



Institute for Community Health

Building sustainable community health, together

A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners HealthCare

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Dimock Integrates Pediatric, Mental Health Care

When it comes to improving mental health outcomes for children and adolescents, ICH and [The Dimock Center](#) – a community health center in Roxbury, Massachusetts – share a belief in the power of integrating mental health care into pediatrics to promote easier access to mental health services for families. In 2011, as part of The Dimock Center's Patient Centered Medical Home (PCMH) initiative, the center piloted the Behavioral Health-Pediatrics Integrated Program (BHPIP): an integrated, multi-disciplinary model of care delivery where mental health clinicians are co-located in pediatric clinics. BHPIP facilitates dialogue between primary care and mental health providers by having them share the same space, and this co-location has created a setting where mental health referrals can be made and completed with less hassle to the patient and barriers to care can be reduced.

To evaluate this program, the Dimock Center has partnered with ICH researcher [Shalini Tendulkar, ScM, ScD](#), with support from the [Harvard Catalyst Community Health Innovation and Research Program](#) (HC-CHRP). Tendulkar has drawn upon ICH's expertise around [qualitative research](#) tools from a similar study with pediatricians at the Cambridge Health Alliance to obtain the perspective of pediatric primary care and mental health providers at Dimock.

"[Interview] questions ranged from how the referrals are working to whether the physicians would be comfortable implementing a mental health intervention in their primary care visit with a patient," Tendulkar said.

These interviews have shown that the referral process from primary care to mental health clinicians is more streamlined. "What the providers are telling me is that they feel like their families really like this. It doesn't feel different for them to go see a mental health provider; it's just another provider in the pediatric setting, so it feels more comfortable," said Tendulkar.

The experience of integration has also prompted more information sharing between providers through both formal and informal conversations, helping

potentially increase a shared understanding of patient needs.

"There is a lot of communication back and forth," said Nandini Sengupta, MD, MPH, Director of BHPIP at the Dimock Center. "Everybody's aware of what's going on with the patient, and the patient knows that they can come in and talk with their [mental health] clinician or pediatrician, or both at the same time."

Rachael Bowers, LICSW, a pediatric social worker at the Dimock Center, relates that her experience with integration of services has allowed providers to "better understand each other's roles in caring for the patient." In addition to helping providers work together more smoothly as a team, patients can also feel the benefits of having wrap-around care. Without the need to retell their story and with a sense that providers are in communication, barriers to care will potentially be reduced.

Moving forward, ICH hopes to bring together data from Dimock and from pediatricians in the [Cambridge Health Alliance](#) study that the Dimock work drew from to gain a deeper qualitative understanding of the experience of integration from a provider perspective. If additional funding were to become available in the future, Tendulkar would also like to evaluate BHPIP from the perspective of the patients and families it serves.



*Pictured: Dr. Nandini Sengupta and Rachel Bowers
Photo courtesy of The Dimock Center*