Interprofessional Behavioral Health Training for Integrated Primary Care Practice

Statement of Problem

Surveys estimate that mental health conditions occur among at least 20 percent of children and adolescents, yet less than 20 percent of children with significant mental health needs receive services. Additionally, children from racial and ethnic minority groups are about half as likely to access outpatient mental health services than non-Hispanic white children. On average, there is a delay of 8 to 10 years between the first signs of symptoms and engagement in treatment; children experience worsening conditions during crucial, developing years. Since the onset of the COVID-19 pandemic, need for mental health services has increased among youth, and access challenges have worsened, particularly in high need/high demand areas. Access to mental health care is a particular challenge in Philadelphia with only 22 percent of adolescents with a mental health disorder between ages 13 and 18 receiving mental health services.

With these statistics in mind, prevention and intervention efforts are extremely valuable for curbing this epidemic. For many youth, mental health problems first present in childhood and last into adulthood if left untreated; therefore, intervening when signs of risk first emerge as mild problems is much more likely to effectively mitigate their impact than responding to crises or treating severe issues. Nonetheless, although prevention efforts for children, who account for about 23 percent of the U.S. population, can be much more cost-effective than interventions, only about 10 percent of national health spending is dedicated to children. Furthermore, the mental health services typically offered in primary care are inadequate even as the field shifts away from outpatient mental health clinics toward an integration into primary care practices. While this integration has been broadly identified as a valuable practice, there is still a severe shortage of mental health providers qualified to practice in primary care, particularly in high need/high demand areas.

Description

This project is designed to provide interprofessional training to psychology interns, child and adolescent psychiatry fellows, and social work trainees to address the behavioral health needs of youth in high need/high demand areas. The target population is children and adolescents ages 2-18 years residing in low-income, urban settings, focusing on integrating medical and behavioral health service delivery in pediatric primary care settings.

To bolster training on interprofessional teams, trainees will also have experiences in schools and medical subspecialty clinics. The project includes a newly developed partnership with the University of Pennsylvania School of Social Policy and Practice to increase the number of professionals in the social work workforce who are prepared to practice in integrated primary care settings. The expansion to include master's degree level social work trainees is critical, as social workers currently provide approximately 60% of all behavioral health services in the United States.

The aims of this training initiative are for psychology interns and social work trainees to complete 300 hours and psychiatry fellows to complete 150 hours of experiential training in integrated primary care (IPC) at Children's Hospital of Philadelphia (CHOP) primary care practices in Philadelphia. Additionally, psychology interns, child psychiatry fellows, and social work trainees will complete 15 hours of didactic training focused on IPC competencies, cultural humility, telehealth and digital health literacy, trauma-informed care, collaboration between primary care and schools, dyadic leadership between administrators and clinical leaders, and program development and advocacy. Eventually, these professionals will hopefully demonstrate their ability to care for patients with minimal supervision, therefore expanding the capacity to meet kids' behavioral health needs in primary care practices.

Next Steps

CHOP has been engaged in discussions with leaders from the Department of Behavioral Health and Intellectual Disabilities (DBHIDS). DBHIDS has a substantial investment in developing integrated services in primary care and has clearly articulated that providing integrated services to children in primary care is a major goal. The researchers on this project will continue to partner with them to implement a sustainability plan whereby clinical services rendered by trainees in the Karabots, Cobbs Creek, South Philadelphia, CHOP Main Campus, and Norristown Primary Care Centers can generate revenue to offset the costs of training.

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