

# Beacon Clinical Topic: **Outpatient Child Psychiatry Consultation Service**

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The concept of developing an Outpatient Child Psychiatry Consultation Service grew out of a need to address the shortage of practicing child psychiatrists. The [Surgeon General's Conference on Children's Mental Health of 2000](#) acknowledged that the shortage in the US would become worse due to the increasing prevalence of child behavioral health issues and a workforce that was stagnant at best. The children and teens who aren't making it to the child psychiatrists' offices end up being treated by pediatricians or family physicians. Compounding the problem, often these pediatricians don't feel adequately trained or experienced to be confident about offering treatment.

In response to this problem, the University of Massachusetts Medical School in Worcester developed a pilot program to support the pediatricians providing behavioral health care in their office practices. In 2003 - 2004, Beacon's Massachusetts Behavioral Health Partnership designed and implemented the statewide Massachusetts Child Psychiatry Access Project (MCPAP), which has spawned similar programs in 26 states now covering more than one third of all the children in the country (25 million). In addition to Massachusetts, Beacon runs the programs in Connecticut, part of Colorado, and the reporting component in Pennsylvania.

## 1. DESCRIPTION

The outpatient consultation teams generally consist of child psychiatrists, therapists, resource and referral experts, and sometimes peers. Typically, a new consultation is generated by a call from the pediatric office and is triaged to the most appropriate team member, most often the child psychiatrist. These first few moments between the pediatrician and child psychiatrist discussing the case can be the most important part of the consultation; during this back-and-forth exchange, there is opportunity for the psychiatrist to help the pediatrician understand the clinical information from the psychiatry perspective. Consultations usually result in diagnoses, medications, or referrals that the primary care provider (PCP) can manage. They can also result in direct evaluations by the psychiatrist, help with referral for therapy, and — for children with more complex needs — referral to outpatient psychiatry.

## 2. GOALS

These programs help benefit the youth and the system of care by leveraging the specialty training of child psychiatrists and extending the benefit of that training to pediatricians and family physicians. Through consultation and education, these programs improve the pediatric team's competencies and comfort with:

- a. Screening, identification, and assessment (Massachusetts now has a greater than 80% behavioral health screening rate.)
- b. Treating mild-to-moderate cases of behavioral health disorders consistent with the current evidence base
- c. Making effective referrals and coordinating care for patients when they require outpatient specialty services

## 3. DIAGNOSES TYPICALLY COVERED

While the pediatrician can call regarding any patient in his/her practice, some youth can be managed by the pediatrician with support from the service. Others, however, are too complicated and need referral to specialty care. Sometimes complicated psychosocial issues result in referral to therapy, and often the more complex diagnoses result in referral to outpatient child psychiatry practices. Pediatricians vary in their comfort level, but generally, supporting the treatment of anxiety, depression, attention-deficit-hyperactivity disorder, substance use disorder, and mild psychiatric conditions in the pediatric practice is achievable. On the other hand, youth with bipolar disorder and schizophrenia would more likely be referred to specialty care.

## 4. DURATION OF SUPPORT

Pediatricians can typically call the consultation team as often as they need to for a youth in their practice. If a pediatrician prescribes medication to stabilize the behavioral health condition, he/she may call several times in the beginning to get the care underway and then may not need to call for many months or more until a medication adjustment is needed.

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## 5. SERVICE

The primary service in the consultation program is supporting the pediatric practice. Rather than a one-size-fits-all approach, each consultation is unique in that the support provided is influenced by the clinical information pertaining to the youth, as well as the pediatrician's level of comfort in directing in the care. Sometimes, the consultation will become directly involved with the youth, providing one-time consultation. In other instances, the team therapist or child psychiatrist may offer bridge treatment to support the youth until services are available in the community. In other situations, referrals and care coordination are the focus of the support to the practice.

## 6. OUTCOMES

It is difficult to measure the outcomes resulting from providing this service as it is offered to the pediatrician rather than the youth. By educating the pediatricians, that improvement in their practices extends beyond the youth who generated the calls. Some programs' data reveal that, over time, pediatricians call less. Further, follow-up surveys with pediatricians have demonstrated that increased mastery has resulted in less need to refer to child psychiatry. The data support this point of view by showing that the medical management/prescribing level of care remains with the PCP after approximately 70 percent of consultations. Another outcome has been the expansion of the program to MCPAP for Moms, which provides perinatal psychiatry consultation to all pregnant or postpartum women with depression, anxiety, or other mental health conditions during the perinatal period. Indeed, this program supports the recent guideline recommending screening for depression twice prenatally and four times postpartum.

## 7. SUMMARY AND TAKEAWAYS

The outpatient child psychiatry consultation service can be thought of as the consultation component of the first pillar of the collaborative care model as highlighted in Beacon's white paper, "[Integration](#)". By merely initiating the consultation, the pediatrician learns more about the patient's condition, enabling the pediatrician, in many instances, to maintain the behavioral health care within his/her practice. The result is that the youth's care is delivered from his/her medical home. Thus, collaborative care extends the benefit of specialty training by improving the care delivered in the medical home.

## 8. FOUR QUESTIONS FOR CLINICAL TEAM DISCUSSION

- a. How can Beacon support the expansion of this type of collaborative care?
- b. Can you envision better outcomes data showing benefit to the youth served?
- c. How could these programs potentially increase helpful screening?
- d. Would this type of program work for other populations?

## 9. KEY REFERENCES AND RESOURCES FOR FURTHER INFORMATION

Sarvet, Barry, MD, Straus, John MD et al. (2010, December). [Improving Access to Mental Healthcare for Children: The Massachusetts Child Psychiatry Access Project](#). PEDIATRICS. 126-6.

Straus, John, MD, Sarvet, Barry, MD. (2014, December). [Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project](#). Health Affairs. 33:122153-2161.

[www.mcpap.org](http://www.mcpap.org)

[www.mcpapformoms.org](http://www.mcpapformoms.org)