

**Title of Presentation:** Identification of Youth Psychosocial Problems in Pediatric Primary Care: the Role of Consultation and Provider Attitudes

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**Background and Objective:** Previous research has demonstrated that primary care providers (PCPs) under-identify and do not manage the mental health problems of their patients. This investigation demonstrates the importance of provider and health system characteristics that influence: 1) the perception of youth psychosocial problems and 2) the method employed by the PCP to manage the psychosocial problem.

**Methods:** 40 PCPs and 503 youth (47.9% female) and one parent from Baltimore and rural New York state participated. Following each visit, PCPs endorsed whether the youth demonstrated a psychosocial problem and reported whether mental health treatment was provided to the family during the visit. PCPs completed measures to assess job satisfaction, job control, beliefs and attitudes about treating psychosocial problems, ease of consulting and referring to mental health specialists, and confidence in psychosocial treatment skills. Parents and youth age 11-16 completed the Strengths and Difficulties Questionnaire (SDQ) before the visit to measure youth mental health symptoms and functional impairment.

**Analysis:** Random effects logistic regression was used to investigate 1) whether PCPs identified the youth as having a psychosocial problem and 2) the type of treatment in response to the problem (counseling, medication, referral, or no treatment). All regressions accounted for disorder type, youth gender, interactions between disorders, interaction between disorder and youth gender, and PCP characteristics. Youth and PCP race are not reported because neither modified the outcomes.

**Results:** PCPs endorsed 55.75% of youth as having a “new, ongoing, or recurring psychosocial problem.”

**The role of consultation in identification of youth problems:** PCPs who reported more easily consulting mental health specialists were significantly *less likely* to identify youth as having a psychosocial problem, indicating that PCPs may rely on specialists to identify problems when they are accessible. PCPs were *more likely* to identify a problem when the youth demonstrated conduct disorder or hyperactivity but not when youth demonstrated an affective disorder.

**The role of provider attitudes, confidence, and referral resources in the delivery of mental health services:** PCPs with more negative attitudes about treating psychosocial problems were significantly *less likely* to provide counseling. Confidence in psychosocial treatment skills significantly *increased* the odds of PCPs providing counseling. PCPs who reported easily referring patients to mental health providers were significantly *less likely* to provide counseling.

**Conclusions:** These results demonstrate that improving provider confidence in managing psychosocial problems increases the likelihood that PCPs provide counseling and intervene early in the development of mental health problems. The ability of PCPs to access mental health referral and consultation sources also influenced whether services were offered during the primary care visit. PCPs may have been more likely to depend on specialists to identify problems and provide counseling when available. Thus, practitioner and system level transformation may seek to improve the integration of youth mental health services in primary care and increase provider knowledge of resources. Culturally appropriate education programs that improve PCP attitudes about psychosocial problems while providing skills based training to build confidence play an important role in system transformation for the more efficient delivery of mental health services in pediatric primary care settings.