



Attitudes towards early childhood mental health in primary care

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

Introduction

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
 - Cause measurable changes in brain development
- 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

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 after 1 year of consultation
- To assess association between use of consultation and changes in attitudes

Methods

Participants

- 95 pediatric trainees and BC/BE pediatricians in the Greater New Orleans area who work at practices interested in early childhood mental health consultation
- Women: 77% (n=70)
- Physician (MD or DO): 90% (n=81); remainder CNP, LCSW
- General Pediatrics training: 63.3% (n=57), 20% (n=18) Med-Peds, 5.6% (n=5) Triple Board
- Years since medical school M=7.6 (SD 10.4); Range 0-50 years
- Residents= 46.6% (n=48); remainder BC/BE

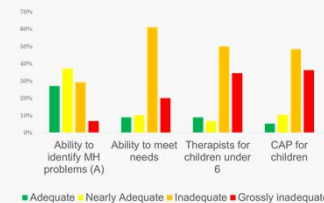
Measures

- 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

Our consultation program

- The Tulane Early Childhood Collaborative offers on-site and off-site consultation to pediatric primary care providers (PCPs)
- Consultation is aimed at supporting PCPs in 1) universal screening and anticipatory guidance 2) first line interventions for children at risk of mental health problems 3) Identifying children with clinical needs children with special health care needs and linking them with appropriate interventions
- Consultation principles include 1) Strength-based approach 2) Common Factors approach with added screening and maternal well-being (Wissow et al 2008) 3) HELPPP communication strategies (AAP 20011) 4) Promote written information (tulane.edu/som/tecc)
- In first 18 months
 - 232 onsite, direct consults face-face with families
 - 117 onsite indirect consults with provider
 - 5 off-site directly with families
 - 5 off-site with provider only

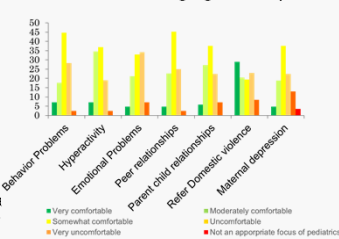
Results



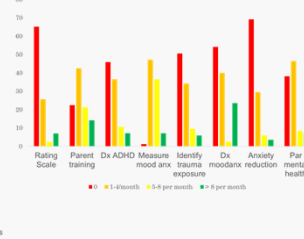
Correlates to attitudes

- No difference in resource, comfort, practice patterns, or attitudes towards mental health by gender, resident status, academic practice
- Training specialty is associated with some attitudes and resources $F(5)=2.2, p<0.06$
 - Providers with training focused on adults (Med-Peds and Family Practice) reported
 - Significantly fewer available ECMH resources ($F(87)=1.6, p<0.008$)
 - Significantly more negative attitude towards mental health in practice ($F(80)=1.4, p<0.02$).

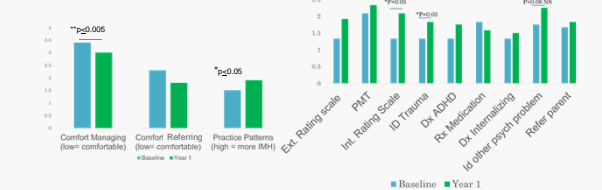
Comfort with managing IMH in practice



Practice of IMH Skills at Baseline



Changes in attitudes Baseline to Year 1 (M=3.5 months; n=14)



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

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