

Community Access to Child Health (CATCH) Study: 2007 Survey Results

December 2007

A study focusing on information from health care providers in Cass County, North Dakota and Clay County, Minnesota regarding their current practices, barriers, and opportunities in identifying mental health concerns among children ages 0 to 5.



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FOREWORD

The 2007 Community Access to Child Health (CATCH) survey about mental health concerns in children ages 0 to 5 is sponsored by Clay County Public Health. The survey was conducted with health care providers in the two counties comprising the Fargo-Moorhead metropolitan area: Cass County, North Dakota, and Clay County, Minnesota. Funding for this study was provided by the 2007 CATCH planning grant through the American Academy of Pediatrics. The goal of the CATCH grant is for all children in all communities to have a medical home and other necessary services in order to reach optimal health and well-being.

Research for this study was conducted by the North Dakota State Data Center (NDSDC) at North Dakota State University in Fargo, North Dakota. This report, *Community Access to Child Health (CATCH) Study: 2007 Survey Results*, is available on the NDSDC website at the following URL:
<http://www.ndsu.nodak.edu/sdc/publications.htm>

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EXECUTIVE SUMMARY

Identification and Treatment of Mental Health Issues in Children Ages 0 to 5

Providers were asked about the methods they utilize when *identifying* mental health issues in children ages 0 to 5.

- The vast majority of providers said they use observations in the office by themselves or by nursing staff, previous documentation by other providers of mental health issues in patients' medical records, and information from or questions asked by parents/guardians when identifying mental health issues.
- Nearly three-fourths of providers said they use an assessment of co-existing conditions, while two-thirds said they use a probing/screening process to "tease" out mental health issues of the patient or other family members.

Providers were also asked about the methods they utilize when *treating* mental health issues in children ages 0 to 5.

- When asked how they treat mental health issues in children ages 0 to 5, nearly three-fourths of providers said they evaluate the child themselves and then refer out for management. A similar proportion of providers said they refer out for both evaluation and management.
- More than half of providers said they evaluate and begin management themselves, but then refer out for consultation.

Barriers to Identifying and Treating Mental Health Issues in Children Ages 0 to 5

Providers were asked about the barriers relating to training, time constraints, external issues, and reimbursement/financial issues they experience when identifying and treating mental health issues in children ages 0 to 5.

Barriers relating to *training*:

- Information gleaned from providers suggests that treating mental health problems in children ages 0 to 5 may be more of a barrier than identifying mental health issues. More than half of providers said they lack training in treatment of mental health problems, whereas nearly one-third of providers said they lack training in identifying mental health problems.
- Barriers relating to training also centered on the confidence of the provider when treating mental health issues in children ages 0 to 5. Slightly more than half of providers said they lack confidence in their ability to treat mental health problems with counseling, nearly half said they lack confidence in their ability to treat mental health issues with medication, and more than 4 in 10 said they lack confidence in their ability to treat mental health issues in general.

Barriers relating to *time constraints*:

- More than three-fourths of providers said that long waiting periods for mental health providers to see referred children are a barrier. More than half of providers said that the lack of time in their overall schedule to treat mental health problems is a barrier, and nearly half said that the lack of time during the appointment to accurately diagnose is a barrier.

EXECUTIVE SUMMARY (continued)

Barriers relating to *external issues*:

- Two-thirds of providers indicated that a lack of providers with expertise to refer patients to is a barrier. More than half of providers indicated that the non-compliance of family members/guardians is a barrier.

Barriers relating to *reimbursement/financial issues*:

- Providers indicated that reimbursement/financial issues are not as much of a concern as the barriers relating to training, time constraints, and external issues. One-third of providers said their unfamiliarity with CPT (Current Procedural Terminology) codes that reimburse them for treating child mental health problems is a barrier. One-fourth of providers cited liability coverage for treating child mental health problems as a barrier and an additional one-fourth said that inadequate reimbursement for treating child mental health problems is a barrier.

Future Opportunities

Providers were asked to rate the priority of possible future opportunities relating to mental health services for children ages 0 to 5 (using a one to five scale where one is “not a priority” and five is a “high priority”).

- On average, providers said that access to referrals/referral sources when treating mental health issues was the top priority, followed by a list of providers who identify and treat mental health issues. Half of providers rated each opportunity a “high priority.”
- On average, providers said that greater access to resources in treating mental health issues, a standard screening tool with which to identify mental health issues, information regarding the referral process when identifying mental health issues, and communication/collaboration with other health providers who treat mental health issues were all moderately high priorities.
- On average, providers said educational/training opportunities that both identify mental health issues and treat mental health issues are a moderately high priority. These educational/training opportunities received the lowest priority ratings among the possible future opportunities.

Patient Base

Providers were asked about the children ages 0 to 5 they see in an average month.

- On average, providers estimated they see 90 children ages 0 to 5 in an average month. The median number of children ages 0 to 5 that providers see in an average month is 65 children.
- On average, providers indicated that 47 percent of the children they see in an average month are infants and toddlers (i.e., ages 0 to 2) and 46 percent are preschoolers (i.e., ages 3 to 5).
- The vast majority of providers see children with speech and learning issues, children with behavioral disorders/hyperactivity/possible ADHD, children with developmental delays, and children with behavioral/social/emotional difficulties. Two-thirds of providers see children who have mood disorders/possible mood disorders.
- On average, 9 percent of children ages 0 to 5 that providers see have behavioral/social/emotional difficulties, 6 percent have behavioral disorders/hyperactivity/possible ADHD, 5 percent have speech and learning issues, 5 percent have developmental delays, and 3 percent have mood disorders/possible mood disorders.

EXECUTIVE SUMMARY (continued)

- The vast majority of providers indicated that they see children who are Native Americans and other minorities and nearly three-fourths indicated that they see children who are refugees/New Americans. On average, 7 percent of children ages 0 to 5 that providers see are refugees/New Americans and 9 percent are Native Americans or other minorities.
- On average, one in 10 children ages 0 to 5 seen by providers are uninsured.
- Slightly more than half of providers indicated that their organization does not influence at all how they screen and/or treat mental health issues in children ages 0 to 5 based on their financial resources (e.g., health insurance). On average, providers indicated their organization has only a little influence on how they screen and/or treat mental health issues.

Profile of Health Care Provider

- Three-fourths of the health care providers who completed this survey and indicated that they see children ages 0 to 5 are Medical Doctors (MD).
- Half of providers said they practice at a multi-specialty health system.
- Nearly two-thirds of providers said that their area of expertise is family practice and nearly one-fourth indicated that their area of expertise is pediatrics.
- More than three-fourths of providers said they have a full-time appointment.
- The majority of providers indicated they are 35 to 54 years old.
- A slight majority of providers indicated they are male.
- Nearly two-thirds of providers said that they have been practicing for more than 10 years in their area of expertise.
- Half of providers said they have not taken additional training relating to infant/child mental health issues within the last 5 years.
- More than four in 10 of providers said they have attended continuing education events relating to infant/child mental health issues within the last 5 years. *Among providers who have attended continuing education events relating to infant/child mental health issues*, slightly more than half have attended one to three continuing education events and more than four in 10 have attended more than three continuing education events.

INTRODUCTION

Study Objectives

The key objectives of this study were to gather information from health care providers (i.e., pediatricians, family practice physicians, physician assistants, and nurse practitioners) in the Fargo-Moorhead metropolitan area (composed of Cass County, North Dakota, and Clay County, Minnesota) about current practices, barriers and opportunities in identifying mental health concerns in children ages 0 to 5.

Methodology

The study was conducted by the North Dakota State Data Center in conjunction with Clay County Public Health. The project was funded by the 2007 Community Access to Child Health (CATCH) planning grant through the American Academy of Pediatrics. This planning grant allows for pediatricians to plan innovative, community-based initiatives that increase children's access to specific health services not otherwise available.

The survey instrument was designed by staff at the North Dakota State Data Center after conducting a literature review from several sources¹. Feedback on the design of the survey instrument was also obtained from members of the CATCH Grant Advisory Committee.

This survey of pediatricians, family practice physicians, physician assistants, and nurse practitioners within Cass and Clay counties was conducted as a mail-out questionnaire. The survey questions focused on a) the provider's patient base, b) identification and treatment of mental health issues in children ages 0 to 5, c) barriers to identifying and treating mental health issues in children ages 0 to 5, d) future opportunities, and e) a profile of the provider. The survey asked 36 questions and took approximately 10 minutes to complete.

If the provider chose to participate, they were asked to complete the survey and return it in the self-addressed, stamped envelope that was provided. Each provider had the opportunity to leave any question blank that they did not wish to answer. The information they provided was combined with other provider's responses; therefore, their identity was kept confidential. Also, if the provider did not see children in their practice, they were asked to check the box indicating "I do not see children ages 0 to 5" on the survey and return it in the prepaid self-addressed envelope.

Data collection began in July 2007 and was completed in September 2007. The deadline was originally set for August 17, 2007; however, in order to improve the response rate, the deadline was extended to September 14, 2007. In early September, a reminder letter and a second wave of surveys were mailed out to those providers who had not previously responded.

A list of the target group of providers from Cass and Clay counties (i.e., pediatricians, family practice physicians, physician assistants, and nurse practitioners) was provided by Clay County Public Health. The survey design consisted of a census rather than a sample of providers in Cass and Clay counties; therefore, the typical discussion of standard error and confidence levels are not applicable.

The census consisted of a mailing to all 232 providers on the list. A total of 96 surveys were returned for a response rate of 41 percent. Of the 96 surveys returned, 52 surveys (54 percent of those returned) were from providers who do see children ages 0 to 5 and thus were analyzed for this study.

¹Pediatrics: "Barriers to the Identification and Management of Psychosocial Issues in Children and Maternal Depression";
Pediatrics: "Use of Practice Guidelines in the Primary Care of Children With Attention-Deficit/Hyperactivity Disorder";
BMC Family Practice: "Family physicians' involvement and self-reported comfort and skill in care of children with behavioral and emotional problems: a population-based survey."
Community Access to Child Health (CATCH) Study: 2007 Survey Results

INTRODUCTION (continued)

With respect to response rates for the individual types of health care providers, MDs (family practice and pediatricians) comprised 53 percent of the original mailing, 52 percent of the returned surveys, and 75 percent of the providers who saw children ages 0 to 5. Physician assistants comprised 26 percent of the original mailing, 25 percent of the returned surveys, and 12 percent of the providers who saw children ages 0 to 5. Nurse practitioners comprised 21 percent of the original mailing, 23 percent of the returned surveys, and 14 percent of the providers who saw children ages 0 to 5 (see Table 1).

Table 1. Survey status by type of health care provider

Type of health care provider	Survey status					
	Mailed		Returned		Analyzed	
	Number	Percent	Number	Percent	Number	Percent
Medical Doctors (MDs)	123	53.0	50	52.1	39	75.0
Physician Assistants	61	26.3	24	25.0	6	11.5
Nurse Practitioners	48	20.7	22	22.9	7	13.5
TOTAL	232	100.0	96	100.0	52	100.0

Presentation of Findings

The presentation of findings for the CATCH study includes frequencies, figures and associated appendix tables. The number of surveys is represented by N in the Figures throughout the report and in the subsequent appendix tables. In some instances the means and medians, which are measures of central tendency, are presented to give clarification to the data. Central tendency refers to the center value which can be measured using the mean, median, and/or mode, depending on the type of data being used. The mean is the total sum of the data values divided by the total number of items in the data set, which is often referred to as the average. The median, or midpoint, is determined by arranging the data set from the smallest to the largest values and then taking the center data point in the arrangement. In this study, the mean was calculated where appropriate (i.e., where interval level data were available); however, in some cases, a median was calculated to account for outliers within the data set of a particular question.

SURVEY RESULTS

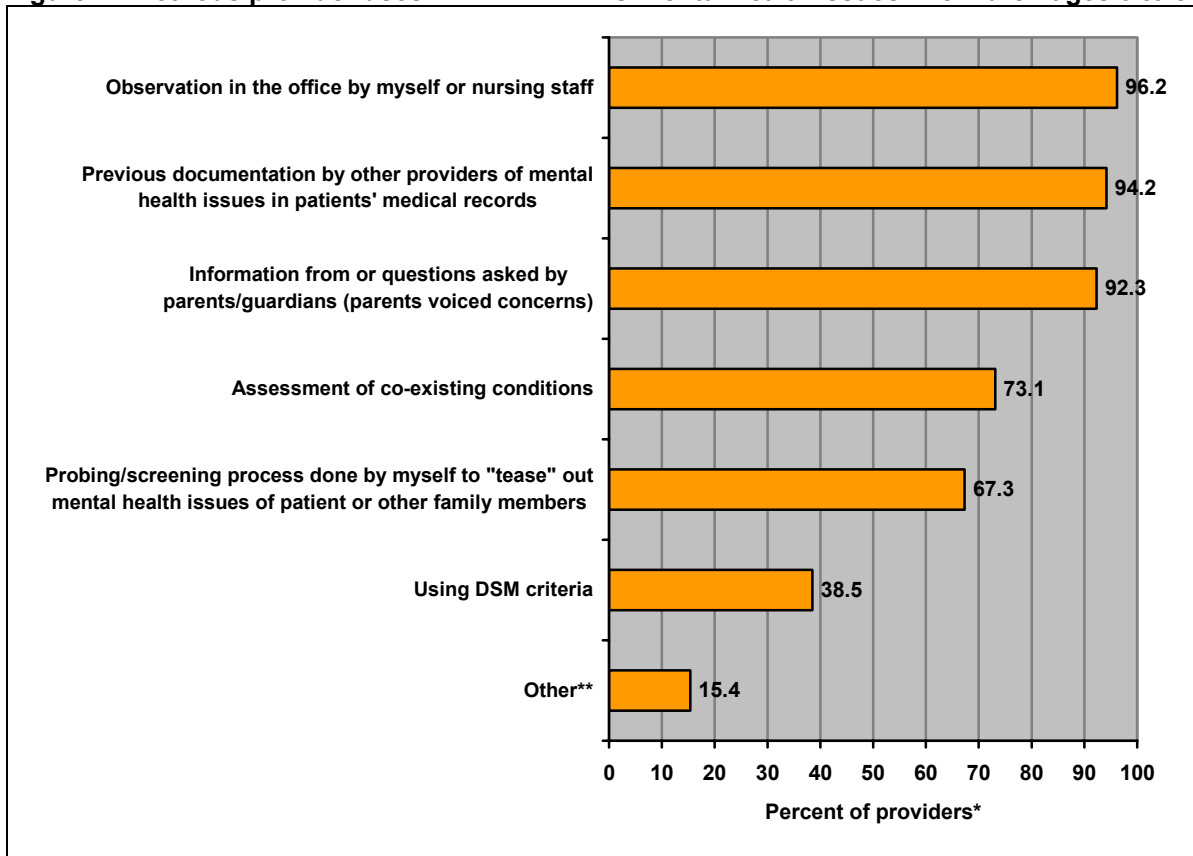
Identification and Treatment of Mental Health Issues in Children Ages 0 to 5

Providers were asked about methods that may be used when identifying and treating mental health issues in children ages 0 to 5.

