



Making Mental Health Supervision Accessible

MAKING MENTAL HEALTH SUPERVISION ACCESSIBLE

A primary goal of *Bright Futures in Practice: Mental Health* is to support families, primary care health professionals, and communities in working together to promote positive growth and development in infants, children, and adolescents. However, issues of visit duration and reimbursement, practice structure, training of staff, and availability of mental health referral resources can be challenges in providing mental health supervision for children and adolescents in primary care settings. In addition, cultural, social, and emotional factors may affect families' willingness to disclose mental health concerns. Working to address these challenges can improve access to mental health supervision and increase the effectiveness of families, health professionals, and communities in promoting mental health for infants, children, and adolescents.

Managing Time and Reimbursement Issues

Detailed assessments and discussions with children, adolescents, and families; multiple visits; and continuity of relationships all enhance the primary care health professional's ability to provide mental health supervision. However, providing quality health supervision can be time-intensive. Although time and reimbursement pressures can present a possible barrier to primary care health professionals fully engaging in mental health supervision, professionals can take active steps to minimize the impact of these pressures.

Tips

- Consider creative uses of family and staff time. Train and orient staff to model developmentally appropriate interactions with children and adolescents, elicit information from family members, and follow up on previous recommendations. Obtain information from families during waiting periods through the use of rating scales, clinical screening tools, and discussion checklists, and assess children by using drawings or creative play. (See Tool for Health Professionals: Pediatric Intake Form, *Mental Health Tool Kit*, p. 4.)
- Use appropriate diagnostic and current procedural terminology (CPT) codes such as those listed in *The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version*; *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR); or *Coding for Pediatrics*, Fifth Edition. (See the following Tools for Health Professionals in the *Mental Health Tool Kit*: Documentation for Reimbursement, p. 8; Selected General Medicine and Behavioral Current Procedural Terminology [CPT] Codes, p. 9.)
- Appeal denials for reimbursement of mental health services; participate in managed care/provider committees.
- Participate in public advocacy for improved benefits and reimbursement.

- Consider methods to engage families in the primary care pediatric practice. For example, use families as “extenders” (e.g., parents who can organize a parent support group, adolescents who can read to children in the waiting room) or hire family resource professionals to extend professional time and work with families.
- Inform families through newsletters and updates, educational brochures, posters, and Web pages. These can provide important parenting and behavioral information at little or no cost. See Tool for Health Professionals: Selected Organizational Resources, *Mental Health Tool Kit*, p. 10, for a list of organizations that provide mental health information on a broad range of topics for health professionals and families. Additional resources for specific issues and concerns are provided throughout this guide.
- In addition to providing individual health supervision visits, consider offering well-child care instruction for groups of children and adolescents and their parents; parent-led support groups; and groups facilitated by mental health and child development professionals. Offering instruction or support in group settings can provide parents with the opportunity to share resources and parenting techniques.

Continuity of Care

Continuity of care, the ongoing relationship between the health professional and the family, is critical in providing mental health supervision and early intervention services. Continuity of care has been shown to increase quality of care, and children and adolescents seen by their own primary care health professional are more likely to have their

psychosocial problems addressed (Kelleher et al., 1997). Unfortunately, continuity of care can be compromised by several factors, including practice structure and frequent changes in health care plans.

Tips

- Encourage approaches within the health care practice that facilitate an ongoing relationship between individual health professionals and families. Establish scheduling and office practices that allow children and adolescents to see their own health professional for all visits.
- Advocate for grandfather clauses in health plan contracts in order to maintain existing relationships between primary care health professionals and children and adolescents.
- Include a brief note in chart documentation about mental health issues to be addressed at the next visit.
- Encourage parents to keep a record of their child’s or adolescent’s health information, including mental health and psychosocial information, for future office visits.

Training

Training of primary care health professionals and staff in assessment and management of psychosocial issues can be effective in implementing preventive services, overcoming negative attitudes that result from stigma or stereotyping, and addressing lack of specific knowledge, skills, or comfort level in providing mental health care.

