

Evaluating the Effectiveness of Consultation through the Wisconsin Child Psychiatry Consultation Program

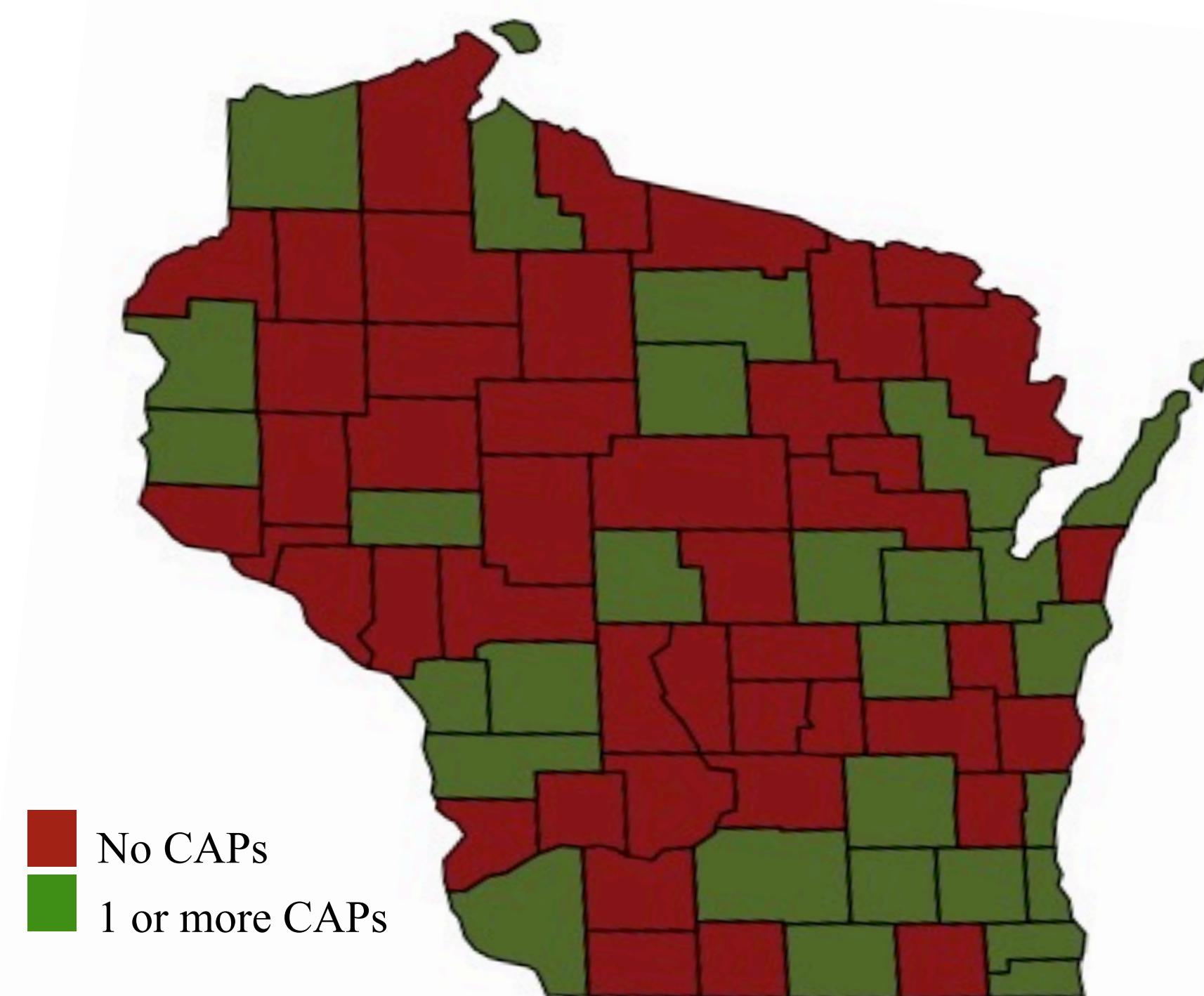
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Introduction

- The incidence of child mental health problems is rising as nearly 16% of Wisconsin children had a major depressive episode in 2019, a 1.33% increase over 2 years.¹
- The increasing incidence of child mental health problems is concerning because of a nationwide shortage of child and adolescent psychiatrists (CAPs).²
- Because of the shortage, a 2015 Ohio State University study found a 50-day median wait time for children hoping to see a psychiatrist.³
- In Wisconsin, there are 168 practicing CAPs with 67% practicing in three counties (Dane, Waukesha, and Milwaukee).⁴
- Each county in Wisconsin is classified as having an insufficient supply of CAPs.⁴

