

COMMITTEE ON COLLABORATION WITH MEDICAL PROFESSIONALS

A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care



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Given the significant national shortage of child and adolescent psychiatrists and other difficulties in accessing specialty services, families frequently seek initial mental health treatment for their children from primary care providers. Collaborative mental health care partnerships between child and adolescent psychiatrists (CAPs) and primary care clinicians (PCCs) can be crucial to the successful integration of mental health services into pediatric primary care. Successful partnerships are characterized by effective collaboration, communication, and coordination between CAPs and PCCs in consultation with the children and their families. These partnerships go beyond the traditional office-based practices of CAPs and PCCs to allow CAPs to have a much greater impact on children, families, medical professionals, and the community as a whole. Through these partnerships, CAPs can significantly influence the psychiatric care of far larger numbers of children and their families through the promotion of prevention, early

intervention, and treatment of childhood psychiatric illness.

A newly released *Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care* is designed to help CAPs understand, build, and implement collaborative mental health care partnerships in the primary care setting (AACAP 2010). It draws from the experience of a number of national initiatives supporting the integration of mental health services into pediatric primary care. This guide outlines: 1) The core components of these partnerships and 2) Steps to consider in implementing an effective collaborative mental health care partnership.

Core Components of Partnerships

These partnerships represent integrated care approaches in which the PCCs and CAPs partner with children and their families to prevent, identify early, and manage mental health problems in the primary care setting. While different categories of collaborative mental health care partnership service models exist (e.g., consultation, co-location, and integrative), all approaches or models to

collaborative mental health care partnerships between PCCs and CAPs are characterized by the following four core components:

- 1) **Timely Access to Consultation**
“Real time” communication is important requiring CAPs to be available. Answers to clinical questions ideally are provided to PCCs within a time frame that allows them to respond in a timely way to patients and their families. Timely access to consultation with CAPs who provide practical and understandable advice is essential.
- 2) **Direct Psychiatric Service**
In consultation with a PCC, a CAP may determine based on the description of illness acuity and complexity that the patient needs to be directly evaluated by the CAP or a child mental health clinician. Collaborative partnerships are significantly strengthened by the provision of (or at least facilitation of) urgent direct patient evaluations and treatment recommendations.
- 3) **Care Coordination**
Given the complexity of the nation’s health care system, care coordination (or case management) is essential to helping patients and their families navigate access to the appropriate level of psychiatric services (e.g., outpatient, urgent, emergency, inpatient). Care coordination is an important component of effective collaborative partnerships.
- 4) **Primary Care Clinician Education**
CAPs have the opportunity to educate PCCs regarding child and adolescent mental health issues and treatment that allows PCCs to extend their involvement in mental health care beyond their usual scope of practice. They also have the opportunity to guide PCCs in the education of their patients and their families.

Note: AACAP’s Committee on Collaboration with Medical Professionals has a specific focus on collaborating with pediatrics in developing and implementing innovative models of integrative health care for children and adolescents in community health settings. This article describes a new guide developing and implementing partnerships between child and adolescent psychiatrists and pediatric primary care clinicians from across the nation. The guide itself can be found at www.aacap.org in the Physicians and Allied Professional section.

Implementation of Collaborative Mental Health Care Partnerships

The following steps to consider in implementing an effective collaborative mental health care partnership.

- 1) **Advocating Collaboratively**
Advocating for a partnership ranges from networking with community PCCs to implementing a local community program all the way to recent successful efforts building large-scale partnerships that impact at state levels.
- 2) **Partnering with Primary Care Clinicians**
In successful partnerships, CAPs systematically *reach out* to PCCs to engage them in the specific consultative service model.
- 3) **Partnering with Families**
The integration of mental health services through the child's *Medical Home* is the first step in overcoming challenges of illness stigma and burden.
- 4) **Engaging Community Partners**
CAPs should alert the community health care system regarding the existence of a collaborative care partnership including its specific capabilities and its need for community involvement.
- 5) **Considerations in Recruiting Child and Adolescent Psychiatrists**
Recruiting CAPs into collaborative mental health partnerships requires the identification of physicians who are interested in consultation service models and have the interest and flexibility to respond to the time demands of collaborative care models.
- 6) **Managing the Workflow**
Participation could range from direct consultation on every identified case, to a role in a system defined by levels of care (divided among multiple mental health specialists that begin with the PCCs).

- 7) **Program Evaluation**
Strategies to evaluate the effectiveness of collaborative mental health care partnerships are essential in order to determine that the partnership is meeting its established goals.
- 8) **Sustainability**
Collateral contacts and care coordination are critical elements to integrated health care. CAPs and PCCs must work together to insure adequate reimbursement for their collaborative mental health partnerships.
- 9) **Legal and Liability Issues**
Consultation between physicians is a deeply established tradition within the medical profession. Despite the time-honored tradition of consultation, malpractice liability and privacy concerns regarding these activities can serve as a barrier to the development of collaborative relationships.

Conclusion

Given that children with chronic mental illness are more prevalent than those with leukemia, diabetes, and AIDS combined, the importance of integrated health care is critical. Part of the answer likely lies in the collaborative mental health partnerships whereby coordinated communication between all health care providers to coordinate systems of care for the child and family is essential. We have seen the development and implementation of a number of successful collaborative mental health partnerships across our country. These successes are truly encouraging. We have listed some of AACAP members' partnerships in the back of our document. I encourage you to contact any for further information.

Yet, we also understand the new models of delivering care are daunting to most CAPs. This area presents challenges, such as how to ensure that care coordination gets done and how to develop reimbursement models that go beyond current fee-for-service reimbursement models that are only medical and diagnosis driven. However, most ventures

start small and build the advocacy through the months and years of positive outcomes and data reflecting improved access to mental health care. At this juncture, it is critical to the mental health care of our nation's children and adolescents that CAPs remain at the forefront in the development and implementation of collaborative mental health care partnerships in the pediatric setting. ■

You can find the document on AACAP's web site at http://www.aacap.org/galleries/PracticeInformation/Collaboration_Guide_FINAL_approved_6-10.pdf

Reference

American Academy of Child and Adolescent Psychiatry (2010). *A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care*. Washington, D.C.

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