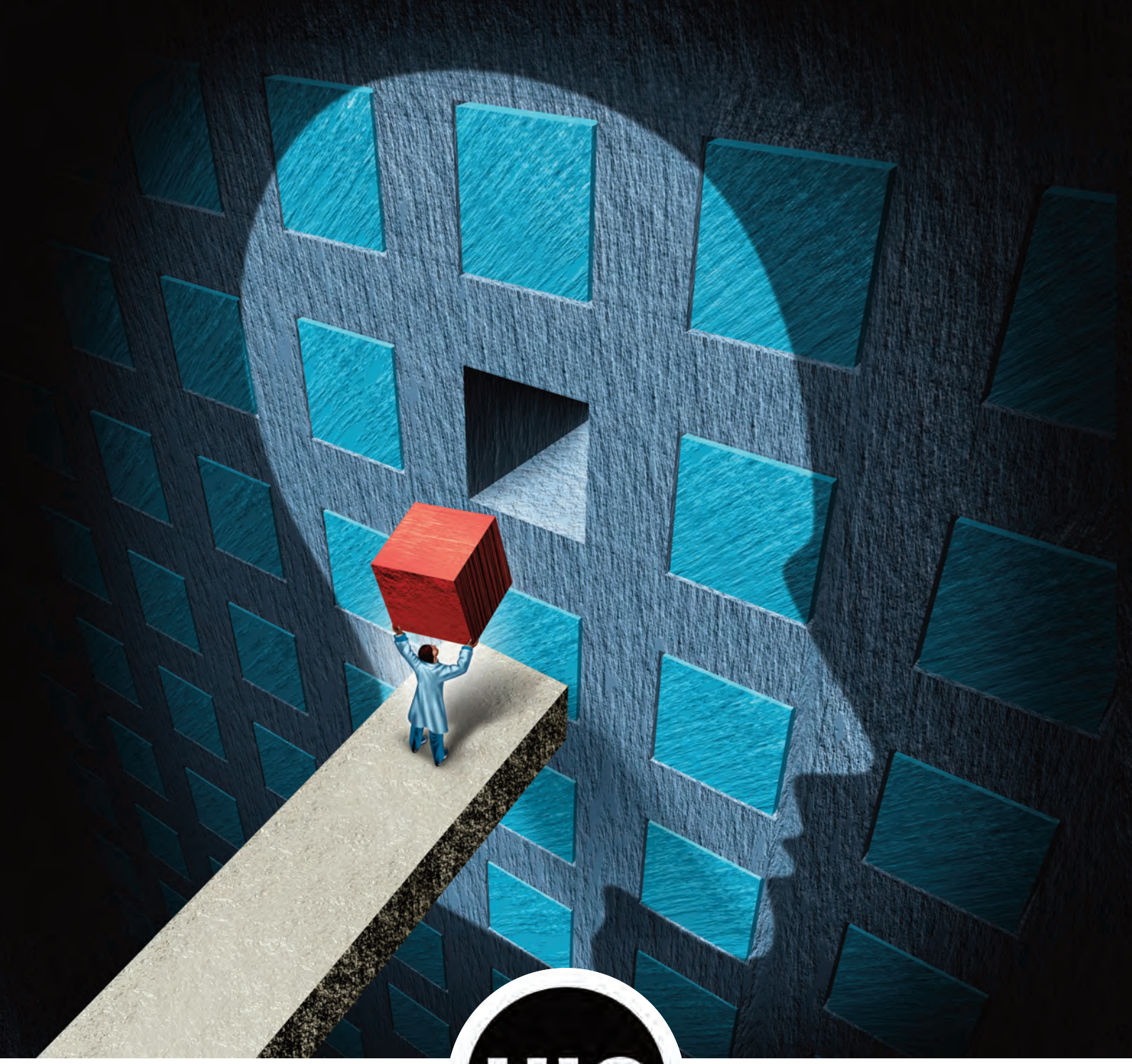

UIC

INNOVATIVE STRATEGIES TO ADDRESS THE MENTAL HEALTH CRISIS

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Introduction

Health care systems and processes in the United States are undergoing radical changes as a result of the Affordable Care Act and related efforts to move from a fee-for service model of health services provision to one that focuses on a managed care, value added payment model. As a part of this shift, services such as mental health that were once excluded are now being mandated for inclusion in coverage. For providers serving a young publicly insured (Medicaid) population, this creates a problem. The mental health workforce is seriously understaffed, particularly for those with pediatric specialisation[1]. Furthermore, Medicaid reimbursement is substantially below what mental health providers typically charge, creating a disincentive to serve Medicaid recipients.

