

Title of Presentation: Improvement in child and parent outcomes following mental health communication skills training for pediatric generalists.

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Background: Primary care clinicians are a major source of mental health care for children. They also play a key role as “gateway” providers – opening doors and establishing expectations for the functioning of the larger mental health care system. Communication interventions with physicians form a logical base on which to build primary care capacity to manage mental health problems. Communication interventions directly address barriers stemming from cultural differences and different systems of conceptualizing mental health problems. They are particularly suited to pediatric mental health care, where providers generally face emotional and behavioral problems that poorly fit diagnostic criteria for single conditions and that change over time or with developmental stage. Such interventions are designed to facilitate identification and treatment of problems through development of shared vocabulary, shared expectations, and joint planning. These interventions may impact not only on what happens in primary care, but also on utilization and outcomes of other community services. Physician behavior is often thought of as being difficult to change, but research projects in many settings have demonstrated that their communication style with patients is malleable and that changes can be sustained over time.

Objective: To test the effectiveness of a brief, mental-health communication skills training delivered in the offices of experienced, mid-career primary care providers in two health networks, one rural and the other urban.

Design/Methods: Randomized trial of training in efficient, collaborative discussion of mental health issues with parents and children/youth during routine office visits. Training content was based on evidence-based primary care and psychotherapeutic techniques, including material from family therapy, solution-focused cognitive therapy, and motivational interviewing. Training was designed to be learner-centered but structured and replicable. It included 3 1-hour guided small group discussion sessions centered on video clips and interaction among trainees. Each session was followed by a 10-minute standardized patient visit programmed to review the skills just presented. Clinicians received a recording of the visit for structured review. Outcomes were measured by screening consecutive patients ages 5-16 of participating clinicians. Children/youth scoring "possible" or "probable" on the Strengths and Difficulties Questionnaire (SDQ) were followed by telephone for 6 months. Outcomes include changes in parent reports of their child's behavioral and emotional symptoms and changes in the impact of mental health problems on their child's functioning.

Results: 137 children/youth, followed by 20 clinicians, at 6 sites were enrolled in the study. At baseline, there were no significant differences in age, gender, SDQ status, impact, or family burden between intervention and control groups. Adjusted for rural/urban status, physician specialty, and child gender, being seen by a trained vs. control clinician was associated with significantly greater decrease in SDQ total symptom score at 6 months (5.58 on 0-40 scale) and significantly greater decrease in functional impairment (3.73 on 0-10 scale). Both of these differences are, statistically, in the "moderate" to "large" range. The SDQ can be used to classify children broadly into groups primarily troubled by hyperactivity, conduct, or emotional problems. Being seen by a trained clinician was associated with statistically greater decreases in functional impairment for children in all three groups, but statistically greater decreases in symptom scores were seen only for children with emotional problems.

Conclusions: Mental health communication skills training improves outcomes for some common mental health problems arising in primary care settings. Training can be replicably delivered at busy clinical sites. Training can also be sufficiently structured to reliably impart needed content and stay within allotted training time, but at the same time be engaging and locally relevant in a variety of settings. Skills training could be integrated with condition-specific didactics and consultation to expand its impact.