

Building Workforce Capacity to Close Gaps in Pediatric Mental Health Care:

Overview of the AAP PMHCA Technical Assistance Program

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Funder Acknowledgement

This project is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$3,700,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the US Government.



Trends in Pediatric Mental Health



Spectrum of Pediatric Mental Health Concerns, Problems & Disorders

Presentation in pediatric practices (primary care and specialty)

- **19%** of children in the U.S. have impaired MH functioning and do not meet criteria for a disorder¹
- About **20%** of children and adolescents experience a MH disorder each year²
- MH symptoms often present in practice as physical/somatic complaints (eg, stomachache, sleep problems) or as parent-report of behavioral issues in daycare or school

The need for mental health competencies in pediatric practice (*Pediatrics*, 2019)

- Suicide is a **leading cause of death** in 10-24 year-olds¹
- Adults who had a childhood MH disorder – **6x** the odds of adverse adult outcomes (health, financial, social)¹
- **50%** of adults in U.S. with MH disorders had symptoms by age 14³

1. Foy JM, Green CM, Earls MF; Committee on Psychosocial Aspects of Child And Family Health, Mental Health Leadership Work Group. Mental Health Competencies for Pediatric Practice. *Pediatrics*. 2019;144(5):e20192757. doi:10.1542/peds.2019-2757
2. O'Connell ME, Boat T, Warner KE, eds. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington (DC): National Academies Press (US); 2009.
3. Bitsko RH, Claussen AH, Lichstein J, et al. Mental health surveillance among children — United States, 2013–2019. *MMWR Suppl*. 2022;71(Suppl-2):1–42. DOI: <http://dx.doi.org/10.15585/mmwr.su7102a1>



Impact of the Pandemic

- **Exacerbated pre-existing disparities and highlighted impact of structural racism**
 - Significant disparities in mental health outcomes by gender and LGBTQ+ identity
 - Impacts on family economic status, food insecurity, and abuse in the home
- **Impacted Child and Adolescent Health Outcomes**
 - **1 in 4** with depressive symptoms⁵
 - **1 in 5** with anxiety⁵
 - **37%** - high school students experienced poor mental health during the pandemic⁶
 - **44%** - high school students felt persistently sad or hopeless⁶
- **Impacted Parent Health Outcomes**
 - **27%** - worsening mental health for themselves⁷
 - **14%** - worsening behavioral health for their children⁷

5. Racine N, McArthur BA, Cooke JE, Eirich R, Zhu J, Madigan S. Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatr.* 2021 Nov 1;175(11):1142-1150. doi: 10.1001/jamapediatrics.2021.2482. PMID: 34369987; PMCID: PMC8353576

6. Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Suppl* 2022;71(Suppl-3):16–21. doi: <http://dx.doi.org/10.15585/mmwr.su7103a3>.

7. Patrick SW, Henkhaus LE, Zickafoose JS, et al. Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics.* 2020;146(4):e2020016824. doi:10.1542/peds.2020-016824



Impact of the Pandemic

Emergency Department visits for mental health emergencies⁸

- **24%** increase for children ages 5-11 years
- **31%** increase for adolescents ages 12-17 years
- **200%** increase for adolescents ages 10-17 years during school year vs. summer⁹

Significant concerns for adolescent girls:

- **22%** increase in ED visits for MH emergencies in girls ages 13-17 (2021-22 vs. 2019-20)¹⁰
- **50%** increase in suspected suicide attempts (ED visits) amongst girls 12-17 years in early 2021 vs. 2019¹¹

140,000 U.S. children have experienced the death of a caregiver; children of color disproportionately impacted¹²

8. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental health–related emergency department visits among children aged <18 years during the COVID-19 pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69:1675–1680.
9. Radhakrishnan L, Carey K, Pell D, et al. Seasonal Trends in Emergency Department Visits for Mental and Behavioral Health Conditions Among Children and Adolescents Aged 5–17 Years — United States, January 2018–June 2023. *MMWR Morb Mortal Wkly Rep* 2023;72:1032–1040. DOI: <http://dx.doi.org/10.15585/mmwr.mm7238a3>
10. Overhage L, Hailu R, Busch AB, Mehorta A, Michelson KA, Huskamp HA. (2023). Trends in acute care use for mental health conditions among youth during the COVID-19 pandemic. *JAMA Psychiatry.* <https://doi.org/10.1001/jamapsychiatry.2023.2195>
11. Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency department visits for suspected suicide attempts among persons aged 12–25 years before and during the COVID-19 pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70:888–894.
12. Hillis SD, Blenkinsop A, Villaveces A, et al. COVID-19-associated orphanhood and caregiver death in the United States. *Pediatrics.* Published online October 7, 2021:e2021053760. doi:10.1542/peds.2021-053760



October 19, 2021

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

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- “Soaring rates of mental health challenges...over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic.”
- “Children and families have experienced enormous adversity and disruption.”
- “The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.”