The University of Illinois at Chicago, Department of Paediatrics (UIC, Paediatrics) has developed a model of mental health service provision for a young (25 years of age or less), low-income urban population with one or more chronic diseases. Chronic disease is highly correlated with depression and that disorder can have a profound effect on a patient's physical health, as well as on the family's ability to provide support[2]. **UIC, Paediatrics** is testing a model that seeks to meet the mental health needs of patients with chronic illnesses for both preventive and symptomatic mental health concerns. Mental health disorders are a particular focus due to their impact on the health and well-being of patients.

The model is designed to integrate mental health services with primary care, making it possible to identify mental health concerns at an early stage of development so that preventive and ameliorative interventions can be deployed to prevent the escalation of mental health issues to a more serious level. The model also includes providing supportive services for families of the enrolled patients so that they are better able to manage both their child's behavior and his or her chronic illness, reducing the level of stress in the household and facilitating improved health outcomes.

Statement of the Problem and Significance

Two key issues converge to create a challenge in meeting the mental health needs of young Medicaid recipients. First, the mental health workforce is seriously understaffed, whether one is seeking licensed providers such as psychiatrists, psychologists, or Masters level social workers, or Bachelors level social workers, counselors, nurses, or lay mental health workers[3]. Second, the need for mental health services has escalated over time, as a result of increasing awareness of the importance of early intervention, new mandates found in the Affordable Care Act and the Mental Health Parity and Addiction Equity Act (MHPAEA) which require mental health parity, and an ongoing increase in the prevalence of mental health disorders, which has increased the demand for mental health services. We will explore each of these factors in some detail, as the components have relevance for the development of strategies to address the challenges of providing mental health services to Medicaid patients. We will then present the innovative and cost-effective model developed by **UIC, Paediatrics** to meet the demand for mental health services, notwithstanding the workforce shortages.

Mental Health Workforce Shortages

Shortages in the mental health workforce were recognised as early as 1959[4] and again 40 years later in the Surgeon General's Report on Mental Health[5]. Such shortages are routinely reported in the Federal government's Health Professional Shortage Designation Reports and in the work of concerned researchers[6]. We use the term "mental health workforce" to include licensed professionals such as psychiatrists, psychologists, and Masters prepared social workers and nurses, as well as Bachelors prepared social workers, counselors, and nurses.

Given our focus on children and young adults, it is important to note that mental health disorders typically first manifest in early adolescence,[7] creating a very specific need for mental health providers who specialise in children and adolescents. Unfortunately, pediatric mental health workers are in particularly short supply, especially in psychiatry. There are two primary reasons for this shortage: the extensive education requirements and the low reimbursement rates for services provided. The educational requirements to specialise in child psychiatry have traditionally required an additional 3 years of training in adult psychiatry followed by two more years of training for specialty in child psychiatry[3]. Few physicians, having completed 4 years of medical school, were game to take on the increased training time and associated debt, particularly when the return on investment might not warrant it. In fact, there has been a reduction in the number of child and adolescent psychiatry residency programs in the United States from 130 in 1980 to 114 in 2002, a reflection of this reluctance[3].

Prevalence and Consequences of Mental Health Disorders

For the years 2009-2012, 5.7% of those ages 12-17 had moderate or severe depressive symptoms within the last two weeks. For females in that age range, the figure was 7.4%, compared to 4% for males[8].

Research suggests that depression during adolescence will go on to cause lifelong problems[9-11] and may have significant negative consequences for long term physical health as an adult[12,13]. Untreated depression in teens is highly correlated with alcohol and substance abuse[14] as well as suicide[15]. In fact, the beginning of substance abuse problems frequently follows onset of mental health disorders, perhaps as a coping mechanism or effort at self-medication[14].