Tips

- Improve interview and assessment skills through training of primary care health professionals and staff. (See Area of Interest: Use of Clinical Screening Tools for Case Identification.)
- Seek training and continuing education in mental health promotion efforts, especially training that provides skills-building and interactive experiences (e.g., motivational interviewing).
- Identify any negative attitudes of staff about mental disorders, and intervene early.
- Consider simple (postcard) surveys to determine family satisfaction with the care received. (See Tool for Health Professionals: Postcard Satisfaction Survey, *Mental Health Tool Kit*, p. 13.)
- Develop referral forms for use by primary care health professionals when referring families for mental health services. (See Tool for Health Professionals: Referral for Services, *Mental Health Tool Kit*, p. 14.)



Area of Interest: Use of Clinical Screening Tools for Case Identification

Clinical screening tools can increase the identification of psychosocial problems and mental disorders in primary care settings. Moreover, such tools can provide an important framework for discussing psychosocial issues with families. These screening tools can be grouped into three general categories:

- Broad psychosocial tools that assess overall functioning, family history, and environmental factors; deal with a wide range of psychosocial problems; and identify various issues for discussion with the child or adolescent and family. An example of this type of tool is the Pediatric Intake Form, which can be used to assess such issues as parental depression and substance use, gun availability, and domestic violence (Kemper and Kelleher, 1996a, 1996b). (See Tool for Health Professionals: Pediatric Intake Form, *Mental Health Tool Kit*, p. 4.)
- Tools that provide a general screen for psychosocial problems or risk in children and adolescents. An example of this type of tool is the Pediatric Symptom Checklist (Jellinek et al., 1988, 1999). (See Tool for Health Professionals: Pediatric Symptom Checklist, *Mental Health Tool Kit*, p. 16, or the following Web site: <http://psc.partners.org>.)
- Tools that screen for specific problems, symptoms, or disorders. The Conners' Rating Scales for ADHD (Conners, 1997) and the Children's Depression Inventory (Kovacs, 1992) are examples of this type of screening tool.

Often a broader measure such as the Pediatric Symptom Checklist is used first, followed by a more specific tool focused on the predominant symptoms for those that screen positive on the broader measure. (Some of the more specific tools may not be readily available to primary care health professionals or may require specialized training.)

Cultural Competence

Culturally competent health professionals are aware and respectful of families' values, beliefs, traditions, customs, languages, and religious convictions. Individuals and families make different choices based on a variety of factors, including ethnic and cultural factors; these choices must be considered if health services are to be responsive and effective (Cross et al., 1989).

Tips

- Identify the ethnocultural composition of the practice population. Learn about the cultural practices of the families served. Ask families about their cultural background and what they grew up believing about parenting and raising children and adolescents.
 - Seek a staffing composition that reflects the racial and ethnic makeup of the practice population. Distribute materials that are language-appropriate for the families served.
 - Have ready access to relevant translation services, such as the AT&T language line. Phone: (800) 752-0093, ext. 196; Web site: <http://www.att.com/languageline>.
 - Review the waiting area and examining rooms to ensure that they are welcoming to culturally diverse families. Ensure that office decor reflects the ethnocultural composition of the population served.
 - Conduct staff training in cultural competence. In particular, learn about different ethnic groups' approaches toward parenting and attitudes toward mental health issues.
- Solicit family feedback on cultural competence issues. (See Tool for Health Professionals: Cultural Competence Assessment—Primary Care, *Mental Health Tool Kit*, p. 19.)
 - Access resources on working with families from diverse communities, including the following resources:
 - The Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. Web site: <http://www.mentalhealth.org>
 - The Center for Effective Collaboration and Practice of the American Institute for Research, funded under a cooperative agreement with the Office of Special Education, U.S. Department of Education, and the Center for Mental Health Services, SAMHSA, U.S. Department of Health and Human Services. Web site: <http://www.air.org/cecpc/cultural>
 - National Center for Cultural Competence, Georgetown University Child Development Center, funded in part by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. Web site: <http://www.dml.georgetown.edu/depts/pediatrics/gucdc/cultural.html>
 - Diversity Rx, sponsored by the National Conference of State Legislatures, Resources for Cross Cultural Health Care, and the Henry J. Kaiser Family Foundation. Web site: <http://www.DiversityRx.org>

Attitudes About Mental Health

Discomfort with mental health issues can be a barrier to the inclusion of mental health promotion activities and the provision of mental health services in some settings.