Providers were first asked to indicate which of the following methods they utilize when *identifying* mental health issues in children ages 0 to 5:

- When identifying mental health issues in children, the vast majority of providers said they use observation in the office by themselves or by the nursing staff (96.2 percent). Similar proportions of providers said they use previous documentation by other providers of mental health issues in patients' medical records, as well as information from or questions asked by parents/guardians (94.2 percent and 92.3 percent, respectively).
- Nearly three-fourths of providers indicated they use an assessment of co-existing conditions (73.1 percent) and two-thirds said they use a probing/screening process to "tease" out mental health issues of the patient or other family members (67.3 percent). More than one-third of providers said they use DSM (Diagnostic and Statistical Manual) criteria (38.5 percent).
- An additional 15.4 percent of providers indicated that other methods are used when identifying mental health issues in children ages 0 to 5. Some examples of other methods providers use are: pre-school/daycare observations, reports from social services and other agencies, and screening tools. See Appendix Table 1 for the complete list of other methods used in identifying mental health issues.
- See Figure 1 and Appendix Table 1 for overall distributions.

Figure 1. Methods provider uses in IDENTIFYING mental health issues in children ages 0 to 5



N=52

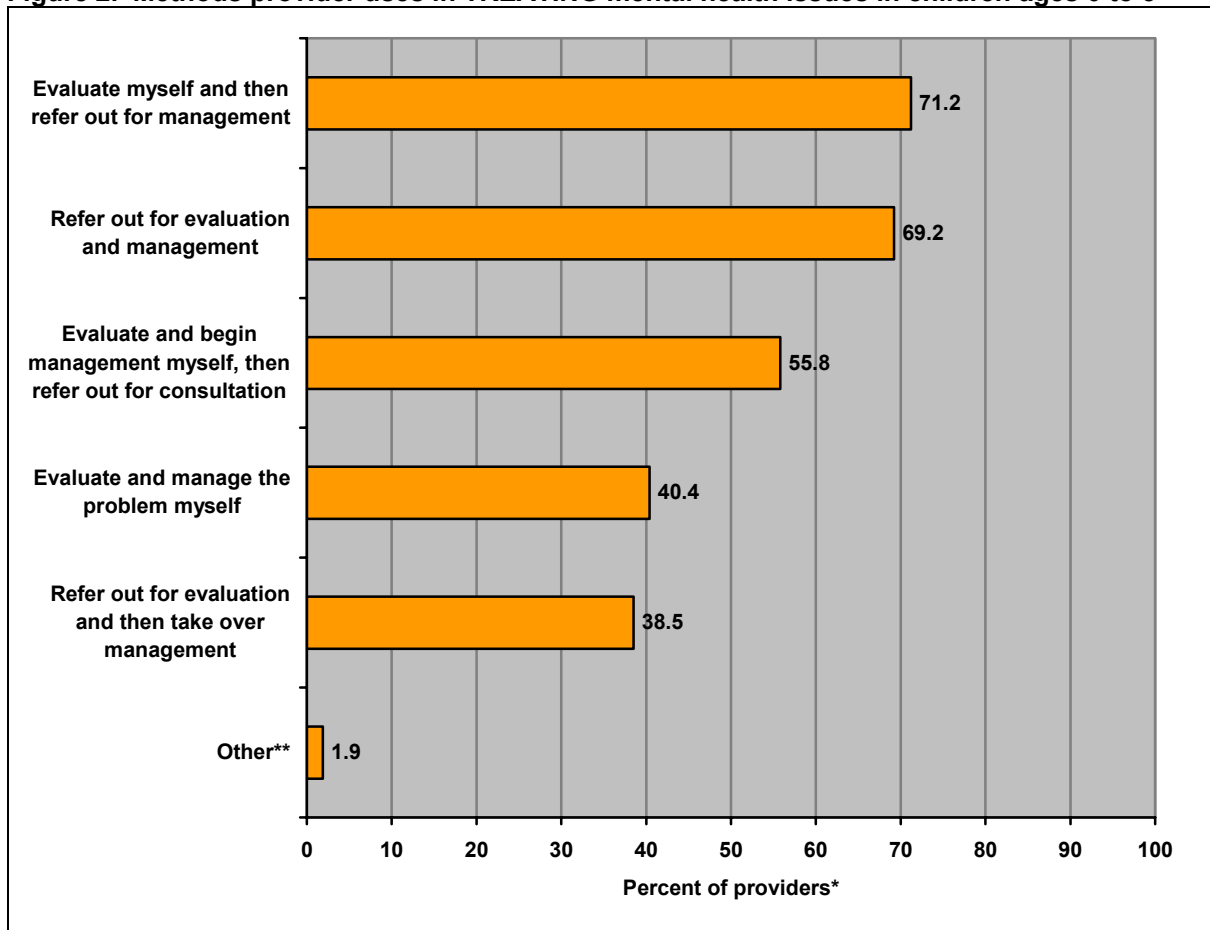
*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 1 for a list of "other" methods used in identifying mental health issues.

Providers were then asked to indicate which of the following methods they utilize when *treating* mental health issues in children ages 0 to 5:

- When treating mental health issues in children, nearly three-fourths of providers said they evaluate the child themselves and then refer out for management (71.2 percent). A similar proportion said they refer out for both evaluation and management (69.2 percent).
- More than half of providers said they evaluate and begin management themselves, then refer out for consultation (55.8 percent). Nearly equal proportions of providers evaluate and manage the problem themselves (40.4 percent) or refer out for evaluation and then take over management (38.5 percent).
- One provider indicated that other methods are used when treating mental health issues in children ages 0 to 5; specifically, the provider uses all of the methods listed, depending on the severity of the diagnosis (1.9 percent) (see Appendix Table 2).
- See Figure 2 and Appendix Table 2 for overall distributions.

Figure 2. Methods provider uses in TREATING mental health issues in children ages 0 to 5



N=52

*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 2 for "other" method used in treating mental health issues.

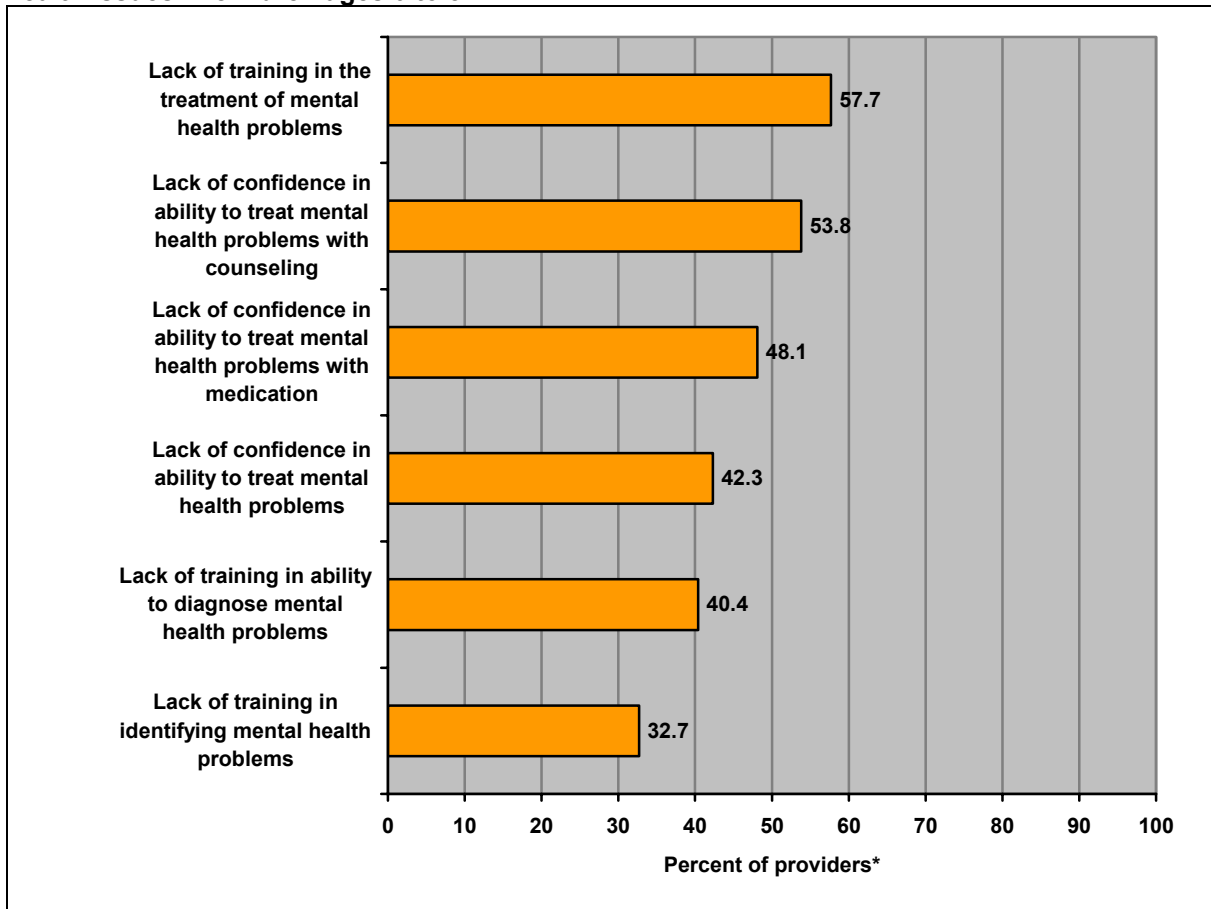
Barriers to Identifying and Treating Mental Health Issues in Children Ages 0 to 5

Providers were asked about the barriers relating to training, time constraints, external issues, and reimbursement/financial issues they experience when identifying and treating mental health issues in children ages 0 to 5.

Providers were first asked to indicate which of the following barriers relating to *training* they experience:

- More than half of providers indicated that a lack of training in the treatment of mental health problems is a barrier (57.7 percent). Slightly more than half indicated that a lack of confidence in the ability to treat mental health problems with counseling is a barrier (53.8 percent).
- Nearly half of providers indicated that a lack of confidence in the ability to treat mental health problems with medication is a barrier (48.1 percent).
- Forty-two percent of providers indicated that a lack of confidence in the ability to treat mental health problems is a barrier (42.3 percent) followed by providers who indicated a lack of training in the ability to diagnose mental health problems (40.4 percent). One-third of providers indicated that a lack of training in identifying mental health problems is a barrier (32.7 percent).
- See Figure 3 and Appendix Table 3 for overall distributions.