More than 350,000 children under 18 live in a county without a child and adolescent psychiatrist



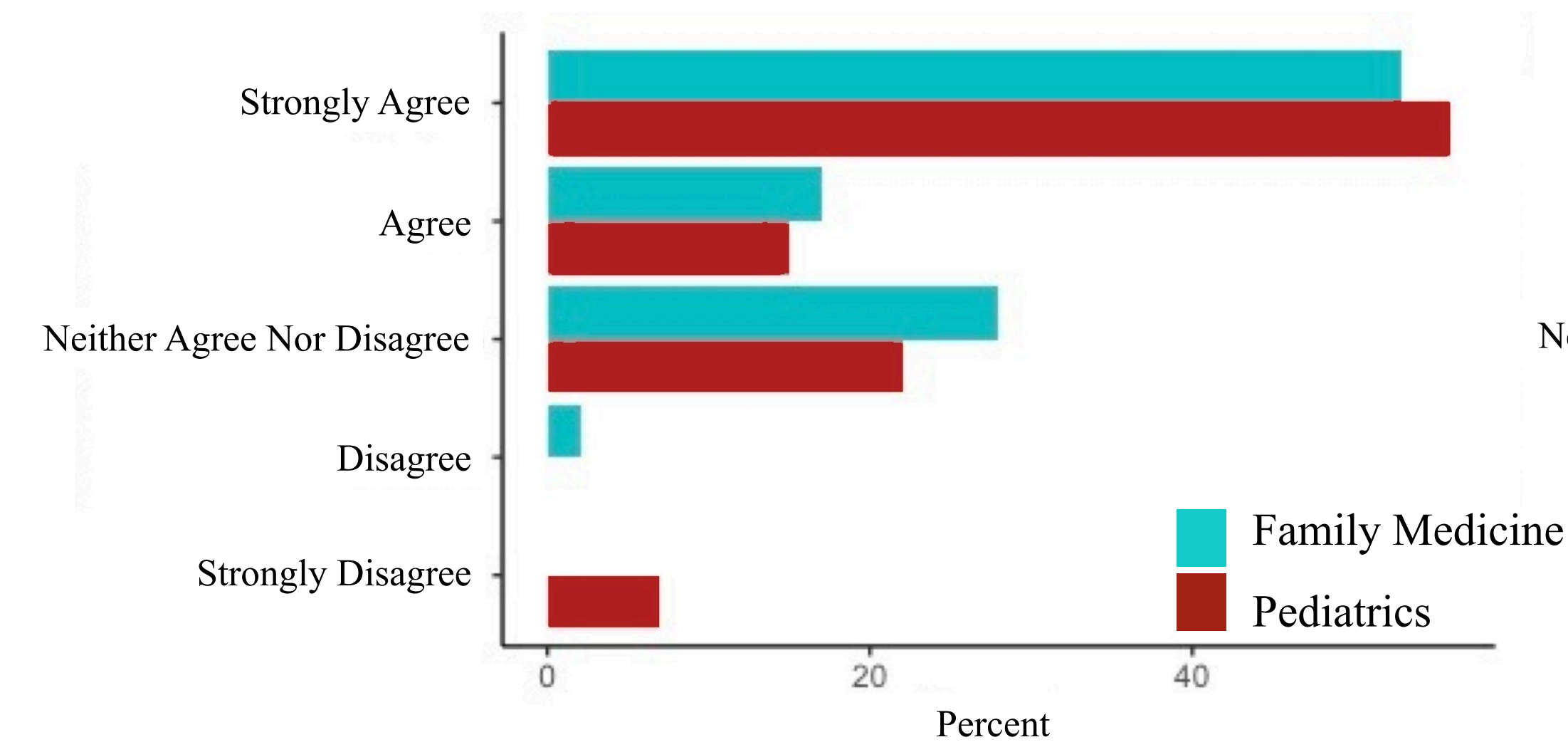
- Because of the CAP shortage, primary care providers (PCPs) play a central role in treating children with mental health concerns, though many feel uncomfortable treating these patients.⁵
- To help combat the CAP shortage and alleviate PCP discomfort, in 2015 the Medical College of Wisconsin established the Wisconsin Child Psychiatry Consultation Program (WI CPCP).
- The WI CPCP provides support to more than 1700 participating PCPs treating mild to moderate child mental health problems by providing phone or email consultations with psychologists or board-certified CAPs, as well as offering on demand didactic training sessions and assistance locating therapeutic resources.
- Our goal is to assess the effectiveness of the Wisconsin Child Psychiatry Consultation Program services by determining how primary care providers view the program's impact on diagnostic decision-making and patient outcomes.**

