Project Title: Addressing the Youth Mental Health Crisis Through Enhanced Access, Collaborative Care and Education Name and Institution: Cynthia Rogers, MD Washington University School of Medicine Collaborators and Mentors: Celina Jacobi, MD, Max Rosen MD and Eric Lenze MD.

Background/Significance of Project:

The US Surgeon General has identified the mental health crisis among children and adolescents as a national emergency. A shortage of child psychiatrists and lack of mental health training for pediatricians have led to decreased access to high quality mental health care for youth. Suicide has become the second leading cause of death. The crisis has impacted Washington University Medical Center (WUMC), resulting in prolonged boarding of patients in the ED and medical units awaiting psychiatric care. Current outpatient clinical and educational support for our pediatric partners include accepting pediatrician referrals, providing telephone consultation, and elective training rotations. These are insufficient with an average 6-month wait for the child psychiatry clinic, underutilization of telephone consultation by busy pediatricians, and continued referrals of mildly symptomatic patients to our clinic. Collaborative care models, which place a care manager within a pediatric clinic and provide tiered levels of clinical support from a child psychiatrist, expand access to psychiatric care. Similarly, educational training with child psychiatrists supervising pediatric trainees enable future pediatricians to care for the mild to moderately symptomatic patients reserving child psychiatry referrals for more severely ill patients.

Purpose/Goal/Objectives: This project aims to improve access to mental health care for children served by Washington University Medical Center and our community pediatric partners through collaborative clinical care and residency education.

Methods/Approach/Evaluation strategy: The approach included the following activities: identifying stakeholders in child psychiatry and pediatrics, creating a collaborative care task force, reviewing current education and outpatient consultation models, meeting with ambulatory and educational leaders in pediatrics, meeting with the Faculty Practice Plan to garner support and to identify an initial pediatric practice, working with the psychiatry department business office to create a business plan for collaborative clinical care, securing funding for staffing of a collaborative care clinic, and working with EPIC staff to create infrastructure for digital consultations.

Outcomes/Results:

Quarterly staff collaborative task force meetings and monthly meetings with individual leaders were held outlining short- and long-term goals. The faculty practice plan approved the establishment of a collaborative care clinic within an affiliated pediatric practice, with a planned launch for summer of 2023. Funding was secured from the Psychiatry Department for staff of the initial collaborative care practice, and a care manager was hired. Epic staff are working on creating infrastructure for digital consultations. Collaborative educational progress includes co-locating a child psychiatrist within a WUSM academic pediatric practice to supervise pediatric residents, and child psychiatry training directors are working with pediatrics training directors on establishing new training rotations for pediatric residents.

Discussion/Conclusion/Statement of Impact

Results from stakeholder meetings demonstrate significant institutional support for enhanced collaboration between child psychiatry and pediatrics. Enhanced collaboration between child psychiatry and pediatrics can increase the number of physicians able to care for youth with mental health symptoms, decrease outpatient waitlists, and reduce boarding within the ED and inpatient units. This project has the potential to improve access to mental health care for children served by Washington University Medical Center and its community pediatric partners.