Figure 3. Barriers relating to TRAINING provider experiences when identifying and treating mental health issues in children ages 0 to 5



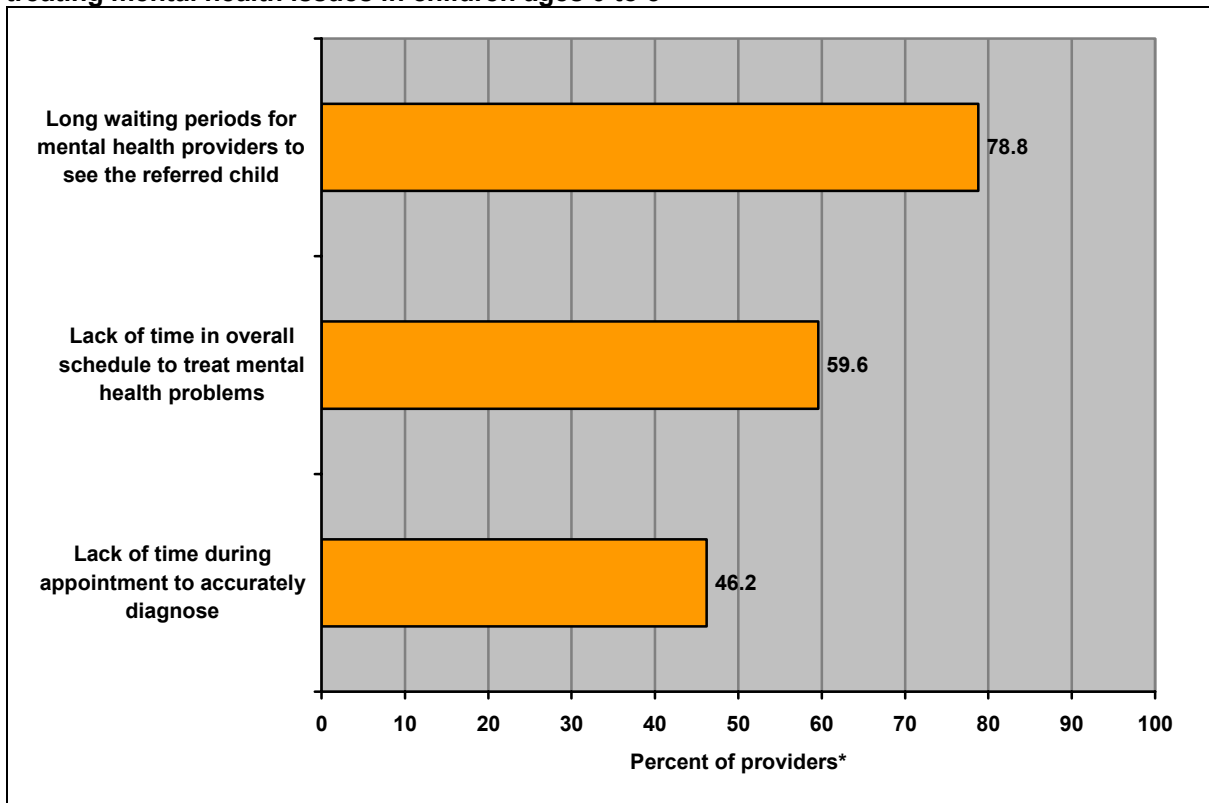
N=52

*Percentages do not equal 100.0 due to multiple responses.

Providers were next asked to indicate which of the following barriers relating to *time constraints* they have experienced:

- More than three-fourths of providers indicated that long waiting periods for mental health providers to see the referred child are a barrier (78.8 percent). More than half of providers indicated that the lack of time in the overall schedule to treat mental health problems is a barrier (59.6 percent) and 46.2 percent of providers said that the lack of time during the appointment to accurately diagnose is a barrier.
- See Figure 4 and Appendix Table 4 for overall distributions.

Figure 4. Barriers relating to TIME CONSTRAINTS provider experiences when identifying and treating mental health issues in children ages 0 to 5



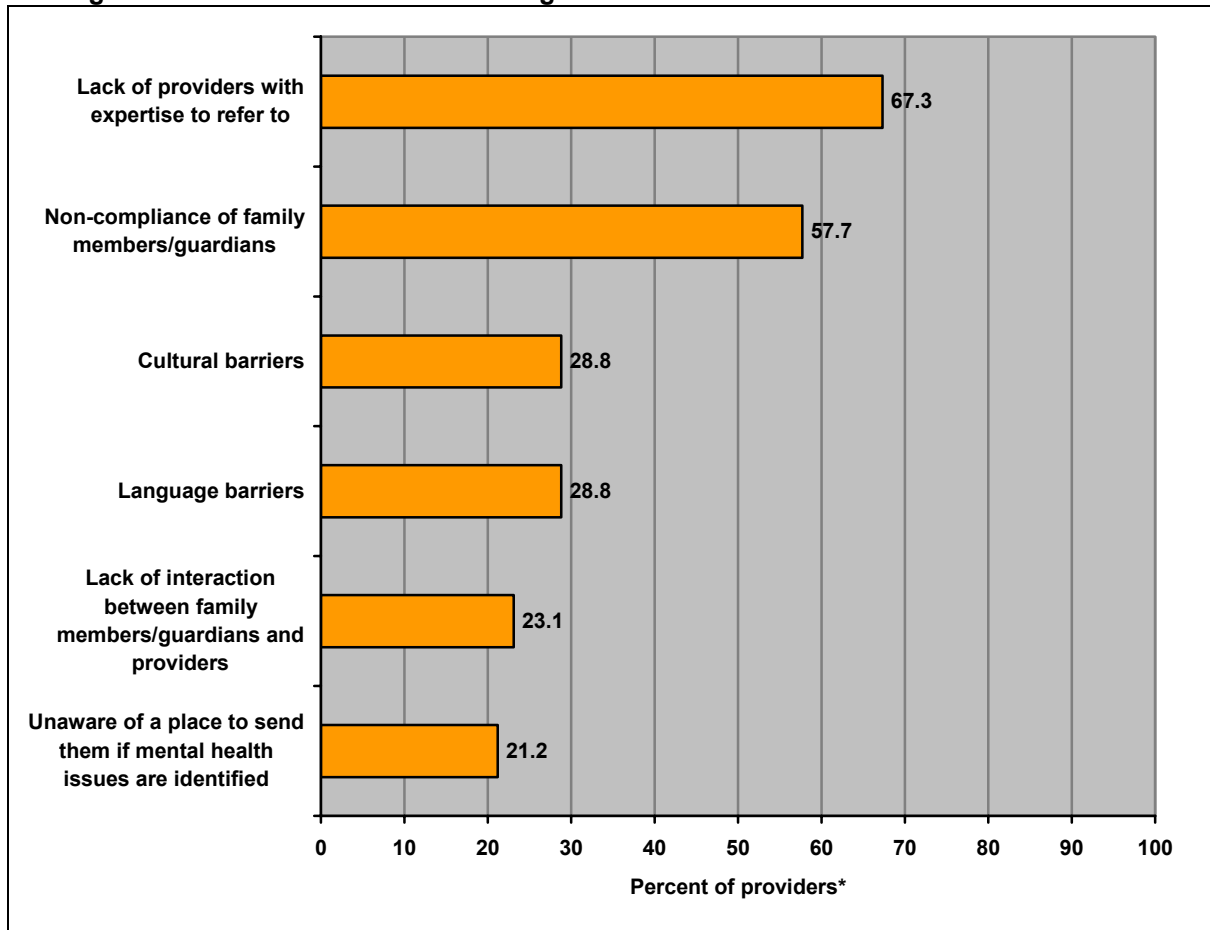
N=52

*Percentages do not equal 100.0 due to multiple responses.

Providers were next asked which of the following barriers relating to *external issues* they experience:

- Two-thirds of providers indicated that a lack of providers with expertise to refer patients to is a barrier (67.3 percent) and more than half of providers indicated that non-compliance of family members/guardians is a barrier (57.7 percent).
- More than one-fourth of providers indicated that there are cultural barriers (28.8 percent) and language barriers (28.8 percent).
- Nearly one-fourth of providers indicated that a lack of interaction between family members/guardians and providers is a barrier (23.1 percent). One-fifth of providers indicated that being unaware of a place to send patients if mental health issues are identified is a barrier (21.2 percent).
- See Figure 5 and Appendix Table 5 for overall distributions.

Figure 5. Barriers relating to EXTERNAL ISSUES provider experiences when identifying and treating mental health issues in children ages 0 to 5



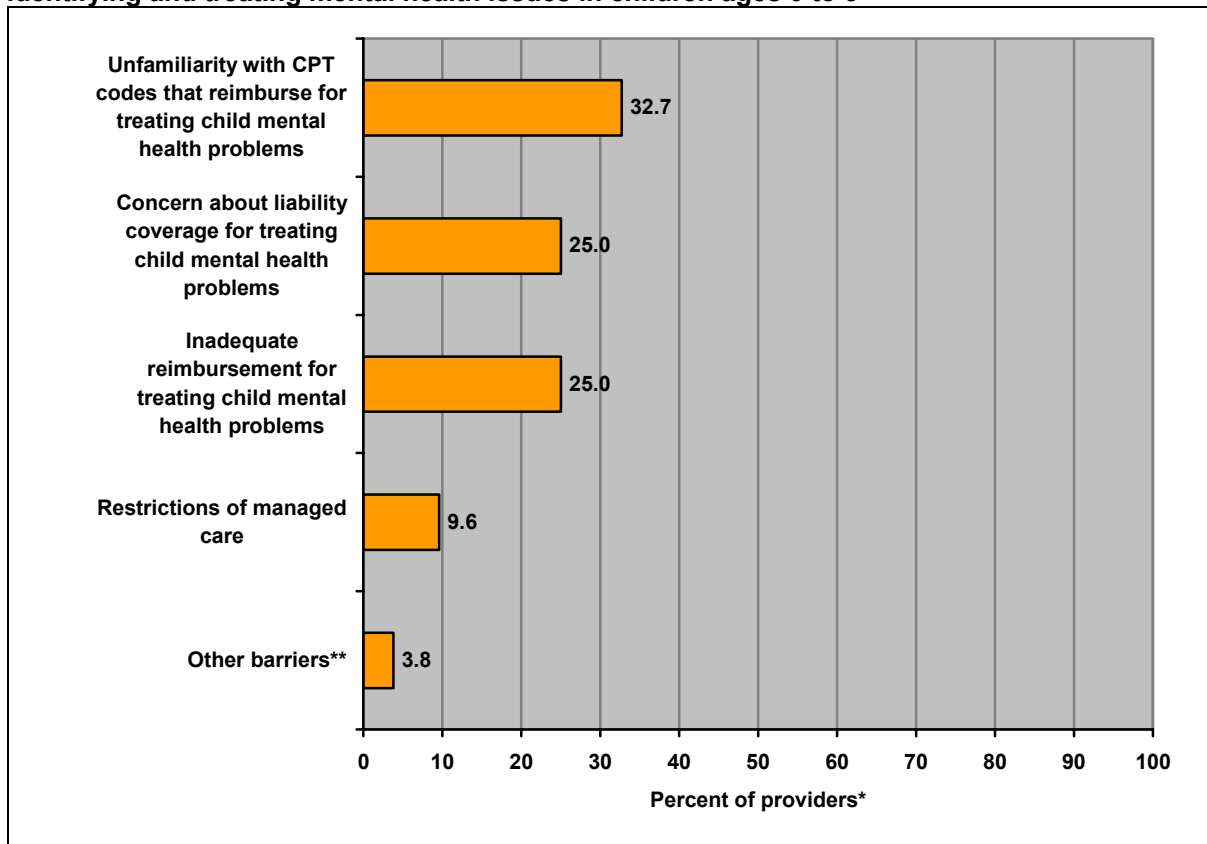
N=52

*Percentages do not equal 100.0 due to multiple responses.

Lastly, providers were asked to indicate which of the following barriers relating to *reimbursement/financial issues* they experience:

- One-third of providers said that their unfamiliarity with CPT (Current Procedural Terminology) codes that reimburse for treating child mental health problems is a barrier (32.7 percent).
- One-fourth of providers said that concern about liability coverage for treating child mental health problems is a barrier as is inadequate reimbursement for treating child mental health problems (25.0 percent).
- An additional 9.6 percent of providers indicated that restrictions of managed care are a barrier.
- Providers said that other barriers relating to reimbursement/financial issues include expensive medications that are often not covered by insurance (3.8 percent) (see Appendix Table 6).
- See Figure 6 and Appendix Table 6 for overall distributions.

Figure 6. Barriers relating to REIMBURSEMENT/FINANCIAL ISSUES provider experiences when identifying and treating mental health issues in children ages 0 to 5



N=52

*Percentages do not equal 100.0 due to multiple responses.