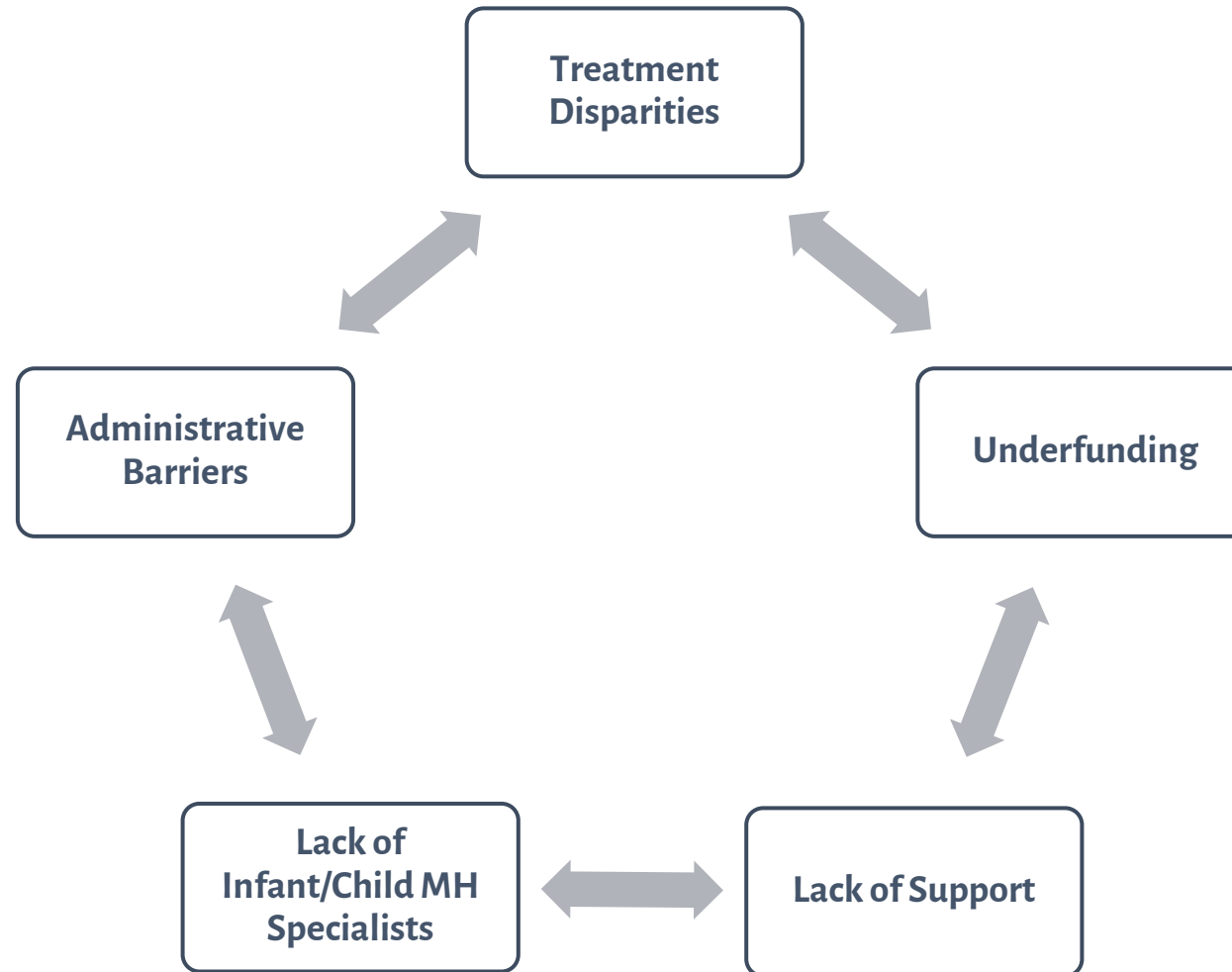
Source: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

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Service Gaps & Workforce Issues



Mental health is health.

