Attitudes towards early childhood mental health in primary care
Melissa Middleton PhD, Anna Kelley PsyD Monica Stevens PhD, Mary Margaret Gleason MD
Tulane University School of Medicine and Tulane Institute of Infant and Early Childhood Mental Health

Purpose: To describe attitudes towards infant mental health in pediatric primary care practices enrolled in early childhood mental health consultation.

Background:
- Young children have 15 scheduled well-child pediatric visits in the first 5 years of life.
- Early intervention for mental health concerns is effective.
- Requires less time and energy than later interventions.
- Has the potential to create durable, observable symptom reduction.
- The American Academy of Pediatrics recommends screening for maternal depression and early childhood mental health.
- Pediatricians cite lack of training as a barrier to addressing social emotional problems in young children.

Introduction

Specific Aims:
- To examine pediatricians' attitudes towards early childhood mental health in the primary care setting in a convenience sample of pediatricians.
- To examine comfort managing early childhood mental health issues, self-reported practice patterns, and general attitudes towards mental health prior to engaging in early childhood mental health consultation.
- To examine differences in attitudes by training status, academic status, and specialty.
- To examine changes in attitudes by 1 year of consultation.
- To assess association between use of consultation and changes in attitudes.

Methods
- Resource assessment developed for this project.
- Comfort managing ECMH (adapted from Fallucco et al 2016).
- 6 point Likert scale (1=very comfortable, 5=very uncomfortable, 6=not an appropriate focus of pediatrics).
- Behavior problems, Hyperactivity/inattention, emotional problems, peer relationships, parent-child relationships, maternal depression, domestic violence, and exposure to traumatic events.
- Practice scales (Fallucco et al 2016).
- 4 point frequency scale (per week): 0=never, 1=1-4, 2=5-8, 3=greater than 8.
- Using rating scales (externalizing and internalizing), provide parent training, identify trauma exposure, diagnose ADHD, prescribe for ADHD, diagnose anxiety/depression, identify other disorder, recommend treatment for parent mental health.
- Physician Belief Scale (Ashworth et al 1984)*.
- 5 point likert scale (1=strongly agree, 5=strongly disagree).
- Extensively used in studies of physician attitudes.

Measures

Consultation principles include:
1) Strength-based approach
2) Common Communication Strategies (Wissow et al 2008)
3) HELLPPP communication strategies (AAP 2011)
4) Promote written information (tulane.edu/omi/tecc).

Ongoing advocacy related to access to care, but also education about resources for adult-focused providers.

Summary
- In a convenience sample of pediatric providers, attitudes about early childhood mental health highlight potential targets of intervention including:
- Ongoing advocacy related to access to care, but also education about resources for adult-focused providers.
- Internalizing problems, exposure to adversity, and maternal mental health, and use of validated rating scales.

After approximately 1 year of consultation, respondents reported significant increases in comfort and practice of ECMH skills, with notable changes in the use of rating scales and identification of trauma.

Examination of this model beyond this pilot project will include larger follow-up groups, follow up with patients, and assessment of patient outcomes.