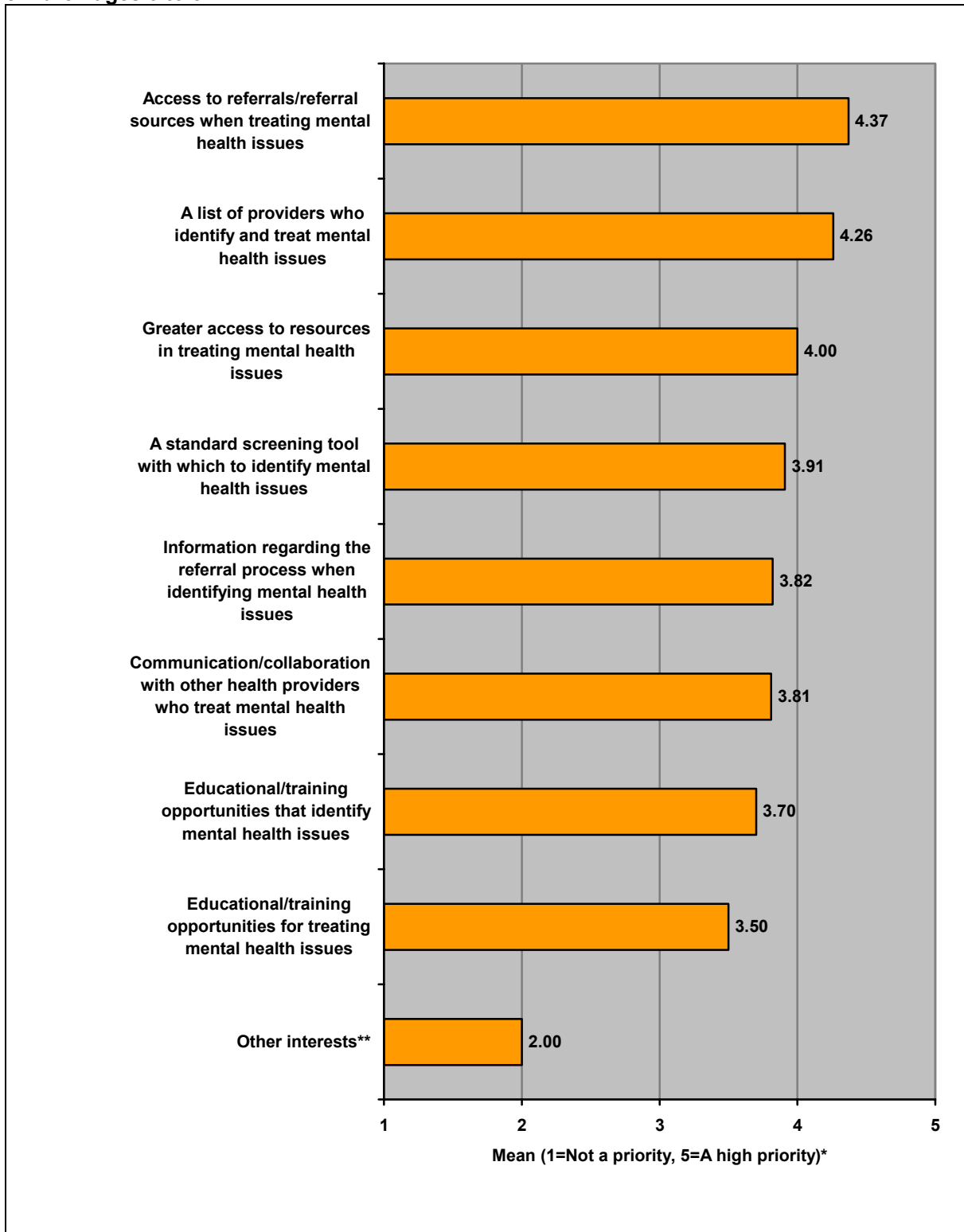
**See Appendix Table 6 for a list of "other barriers" relating to reimbursement/financial issues when identifying and treating mental health issues.

Future Opportunities

Providers were asked to rate the priority of possible future opportunities relating to mental health services for children ages 0 to 5 (using a one to five scale, where one is “not a priority” and five is “a high priority”).

- On average, providers rated access to referrals/referral sources when treating mental health issues as the highest priority concerning possible future opportunities (mean=4.37); one in two rated it a “high priority” (50.0 percent).
- On average, providers also indicated a high level of priority for a list of providers who identify and treat mental health issues (mean=4.26); more than one in two rated it a “high priority” (51.9 percent).
- On average, greater access to resources in treating mental health issues (mean=4.00) and a standard screening tool with which to identify mental health issues (mean= 3.91) were rated moderately high.
- On average, providers also indicated moderately high levels of priority concerning possible future opportunities for information regarding the referral process when identifying mental health issues (mean=3.82) and communication/collaboration with other health providers who treat mental health issues (mean=3.81).
- On average, educational/training opportunities that identify mental health issues was rated a moderately high priority (mean=3.70) and educational/training opportunities for treating mental health issues was rated a moderate priority by providers (mean=3.50).
- Providers indicated that there are other interests concerning possible future opportunities (mean=2.00), but did not specify what they are.
- See Figure 7 for means and Appendix Table 7 for overall distributions and means.

Figure 7. Level of priority for possible future opportunities relating to mental health services for children ages 0 to 5



N=52

*Means are based on a 1 to 5 scale, with 1 being "Not a priority" and 5 being "A high priority," and exclude "Do not know" and "Missing" responses.

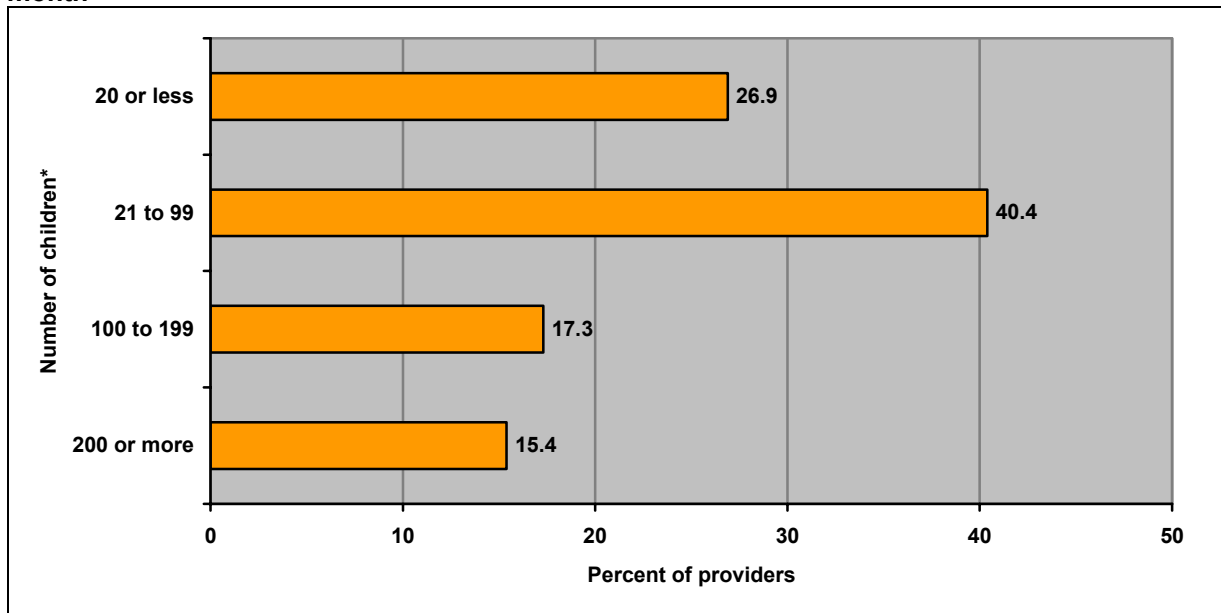
**Specific "other interests" were not identified.

Patient Base

Providers were asked for their best estimate of the total number of children ages 0 to 5 they see in an average month.

- Slightly more than one-fourth of providers estimated that they see 20 or less children in an average month (26.9 percent). Forty percent of providers estimated that they see 21 to 99 children in an average month (40.4 percent). An additional 17.3 percent of providers estimated that they see 100 to 199 children and 15.4 percent of providers estimated that they see 200 or more children in an average month.
- On average, providers estimated that they see 90 children ages 0 to 5 in an average month (mean=90.27).
- The median number of children ages 0 to 5 providers estimated that they see in an average month is 65 children (the median was calculated due to outliers within the data set).
- See Figure 8 for overall distribution and Appendix Table 8 for detailed distribution, mean, and median.

Figure 8. Best estimate of the total number of children ages 0 to 5 provider sees in an average month



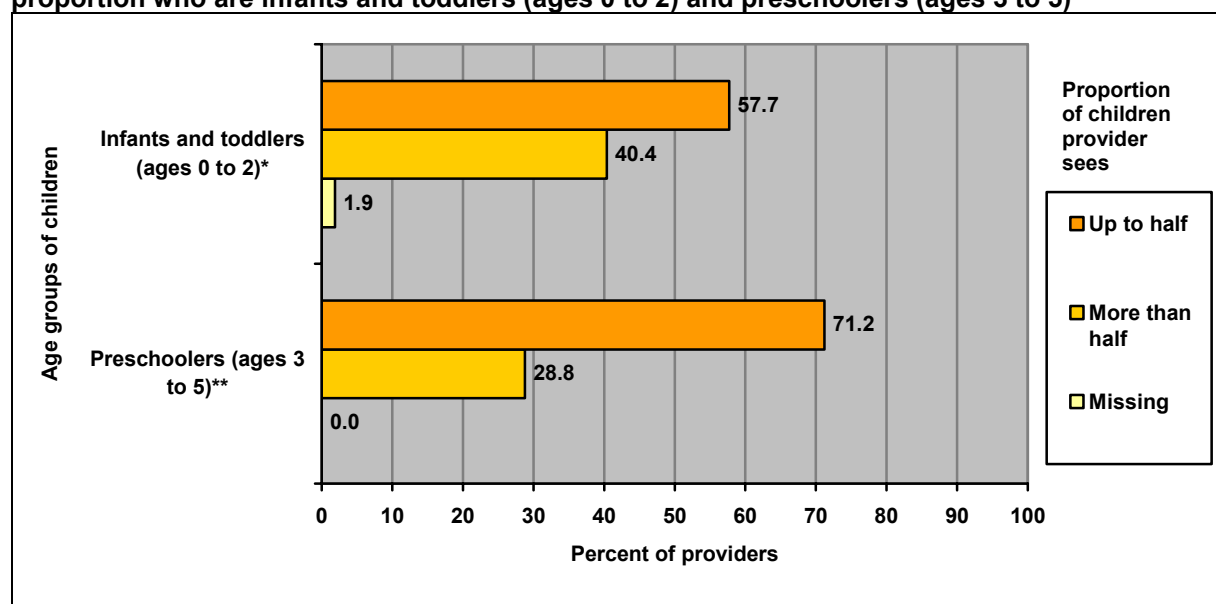
N=52

*Mean number of children=90.27. Median number of children=65. The estimated number of children ages 0 to 5 seen by provider in an average month ranges from 5 to 400.

Of the total number of children ages 0 to 5 providers see in an average month:

- A slight majority of providers indicated that up to half of the children they see are infants and toddlers (57.7 percent).
- Nearly three-fourths of providers indicated that up to half of the children they see are preschoolers (71.2 percent).
- On average, providers indicated that they see similar proportions of infants and toddlers and preschoolers in an average month (mean percent=47.4 and mean percent=46.4, respectively).
- See Figure 9 for overall distributions and Appendix Tables 9 and 10 for detailed distributions and means.

Figure 9. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are infants and toddlers (ages 0 to 2) and preschoolers (ages 3 to 5)



N=52

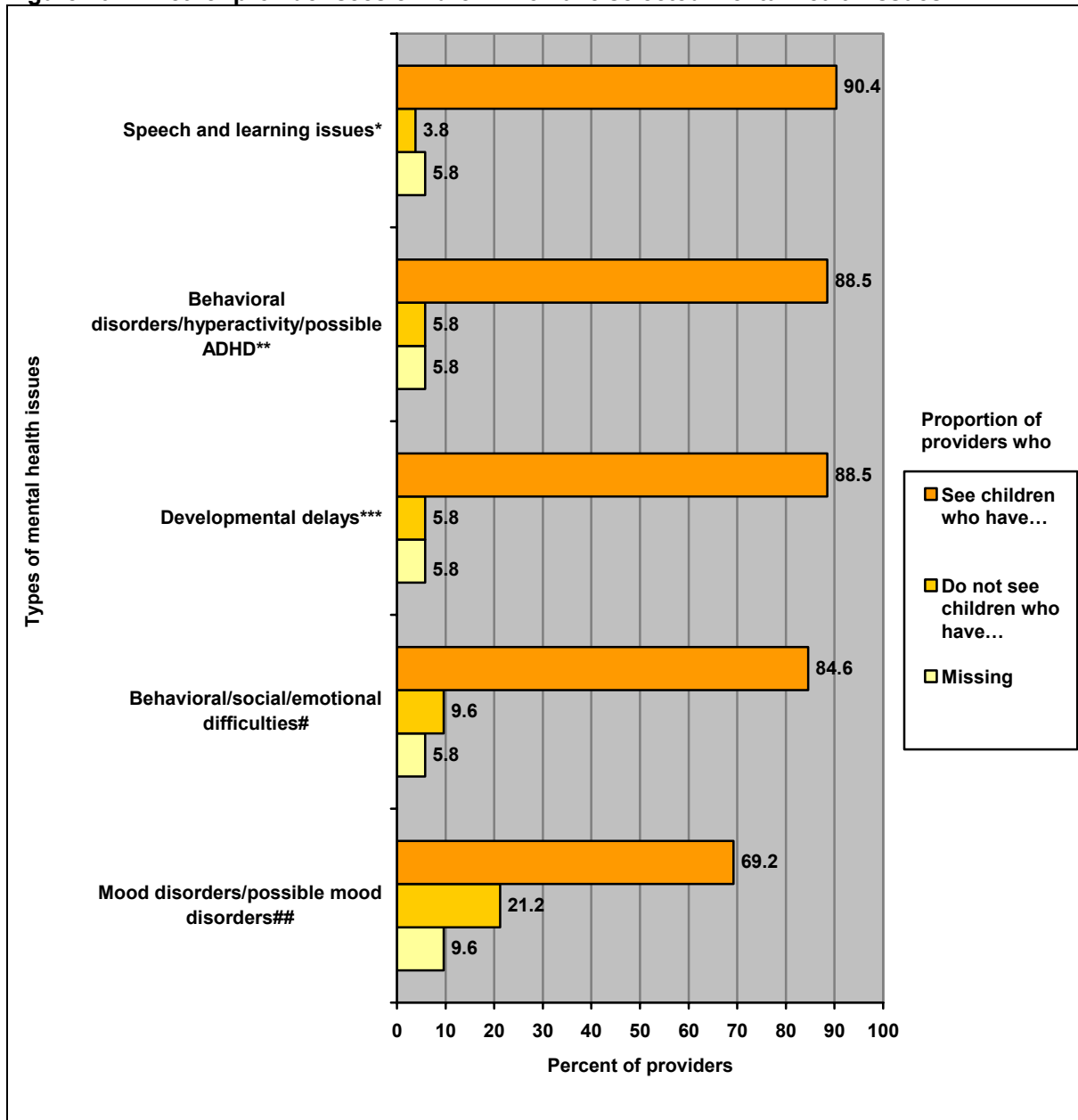
***Infants and toddlers (children ages 0 to 2):** Mean percent=47.4 and excludes “Missing” responses. The proportion of children provider sees in an average month ranges from 3.0 percent to 80.0 percent. See Appendix Table 9 for overall distributions and mean.