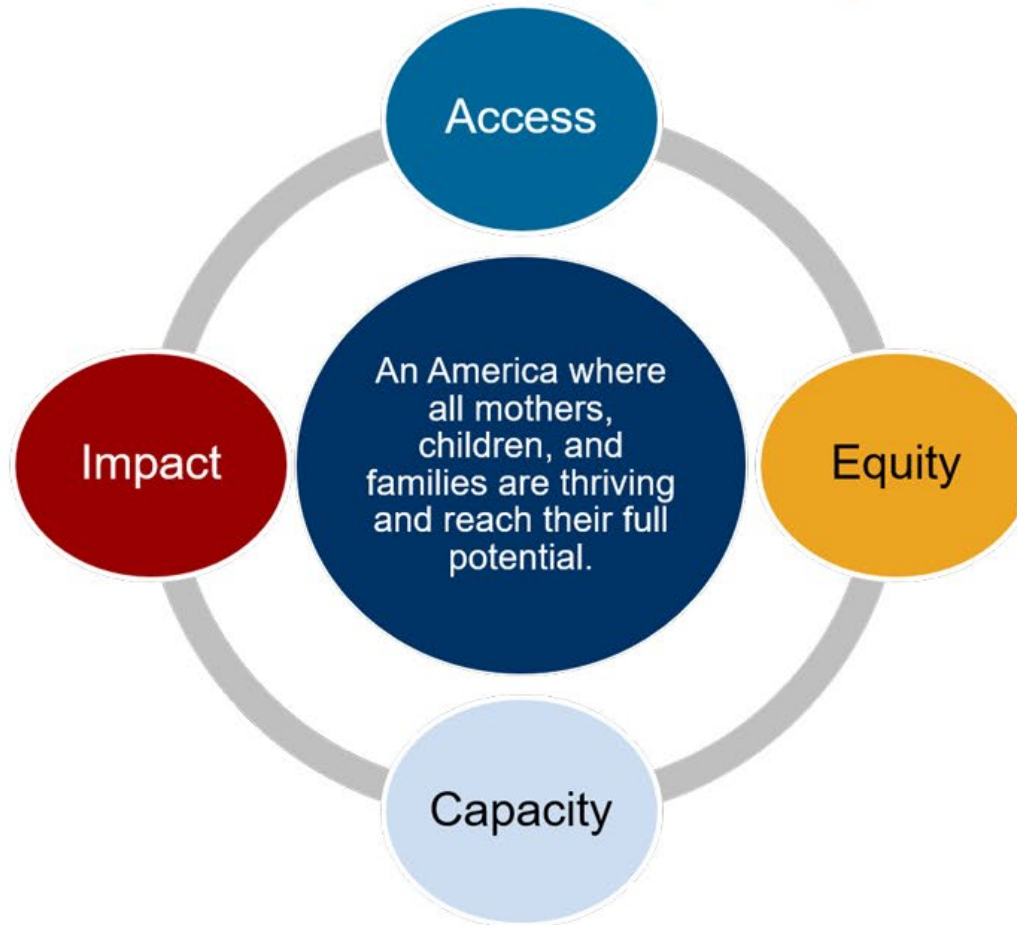
- Mental and emotional wellbeing is a **critical component** of overall health.
- Healthy mental and emotional development is a **process** that occurs across the lifespan.
- **Safe, stable, nurturing relationships** with caregivers and other trusted adults can foster resilience.
- Supporting the healthy mental development of children and adolescents is a **critical step** in addressing the current national crisis in mental health outcomes.





Mental and Relational Health in Context

Maternal and Child Health Bureau (MCHB) Strategic Plan



Title V programs and partners

are well-positioned to play a **central role** in the promotion of healthy mental development of all infants, children, and adolescents.

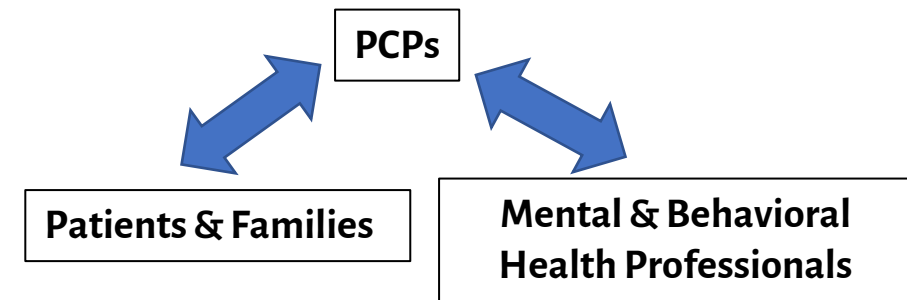


Pediatric Mental Health Care Access Program



Pediatric Mental Health Care Access Program (PMHCA)

