



# RESULTS OF PHYSICIAN SURVEY ON EARLY CHILDHOOD MENTAL HEALTH PRACTICES

## Introduction

The number of children identified with mental health conditions — also known as social-emotional development problems — in primary care settings nationwide has increased in the past two decades. However, researchers estimate that many young children age 0–5 are not identified or connected to early mental health services.

Research shows that screening by primary care physicians, such as pediatricians or family physicians, is effective at identifying children with mental health concerns. Early identification in young children, combined with appropriate support and effective treatment, could help prepare them for kindergarten, minimize their future mental health problems and allow them to experience good overall physical and mental health later in life.

The Kansas Health Institute conducted a survey, commissioned by the United Methodist Health Ministry Fund, to better understand physician practices related to screening, referral and treatment of young children with mental health conditions. Members of the Kansas Chapter of

the American Academy of Pediatrics (KAAP) and the Kansas Academy of Family Physicians (KAFP) completed the survey in May 2012. About 36 percent of pediatricians and about 15 percent of family physicians completed the survey. The survey respondents' demographics generally represent the statewide membership.

This issue brief highlights key findings from the survey. For in-depth results and methodology, please see the [full online report](#). A [special report](#) published in February 2012 has more information about the availability of early childhood mental health services in Kansas.

## How Are Kansas Physicians Screening Young Children?

One of the survey objectives was to understand the extent to which primary care physicians in Kansas used mental health screenings. Nearly three out of four of the physicians (71 percent) said they usually or always assessed young patients for two or more types of mental health conditions. These physicians were more likely to use informal assessment methods — including

### KEY POINTS

- While most Kansas physicians reported that they usually or always inquire about mental health or social-emotional concerns in young children, about half were not using formal screening tools recommended by research.
- Nearly all Kansas physicians reported referring children to mental health or early childhood services, and they were most likely to report referring children to community mental health centers.
- Kansas physicians indicated concerns about their competence in identifying and treating children with mental health conditions, as well as concerns about the availability of quality mental health services, as significant barriers to identification, referral and treatment.

observing their young patients, talking with parents and reviewing family histories — than formal screening, as shown in Figure 1.

Surveyed Kansas physicians who used screening instruments or checklists tended to more frequently inquire about mental health conditions. However, about half (49 percent) reported never or sometimes using formal screening tools.

More than half of the physicians (60 percent) estimated that they identified 5 percent or less of their young patients as having a mental health condition, regardless of whether they used informal or formal screening methods.

## Physician Referrals Vary

Most physicians (97 percent) reported that they referred children who needed additional screening

or care. Slightly more physicians (75 percent) made referrals to community mental health centers (CMHCs) than to private mental health providers (66 percent).

Location may affect those referral patterns. As shown in Figure 2, rural physicians were significantly more likely than urban physicians to refer to CMHCs, perhaps because there are fewer private providers in rural areas. Pediatricians were significantly more likely than family physicians to refer children to early intervention services (also known as Part C services).

## Availability of Quality Services Affects Physician Referrals

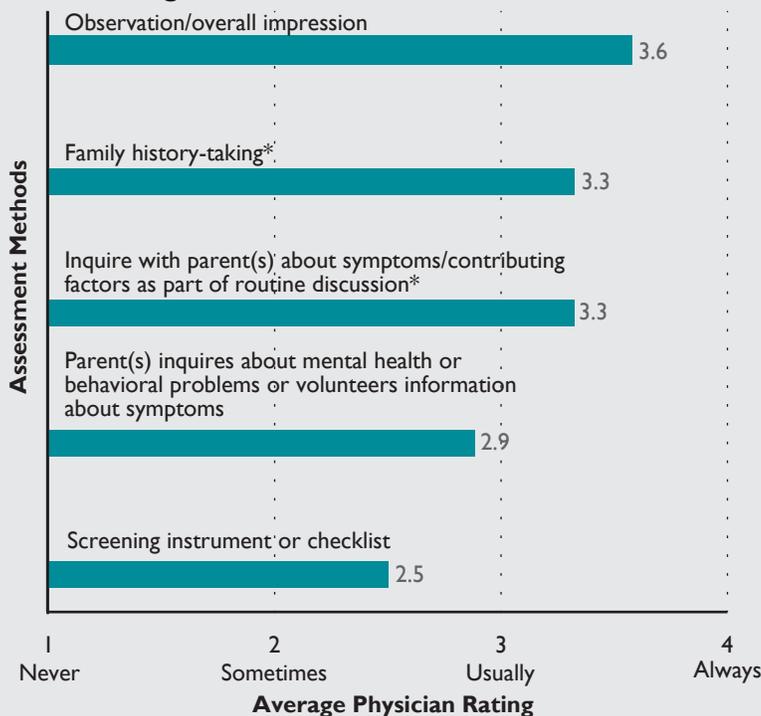
Physicians were somewhat more likely to refer young children with mental health conditions for further services if they reported that quality mental health services were available. Overall, just less than half (47 percent) of physicians said that quality mental health services were usually or always available for children age 0–5.