****Preschoolers (children ages 3 to 5):** Mean percent=46.4. The proportion of children provider sees in an average month ranges from 3.0 percent to 100.0 percent. See Appendix Table 10 for overall distributions and mean.

Providers were asked to indicate the proportion of children they see who have selected mental health issues. The proportions were then categorized into providers who see children with any of the mental health issues and providers who do not see children with any of the mental health issues.

- The proportion of providers who see children ages 0 to 5 with selected mental health issues:
 - Speech and learning issues – 90.4 percent
 - Behavioral disorders/hyperactivity/possible ADHD – 88.5 percent
 - Developmental delays – 88.5 percent
 - Behavioral/social/emotional difficulties – 84.6 percent
 - Mood disorders/possible mood disorders – 69.2 percent
- The average proportion of children ages 0 to 5 that providers see for selected mental health issues is:
 - Behavioral/social/emotional difficulties – mean percent=9.1
 - Behavioral disorders/hyperactivity/possible ADHD – mean percent=6.4
 - Speech and learning issues – mean percent=5.3
 - Developmental delays – mean percent=5.0
 - Mood disorders/possible mood disorders – mean percent=3.3
- See Figure 10 for overall distributions and Appendix Tables 11 through 15 for detailed distributions and means.

Figure 10. Whether provider sees children who have selected mental health issues



N=52

***Speech and learning issues:** Mean percent=5.3 and excludes “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 20.0 percent. See Appendix Table 11 for overall distributions and mean.

****Behavioral disorders/hyperactivity/possible ADHD:** Mean percent=6.4 and excludes “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 30.0 percent. See Appendix Table 12 for overall distributions and mean.

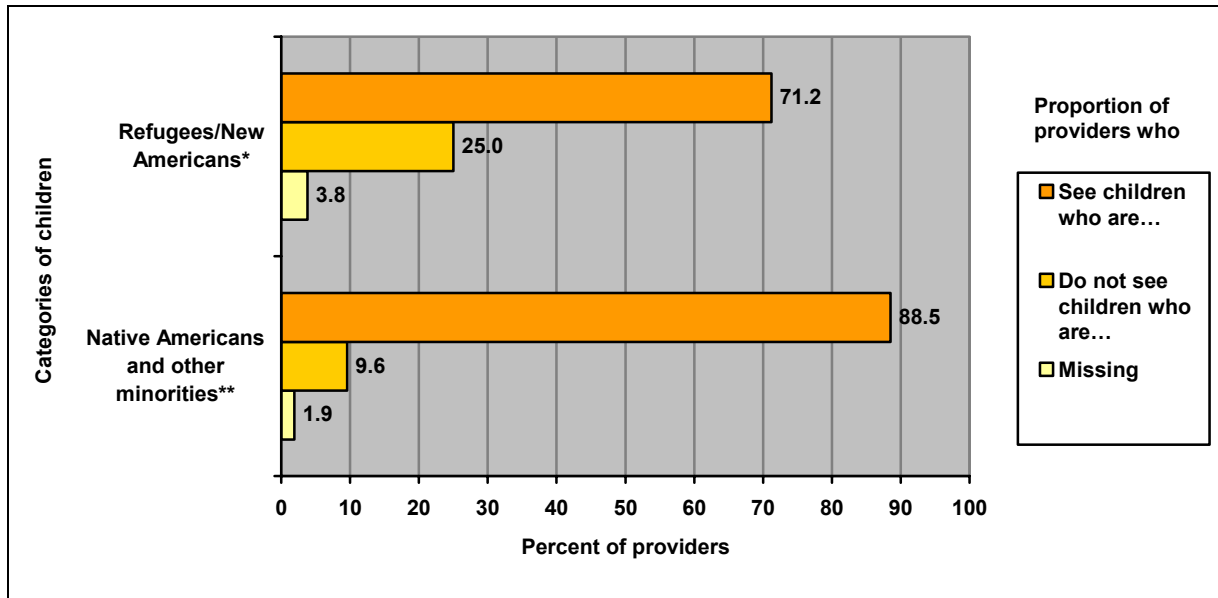
*****Developmental delays:** Mean percent=5.0 and excludes “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 50.0 percent. See Appendix Table 13 for overall distributions and mean.

#Behavioral/social/emotional difficulties: Mean percent=9.1 and excludes “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 30.0 percent. See Appendix Table 14 for overall distributions and mean.

##Mood disorders/possible mood disorders: Mean percent=3.3 and excludes “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 15.0 percent. See Appendix Table 15 for overall distributions and mean.

- Nearly three-fourths of providers indicated that they see children who are refugees/New Americans (71.2 percent) and 88.5 percent of providers indicated that they see children who are Native Americans and other minorities.
- On average, providers indicated that they see somewhat similar proportions of refugees/New Americans and Native Americans/other minorities (mean=7.4 percent and mean=9.0 percent, respectively). However, a slightly higher percentage of children who are Native Americans and other minorities are seen than those who are refugees/New Americans.
- The median proportion of children providers see who are refugees/New Americans is 2.0 percent while the median proportion of children who are Native American and other minorities is 5.0 percent (the medians were calculated due to outliers within the data set).
- See Figure 11 for overall distributions and Appendix Tables 16 and 17 for detailed distributions, means, and medians.

Figure 11. Whether provider sees children who are refugees/New Americans and Native Americans and other minorities



N=52

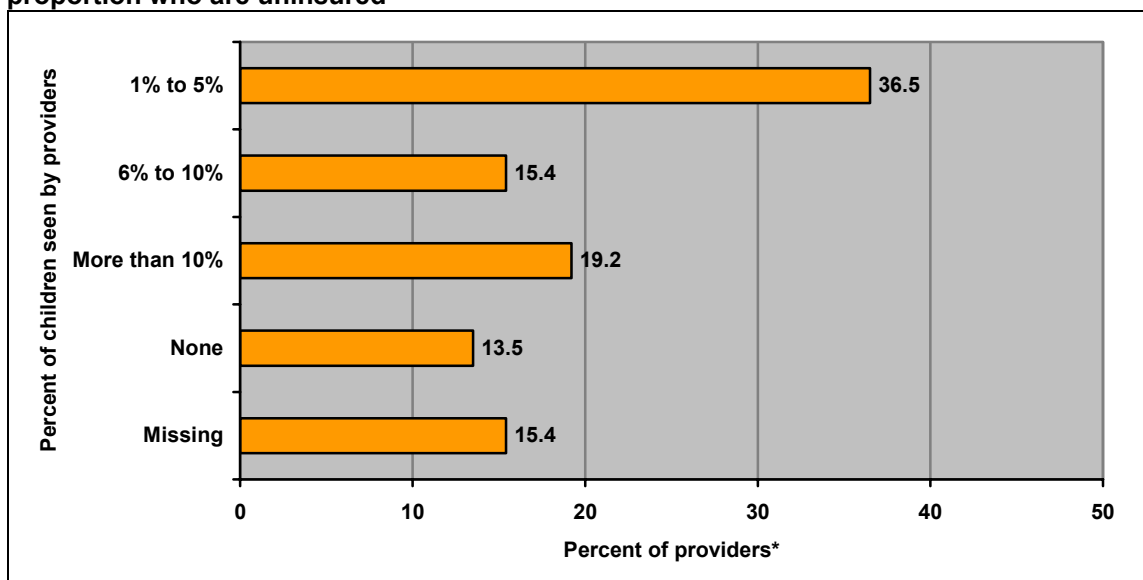
***Refugees/New Americans:** Mean percent=7.4 and median percent=2.0 percent; both exclude “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 50.0 percent. See Appendix Table 16 for overall distributions and mean.

****Native Americans and other minorities:** Mean percent=9.0 and median percent=5.0; both exclude “Missing” responses. The proportion of children ages 0 to 5 provider sees in an average month ranges from 0.0 percent to 50.0 percent. See Appendix Table 17 for overall distributions and mean.

Of the total number of children ages 0 to 5 providers sees in an average month:

- Nearly one-fifth of providers indicated that more than 10 percent of the children they see are uninsured (19.2 percent). Fifteen percent of providers said that 6.0 to 10.0 percent of the children they see are uninsured (15.4 percent) while slightly more than one-third of providers indicated that 1.0 to 5.0 percent of the children they see are uninsured (36.5 percent).
- An additional 13.5 percent of providers indicated that they do not see children who are uninsured. It should be noted that 15.4 percent of providers did not answer this question.
- On average, one in 10 children seen by providers are uninsured (mean=10.1 percent).
- The median proportion of children that providers see who are uninsured is 5.0 percent (the median was calculated due to outliers within the data set).
- See Figure 12 for overall distribution and Appendix Table 18 for detailed distribution, mean, and median.

Figure 12. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are uninsured



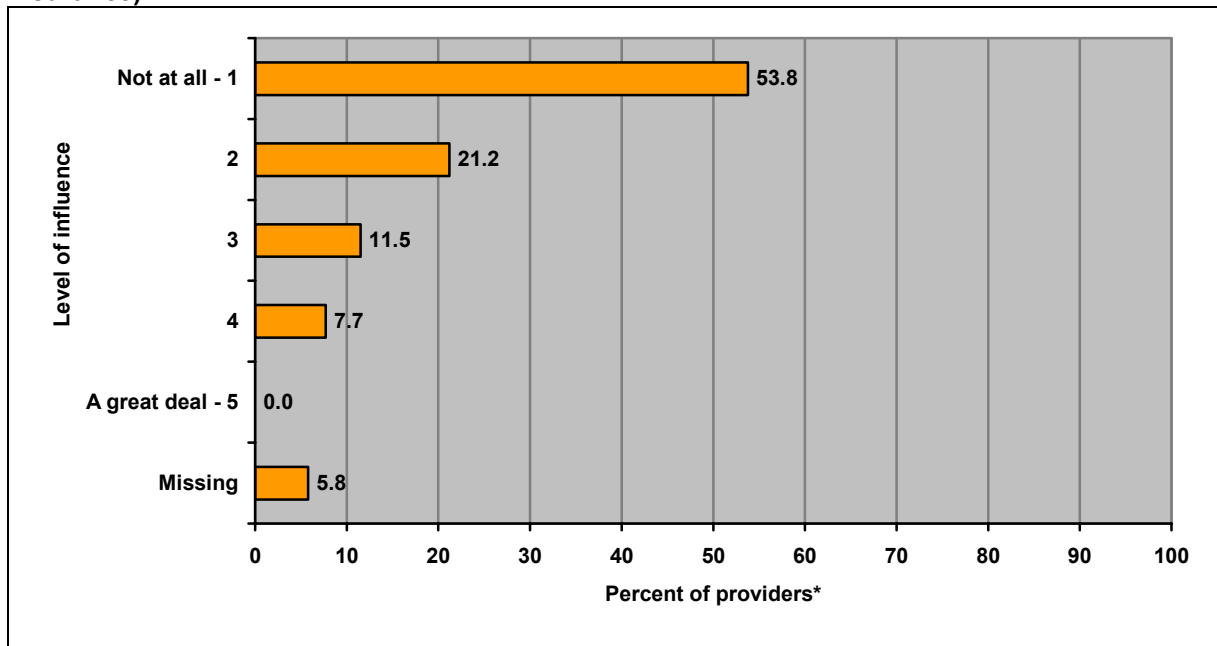
N=52

*Mean percent=10.1 and median percent=5.0; both exclude "Missing" responses. The proportion of children ages 0 to 5 provider sees in an average month who are uninsured ranges from 0.0 percent to 100.0 percent.

Using a one to five scale, with one being “not at all” and five being “a great deal,” providers were asked, “To what degree do the requirements of the organizations to which you are affiliated influence how you screen and/or treat mental health issues in children ages 0 to 5 based on their financial resources (e.g., health insurance)?”.

- Slightly more than half of providers indicated that their organization does not influence at all how they screen and/or treat mental health issues in children based on their financial resources (e.g., health insurance) (53.8 percent). An additional 21.2 percent indicated that their organization has a little influence and 19.2 percent indicated that their organization has some influence on how they screen and/or treat mental health issues in children.
- On average, providers said that their organization has only a little influence on how they screen and/or treat mental health issues in children ages 0 to 5 based on their financial resources (mean=1.71).
- See Figure 13 and Appendix Table 19 for overall distribution and mean.