Methods

Primary care provider responses to both post-consultation and annual surveys were analyzed to determine the impact of the program. Post-consultation survey data from April 2021– November 2021 were evaluated as well as annual survey data from October 2021 - March 2022. Survey responses included questions on a 5-point Likert scale. Data from the post-consultation survey were stratified by specialty and percentage of each response were calculated. Mean Likert scale data for before and after enrollment in the WI CPCP were calculated and compared using Student's *t* test. Study procedures were approved by the Medical College of Wisconsin's Institutional Review Board.

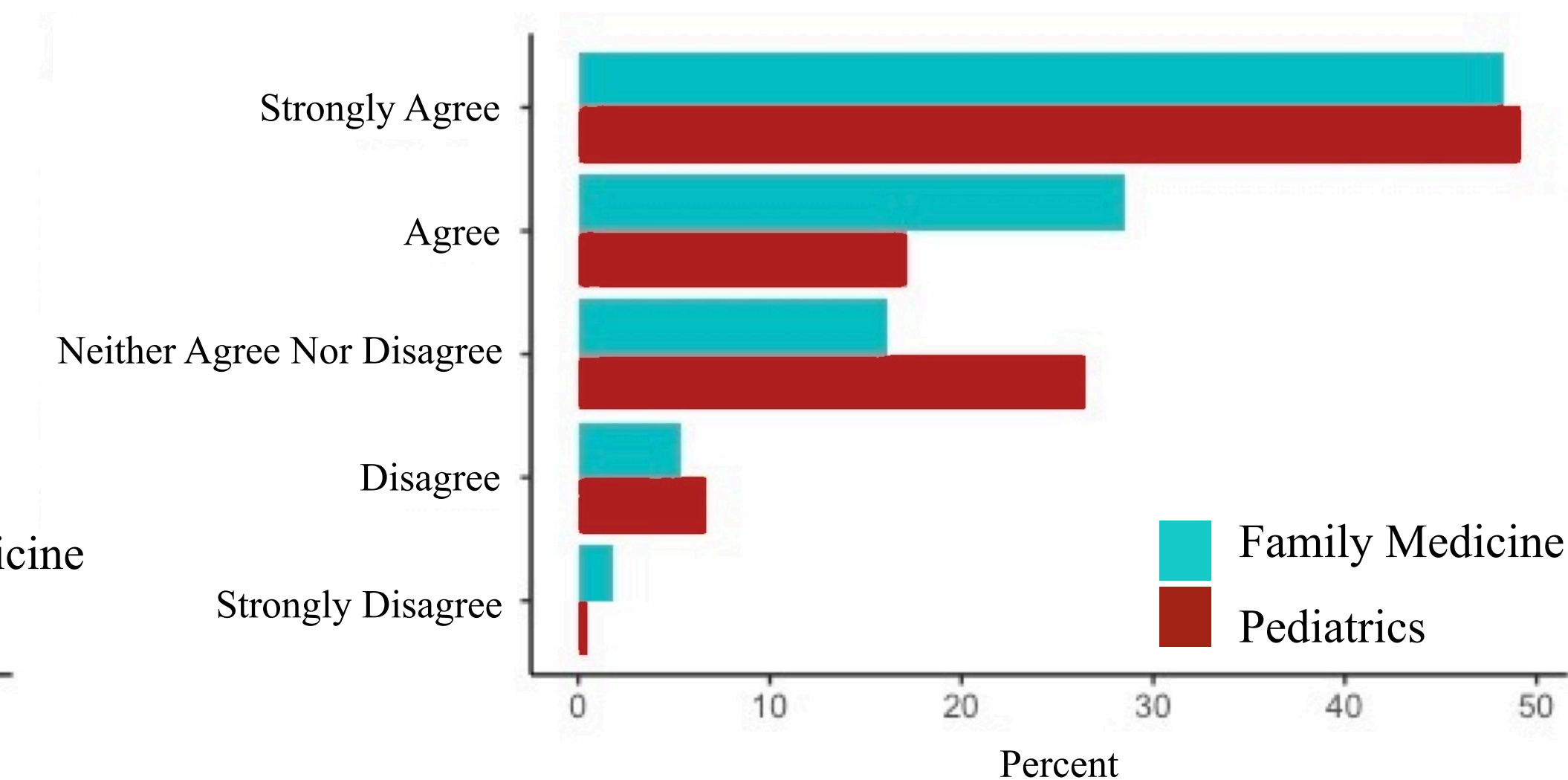
Results

A. Consultation forestalled referral or hospitalization



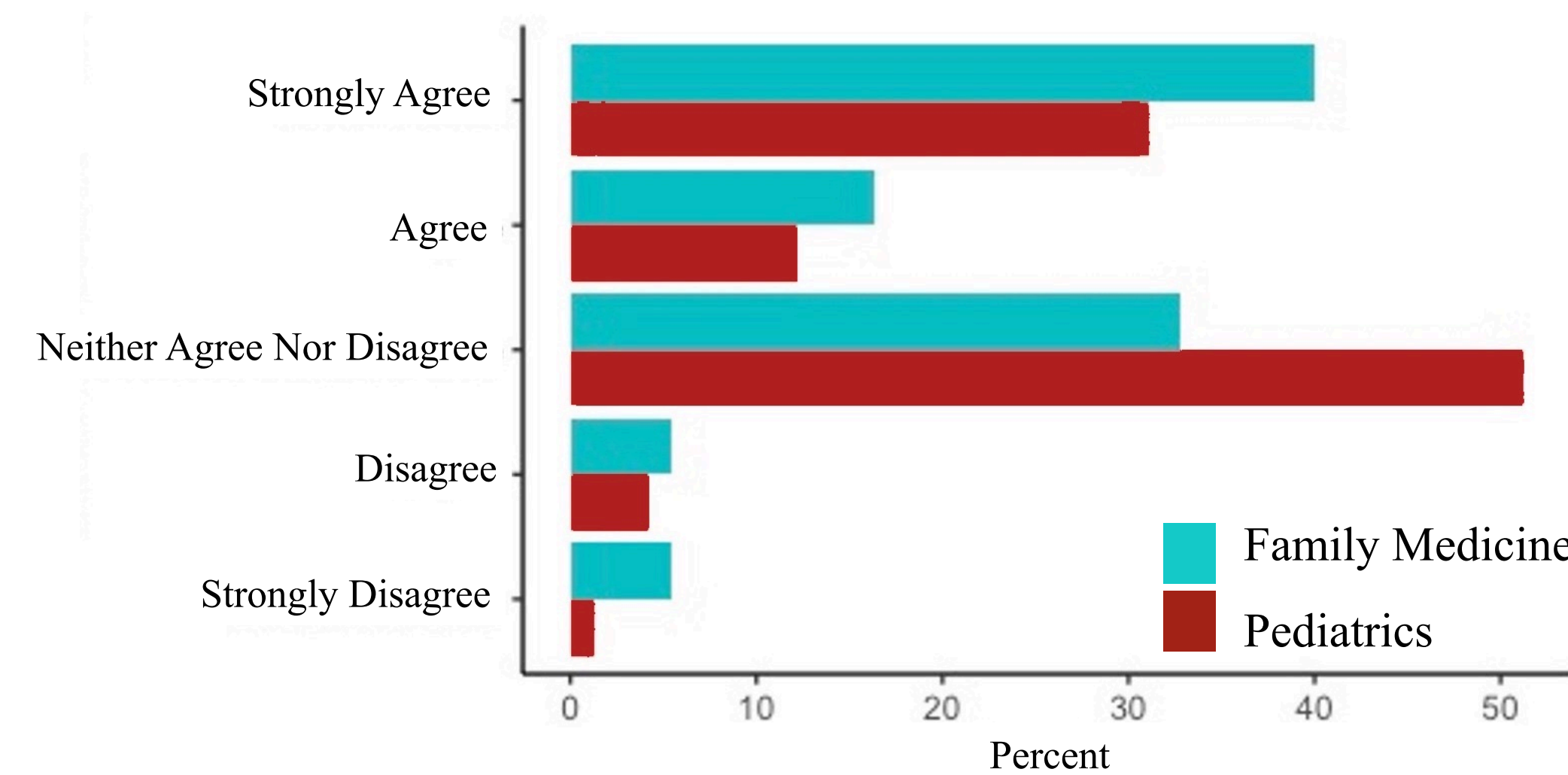
A. 68.7% of PCPs agree or strongly agree that consultation forestalled referral or hospitalization.