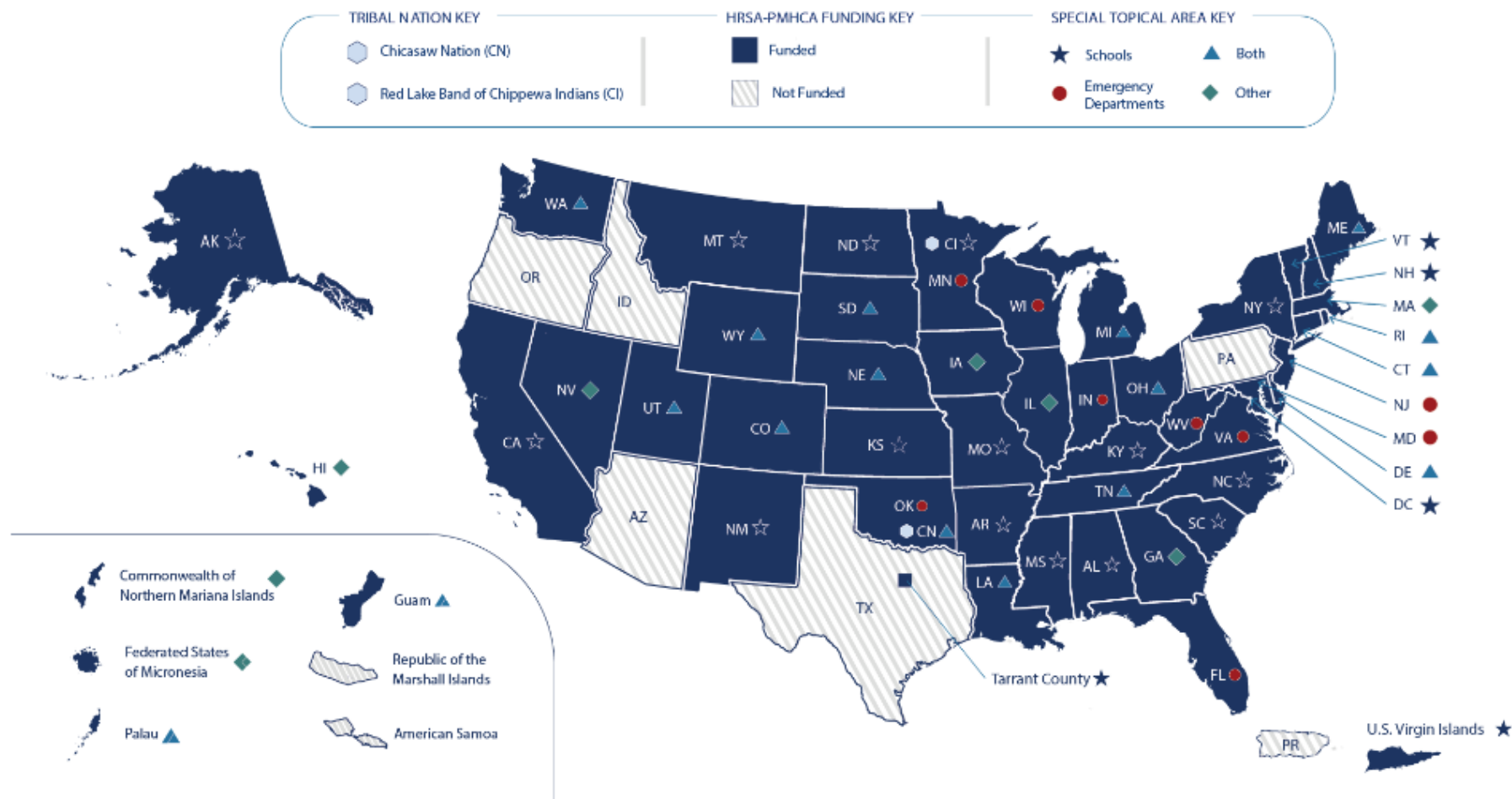
- **Promotes mental and behavioral health integration** in pediatric care via mental health care teleconsultation access programs
- **Provides training & education** on the use of evidence-based, culturally and linguistically appropriate teleconsultation protocols
- **Serves as a resource** for pediatric primary care professionals (PCPs) and other health professionals serving children and adolescents



PMHCA Programs are systems of **relationships**

*PMHCA program is managed by the **HRSA Division of MCH Workforce Development***

PMHCA map



<https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access>

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PMHCA Program Services

- **Telephone consultation** (primary service)
- **Resources and referral** to community services:
 - Psychiatry
 - Psychotherapy
 - Child home and wrap-around services
 - Neuropsychology testing
 - Other services : support groups, group therapy, social skills groups, parent education, early intervention
 - Some programs contract for statewide database of resources
- Direct delivery of **telehealth services** (some programs)
- Direct **education and training** (some programs)

Providers served: primary care, school-based health, emergency medicine



PMHCA Programs Support PCP Strengths

PCP Role

- Identify and manage/co-manage mental health concerns

Time to care

- PCP initiate care for noncomplicated cases- pharmacologic and nonpharmacologic
- Help bridge PCP when waiting for complex comorbid treatment

Identifying resources

- Case management
- Community mental and behavioral health services
- Consultation with complex pharmacology

Education

- Support PCP and staff: psychoeducation, psychopharmacology, in-office mental health interventions
- Individual cases
- ECHO

Title V Programs and PMHCA

- PMHCAs are required to maintain strong partnerships with their state Title V Program
 - (some Title V programs are also the PMHCA awardee)
- Relationships between PMHCA Programs and Title V Programs are a critical tool to:
 - Build awareness of PMHCA programs among providers
 - Connect providers/health systems directly for teleconsultation services
 - Build engagement in education/training offerings from PMHCA programs
 - Advance reach and sustainability of PMHCA programs
- **AAP's PMHCA TA Program can provide tools, resources, and assistance to Title V programs in building awareness and utilization of the PMHCA to providers in your state – closing gaps in mental health care for all children.**



**AAP Technical
Assistance:
Connecting PMHCA
programs, Providers,
and Partners to close
gaps in care.**





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The mission of the American Academy of Pediatrics is to **attain optimal physical, mental, and social health and well-being** for all infants, children, adolescents and young adults.

HRSA – AAP Cooperative Agreement: Pediatric Mental Health Care Access Technical Assistance Program

Goal: Build capacity of pediatricians and other pediatric PCPs to:

- **Support** the mental, developmental-behavioral, and relational health needs of infants, children, adolescents, and families and;
- Effectively **connect** with PMHCA programs for teleconsultation and support.

