

Background

- Several barriers exist to accessing pediatric psychiatric care including a shortage of specialists
- Lack of care leads to unnecessary morbidity and mortality
- Child Psychiatry Access Programs (CPAPs) also known as Pediatric Mental Health Care Access (PMHCA) programs have been developed throughout the country to improve access to pediatric mental health care within primary care settings
- CPAPs empower pediatricians and other primary care clinicians (PCPs) through education, consultation, and referral networks to provide care in their own practice settings, leading to improved access and better clinical outcomes

Objective

To compare organizational structure and funding sources of CPAPs to provide a template for the most common model.

Methods

- This is a descriptive analysis of program data publicly available. The study includes all 21 existing PMHCA programs funded by the Health Resource and Service Administration (HRSA) Maternal and Child Health Bureau since 2018.

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Results

- All PMHCAs (n=21) targeted areas that had a shortage of Child and Adolescent Psychiatrists (CAPs)
- Goals varied but all aimed to empower PCPs to provide mental health care in their own practices
- Most (76%; n=16) targeted workforce development (e.g., PCPs); 14.3% (n=5) also provided direct patient care
- 39% (n=8) reported expert team membership averaging 9.4 (*SD*=5.7) members
- 6/8 programs reported including a child psychiatrist and 4 included child psychologists (Table 1)
- In addition to federal funding, programs were supported by
 - state health departments,
 - children and family service programs,
 - mental health agencies,
 - university collaborations, and/or
 - foundation grants.

Table 1. Program Expert Team Members

Type	n(%)
Child Psychiatrist	6 (75.0%)
Child Psychologist	4 (50.0%)
General Psychologist	2 (25.0%)
Primary Care Physician	2 (25.0%)
Social Worker	3 (37.5%)
Other	5 (62.5%)

*n values represents the number of programs who included experts as part of their teams. Of the 21 programs included in the study, 8 included information about team members.



Conclusions

- The findings reflect the multidisciplinary nature of the PMHCA teams and the common goal of improving access to pediatric mental health care.
- Program websites did not follow a standardized template which created a barrier to understanding composition of the expert teams.
- Few programs specified participation of board-certified child psychiatrists or psychologists and many did not include participant expertise.
- Further research is needed to understand ideal composition of the PMHCA teams and the impacts of program success.