B. Consultation resulted in an earlier correct diagnosis



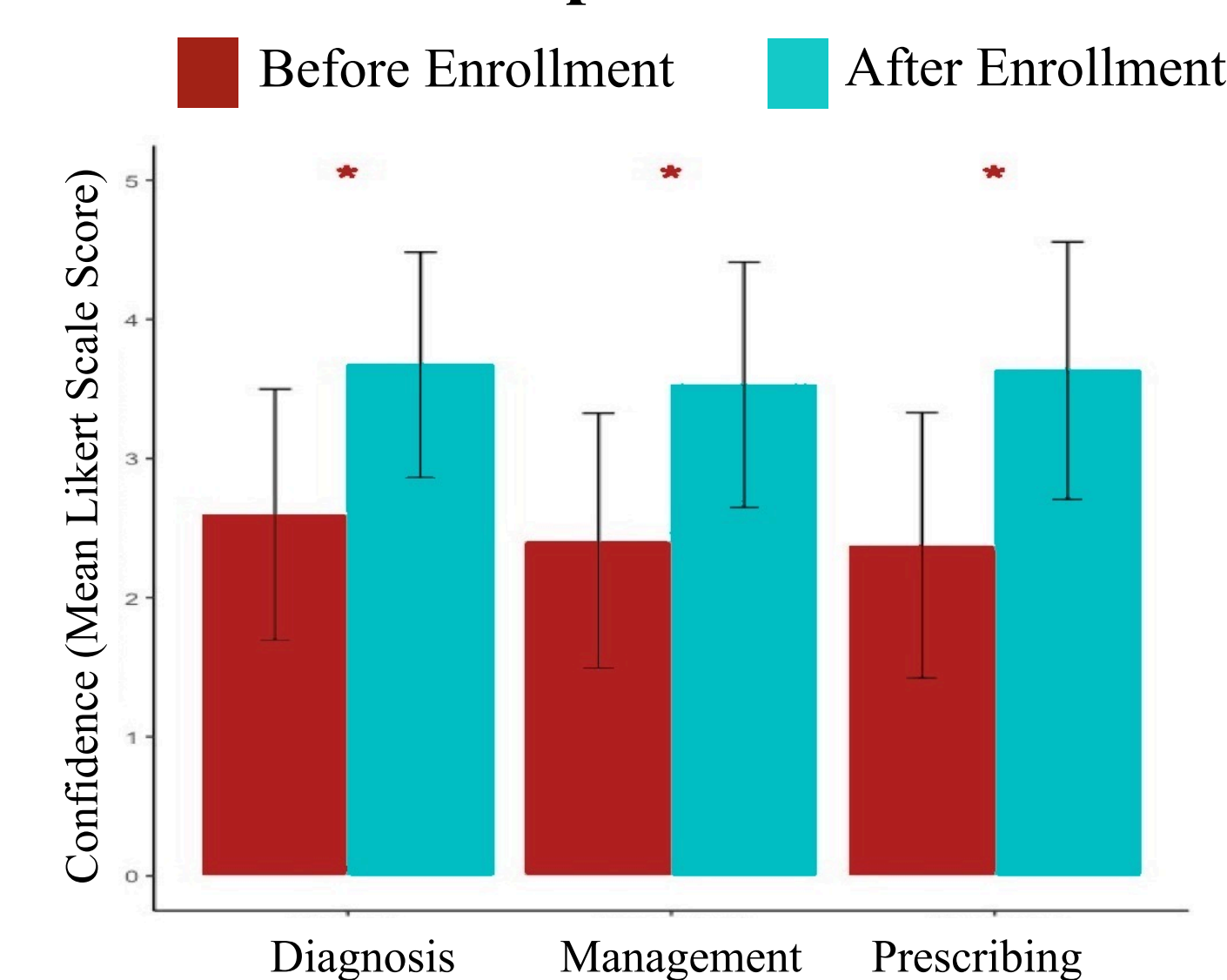
B. 70.5% of PCPs agree or strongly agree that consultation resulted in an earlier correct diagnosis or medication change.

