Trends in mental health concerns reported to two statewide pediatric mental health care access programs during the COVID-19 pandemic

BHIPP

Maryland Behavioral Health

Integration in Pediatric Primary Care

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INTRODUCTION

Pediatric Mental Health Care Access Programs (PMHCAs) have been implemented in > 30 states across the US to address gaps in mental health care access in primary care settings.

PMHCAs vary from state to state but usually function through teleconsultation with primary care providers (PCPs) and resource/referral support.

Two PMHCAs (Maryland and Mississippi) examined trends in service utilization prior to and during COVID-19 to determine if the pandemic:

- Was linked to changes in utilization of PMHCA services
- Was associated with differences in the severity, complexity, and presenting concerns of patients for which PCPs sought PMHCA services

METHOD

Utilization data for each state's program from January 2019-March 2021 (N=2840 contacts) were examined. Pre-COVID defined as January 1st, 2019 to March 31st, 2020 and During-COVID from April 1st 2020 through March 31st, 2021.

Maryland = 2,576 phone contacts with PCPs between January 2019 and March 2021.

<u>Mississippi</u> = 264 phone contacts with PCPs between September 2019 and March 2021.

Outcomes assessed:

- Standardized difference in call volume per month for each program in period
- Call type (consultation vs resource/referral networking)
- Call severity by CGI score on scale from 1-7 where >4 indicates clinically severe
- Case complexity (2+ mental health diagnosis)
- Top 3 PCP concerns prompting calls

During COVID-19, Maryland and Mississippi PMHCAs observed increases in consultation call volume, patient diagnostic complexity, and calls regarding mood/anxiety symptoms

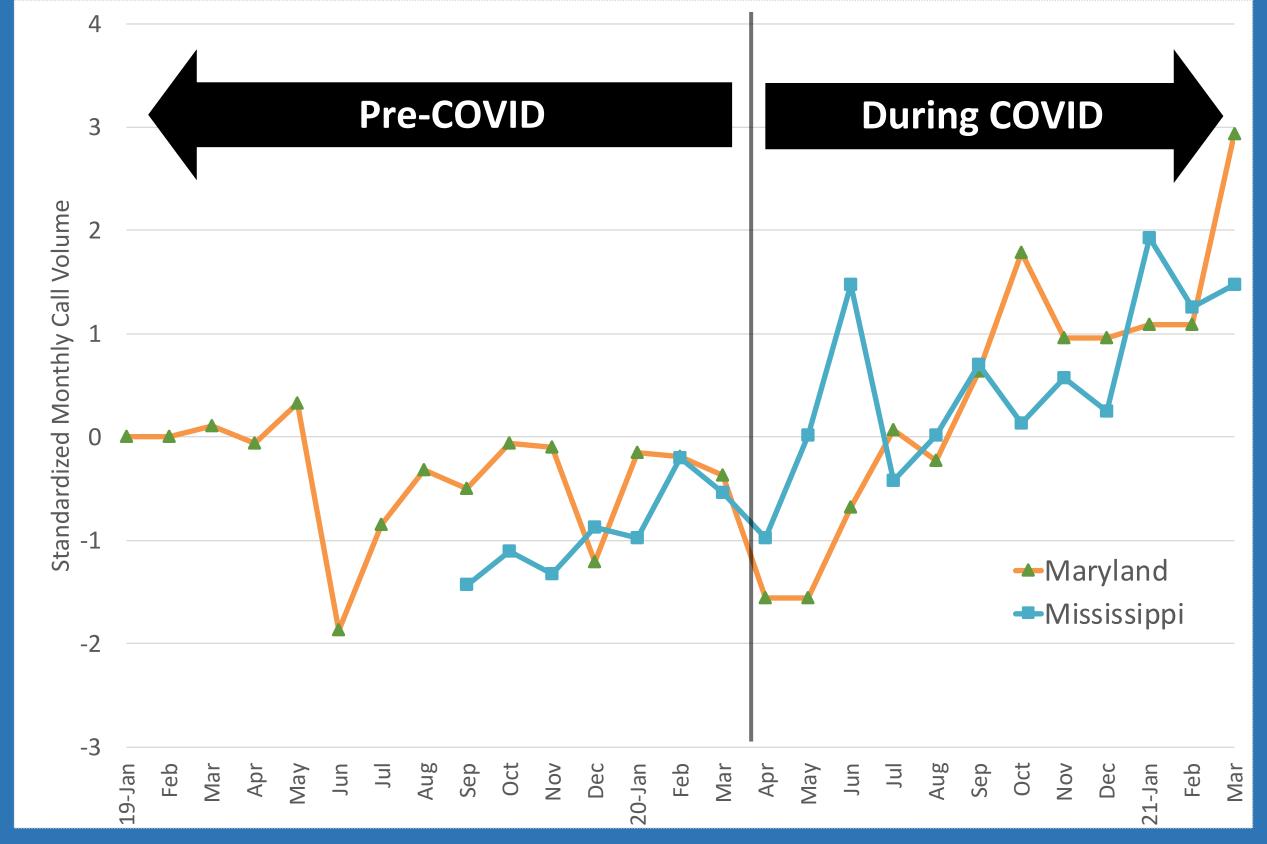


Figure 1: Standardized call volume as compared to program average since January 2019 for Maryland and Mississippi Pediatric Mental Health Care Access (PMHCA) programs

RESULTS

Figure 1 shows sharp increases in consultation calls to both PMHCAs in the During COVID period. Tables below show increases in patient complexity and calls regarding mood/anxiety symptoms.

Mississippi	Pre- COVID	During COVID	Maryland	Pre- COVID	During COVID
Resource/ Referral	13%	29%	Resource/ Referral	61%	62%
CGI > 4	29%	8%	CGI > 4	11%	7%
Mean CGI	3.67	3.33	Mean CGI	4.24	4.09
Multiple Diagnoses	0%	11%	Multiple Diagnoses	20%	37%
Top Three Presenting Concerns:			Top Three Presenting Concerns:		
Anxiety	3%	12%	Anxiety	33%	38%
Depression	10%	16%	Depression	26%	34%
Aggression	5%	19%	Behavior Problems	11%	15%

DISCUSSION

Observed changes in usage of PMHCA services suggests that:

- PCPs were identifying more mental health concerns, particularly regarding mood and anxiety symptoms, that were more complex than before COVID-19.
- PMHCAs increase access to specialty mental health care through supporting pediatric PCPs via consultation and resource/referral.

Trends underscore the importance of PMHCA programs in supporting PCPs with managing pediatric mental health concerns.

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