In 1980, suicide was the 7th leading cause of death among children 5 to 14 years of age and the 3rd leading cause of death in those aged 15-24. By 2013 it was the 3rd leading cause of death in those aged 5-14 and the 2nd leading cause of death in those aged 15-24[16].

The Relationship between Poverty and Mental Health Disorders

Data provide direct evidence of the strong association between poverty and depression[8]. For the period 2009-2012 more than 15% of those aged 12 and over who were diagnosed with moderate to severe depression were below poverty level. Of those at or above poverty level, slightly more than 6% were thusly diagnosed[8].

Given that more than 1 in 5 children in the United States currently lives below the poverty level and the very low threshold that defines that status (in calendar year 2014, a family of two adults and two children fell in the "poverty" category if their annual income fell below $24,008)[17], the escalation in the number of children who need mental health services is not at all surprising.

In 2011, a total of $117.6 billion was spent for the medical care and treatment of children. Of that amount, the category of service with the highest expenditure was for care and treatment of mental disorders in children. Total expenditures to treat mental disorders were $13.8 billion. Because of the strong association between low-income status and mental health disorders, these individuals were typically covered by Medicaid. In fact, Medicaid paid for about half of the amount spent to treat children with mental disorders in 2011 (48.4 percent)[18].

The Role of Primary Care Providers

The increase in mental health disorders in children and young adults has been called the "hidden morbidity"[19] because of the role that pediatric primary care plays as a first point of contact for parents and caregivers concerned about the emotional or behavioral characteristics of their charges. In fact, this increasing pressure to address mental health disorders in primary care has created a challenge for the profession since mental health has not typically been a part of pediatric training[20]. Lacking a solid referral network, pediatricians are often put in the position of advising parents about mental health concerns in their children without the necessary preparation to do so. They are expected to detect and manage mental health disorders without access to consulting psychiatrists or other mental health professionals, unlike their access to specialists for physical problems.

Mental Health Services Utilisation

Findings on the percentage of adolescents with depression who receive adequate treatment vary by state of residence, socio-economic status of the family, and data collection methodologies. Research by Merikangas, et al[21] found that only 36.2% of adolescents with mental disorders received services for their condition and that even among those with severe mental health disorders, half never received mental health treatment for their symptoms. Other data confirm a substantial under-utilisation of mental health services[21,22]. This is due, in no small part, to the limited supply of mental health providers and the reluctance of those who do exist to accept public insurance. Given the association between poverty and mental health disorders, and the relationship of Children's Health Insurance with Medicaid, the majority of patients needing such services are, in fact, publicly insured.

Strategies to Address the Issues

The mental health workforce shortages, combined with an increased demand for mental health services in a context of restricted funding, necessitates innovative and cost-effective strategies to meet the mental health needs of young Medicaid recipients. **UIC, Paediatrics** is implementing several strategies that hold promise for meeting the challenge.

Steps to Prevention and Early Identification of Mental Health Disorders

The **UIC, Paediatrics** model provides an initial assessment to a selected group of new Medicaid patients who enroll with one of its affiliated health care partners. Those who are 25 years of age or younger and who have one or more chronic illnesses are contacted by a community health worker (CHW) who completes an assessment of physical and mental health concerns, of the patient or the family, if the patient is a minor child. The CHWs are trained on the assessment tool and educated on how to handle crisis situations.

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This *early identification of mental health concerns* has implications for the long term health of the patient. If patients and their families receive early interventions, it may prevent or ameliorate the development of more serious mental health concerns. Because the mental health needs of the family are also assessed, parents who need assistance in managing their child's behavior or in dealing with their own stresses are able to receive services. This assistance, in turn, supports that parent's ability to provide care for the child.

If potential issues are identified, patients (or their family caregiver if a minor child) are referred to an in-house cadre of mental health providers for follow-up.

Adapting the Model to the Shortage of Mental Health Staff

Staff at **UIC, Paediatrics** include both licensed and unlicensed mental health providers such as counselors, Bachelor level social workers, graduate psychology students, and Licensed Clinical Social Workers in a supervisory and supportive role.

