

# Embedded psychiatrist in pediatric clinic improves evaluation access, short-term treatment

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A novel method of embedding child psychiatric care in an urban pediatrics clinic was found to be feasible and a promising way to increase access to and engagement in psychiatric care among a primarily Latino population, according to new study from Boston Medical Center researchers. The study is the first to provide initial evidence for the effectiveness of this intervention, which could have important implications for underserved and minority populations that experience disparities in psychiatric care.

While nearly 20 percent of U.S. [children](#) suffer from a [mental illness](#), only one in five receive treatment. Barriers to care, including long wait times, high costs, and limited availability of specialists, impact access among all families, but disproportionately impact vulnerable communities and people of color. Untreated mental illness is associated with a range of health, developmental, social and educational risks for children, making improved access a high priority among health and policy leaders.

The study began in 2013, when pediatricians at an urban pediatrics [primary care](#) clinic that served a largely Latino and non-English speaking population started referring patients to a child psychiatrist embedded in the practice for evaluation and short-term treatment, with the goal of transferring care back to the primary care setting in the long-term. During the two year study period, 211 referrals were made to the

embedded psychiatrist, at a rate of approximately two to three per week. Seventy four percent of patients who were referred completed an evaluation. Younger children and those who had a history of therapy were more likely to complete an evaluation. The researchers also found that children who had more severe symptoms and higher levels of psychiatric comorbidity attended more follow-up appointments with the embedded psychiatrist.

"While preliminary, these results are very encouraging as we look to increase access to mental health care for children, especially among underserved communities," said lead author Andrea Spencer, MD, a psychiatrist at Boston Medical Center and assistant professor of psychiatry at Boston University School of Medicine. "We believe this model of embedding a child psychiatrist in a primary care practice could reduce stigma for families, improve convenience, and remove other barriers to care."

Most patients involved in this study attended fewer than four visits with the [psychiatrist](#), which is consistent with previous reports on the duration of mental health treatment in this population, and fitting in the design of the model as a short-term intervention. The fact that clinical need predicted intensity of service utilization was encouraging. The researchers note that transferring care back to the primary care setting should be studied further, along with what factors best engage families of younger versus older children in an initial psychiatric evaluation.

Researchers say these findings support application of the model, with particularly important implications for Latino and non-English speaking populations, and suggest continued research into clinical outcomes, provider and patient satisfaction, and cost of integrated child psychiatry.

The study was published in the *Journal of Health Care for the Poor and Underserved*.

Provided by Boston Medical Center

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