Physicians were significantly more likely to report that quality mental health services were available in Kansas for older children, adolescents and adults than for young children. As shown in Figure 3 (page 4), urban physicians were significantly more likely than rural physicians to report that quality mental health services were available across all patient age groups.

## Several Barriers Affect Identification, Referral

Kansas physicians reported multiple barriers to identifying, referring and treating mental health conditions in young children. Most commonly these barriers related to referrals, such as long wait times or a lack of qualified providers. Physicians also cited barriers related to their own competence, and these were most likely

**Figure 1. Types of Methods Kansas Physicians Use to Assess the Social-Emotional Development or Mental Health of a Child Age 0–5**



\* Denotes a subset of assessment methods whose average ratings do not differ significantly (paired samples t-test  $p > 0.05$ ). For this question, physicians were asked about inquiry for mental health or social-emotional development broadly. In later questions, specific conditions were provided as examples, such as social-emotional delays, autism, behavior management problems, depression, ADD/ADHD, anxiety and post-traumatic stress disorder.

Source: KHI Physician Survey on Early Childhood Mental Health, 2012.

to influence their identification, referral and treatment practices. Examples included lack of training or lack of confidence in their ability to identify or treat young children with mental health conditions.

## How Barriers Relate to Inquiry, Referral and Treatment

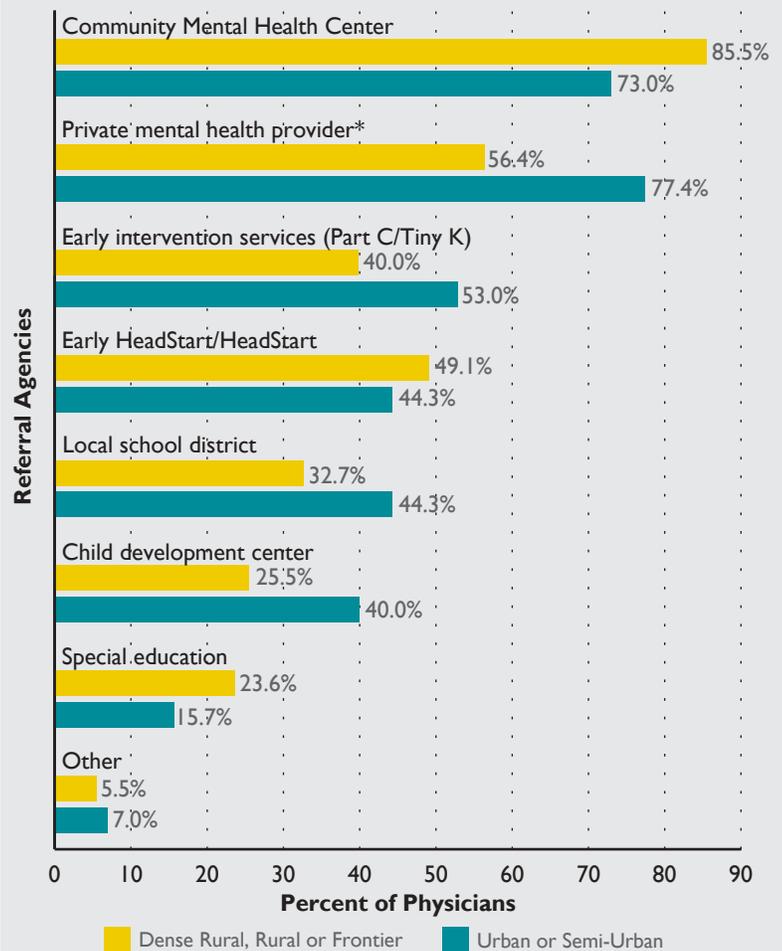
Survey results showed relationships between how Kansas physicians rated barriers and what they reported about identifying, referring and treating mental health conditions in young children.

