

Characterization of Pediatric Telephonic Consultation for Infant Mental Health

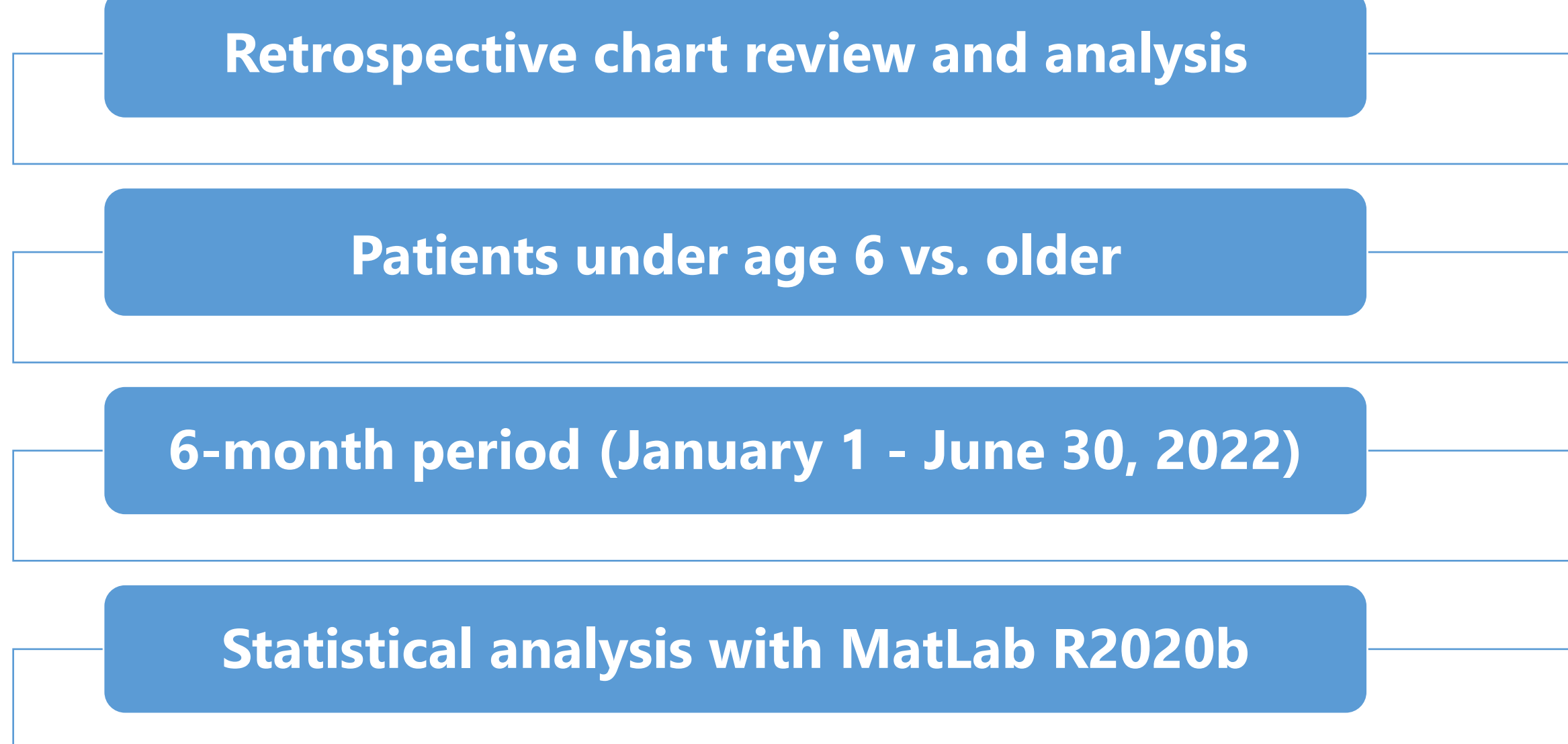
Meredith Spada, MD; Rachel M. Whelan, MD, PhD; Victoria Winkeller, MD; Pamela Schoemer, MD, Abigail B. Schlesinger, MD

University of Pittsburgh School of Medicine, Children's Hospital of Pittsburgh, & Children's Community Pediatrics, University of Pittsburgh Medical Center Pittsburgh, Pennsylvania, USA

