Co-Located Pediatric Mental Health Services: Perspectives from Social Workers

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BACKGROUND

In 2000, the Surgeon General's Conference on Child Mental Health called for "integrating family, child and youth-centered mental health services into all systems that serve children and youth."[i] Integrated care refers to a system in which a patient's medical health, behavioral health, and other service components are coordinated within one treatment plan, with increased collaboration between care providers. Studies have shown that an integrated system of care can increase accessibility, improve efficiency, and enhance continuity of care.[ii] However, the potential value - and costs - of having mental health services co-located within general pediatric practices has not yet been extensively evaluated.

In this formative study, we investigate the effects of adopting a co-located model from the perspective of social workers providing the mental health services in pediatric practices. In 2004, through the Healthy Tomorrows grant funded by the Maternal and Child Health Bureau, Cambridge Health Alliance implemented a model of care that integrates mental health and substance abuse services with physical health care for children and adolescents. As part of this initiative, three pediatric clinics now include co-located social workers who provide mental health services.

PURPOSE AND HYPOTHESIS

Objectives of this study include the following:

- Identify the challenges of having mental health services co-located within general pediatric practices
- Identify the benefits to both the practice and the patients of having mental health services co-located within general pediatric practices

We hypothesize that co-located care provides benefits to the practice and patients while at the same time presenting implementation challenges. We hope that this study will improve our understanding of parents' and patients' ease of access and satisfaction with this model of integrated services.

METHODS

This study was performed at three pediatric outpatient sites affiliated with Cambridge Health Alliance, a public hospital system serving Cambridge, Massachusetts, and surrounding communities. The pediatric practices serve a diverse urban population with wide economic disparities. Over 25% of the population are born outside of the United States, and 40% speak languages other than English.[iii]

Individual interviews were conducted with the four social workers employed to provide mental health services at three co-located sites. The interviews consisted of 16 questions on topics such as access to mental health services, perceptions of integrated care, communication in the co-located setting, and challenges and benefits of co-located care. Each interview lasted between 40 minutes and one hour. Sessions were recorded with audio tape and subsequently transcribed for analysis.

FINDINGS

Four social workers were interviewed. All held a professional license of LICSW (Licensed Independent Clinical Social Worker). The length of time employed in this position varied from six months to two years, and the number of hours worked per week ranged from six to twenty. Interview responses are categorized below by dominant themes in each category.

Working in a co-located site: Benefits to practice

- ***Multidisciplinary approach to mental health***
  - This approach facilitates a stronger connection between mental health and physical health.
  - **". . . To be able to wrap them all around, to be able to have the conversations and the dialogues, inter-disciplinarian dialogues with the doctors, with myself, so that we all have a better understanding of what's going on with this client, that's optimal."**
- ***Opportunity to build strong relationships between pediatricians and mental health providers***
  - Sharing a work space can lead to improved communication and a better understanding of how to help the client.
  - **"The docs know me, they refer over, we can shoot emails back and forth, they know that I'm right there . . . so there's a benefit to that."**
- ***Ability to identify mental health problems earlier***
  - By seeing patients and families when mental health problems are potentially less severe or less acute, there can be more of an opportunity to focus on prevention and education.
  - **"You see a lot of the problems when they're smaller problems, so it's a different, you know, kind of, more prevention and education at times."**
- ***Ability to link patients back in to mental health services***
  - Since patients routinely return to the site to see their pediatrician, this can result in additional opportunities to re-engage patients for mental health care. Logistically, being in the same site can facilitate these relationships between social workers and patients, even through such simple means as seeing them in the hallways or waiting rooms.
  - **"If a child completes treatment with us but they come back to the annual visit and there's an issue that comes up, the PCPs are quicker to get back in touch and let us know what is going on."**
  - **"Because we're all on site, I'll see the same, my clients coming and going for medical needs to their doctors, and there's a really nice continuity of care . . . they see me, they see their doctor, you know, all in the same place, I think that that fosters a sense of confidence for people."**

Working in a co-located site: Benefits to patients

While the strengths identified above will likely benefit the patients in the form of better care, more immediate characteristics were also identified that may help the patients initially access care.

- ***Familiarity with the site***
  - Prior familiarity with the clinic can be reassuring particularly when the client is engaging in mental health services for the first time.
  - **"[Patients and families] know the clinic, they know the staff, they might feel that it's more familiar . . . even though they're stepping into new territory with the therapy, at least physically it's the same place."**
- ***Less stigma associated with receiving care***
  - Receiving care at a general pediatrician's office, rather than a facility known specifically for mental health care, may improve access to care, especially for families who may be new to therapy or who are uncomfortable with the idea of requiring mental health services.
  - **"I think that clients feel, especially if they're new to therapy or if they're apprehensive about therapy, or it's just not in their cultural background to access psychotherapy, the fact that they come to the health center probably takes away some of the stigma about it."**

Working in a co-located site: Challenges

- ***Referral process***
  - One social worker stated that at the co-located site, she feels she has to perform the role of multiple jobs, such as intake assessment, intake coordinator, and clinician:
  - **"Here, I am doing the work of the intake coordinator and the clinician, while the coordination is already taken care of by other people at [my other job at xxx], so I can really focus more on the clinical part."**
  - She feels that this not only detracts from her ability to serve as a clinician, but also results in lower compliance because clients haven't been pre-screened for therapy:
  - **"When we get referrals [at my other job at xxx], I think that they are more likely to comply because already a social worker has screened it and has determined that this is a good case for therapy."**
- ***Scheduling***
  - With limited hours available for some co-located providers, scheduling problems fall into several categories: too many referrals given the number of slots available, patient preference for certain appointment times (for example, afternoon hours), compounded by the nature of the treatment course in mental health (often requiring multiple visits over an extended period of time).
- ***Lack of dedicated office space***
  - The model for co-located care used at these sites, as well as the part-time nature of the jobs, often results in a lack of dedicated office space and storage for social workers.
- ***Professional isolation***
  - Working in a pediatrician's office rather than a mental health facility means that there is limited chance for these social workers to engage in "informal consults" with peers.
  - **"There's times that I miss the opportunity to brainstorm, problem solve, see another diagnostic perspective . . . so it's very different than working in a mental health clinic."**

CONCLUSIONS

This study reports findings from four interviews at three pediatric clinics serving a diverse urban community. Due to the small number of interviews and the particular characteristics of the clinics, these findings may not apply in other settings. However, we believe that important themes emerged about the challenges and benefits of adopting a co-located model for pediatric mental health services. The data collected through these interviews can help us to better address critical questions about how to best envision models of referral and treatment of pediatric mental health care. This issue is particularly timely due to recent calls for a greater emphasis on integrated pediatric mental health services.

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