Target populations for TA efforts:

- Pediatric primary care providers (PCP)
- School health personnel
- Key partners at state level: Title V programs, AAP/AAFP/NAPNAP Chapters



TA Program Objectives

- **Assess needs and competencies** related to delivery of mental health services and knowledge/use of PMHCA programs
- Provide **technical assistance to support providers** in addressing mental and relational health needs
- **Leverage networks of AAP members, chapters, and partners** to support primary care providers and school-based health centers in accessing PMHCA programs
- Develop and disseminate resources that **highlight best practices & lessons learned** for working with PMHCA programs
- **Evaluate** project reach, impact, and outcomes



Y1: Building a Foundation

Building relationships:

- National Advisory Group
- Partner organizations, AMCHP, Title V Programs
- National Network of Child Psychiatry Access Programs (NNCPAP)
- Small grants to state Chapters of national medical organizations
- HRSA, other TA grantees

Building evidence:

- Formative research with primary care providers, PMHCA leaders and staff— assess competencies, needs, and gaps
- Evaluation to understand outcomes, promising practices, and lessons learned

Building capacity:

- TA provision to PCPs, PMHCAs
- Interactive learning opportunities (Project ECHO, virtual learning cafes, office hours)
- Communications tools for future campaigns to increase utilization of PMHCA programs



Highlighted Activities: Formative Research

Research Partner: Altarum, Inc

Methods: National survey of PCPs, Key Informant Interviews (KII) with PMHCA program staff/providers ($n=10$)

Preliminary findings from KII:

- Partnerships between PMHCA programs and trusted state/local organizations (eg, Title V programs) are critical
- PMHCA programs need support in development and delivery of training resources, connection to providers
- Information-sharing across PMHCA programs supports implementation and growth
- Clinician champions and trusted state partners can help PMHCAs reach providers

*“Our ability to productively leverage partnerships has been huge. When you're talking about limited resources, I think **collaboration and partnerships** are hugely important and that's something that we have a big focus on.”*

*“Emphasizing the need for that **outreach and connection**. It was really the relationship with the AAP that built the trajectory of how our program was moving in terms of connections and just even people hearing about it.*

Before the relationship, it was me kind of explaining this as a new concept. Then after, our partnership with AAP, more people are actually hearing about [the program] and coming forward [to enroll].”

Highlighted Activities:

AAP Pediatric Mental Health Care ECHO - Access and Capacity Building in Primary Care



Date	Sessions
June 28	What is a PMHCA? How to best utilize and partner with your PMHCA
July 12	Assessment, Engagement and Brief Intervention: Early Childhood
July 26	Assessment, Engagement and Brief Intervention: School age and Adolescent
August 9	Strategies for Practice Change
August 23	Pharmacology
Sept 13	Utilizing the PMHCA: Applying Lessons Learned

Post-program comments

- “I was always reluctant in approaching the issues as I did not know what to do with the answer, all this ongoing information has provided me with guidance as to where I can go for further help if and when I have that issue or problem.”
- “I was grateful for the opportunity to present a clinical case, finding it academically enriching and supportive to my confidence as a clinical provider that the feedback I received was positive.”



Highlighted Activities:

Small Grants to AAP, AAFP & NAPNAP Chapters

AAP Chapter Awardees

1. Alabama AAP Chapter
2. Arizona AAP Chapter
3. Arkansas AAP Chapter
4. Colorado AAP Chapter*
5. Florida AAP Chapter
6. Hawaii AAP Chapter
7. Kentucky AAP Chapter
8. Louisiana AAP Chapter*
9. Maine AAP Chapter
10. Mississippi AAP Chapter
11. Missouri AAP Chapter
12. Montana AAP Chapter*
13. North Carolina Pediatric Society
14. Washington AAP Chapter