Figure 13. The level of influence the provider’s organization has on how provider screens and/or treats mental health issues in children ages 0 to 5 based on their financial resources (e.g., health insurance)



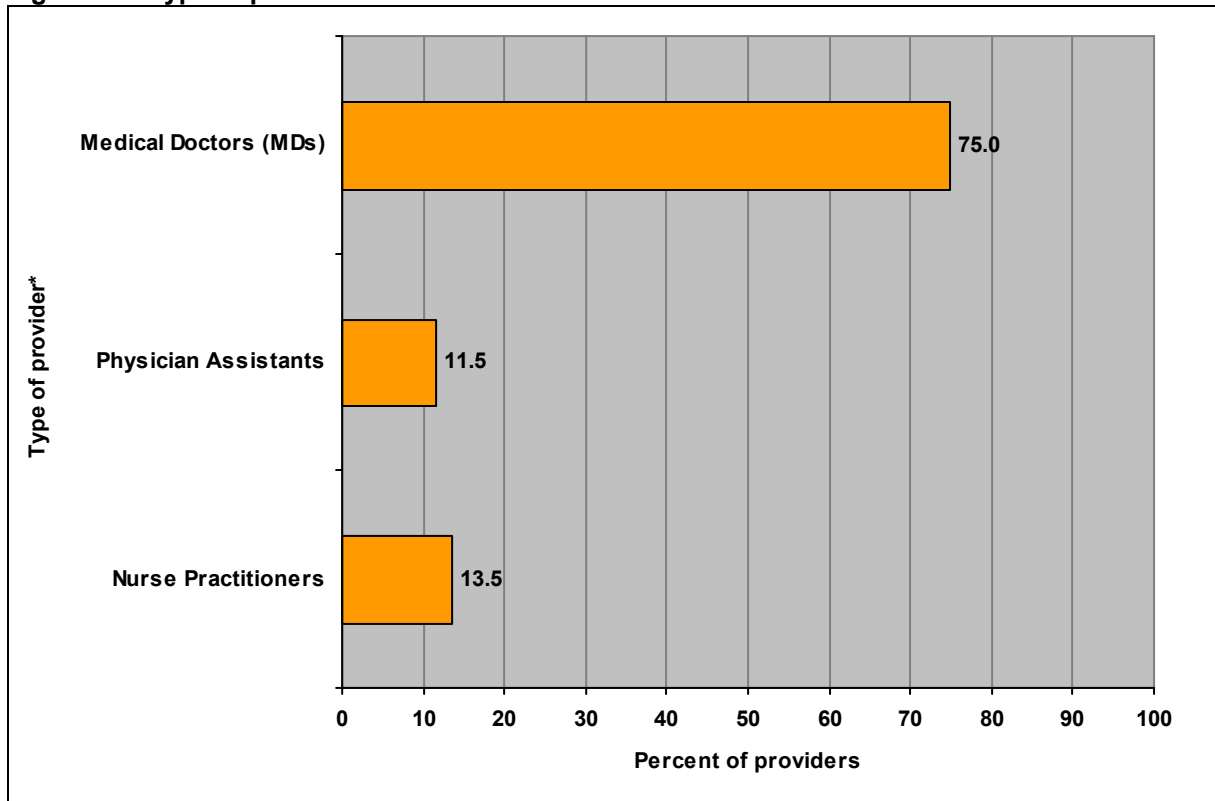
N=52

*Mean=1.71 and is based on a 1 to 5 scale, with 1 being “Not at all” and 5 being “A great deal,” and excludes “Missing” responses.

Profile of Health Care Provider

- Three-fourths of the health care providers who completed this survey and indicated that they see children ages 0 to 5 are Medical Doctors (MDs) (75.0 percent). Twelve percent of providers are Physician Assistants (11.5 percent) and 13.5 percent are Nurse Practitioners.
- See Figure 14 and Appendix Table 20 for overall distribution.

Figure 14. Type of provider



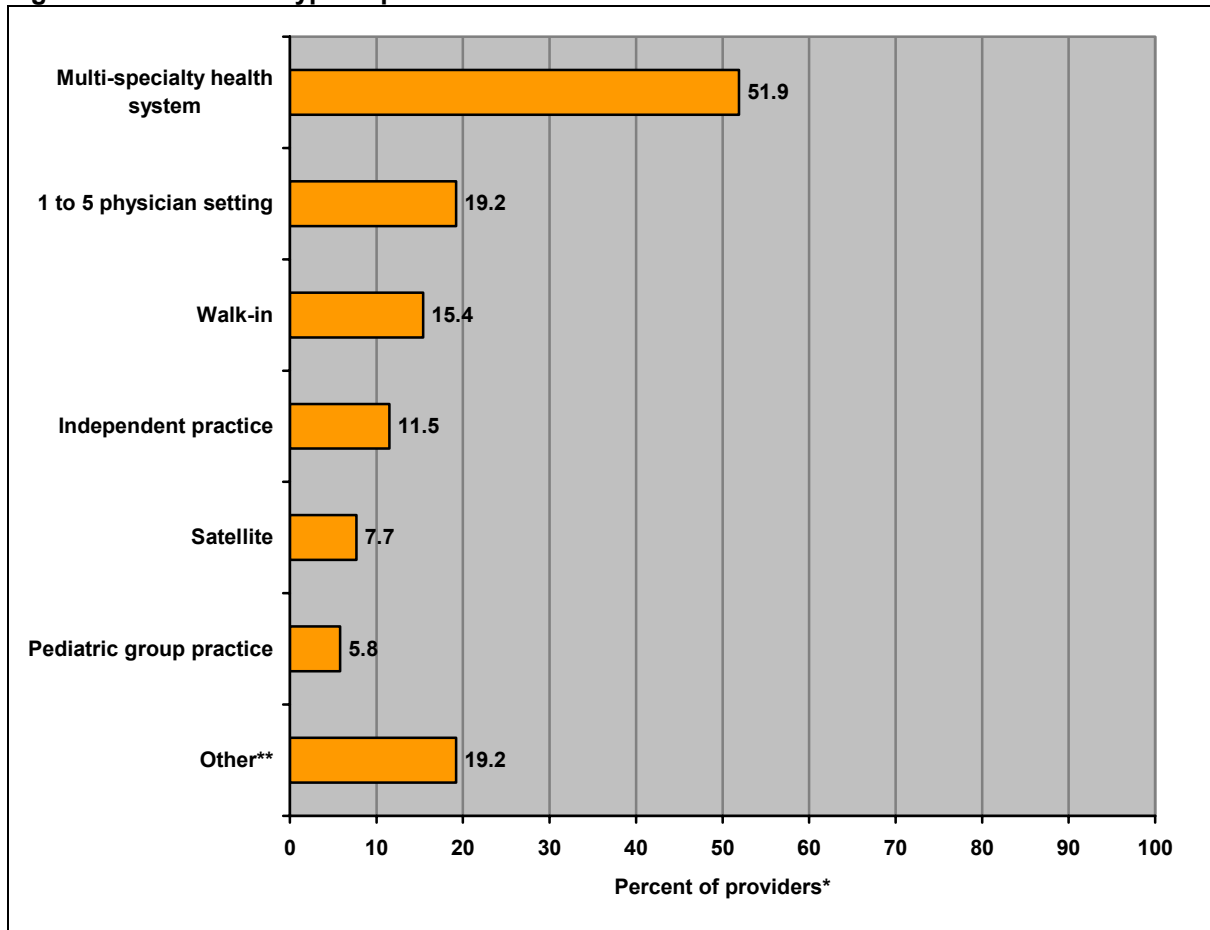
N=52

*"Type of provider" data come from the original list of the target group of providers for providers who responded to the survey and see children ages 0 to 5, not from Q12 on the survey.

Providers were asked to indicate all the various types of practices with which they are affiliated.

- Half of providers indicated that their type of practice is a multi-specialty health system (51.9 percent). Nearly one-fifth of providers said that their type of practice is a one to five physician setting (19.2 percent).
- Fifteen percent of providers said that they are in a walk-in setting (15.4 percent), 11.5 percent are in an independent practice, 7.7 percent are in a satellite, and 5.8 percent are in a pediatric group practice.
- Nearly one-fifth of providers indicated other types of practices (19.2 percent). Other types listed included child/adolescent maltreatment services, community health center, emergency room, and pediatric specialty hematology/oncology. See Appendix Table 21 for the complete list of providers' other types of practices.
- See Figure 15 and Appendix Table 21 for overall distribution.

Figure 15. Provider's type of practice



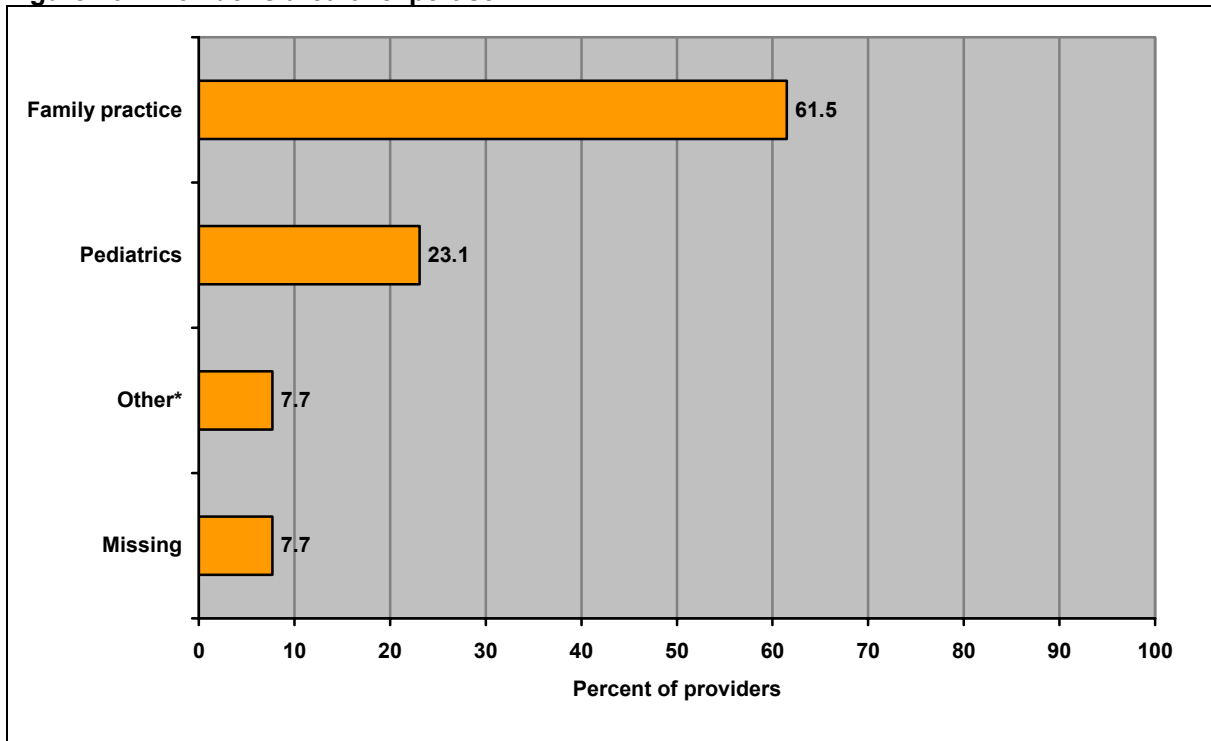
N=52

*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 21 for a list of "other" types of practices.

- Nearly two-thirds of providers said that their area of expertise is family practice (61.5 percent). Nearly one-fourth of providers indicated that their area of expertise is pediatrics (23.1 percent).
- Eight percent of providers indicated another area of expertise (7.7 percent). Other areas of expertise listed include neurosurgery, orthopedic surgery, pediatric hematology/oncology, and urgent care.
- See Figure 16 and Appendix Table 22 for overall distribution.

Figure 16. Provider's area of expertise

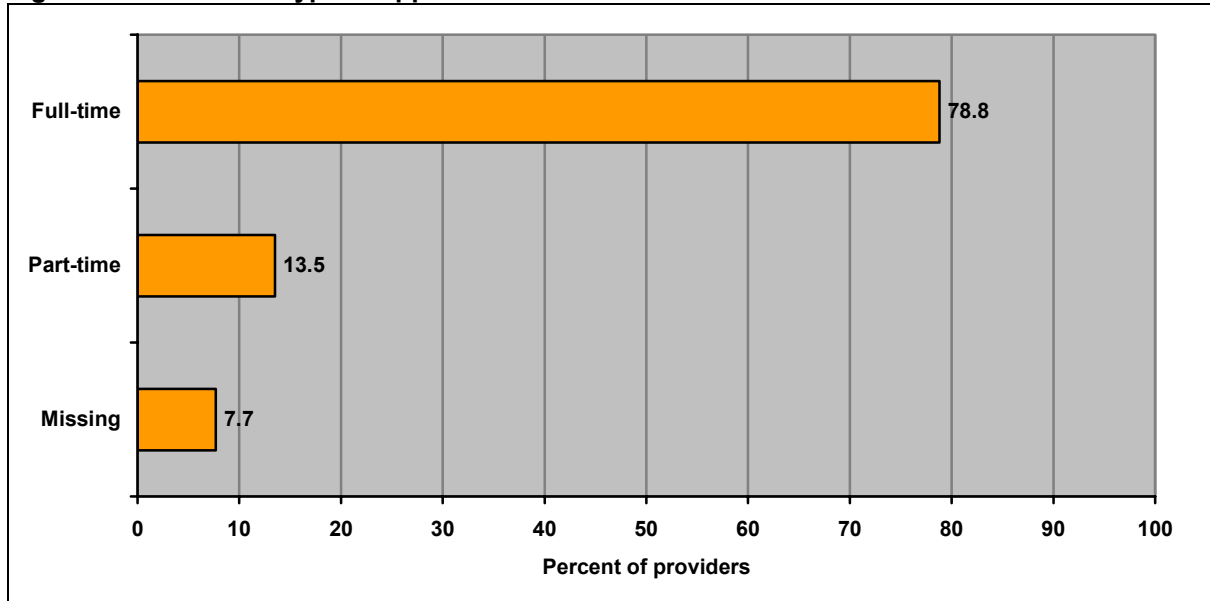


N=52

*See Appendix Table 22 for a list of "other" areas of expertise.

