Models of primary care consultation and collaborative care in the United States and United Kingdom

We-S-461
Massachusetts child psychiatry access program
B. Sarvet
Baystate Health, Tufts School of Medicine, Division of Child and Adolescent Psychiatry, Springfield, MA, USA

Since 2004, the MA Child Psychiatry Access Project (MCPAP) has provided child psychiatry consultation, care coordination, and educational services to pediatric primary care clinicians designed to improve their performance in addressing children’s mental health needs. MCPAP consists of an array of mental health teams geographically distributed across the state of MA. Each team consists of several child psychiatrists, a care coordinator, and a licensed child psychotherapist. Teams provide:
- immediate telephone consultation regarding any mental health question;
- prioritized outpatient child psychiatry consultation;
- care coordination services assisting patients with referrals for mental health services;
- continuing medical education in child psychiatry for primary care providers. Available data indicates that MCPAP is a stable and well-utilized resource supporting the provision of care for children and adolescent with mental health problems in the pediatric primary care setting. MCPAP is designed to not only assist in management of these patients but to contribute to the professional development of pediatric primary care providers and to create ongoing linkages between primary care and mental health systems for children.

http://dx.doi.org/10.1016/j.neurenf.2012.05.439

We-S-462
Partnership access line consultation services in Washington and Wyoming
R.J. Hilt
Psychiatry, Seattle Children’s, University of Washington, Seattle, USA

Washington and Wyoming are two rural US states with very limited access to child psychiatrists, which have created a shared child mental health consultation service system called the Partnership Access Line (PAL). PAL child psychiatrists have provided over 3000 telephone consultations to primary care providers in these states so far, backed up by rapid access televised consultation appointments, social work referral assistance and faxed communications. Consults have high fidelity to a child mental health treatment guide produced by the program, available for free at www.palforkids.org and www.wyomingpal.org. Community providers are also shown how to manage child mental health issues by attending free local conferences. Furthermore, the PAL consultants provide mandatory medication reviews on antipsychotics and ADHD prescriptions that exceed state defined criteria to maintain a consistent, overall academic detailing message to providers. PCP feedback, process measures, and system data will be reported that demonstrate how this whole system improves care.

http://dx.doi.org/10.1016/j.neurenf.2012.05.440

We-S-463
Maine’s child psychiatry access program
S.L. Frisch
Psychiatry, Maine Medical Center, Portland, USA

The Maine Child Psychiatry Access Program (CPAP) is a pilot program developed in 2009 to enhance primary care clinicians’ ability and confidence to assess and treat common behavioral health concerns in the pediatric setting. Child psychiatry resources are limited in Maine, and the goals of CPAP include aiding primary care clinicians with local mental health resources, provide collaborative educational experiences to enhance knowledge, attitudes and skills, and provide telephone consultation to support the primary care clinician. Currently CPAP works with pediatricians in southern and western Maine and is being extended to support pediatric house officers at Maine Medical Center covering a total of ~38,500 pediatric lives. Data will be shared with respect to resources sought, diagnoses, family burden, and impact of the program on the pediatric primary care provider. An area of focus will be the educational component of CPAP and the pediatric provider response to the educational program.

http://dx.doi.org/10.1016/j.neurenf.2012.05.441

We-S-464
Consultation and collaborative programs in England
T. Kramer
Academic Unit of Child and Adolescent Psychiatry, Imperial College, London, UK

The UK benefits from universal health care free at the point of need. While most children and young people present to primary health care with physical complaints rates of emotional and behavioral disorders are increased in attenders. The majority remain undetected and untreated. While primary care remains well placed for the detection of these disorders concerns about the already overstretched capacity of specialist services act as a barrier to early recognition and intervention. A Department of Health initiative to improve primary care capacity introduced a new role, that of Primary Mental Health Workers, to work between primary and specialist services. Further work to improve primary care capacity has addressed the training needs of primary care staff in order to detect and intervene for depression in primary care. This presentation will highlight complexities of improving provision at the level of primary care and report evaluations of the Primary Mental Health Worker initiative and the TIDY Program (which trains primary care staff to detect and manage adolescent depression).

http://dx.doi.org/10.1016/j.neurenf.2012.05.442

Disrupted attachment and vulnerable youth: new models for treatment and intervention

We-S-465
Overview of theories of attachment
K. Radwan
Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, USA

Attachment theory is currently one of the best articulated theories, for understanding parent-child relationships, which, in turn, impacts a child’s physical and mental health via direct and indirect mechanisms. Attachment theory, further, provides an empirically-based framework from which related constructs can be readily assessed across time. The attachment behavior system is an important concept in attachment theory because it provides the conceptual linkage between ethological models of human development and modern theories on emotion regulation and personality. According to Bowlby and Ainsworth, the attachment system essentially “asks” the following fundamental question: Is the attachment figure nearby, accessible, and attentive? Clinicians who have good understanding of the nature and process of how attachments develop are in a better position to form therapeutic relationships with children and families. Research has shown repeatedly the positive role of good social relationships. It is clear that early childhood is an important window of time for understanding and promoting resilience. Factors associated with resilience are thought to include secure attachments to significant others, absence of early loss and trauma, high self-esteem, social empathy, and an easy temperament. Easy temperament has only been found to be a protective factor when support is also present. Arguably, quality of attachment is instrumental in the four central areas associated with resilience, individual characteristics, supportive family, positive connections with adults or agencies in the environment, and culture. Although Bowlby was primarily focused on understanding the nature of the infant-caregiver relationship, he believed that attachment characterized human experience from “the cradle to the grave”. It was not until the mid-1980s, however, that researchers began to take seriously the possibility that attachment processes may interplay with our ongoing relationships, grief and our motivations. The neurobiology of the effects of attachment is also beginning to emerge. New insights into brain development

http://dx.doi.org/10.1016/j.neurenf.2012.05.442