

Identifying trends and barriers to adolescent mental healthcare access in an underserved population.

Rose Bayer, MD, Kelly Ward, DO, Tyler Galvelis, MD, Jayda Watkins, MD, Riley Weidle Babich, MD, Daniel T. Vader, PhD, Kelly A. Courts, MPH, Renee H. Moore, PhD, Kathryn Stroup, MD
St. Christopher's Hospital for Children, Drexel University College of Medicine

Introduction:

The Covid-19 pandemic exacerbated a growing nationwide pediatric mental health crisis. Less than two thirds of pediatric patients connect with mental health treatment, despite data revealing that half of these conditions begin by age fifteen years and three-quarters by age eighteen years. This has a long-term impact on physical and mental well-being. Primary pediatricians, especially in clinics that serve racially diverse, under-resourced communities, often do not have mental health services on site and must refer patients elsewhere for care, leaving the responsibility to seek and access mental health care in the hands of patients.

We aimed to evaluate adolescents' perception of their mental health diagnoses and frequency at which resources are offered at health maintenance visits and to identify common barriers to mental healthcare in a racially diverse adolescent population, largely insured by Medicaid, as a key first step in improving access to mental health resources for adolescents. We hypothesized that adolescents under-utilize referrals for multiple reasons, including lack of clarity in the treatment process and long wait times. Identifying common barriers is key to improving access to mental healthcare.

Methods:

This was a cross-sectional pilot study, conducted in outpatient clinics at St. Christopher's Hospital for Children. Participants were identified via our electronic medical record system to include 14-21 year old patients with ICD-10 diagnosis codes of depression, anxiety and suicidal ideation. Of the 297 subjects contacted by phone, 114 consented to participate, and 52 completed our survey sent via a secure link via email. Our survey contained questions regarding patients' mental health diagnoses, receipt of relevant resources, and barriers to receiving care. Data were de-identified from patient health information, collected in a secure database and descriptive statistics were performed.

Results:

We found that 55.8% of subjects reported receiving mental health referrals, only 26.9% called to schedule a therapeutic appointment and only 34.6% reported attending an initial appointment. The main reasons for not scheduling an initial appointment were: worrying about the cost (34.3%) and (%), feeling no improvement from prior treatment (20%), and feeling future treatment would not help (14.3%). Of patients who did not attend scheduled appointments, 47.8% patients selected 'other' which included reasons for not attending such as lack of motivation, not caring or feeling "fine", and 17.4% reported feeling that future treatment would not help them.

Conclusions:

Our results indicate a low success rate in accessing care and a lack of understanding of the treatment process and trust in the effectiveness of mental healthcare, suggesting that

pediatricians need to improve education regarding referrals for mental healthcare in the outpatient setting. Our study is limited by small size, self-selection bias and applicability to populations with similar patient demographics. However, our study is a crucial, foundational step in helping address why adolescents do not seek and receive mental healthcare. Based on our data, we propose that next steps should include providing mental healthcare training for primary pediatricians and formalizing education for patients.