The strategy is to use lower-level staff to assist with assessments and referrals, and higher level staff for patients who are identified to have a higher level of need. *This strategy takes the initial burden of identifying mental health issues off the primary care provider and puts it on a team that is prepared to address any concerns.* Results of the initial assessment are tabulated by a computer program to identify patients and families who need follow-up for mental health concerns. Depending on the nature and severity of the problem, patients may be contacted by a member of the mental health team or referred out to one of the collaborating community mental health services.

Ongoing Mental Health Support Services

Patients who are identified as needing assistance in the initial assessment receive a follow-up assessment after six months. This second assessment is to determine the status of the problem and if additional services are needed. Additional services can be provided along with referrals as necessary. CHWs who work with families can also identify a need and refer cases directly to the mental health team for follow-up.

Some of the mental health services are provided to everyone who fits a certain profile. For example, families with children from 0 to 17 years of age receive DVDs *with age appropriate parenting skills information* to assist families in understanding and dealing with their children. Group parenting skills classes are also offered, as well as group sessions specifically for children to teach them how to handle their emotions and deal with the stress of a chronic illness.

Motivational and educational support is provided to patients during the course of telephone contacts which can be initiated by the patient or as part of a regular schedule of patient follow-up calls. These telephone contacts provide an opportunity for **UIC, Paediatrics** staff to provide *skill building interventions* that are designed to address immediate problems as they occur. The staff also provide encouragement for patients to follow the care plan the physician has set for them and to keep scheduled clinical appointments.

Leveraging Technology

UIC, Paediatrics is *leveraging technology to provide patient information, education, and regular supportive "touches" via text messages* and email contacts. **UIC, Paediatrics** has established a database that allows it to track patients who need follow-up care or contacts and to document those needs, as well as what has been provided, so that other staff can maintain continuity with the patient.

UIC, Paediatrics has developed web sites for young people and their families to provide education on specific disease topics, including mental health disorders. Staff has implemented *an on-line depression prevention/resiliency support program for adolescents* to address incipient mental health concerns and to prepare young people to deal with their emotions and negative thought patterns.

Effective Economical Interventions

The team's use of online depression prevention and education programs is an effective and economical solution to the lack of sufficient mental health staff to meet the need. *The online programs teach emotional regulation strategies* and provide patients with the opportunity to learn how to evaluate and deal with problems with a constructive approach.

Mental Health Staffing to Fit Patient Need

Licensed clinical social workers (LCSWs) on the mental health team provide *face-to-face solution based therapies* as needed, at a level appropriate to their training. These therapies typically involve coping strategies such as how to deal with stress or anger and are provided in *individual and group sessions*.

Community health workers are available to make *home visits* if necessary and to provide referrals for supportive services such as housing or food if needed. The mental health team members also provide *ongoing follow-up* to keep the patient and/or family engaged and on-track in terms of their recommended mental health services. They also assess progress and identify any new or additional concerns. Referrals to external mental health providers are made only when the identified level of mental disorder is acute and beyond the scope of the mental health team, such as when a patient is a danger to him or herself or to others.

Solving the Primary Care Provider's Dilemma

Staff on the Mental Health team are available to provide *consultation to Primary Care Providers regarding any mental health questions* they may have about a patient. The Mental Health staff participate in weekly clinical rounds in order to consult on patient cases and provide background information to the provider. Providers can also refer patients to the Mental Health team.

Summary

The **University of Illinois, Department of Paediatrics** is testing *effective and cost-efficient strategies* to address the dearth of mental health providers available for a young, publicly insured urban population. The strategies are designed such *that patients and families receive assistance from a mental health provider whose training is appropriate to the level of the problem.* The work of the mental health team is supported by *leveraging technology to identify and follow patients,* as well as to provide *online mental health education and support.* Failure to address mental health issues at an early stage of development can lead to life-long problems affecting a person's ability to function in all spheres of life, as well as contributing to the social and economic burdens of criminal activity, homelessness, addiction, illness, and a foundation of chaos for succeeding generations. Nothing less than the future of countless numbers of the next generation is at stake.

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