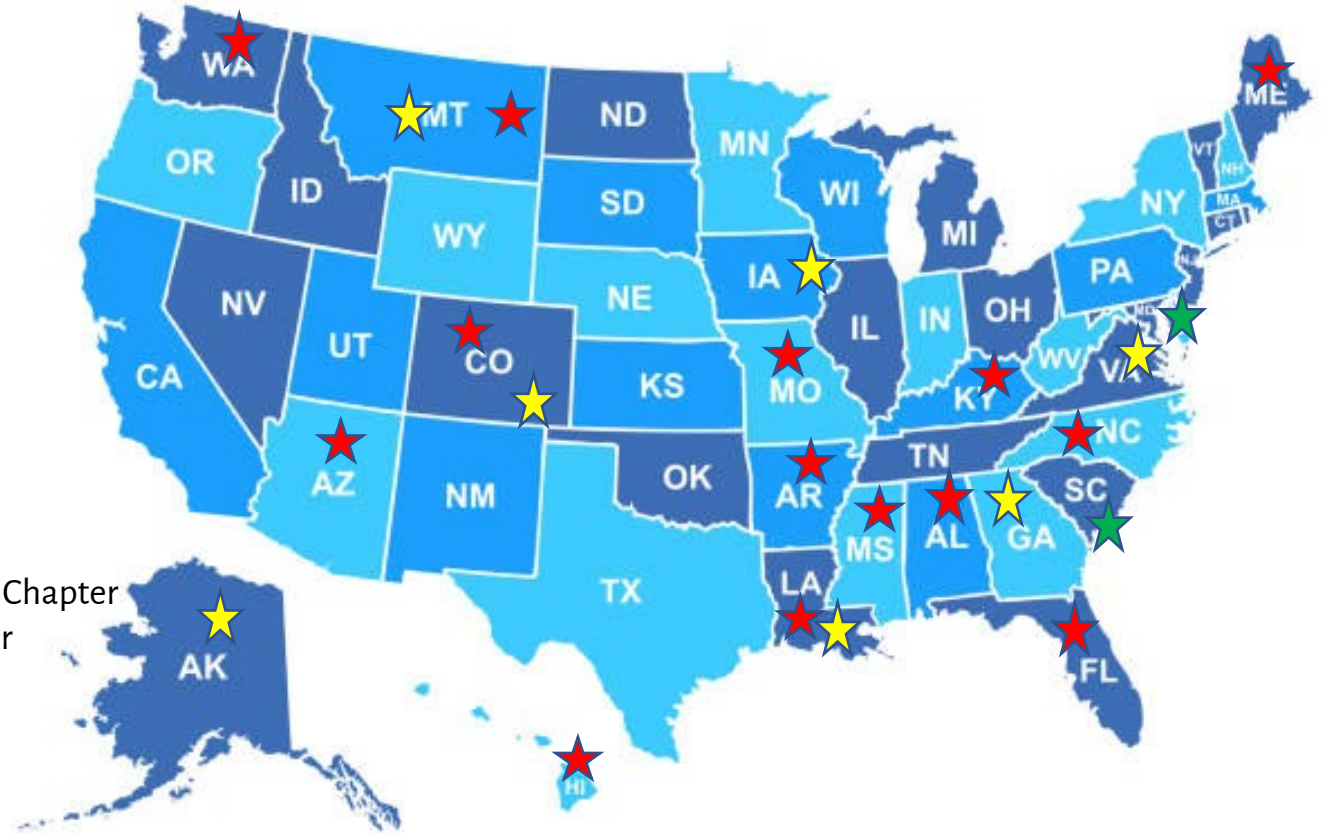
AAFP Chapter Awardees

1. Alaska AFP Chapter
2. Colorado AFP Chapter*
3. Georgia AFP Chapter
4. Iowa AFP Chapter
5. Louisiana AFP Chapter*
6. Montana AFP Chapter*
7. Virginia AFP Chapter

NAPNAP Chapter Awardees

1. Maryland Chesapeake NAPNAP Chapter
2. South Carolina NAPNAP Chapter

* States with AAP and AAFP awards



★ AAFP Chapters ★ AAP Chapters ★ NAPNAP Chapters

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AAP PMHCA Chapter Funding - Testimonials

Colorado AAP

“This grant provided a great opportunity for our Chapter to not only partner with our PMHCA, but also with the Colorado Academy of Family Physicians...

We were collectively able to reach new program users in remote parts of the state through our combined outreach, newsletters, meetings, and production of a new promotional video for Colorado's PMHCA offering.”

Arizona AAP

“One of the most valuable outcomes of the project was the new and existing partnerships that were strengthened through the Chapter's efforts. In the early months of the grant period, the Chapter met with the state health department to increase awareness of the purpose, effectiveness, and need for a PMHCA program in Arizona.

Though the health department chose not to pursue HRSA funding to support the development of the program, the Chapter was able to improve our partnership with the agency and increase overall awareness of the model within government agencies.”

Alaska AAFP

“We set up a series of three AAFP CME Accredited Lunch and Learn sessions in three different locations in Alaska to highlight PALPAK and to feature a different Pediatric and Adolescent Mental Health Topic at each session...

Alaska is a very rural and unique environment to live and work in. As in many rural states most physicians and other healthcare providers are overworked, and burnout is a real problem. It was awesome to give them a chance to pause, have a good lunch and learn.”

Maryland NAPNAP

“We created new partnerships with our MD PMHCA program and with the Maryland Addiction Consultation Services (MACS), a sister program. We have now established several upcoming events and collaboration opportunities...

We also improved our partnership with the MD Chapter of AAP. We were invited to their Maryland Suicide Prevention Summit; this was a meeting with every key pediatric mental health stakeholder in the state of Maryland. The goals established at this summit will be shared with policy makers in hopes of having a uniformed approach to tackling youth suicide in Maryland. Our chapter will be a future part of this taskforce.”

Highlighted Activities: Website, Learning Cafes, Webinars, Resources

07

December



AMCHP and the American Academy of Pediatrics Virtual Learning Café on Pediatric Mental Health

Date: December 7, 2023

Time: 12:00 pm - 1:00 pm

[More Info](#)

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5 Ways to Promote Children's Healthy Mental Development

Pediatricians and other pediatric health professionals are **uniquely positioned** to help parents and caregivers promote healthy mental development in their children. Here are some quick tips that you can share with families during a clinical visit.