C. Consultation reduced the risk of self harm or suicide



C. 46.5% of PCPs agree or strongly agree that consultation resulted in a reduced risk of self harm or suicide.

D. WI CPCP enrollment improved PCP confidence



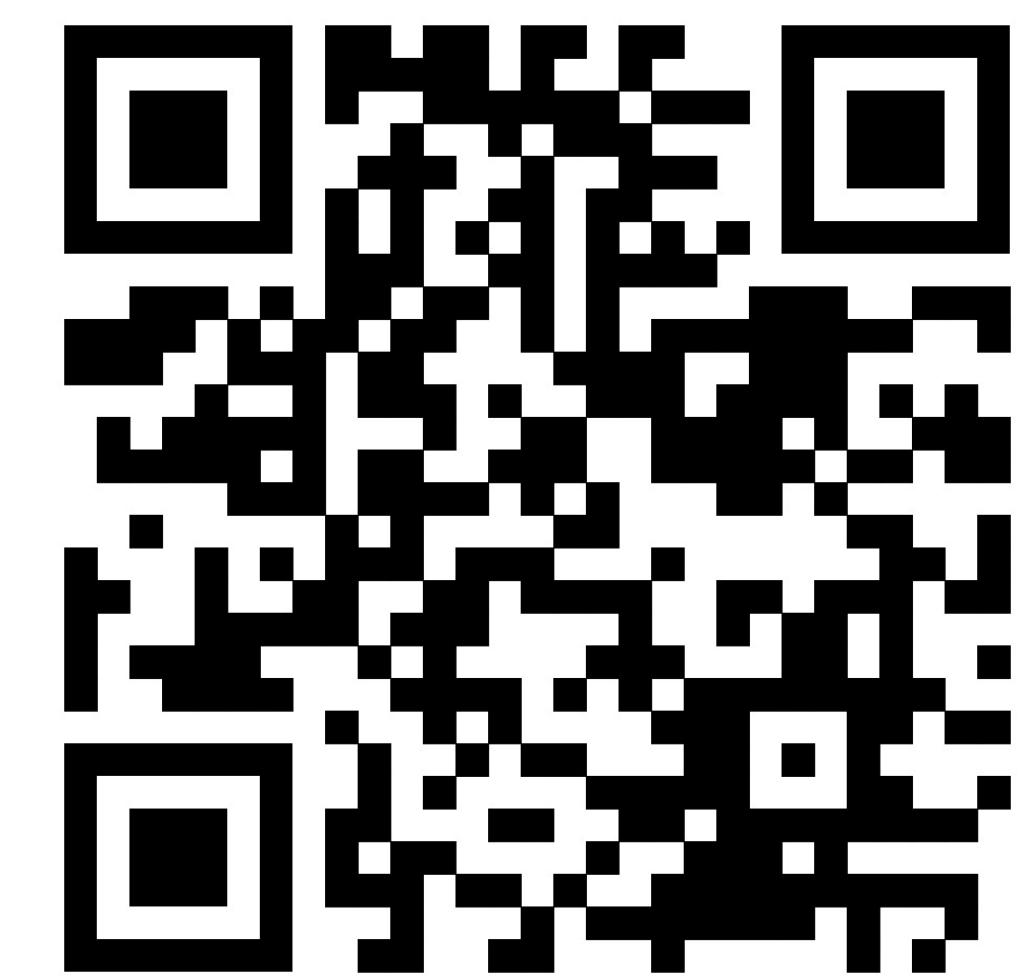
D. Mean Likert scale scores for PCP confidence in diagnosing, managing, and prescribing medications for child mental health problems were significantly higher after enrollment in the WI CPCP compared to before enrollment. Error bars represent standard deviation. * Represents $p < 0.05$.

- Greater than 99% of respondents agree or strongly agree that they were satisfied with their consultation experience.
- 96% of respondents agree or strongly agree that they would incorporate the WI CPCP into their future practice.
- If the WI CPCP was not available, several respondents expressed that they would have given potentially incorrect advice or would have been forced to wait long periods of time for psychiatry referral appointments.

Conclusions

- Because of a 100% response rate to phone and email consultation requests within 30 minutes or 24 hours, respectively, WI CPCP participating PCPs feel they are making evidence-based informed decisions quicker than without the program.
- PCP confidence in diagnosing, managing, and prescribing medications for child mental health problems significantly improved with the WI CPCP.
- PCPs are satisfied with the WI CPCP and plan to continue utilizing the program in the future.
- With the severe shortage of child and adolescent psychiatrists across the state of Wisconsin, the WI CPCP is an effective tool for helping PCPs care for pediatric patients with mild to moderate mental health problems.
- Future research should examine the impact of COVID-19 on utilization of the WI CPCP.

For more information about the WI CPCP, scan the QR code below or visit www.WICPCP.org!



Acknowledgements

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