

The NIH R21 funding is being used to look at utilization amongst pediatric patients at the [Cambridge Health Alliance \(CHA\)](#), which started screening for mental health concerns in pediatric settings long before the Rosie D vs. Patrick mandate went into place.

[Joel Goldstein, MD](#), child psychiatrist, Chief of the [Division of Child and Adolescent Psychiatry](#) at CHA and also a member of the ICH Board of Directors, is a key partner on this project. Goldstein notes that, a “central initiative” within his department in recent years has been “to enhance the collaboration with primary care pediatrics and family medicine in identifying the need and providing mental health services for youth who are served by CHA primary care”, adding that “for a variety of complex reasons, many of these youth, with active mental health concerns, do not receive intervention.”

To compare findings at CHA with those of the broader state, the grant is also supporting a similar analysis using Medicaid data. “We’re using Medicaid data from Massachusetts,” says Hacker, “and comparing it to New York to see if there have been any changes after the implementation of this policy.” With additional funding from the [Center for Mental Health in Pediatric care at Johns Hopkins](#), ICH is also examining Massachusetts Medicaid data to better understand the impact of this policy on screening and receipt of services longitudinally amongst a cohort of children.

In addition to Dr. Goldstein, partners on these projects include [Dr. Fang Zhang](#) in the Department of Population Medicine at Harvard Medical School, [Dr. Robert Penfold](#) at GroupHealth in Seattle and [Dr. Larry Wissow](#) at the Johns Hopkins Bloomberg School of Public Health.

Dr. Hacker, in collaboration with Dr. Wissow, is also working on a qualitative study with pediatricians at the Cambridge Health Alliance to get their perspective on the experience of screening and referral to mental health

services. Partners on this project include Dr. Goldstein and [Dr. David Link](#), Chief of Pediatrics at the Cambridge Health Alliance and also Chair of the ICH Board.

“[We wanted] to understand how they were using the [mental health] screening tools, and how they were making decisions about referrals to a mental health specialty,” says Hacker. “Our hope is that these screening tools are going to be useful in identifying children who wouldn’t already be in the system. This [qualitative work](#) has really been instrumental in helping us understand what’s really happening at the visit. That’s where I’m personally interested in trying to make an impact...the bottom line is we’re trying to give people tools to improve care.” She also added that speaking with physicians as part of this study has been helpful in understanding some of the larger hospital and state data sets under analysis.

According to Goldstein, great progress has already been made through these projects. “Our collaboration with ICH has been invaluable in identifying strategies as well as in collecting and analyzing data to support and direct this essential initiative,” says Goldstein. “We have already made great strides on a number of fronts and this collaboration has offered many additional opportunities that we hope to pursue in the near future.”

In addition, ICH recently had a project funded through [Teen Screen](#) at Columbia University. “This is a study to look at children who had screened positive [for mental health concerns] at CHA,” says Hacker. Through case review of adolescent patient medical records, ICH aims to elucidate differences in mental health care utilization patterns amongst youth over time.

“Mental health is a big issue for children and youth,” says Hacker. “We’ve tried to implement new strategies to address that in primary care, but there’s a lot more work to do.”

One of the most rewarding aspects of this work is that the findings are influencing how the Cambridge Health Alliance organizes integrated care. As stated by Hacker, “there is no better result than seeing the data be used to improve care”.