

Survey of Mental Health Consultation and Referral Among Primary Care Pediatricians

Date:

Mar 2009

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OBJECTIVE: To determine availability of and test whether on-site mental health providers (MHP) is associated with greater odds of reported mental health consultation and referral among primary care pediatricians.

METHODS: Pediatricians were identified from the American Medical Association's 2004 Physician Directory, stratified by region, and 600 were randomly selected to receive a mail survey. The main independent variable was on-site MHP. The dependent variable was reported frequency (4-point rating) of mental health consultation and referral. Estimates were weighted to account for survey design and non-response.

RESULTS: Overall response rate was 51%. The majority of respondents were male (56%), age ≥ 46 years old (59%), white (68%), and practicing in suburban locations (52%). Approximately half reported consultation with (44%) or referral to (51%) MHP always or often, but few (17%) reported on-site MHP. After adjustment for demographic and practice characteristics, pediatricians with on-site MHP were more likely to consult (Odds Ratio [OR] 6.58, 95% confidence interval [CI] 3.55-12.18) or refer (OR 4.25, 95% CI 2.19-8.22) than those without on-site MHP. Among those without on-site MHP, pediatricians with greater practice burden were less likely to consult (OR 0.69, 95% CI 0.48-0.99) or refer (OR 0.75, 95% CI 0.54-1.04) than those with lesser burden.

CONCLUSIONS: Most pediatricians in the U.S. experienced practice-related burdens that limit mental health collaboration, but those with collocated services reported a greater likelihood of consultation and referral. Policy changes that encourage collocation of mental health services and limit practice burden may facilitate mental health consultation and referral.

Journal:

[Ambulatory Pediatrics](#)

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