- Physicians who reported greater concerns about their ability to diagnose and treat mental health conditions were less likely to inquire about or treat children with mental health conditions. But they were more likely to refer children to mental health services.
- Physicians who used screening instruments tended to report inquiring more frequently about a range of specific mental health conditions. Physicians who reported using more informal assessment methods were more likely to report referring children to services.
- Physicians who gave higher ratings for availability of quality mental health services for children age 0–5 were more likely to report referring children and did so more frequently.
- Physicians who practiced in urban settings were somewhat more likely to report inquiring about specific mental health conditions.
- Physicians in solo practice were somewhat less likely to report inquiring about specific mental health conditions than those in group or other practice settings.

## What Does This Mean for Mental Health Policy in Kansas?

Because early intervention for Kansas children with mental health conditions could minimize

**Figure 2. Kansas Physician Referrals for Children Age 0–5 with Mental Health or Social-Emotional Concerns**



\* Statistically significant difference between dense rural/rural/frontier and urban/semi-urban physicians ( $p < 0.05$ ).

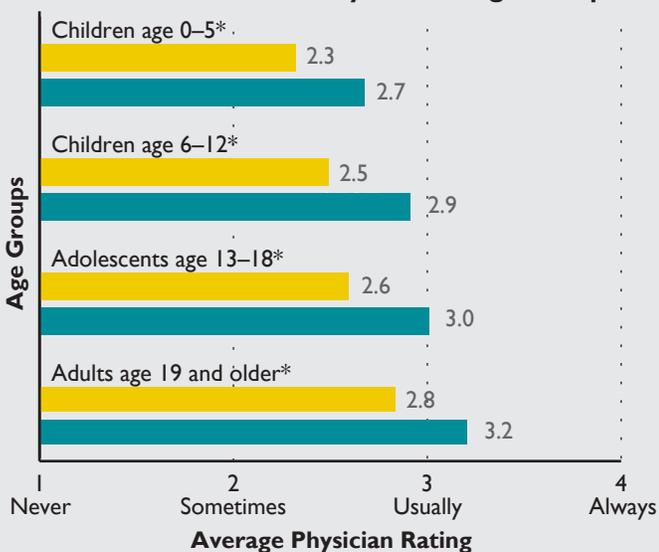
Source: KHI Physician Survey on Early Childhood Mental Health, 2012.

future problems and prevent more intensive service needs in the future, state policymakers and providers should consider ways to enhance screening, referral and connection to services for young children.

- **Educate physicians about screening young children for mental health conditions.**

Physicians who reported concerns about their abilities to diagnose and treat mental health conditions were less likely to inquire and treat young children. Many physicians also reported interest in further education about identifying mental health concerns in young children. These results point to the need for additional education

**Figure 3. Kansas Physician Rating of Availability of Mental Health Services by Patient Age Group**



\* Statistically significant difference between dense rural/rural/frontier and urban/semi-urban physicians ( $p < 0.01$ ). Regardless of location (urban vs. rural), ratings of the availability of quality mental health services are statistically significantly higher for older age groups than younger age groups.

Source: KHI Physician Survey on Early Childhood Mental Health, 2012.

- **Ensure availability of quality mental health services for young children, particularly in rural communities, and encourage cross-system coordination and connection to services.**

Kansas physicians who reported that quality mental health services were available for children age 0–5 were somewhat more likely to refer children to services. In order to improve identification and referrals through screening, and ultimately to improve access to these services, quality services should be consistently available on a statewide basis.

Continuing and expanding efforts to provide professional development and early childhood mental health accreditation, or endorsement, for providers may help increase the workforce capacity. Because rural physicians were less likely to say that quality services were available, it is particularly important to explore models to better recruit and retain early childhood mental health providers in rural areas. In addition, connecting physicians with early childhood and mental health resources in their communities may increase awareness of existing services.

With movement toward care coordination and medical home models in the proposed Medicaid reform (KanCare), Kansas policymakers may have an opportunity to integrate more mental health screening into the primary care medical home structure. Having mental health professionals work in offices with physicians has been shown to increase the availability of services and effectively address young children’s social-emotional development within their medical homes.

for primary care physicians about screening. Existing efforts by KAAP and KAFP to educate members about screening practices in primary care should be continued and expanded if possible, to target specific groups of physicians who are less likely to screen, such as those in solo practice or rural settings.

State agencies like the Kansas Department of Health and Environment or the Kansas Department for Aging and Disability Services also could build on existing efforts by offering complementary training for physicians on screening young children, as is done in at least 17 other states.

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### About the Issue Brief

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### KANSAS HEALTH INSTITUTE

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