

Integrating behavioral health in communitybased primary care improves access and treatment for diverse children

March 29 2022



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New research led by Boston Medical Center and Boston University School of Public Health found that a model of integrating behavioral



health care into pediatric primary care at federally qualified health centers resulted in greater access, more timely care, and higher diagnostic rates of attention deficit hyperactivity disorder (ADHD) for children. These results, published in *Pediatrics*, demonstrate the role that federally qualified health centers (FQHCs) can have in improving equitable care for children of all ages, especially racially and ethnically marginalized children who are more likely to access care at FQHCs.

The Transforming and Expanding Access to Mental Health Care in Urban Pediatrics (TEAM UP) model developed by Boston Medical Center and three FQHCs in the greater Boston area was designed to expand access to comprehensive, high-quality behavioral health care to medically underserved areas or populations. Providing care in FQHCs supports this goal, as these community-based centers provide care for 1 in every 11 Americans, including more than 1 in 7 who identify as Black, 1 in 6 who identify as LatinX, and 1 in 2 living in poverty each year. Racially and ethnically marginalized children are more likely to face significant barriers to accessing mental health services, including a shortage of mental health professionals and the stigma of mental illness in their communities.

Under the TEAM UP model, behavioral health screening was completed at more than 81 percent of well-child visits at the three FQHCs, a proportion significantly greater than the statewide average of 74 percent. Children who received warm hand-offs to behavioral health staff from their primary care provider were also more likely than those who did not to complete an additional visit.

"We know that before the pandemic, more than 15 percent of children in the United States had a behavioral health condition, with impoverished children bearing disproportionate risk," says R. Christopher Sheldrick, Ph.D., evaluation co-director of TEAM UP for Children at Boston Medical Center and a research associate professor of health law, policy



and management at Boston University School of Public Health. "Now that there are surging numbers of children requiring behavioral health support following the COVID-19 pandemic, this is the type of model that needs to be replicated to ensure equitable access across the United States."

Following the implementation of TEAM UP in community health centers, the rate of children following up with a behavioral health clinician within 30 days of diagnosis with ADHD increased from 62.9 percent to 78.3 percent. The number of children with multiple prescriptions for psychotropic medications, often referred to as polypharmacy, also fell.

"Shortages of mental health professionals can significantly limit access to care for families," says Megan Bair-Merritt, MD, MSCE, a pediatrician at Boston Medical Center and professor of pediatrics at Boston University School of Medicine. "By engaging children in their medical homes, we are addressing barriers to care and ensuring that all children, of all ages and ethnic and racial backgrounds, can receive high-quality behavioral health support."

Data for this study was collected between June 2017 and November 2019 from three FQHCs which included 47,437 unique well-child visits for <u>children</u> aged 30 days old to 18 years old. More than 80 percent of patients seen at participating FQHCs identified as non-White or Hispanic and nearly half were living below the federal poverty level. FQHCs reported monthly standardized electronic medical record data which was further analyzed by researchers.

More information: R. Christopher Sheldrick et al, Integrating Pediatric Universal Behavioral Health Care at Federally Qualified Health Centers, *Pediatrics* (2022). DOI: 10.1542/peds.2021-051822



Provided by Boston Medical Center

Citation: Integrating behavioral health in community-based primary care improves access and treatment for diverse children (2022, March 29) retrieved 11 May 2024 from https://medicalxpress.com/news/2022-03-behavioral-health-community-based-primary-access.html

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