1 Help Parents Learn Emotion Coaching

- **Attend the emotion:** Acknowledge that something is wrong
 - "Wow, I see that you have some big feelings now"
- **Name the emotion:** Put your child's emotion into words
 - "You look mad/angry/scared/disappointed/frustrated"
- **Validate the emotion:** Emotions are OK, even if behavior is wrong
 - "It makes sense that you feel (EMOTION) because of (REASON)"
- **Meet the need of the emotion:** Foster self-regulation strategies
 - If sadness, then provide comfort
 - If fear, provide security
 - If anger, provide kindness and boundaries

3 Reinforce Positive Parenting Techniques

- **Try "sportscasting":** Provide a "play by play" of what you see your child doing
 - Speak in a neutral to positive tone
 - Conveys to the child: "I see you, I hear you, and I delight in you"
- **Teach PRIDE skills** (praise, reflect, imitate, describe, enthusiasm)
 - Foster with parent coaching
 - Incorporate into Special Time

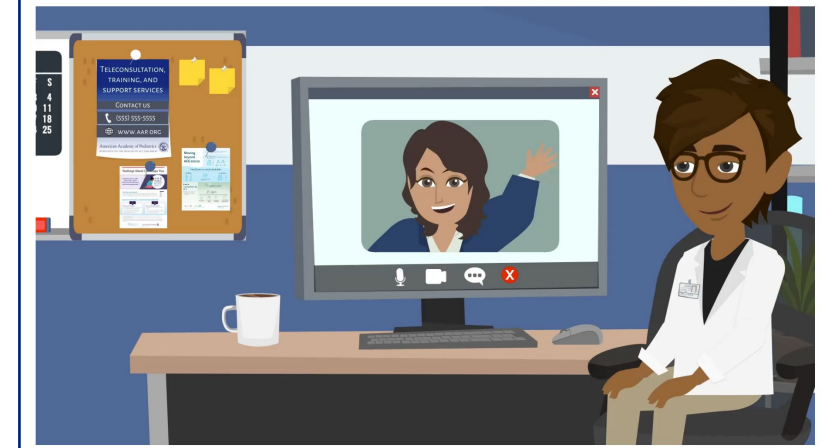
2 Recommend Special Time with a Prescription for Play

- Dedicate 10–15 minutes two to three times a week for child-led play
 - Name the special time after the child
 - e.g. "Roberto's Time"
- Set rules for one-on-one time
 - Child chooses activity, no phones
 - Toys that can promote cooperative play and shared joy
- Play with toys together to share joy
 - Set a timer
 - GOAL — Play together and have fun
 - Follow child's lead
 - Make time unstructured
 - Play consistently — not just as a reward for good behavior

4 Write a Prescription for Play – Promote Playful Parenting

- **Active:** support autonomy
- **Engaging:** scaffolding
- **Meaningful:** interesting
- **Socially interactive**
- **Iterative:** praise the process
- **Joyful:** play should be FUN