- More than three-fourths of providers said they have a full-time appointment (78.8 percent), while 13.5 percent indicated a part-time appointment.
- See Figure 17 and Appendix Table 23 for overall distribution.

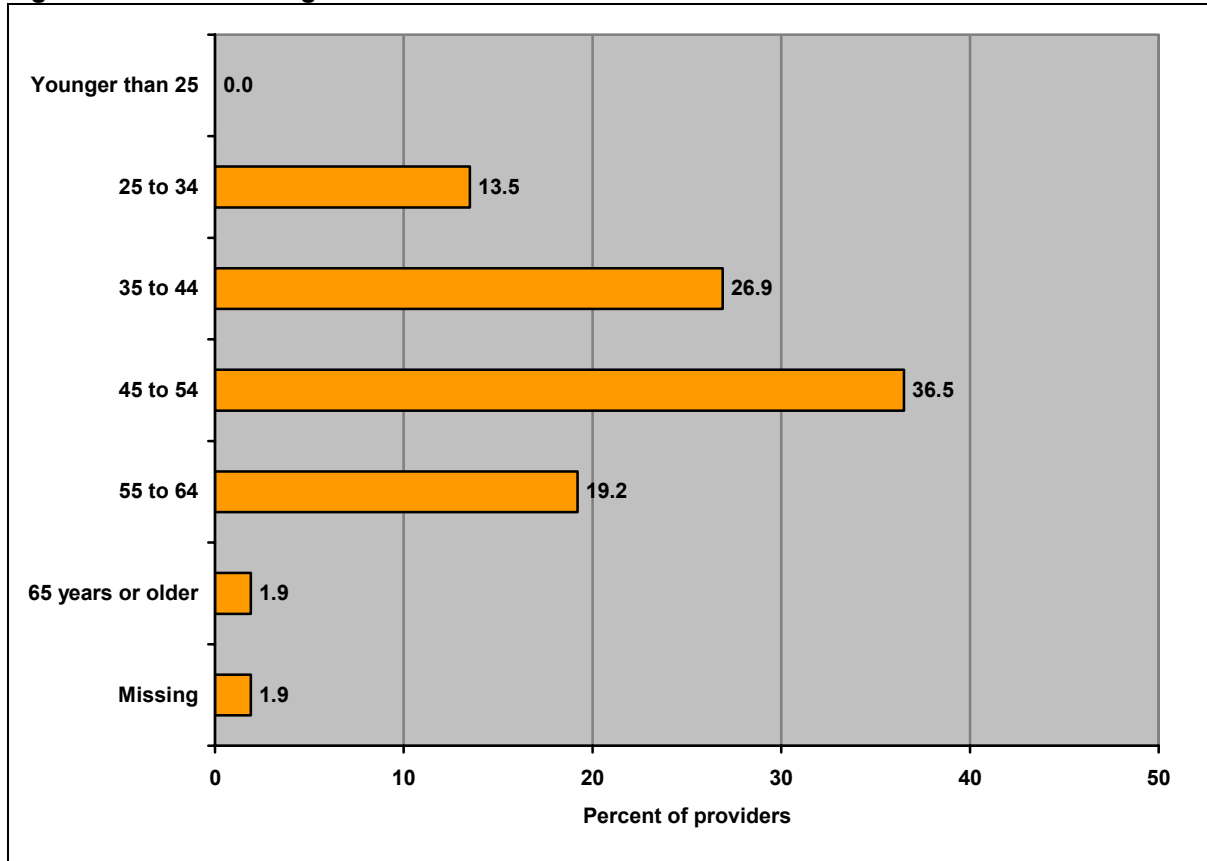
Figure 17. Provider's type of appointment



N=52

- The majority of providers indicated they are 35 to 54 years of age (63.4 percent) and 19.2 percent are 55 to 64 years old.
- See Figure 18 and Appendix Table 24 for overall distribution.

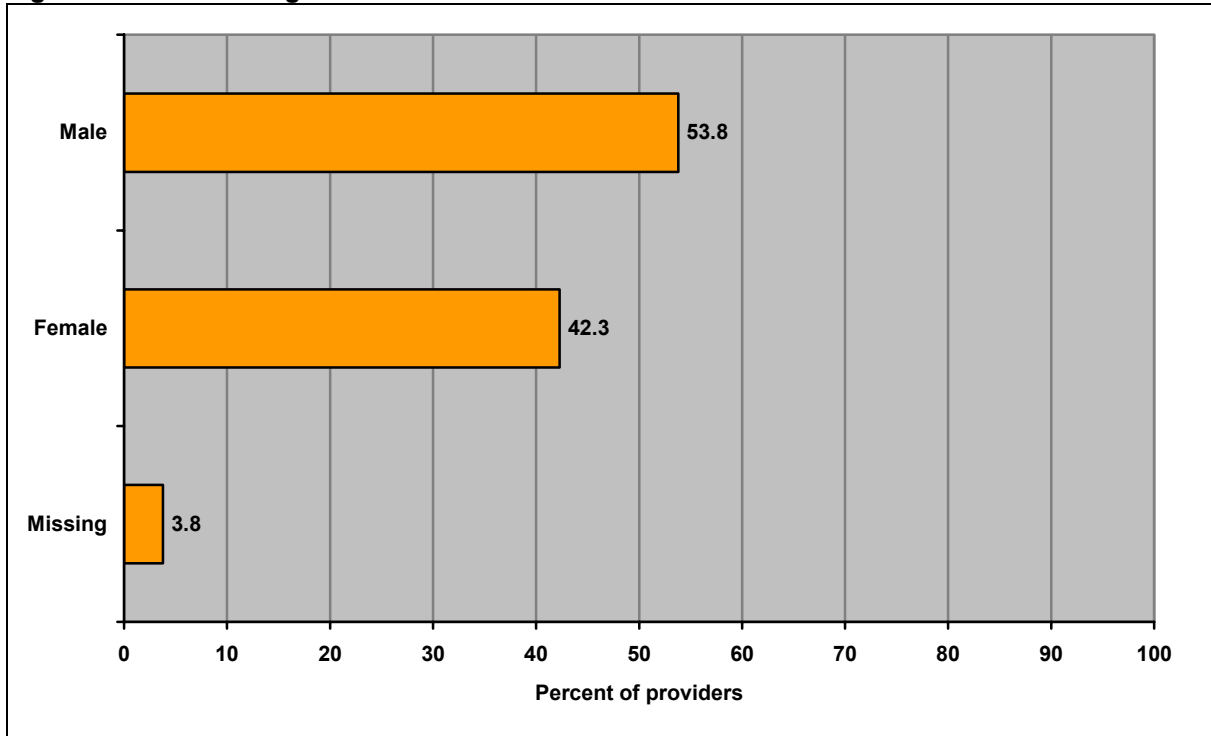
Figure 18. Provider's age



N=52

- A slight majority of providers indicated they are male (53.8 percent) while 42.3 percent are female.
- See Figure 19 and Appendix Table 25 for overall distribution.

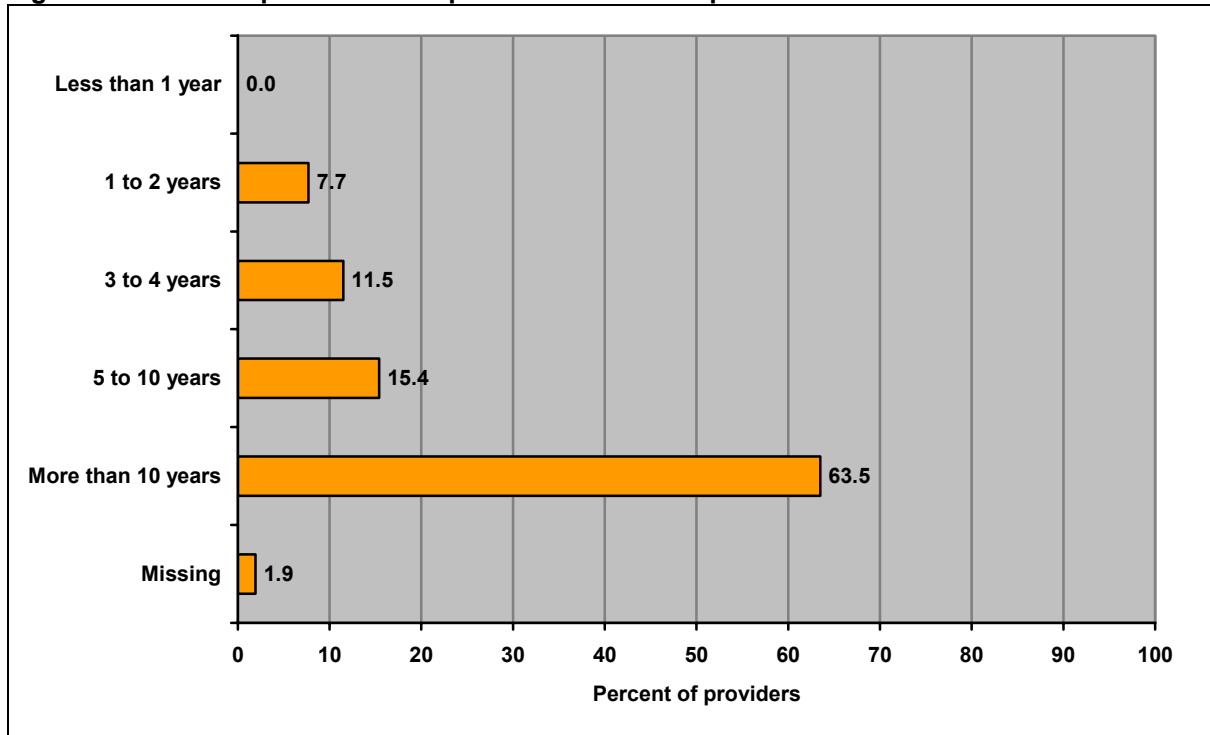
Figure 19. Provider's gender



N=52

- Nearly two-thirds of providers said that they have been practicing for more than 10 years in their area of expertise (63.5 percent). An additional 15.4 percent of providers indicated 5 to 10 years of practice in their area of expertise.
- Only 7.7 percent indicated they have, at most, two years of practice in their area of expertise.
- See Figure 20 and Appendix Table 26 for overall distribution.

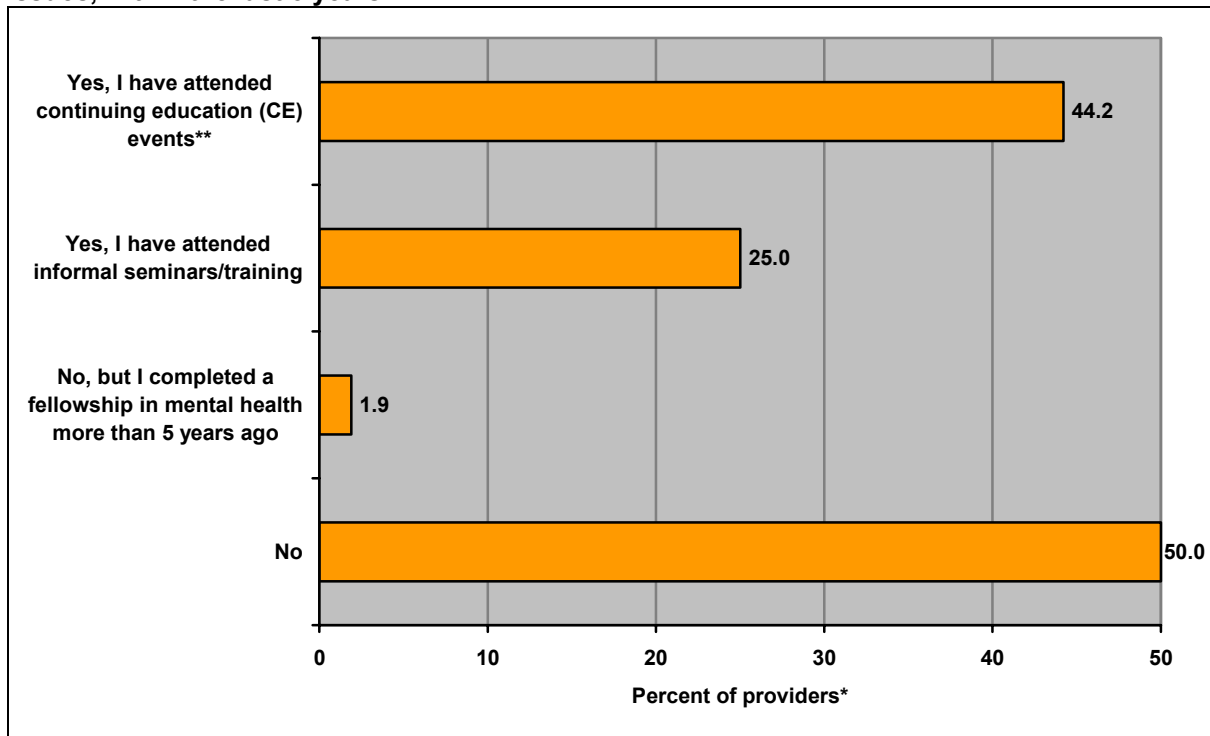
Figure 20. Years of practice in the provider's area of expertise



N=52

- Half of providers said they have not taken additional training relating to infant/child mental health issues within the last 5 years (50.0 percent). An additional 1.9 percent said they have not taken additional training within the last 5 years; however, they completed a fellowship in mental health more than 5 years ago.
- Forty-four percent of providers said they have attended continuing education events relating to infant/child mental health issues within the last 5 years (44.2 percent). *Among providers who have attended continuing education events relating to infant/child mental health issues (see Appendix Table 28 for details about continuing education events):*
 - Slightly more than half have attended one to three continuing education events (52.2 percent).
 - Another 43.5 percent have attended more than three continuing education events.
 - An additional 8.7 percent indicated that they have attended other continuing education events, including Physician Assistant school and work at Prairie/St. Johns (see Appendix Table 28).
- One-fourth of providers said they have attended informal seminars/training relating to infant/child mental health issues within the last 5 years (25.0 percent).
- See Figure 21 and Appendix Table 27 for overall distributions.