Tips

- Discuss stereotypes about mental disorders and substance abuse with staff to increase their knowledge and comfort level.
- Establish practice measures to ensure confidential handling of sensitive information and to reassure patients.
- Model forthright discussion on mental health issues with families during anticipatory guidance.
- Ask families about their beliefs concerning mental health and their experiences with mental health care.
- Emphasize the developmental and functional goals of the child, adolescent, and family, rather than specific diagnostic labels or treatment approaches.
- Collaborate with mental health professionals in the community to provide education and increase mental health awareness.

Coordination and Referral

Mental health services are best provided through the coordinated efforts of primary care health professionals, mental health professionals, education professionals, families, and other community resources. Primary care health professionals can provide leadership in coordinating the efforts of the interdisciplinary health team and can advocate for appropriate treatment on behalf of the child or adolescent and family.

Tips

- Identify referral and contact sources in other service sectors (e.g., mental health, education) for mental health services. (See Table 1: Types of Referrals and Services Available.) Develop professional relationships with local specialists skilled in working with children and adolescents. Consider visiting mental health services organizations to establish personal contacts and to be able to provide better anticipatory information to children, adolescents, and families who require referral. Develop a mental health referral directory and referral form for office use (see Tool for Health Professionals: Referral for Services, *Mental Health Tool Kit*, p. 14.). Encourage local agencies to collaborate in ensuring access to services, especially for difficult-to-reach children, adolescents, and their families.
- Remain involved in the ongoing evaluation and management of children, adolescents, and their families referred for mental health and other community services, and continue to negotiate or advocate for appropriate services. (See Table 2: Referral for Mental Health Care.)
- Develop systems of communication with other health professionals who serve the same children and adolescents to facilitate exchange of information (e.g., test results, evaluations). Incorporate efficient methods for obtaining informed consent and protecting confidentiality.
- Advocate for an integrated and comprehensive system of physical health and mental health care that includes common databases (respecting confidential information), coordinated benefits for pharmacy and emergency services, and joint management services where possible.

■ Consider including mental health professionals (e.g., developmental specialists, social workers, psychologists, child psychiatrists) in the primary care pediatric practice. The presence of mental health professionals on-site increases the primary care health professional's recognition of and referrals for mental health problems and mental disorders, improves collaboration among health professionals, and increases utilization of comprehensive services (Anglin et al., 1996; Borus et al., 1975; Valenstein et al., 1999).

■ Be aware of early childhood, school health, and mental health programs in the community. Explore possibilities for collaborating with these programs and for working with child care providers and schools to provide such services. (See Tool for Health Professionals: School Consultation, *Mental Health Tool Kit*, p. 21.)



Table 1. Types of Referrals and Services Available

To provide mental health referrals in a timely manner, primary care health professionals need to identify and maintain a current list of mental health resources in the community, including contact information. It may be helpful to have a list of the most frequently used community resources and phone numbers printed on small pieces of paper that parents can easily slip into a pocket. Perhaps the easiest way to develop a directory of mental health services is to talk with health and mental health professionals who have been active in the community. When possible, work closely with a social worker or psychologist who can assist in making referrals, or train a nurse or office manager to take over that function. A list of mental health resources might include the following:

- Community mental health centers. Look under “Mental Health Services” in the Yellow Pages or online at <http://www.mentalhealth.org>. This Web site displays the homepage for SAMHSA’s Center for Mental Health Services and provides access to the Knowledge Exchange Network (KEN). Click on the “Services Locator” bar to access the extensive database of mental health services and programs organized by state, city, zip code, and type of service provided. The database covers a wide range of topics from “abduction” through “youth.” If a community has a mental health program in these areas, it is likely to be listed in the database.
- Early intervention programs. Every state has an early intervention coordinator. For a computerized list, go to <http://www.nectas.unc.edu/default.html> and click on “The NECTAS Contact List,” then select “Part C Coordinators.” These contacts can provide information on local early intervention programs, which offer assessment and case management services free of charge to families whose children meet state criteria for developmental delay or risk for delay.
- Child care referrals. Every region has a child care resources and referral agency that provides parents with referrals to quality, affordable child care programs. The best way to find the local agency is through a computerized index called Child Care Aware, a program of the National Association of Child Care Resource and Referral Agencies (NACCRRRA). Web site: <http://www.childcareaware.org/index.htm>.
- The National Domestic Violence Hotline. This hotline can provide referrals to the domestic violence hotlines and shelters in the community. Phone: (800) 799-SAFE (7233). Keep these local numbers on hand and include them on a resource information page for families along with other key resource phone numbers. If an abusive partner or family member finds the page, the victim can claim that it was given for some other reason, such as child care referral.
- Community violence prevention programs. Obtain a listing of these programs by calling the local police department’s office of community outreach. The Centers for Disease Control and Prevention’s Division of Violence Prevention provides information about national and local programs. Web site: <http://www.cdc.gov/ncipc/dvp/dvp.htm>.
- Alcoholics Anonymous. Locate the local referral number in the telephone book, or online at <http://www.alcoholics-anonymous.org>. Scroll down the page, then click on “US/Canada Central Offices, Intergroups, and Answering Services” for local listings.
- Narcotics Anonymous. Go to Web site: <http://www.na.org/> and click “Regional and Area Links” for local listings.
- Additional services. A wide range of additional services can be found in the Yellow Pages under “human services” and “social services.”

Source: Needlman, 2001.

Table 2. Referral for Mental Health Care

Primary care health professionals frequently need to refer a child or adolescent, parent, or the family as a whole for mental health services. Making a successful referral involves many factors, including having a trusting relationship with the child or adolescent and family, understanding the concerns that need to be addressed in treatment, and establishing a collaborative relationship with the mental health professionals who will be providing care. Helping a family accept a needed mental health referral can require time and preparation. The following suggestions provide a framework for making an effective referral:

- Describe how you anticipate a referral being helpful, not just in addressing problems but also in supporting the child's or adolescent's and family's strengths.
- Reassure the family that you will continue to be involved in their care. Some families may require further discussions with you or more time to consider your recommendation for a referral.
- Ask for feedback on how family members feel about the mental health referral. Discuss any preconceived ideas, fears, or concerns they may have about the referral. Ask about any prior experiences with mental health services.
- Ask about the family's hopes and goals for the child or adolescent and the entire family. Interview the child or adolescent and key family members to gain a further understanding of the concerns that are most distressing for them.
- Focus on the child's or adolescent's well-being, even if discussing a referral for an adult family member. This approach can help families act "for the child's sake" when it may be difficult for them to seek treatment for themselves. Avoid any inferences that a particular family member is at fault.
- Provide the family with the names and phone numbers of mental health colleagues who are available and whom you can recommend with confidence. For families who may have difficulty in following through with scheduling a referral, consider calling to set up the appointment, or having the family call to schedule the appointment during their visit with you.
- Send the family a handwritten note emphasizing your concern for their well-being, and stating the benefits of keeping their appointment with the mental health professional.
- Maintain contact with the family, either by scheduling a follow-up appointment or by phone after the referral is made. Establish office systems to track referrals and to prompt for further follow-up activity.
- When making a referral to a mental health colleague, be specific about your concerns. Provide relevant medical, developmental, and family history together with the family's written consent for communication. Indicate how you would like to be contacted for feedback (e.g., via letter, fax, phone, e-mail). Ask to be notified if the family does not keep their initial appointment or has challenges with following through with treatment. (See Tool for Health Professionals: Referral for Mental Health Services, *Mental Health Tool Kit*, p. 14.)
- If the family does not accept your initial recommendation for a mental health referral, continue to provide health supervision, guidance, and education to emphasize how helpful treatment can be in addressing current or further difficulties. Consider consulting a mental health colleague for additional ideas on how to continue to support the family while helping them become more receptive to treatment.

Source: Howard and Patel, 1999.

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