PMHCA 101 VIDEO



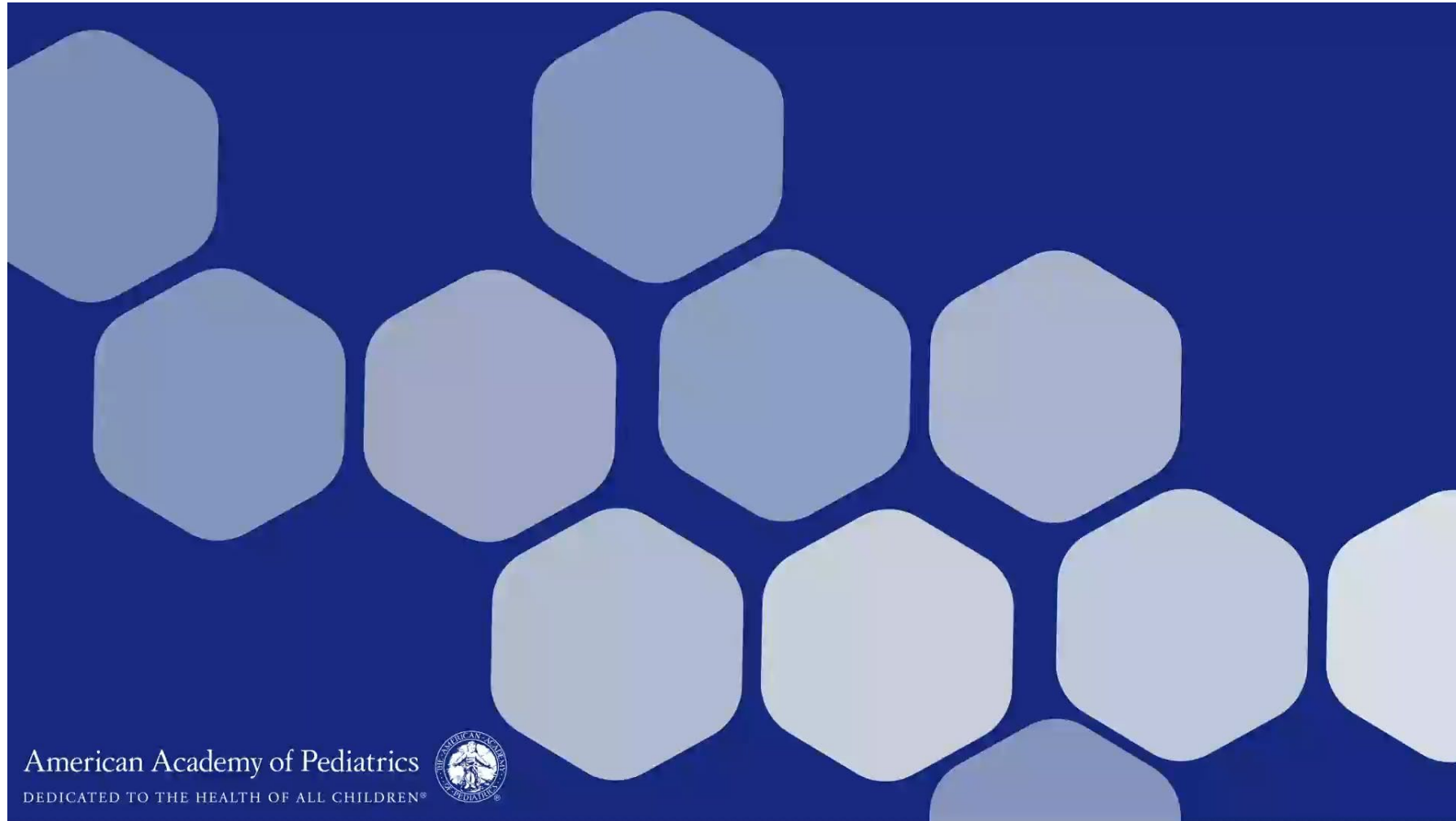
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PMHCA 101 Video



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Y2 Plans

Expand Population of Focus

- Primary care providers (PCP)
- School-based health personnel

Build and Translate the Evidence:

- Phase 2 Formative Research with PCP and school health personnel
 - Needs, competencies, use of PMHCA
 - Increased integration of Developmental-Behavioral Pediatric (DBP) expertise into PMHCA programs

Build and Strengthen Partnerships:

- Enhanced engagement with AMCHP and Title V programs to build state connections and engagement with PMHCA
- Partnering with NNCPAP to share information and practices across PMHCAs
- Continued partnership with multidisciplinary National Advisory Group



Y2 Plans

Build Capacity

- Interactive Learning Communities (Project ECHO)
 - Primary Care, School health audiences
- Communications and dissemination
 - Communications tools for clinical and public health audiences
 - AMCHP 2024 skill-building workshop
 - Promising practices, lessons learned

Build Connections

- Expanded chapter grants program:
 - Larger dollar amount, focus on building coalitions, relationships, and engagement at state level
- Regional “Micro-Summits”
 - Strengthen local partnership networks
 - Elevate promising practices
 - Provide training, resources
 - Build connection and engagement



How Title V Programs/Partners Can Get Involved

- AAP/AMCHP Virtual Learning Cafes
- Share program resources and educational opportunities with your networks
- Email us! PMHCA@aap.org
- Connect with AAP/AAFP/NAPNAP Chapter grantees and local coalitions
- Join a regional micro-summit (information forthcoming)
- All info on our website: AAP.org/PMHCA

Our AAP PMHCA TA Program can help Title V Programs build capacity for mental/behavioral health care in primary care and school health settings—what support is most helpful to you?



Acknowledgements: AAP PMHCA Team



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Acknowledgements: National Advisory Group

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- Adam Braddock, MD, FAAP
- Nancy Byatt, DO, MS, MBA, DFAPA, FACLP
- Sarah Coles, MD, FAAFP
- Amani Echols, MPH
- Dawn Garzon, PhD, CPNP-PC, PMHS, FAANP
- Darcy Gruttadaro, JD
- Joan Jeung, MD, MPH, FAAP
- Roberto “Bert” Johansson, MD, PhD, FAAP
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- Brenda Mack, DSW, MSW, LICSW

- Adwoa Osei, MD, FAAP
- Maria Rahmandar, MD, FAAP
- Madhavi Reddy, MSPH
- Barry Sarvet, MD, FAAP
- Prachi Shah, MD, FAAP
- Amy Starin, PhD, LCSW
- John Straus, MD, FAAP
- Yasmin Tyler-Hill, MD, FAAP
- Robert Wiskind, MD, FAAP
- Yovanni Young-Millings



Discussion Questions:

1. How can we best help you connect PCPs and school health personnel with the PMHCA in your state/jurisdiction?
2. What is your state/jurisdiction currently doing around pediatric mental and behavioral health?
3. How does your Title V Program work with the PMHCA Program in your state/jurisdiction?
4. What challenges are you encountering?
5. What questions do you have for us?



Thank you!