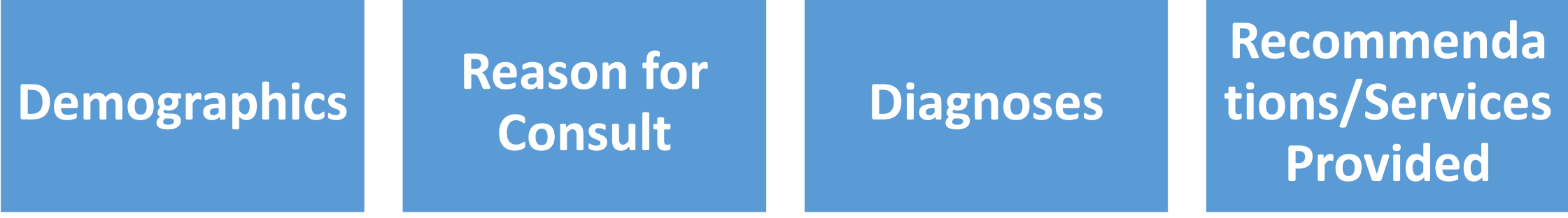
Introduction

- Access to child and adolescent psychiatrists across the country is limited
- Children's Telephonic Psychiatric Consultation Service (TiPS) provides real-time consultation to primary care providers (PCPs)
- 8-10% of children younger than age 6 experience clinically significant mental health problems
- The field of infant mental health focuses on the mental health of children younger than age 6
- Access lines have typically focused consultation on older children and adolescents; pediatric telephone consultation for infant mental health problems is not well characterized

Methods



Information Collected



Results

- 754 consultations in 6 months
 - 67 for children <6
 - For patients <6 compared to ≥6 there were significant differences: gender distribution, foster care history, type of insurance, reason for consultation, diagnosis, number of diagnoses, medication related outcomes, and therapy related outcomes.
 - Children <6 more likely to be recommended dyadic or trauma therapy
- ## Discussion
- TiPS provides a substantial number of telephonic consults to patients under age 6
 - Medications were used with relative frequency in this age range to assist with sleep and ADHD
 - Referral to specific therapy modalities was frequently recommended

Child Psychiatry Access Lines such as Children's TiPS are one **strategy** to provide **specialized mental health recommendations** to PCPs for **young children**.

Treatment recommendations often include referral for **dyadic therapy or trauma services** and will sometimes include **medication recommendations**.

Demographic Variable	Total	< 6yo	≥ 6yo
	n (%) or avg (range)		
# Telephone Consults	754	67 (8.9)	687 (91.1)
Age	12.8	4.2 (2-5)	13.6 (6-22)
Female*	390 (52)	24 (35.8)	384 (55.9)
Medical Assistance, CHIP*	364 (48)	43 (64)	321 (46.7)
Foster Care History*	36 (4.8)	8 (11.9)	28 (4.1)

* Indicates significant differences between age groups (p<0.05)

Reason For Consult*	Total	< 6yo
n (%)		
Diagnostic	84 (11)	7 (10.4)
Medication Question	306 (40)	21 (31.3)
Medication Evaluation	45 (6)	4 (6.0)
Resources/Community Access	256 (34)	29 (43.3)
Collateral Contact	2 (0.3)	1(1.5)
Parent Guidance	11 (1.4)	1 (1.5)
Second Opinion	33 (4.4)	2 (3.0)
Other	17 (2.2)	2 (3.0)

* Indicates significant differences between age groups (p<0.05)

Number of Diagnoses *	Total	< 6yo	≥ 6yo
	n (%)		
One	333	47 (70)	286 (42)
More than One	421	20 (30)	401 (58)

* Indicates significant difference between age groups (p<0.05)

Medication Related Outcome of Consultation*	Total	< 6yo
n (%)		
Bridge to Ψ with PCP	153	13 (16.7)
Continue Tx with PCP	363	26 (33.3)
Inpatient	5	0
PHP	24	0
Refer to Psychiatrist	179	14 (17.9)
TiPS Psychiatry Eval	136	14 (17.9)
Not applicable	61	11 (14.1)

* Indicates significant difference between age groups (p<0.05)

Therapy Related Outcome of Consultation*	Total	< 6yo
n (%)		
Care Coordination	412	38 (58.5)
Refer to Existing Therapist	100	2 (3.0)
TiPS Therapist appt	148	17 (26.2)
Other Therapist appt	124	8 (12.3)
Referral to PCIT	33	18
Referral to trauma therapy	36	4

* Indicates significant difference between age groups (p<0.05)
- No children <6 were referred to the ED, for Wraparound, or to FBMHS.

Acknowledgements

- We would like to thank our program director, Colleen Gianneski, LCSW, our team of TiPS child psychiatrists, therapists, and care managers, and the PCPs who consult with us for their collaboration
- Thanks to Drew Feiner for help with data analysis and presentation