Figure 21. Whether provider has had additional training, relating to infant/child mental health issues, within the last 5 years



N=52

*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 28 for details about continuing education events.

Anecdotal Comments

When asked to share general comments at the end of the survey, providers indicated:

- “A top priority needs to be an ongoing attempt to identify early on, after birth of infant, potential high risk families, with high risk behaviors, adverse family history of seven psychiatric morbidity, single parents, poverty and low income; then we need to follow them closely for the first 7-8 years to identify, not just early childhood behavior problems, school failure potential. Good luck.”
- “Because of my place of employment, I have limited contact with children. Based on my observations with previous employment at a community health center, I feel the need exists for a better screening/evaluation process for these kids.”
- “Most of support comes from pharmacy [representative] dinners in Seroquel.”
- “The wait for mental health issue consultation is too long.”

When referring to barriers relating to external issues questions one provider said: “long waits, too many organizations/services involved without coordination of services, and transportation issues, homelessness, parents with drug/alcohol [problems] and mental health issues.”

APPENDIX TABLES

Appendix Table 1. Methods provider uses in IDENTIFYING mental health issues in children ages 0 to 5

Methods	Providers (N=52)	
	Number	Percent*
Observation in the office by myself or nursing staff	50	96.2
Previous documentation by other providers of mental health issues in patients' medical records	49	94.2
Information from or questions asked by parents/guardians (parents voiced concerns)	48	92.3
Assessment of co-existing conditions	38	73.1
Probing/screening process done by myself to "tease" out mental health issues of patient or other family members	35	67.3
Using DSM (Diagnostic Screening Manual) criteria	20	38.5
Other	8	15.4
<i>All of the above</i>	2	
<i>Consultations</i>	1	
<i>Pre-school/daycare observations</i>	2	
<i>Reports from social services and other agencies</i>	1	
<i>Screening tools (Vanderbilt, M-CHAT)</i>	1	
<i>Vanderbilt scales, teacher reports, school testing</i>	1	

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 2. Methods provider uses in TREATING mental health issues in children ages 0 to 5

Methods	Providers (N=52)	
	Number	Percent*
Evaluate myself and then refer out for management	37	71.2
Refer out for evaluation and management	36	69.2
Evaluate and begin management myself, then refer out for consultation	29	55.8
Evaluate and manage the problem myself	21	40.4
Refer out for evaluation and then take over management	20	38.5
Other	1	1.9
<i>I do all of the above, depending on the severity</i>	1	

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 3. Barriers relating to TRAINING provider has experienced when identifying and treating mental health issues in children ages 0 to 5

Barriers	Providers (N=52)	
	Number	Percent*
Lack of training in the treatment of mental health problems	30	57.7
Lack of confidence in ability to treat mental health problems with counseling	28	53.8
Lack of confidence in ability to treat mental health problems with medication	25	48.1
Lack of confidence in ability to treat mental health problems	22	42.3
Lack of training in ability to diagnose mental health problems	21	40.4
Lack of training in identifying mental health problems	17	32.7

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 4. Barriers relating to TIME CONSTRAINTS provider has experienced when identifying and treating mental health issues in children ages 0 to 5

Barriers	Providers (N=52)	
	Number	Percent*
Long waiting periods for mental health providers to see the referred child	41	78.8
Lack of time in overall schedule to treat mental health problems	31	59.6
Lack of time during appointment to accurately diagnose	24	46.2

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 5. Barriers relating to EXTERNAL ISSUES provider has experienced when identifying and treating mental health issues in children ages 0 to 5

Barriers	Providers (N=52)	
	Number	Percent*
Lack of providers with expertise to refer to	35	67.3
Non-compliance of family members/guardians	30	57.7
Cultural barriers	15	28.8
Language barriers	15	28.8
Lack of interaction between family members/guardians and providers	12	23.1
Unaware of a place to send them if mental health issues are identified	11	21.2

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 6. Barriers relating to REIMBURSEMENT/FINANCIAL ISSUES provider has experienced when identifying and treating mental health issues in children ages 0 to 5

Barriers	Providers (N=52)	
	Number	Percent*
Unfamiliarity with CPT codes that reimburse for treating child mental health problems	17	32.7
Concern about liability coverage for treating child mental health problems	13	25.0
Inadequate reimbursement for treating child mental health problems	13	25.0
Restrictions of managed care	5	9.6
Other barriers	2	3.8
<i>Medications are expensive, often not covered by insurance</i>	1	
<i>No insurance for medication</i>	1	

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 7. Level of priority for possible future opportunities relating to mental health services for children ages 0 to 5

Future opportunities	Level of priority (1=Not a priority, 5=A high priority)								
	Mean*	Percent of providers (N=52)							
		1	2	3	4	5	DNK	Missing	Total
Access to referrals/referral sources when treating mental health issues	4.37	3.8	1.9	1.9	30.8	50.0	1.9	9.6	99.9
A list of providers who identify and treat mental health issues	4.26	5.8	3.8	3.8	25.0	51.9	0.0	9.6	99.9
Greater access to resources in treating mental health issues	4.00	5.8	1.9	9.6	40.4	30.8	1.9	9.6	100.0
A standard screening tool with which to identify mental health issues	3.91	1.9	5.8	17.3	38.5	26.9	0.0	9.6	100.0
Information regarding the referral process when identifying mental health issues	3.82	5.8	1.9	21.2	30.8	26.9	3.8	9.6	100.0
Communication/ collaboration with other health providers who treat mental health issues	3.81	5.8	1.9	17.3	44.2	21.2	0.0	9.6	100.0
Educational/training opportunities that identify mental health issues	3.70	3.8	9.6	19.2	34.6	23.1	0.0	9.6	99.9
Educational/training opportunities for treating mental health issues	3.50	5.8	13.5	23.1	23.1	23.1	0.0	11.5	100.1
Other interests**	2.00	3.8	0.0	0.0	1.9	0.0	9.6	84.6	99.9

Note: DNK=Do not know

*Means are based on a 1 to 5 scale, with 1 being "Not a priority" and 5 being "A high priority," and exclude "Do not know" and "Missing" responses.

**Specific "other interests" were not identified.

Appendix Table 8. Best estimate of the total number of children ages 0 to 5 providers see in an average month

Number of children seen	Providers	
	Number	Percent
5	1	1.9
8	1	1.9
10	3	5.8
12	1	1.9
15	3	5.8
18	1	1.9
20	4	7.7
30	2	3.8
36	1	1.9
40	3	5.8
50	2	3.8
60	4	7.7
70	2	3.8
75	1	1.9
80	3	5.8
90	3	5.8
100	5	9.6
120	2	3.8
125	1	1.9
150	1	1.9
200	2	3.8
250	2	3.8
300	3	5.8
400	1	1.9
Missing	0	0.0
Total	52	99.7
Mean number of children	90.27	
Median number of children	65	

Appendix Table 9. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are infants and toddlers (ages 0 to 2)

Percent of children seen	Providers	
	Number	Percent
3.0%	2	3.8
10.0%	2	3.8
20.0%	4	7.7
25.0%	3	5.8
30.0%	3	5.8
33.0%	1	1.9
40.0%	4	7.7
45.0%	1	1.9
50.0%	10	19.2
60.0%	9	17.3
65.0%	2	3.8
66.0%	1	1.9
70.0%	3	5.8
75.0%	4	7.7
80.0%	2	3.8
Missing	1	1.9
Total	52	99.8
Mean percent of children*	47.4	

*Mean excludes "Missing" responses.

Appendix Table 10. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are preschoolers (ages 3 to 5)

Percent of children seen	Providers	
	Number	Percent
3.0%	1	1.9
5.0%	1	1.9
20.0%	4	7.7
25.0%	4	7.7
30.0%	4	7.7
33.0%	1	1.9
35.0%	2	3.8
40.0%	9	17.3
50.0%	11	21.2
55.0%	1	1.9
60.0%	4	7.7
67.0%	1	1.9
70.0%	2	3.8
75.0%	2	3.8
80.0%	2	3.8
90.0%	2	3.8
100.0%	1	1.9
Missing	0	0.0
Total	52	99.7
Mean percent of children	46.4	

Appendix Table 11. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who have speech and learning issues

Percent of children seen	Providers	
	Number	Percent
0.0%	2	3.8
1.0%	7	13.5
2.0%	9	17.3
3.0%	2	3.8
4.0%	2	3.8
5.0%	13	25.0
10.0%	12	23.1
15.0%	1	1.9
20.0%	1	1.9
Missing	3	5.8
Total	52	99.9
Mean percent of children*	5.3	

*Mean excludes "Missing" responses.

Appendix Table 12. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who have behavioral disorders/hyperactivity/possible ADHD

Percent of children seen	Providers	
	Number	Percent
0.0%	3	5.8
1.0%	5	9.6
2.0%	5	9.6
3.0%	1	1.9
4.0%	1	1.9
5.0%	20	38.5
10.0%	10	19.2
15.0%	1	1.9
20.0%	1	1.9
25.0%	1	1.9
30.0%	1	1.9
Missing	3	5.8
Total	52	99.9
Mean percent of children*	6.4	

*Mean excludes "Missing" responses.

Appendix Table 13. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who have developmental delays

Percent of children seen	Providers	
	Number	Percent
0.0%	3	5.8
0.5%	1	1.9
1.0%	10	19.2
2.0%	8	15.4
3.0%	3	5.8
4.0%	1	1.9
5.0%	15	28.8
10.0%	6	11.5
20.0%	1	1.9
50.0%	1	1.9
Missing	3	5.8
Total	52	99.9
Mean percent of children*	5.0	

*Mean excludes "Missing" responses.

Appendix Table 14. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who have behavioral/social/emotional difficulties

Percent of children seen	Providers	
	Number	Percent
0.0%	5	9.6
1.0%	2	3.8
2.0%	5	9.6
5.0%	12	23.1
10.0%	13	25.0
15.0%	3	5.8
20.0%	6	11.5
25.0%	2	3.8
30.0%	1	1.9
Missing	3	5.8
Total	52	99.9
Mean percent of children*	9.1	

*Mean excludes "Missing" responses.

Appendix Table 15. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who have mood disorders/possible mood disorders

Percent of children seen	Providers	
	Number	Percent
0.0%	11	21.2
1.0%	9	17.3
2.0%	9	17.3
3.0%	1	1.9
5.0%	10	19.2
10.0%	6	11.5
15.0%	1	1.9
Missing	5	9.6
Total	52	99.9
Mean percent of children*	3.3	

*Mean excludes "Missing" responses.

Appendix Table 16. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are refugees/New Americans

Percent of children seen	Providers	
	Number	Percent
0.0%	13	25.0
1.0%	5	9.6
2.0%	9	17.3
2.5%	1	1.9
3.0%	1	1.9
5.0%	9	17.3
6.0%	1	1.9
10.0%	5	9.6
20.0%	1	1.9
30.0%	1	1.9
40.0%	1	1.9
50.0%	3	5.8
Missing	2	3.8
Total	52	99.8
Mean percent of children*	7.4	
Median percent of children*	2.0	

*Mean and median exclude "Missing" responses.

Appendix Table 17. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are Native Americans and other minorities

Percent of children seen	Providers	
	Number	Percent
0.0%	5	9.6
1.0%	1	1.9
2.0%	5	9.6
2.5%	1	1.9
3.0%	5	9.6
4.0%	1	1.9
5.0%	14	26.9
6.0%	1	1.9
10.0%	9	17.3
20.0%	3	5.8
25.0%	2	3.8
30.0%	2	3.8
40.0%	1	1.9
50.0%	1	1.9
Missing	1	1.9
Total	52	99.7
Mean percent of children*	9.0	
Median percent of children*	5.0	

*Mean and median exclude "Missing" responses.

Appendix Table 18. Of the total number of children ages 0 to 5 provider sees in an average month, proportion who are uninsured

Percent of children seen	Providers	
	Number	Percent
0.0%	7	13.5
1.0%	3	5.8
2.0%	3	5.8
3.0%	2	3.8
5.0%	11	21.2
8.0%	1	1.9
10.0%	7	13.5
15.0%	3	5.8
20.0%	5	9.6
50.0%	1	1.9
100.0%	1	1.9
Missing	8	15.4
Total	52	100.1
Mean percent of children*	10.1	
Median percent of children*	5.0	

*Mean and median exclude "Missing" responses.

Appendix Table 19. The level of influence the provider’s organization has on how provider screens and/or treats mental health issues in children ages 0 to 5 based on their financial resources (e.g., health insurance)

Level of influence	Providers	
	Number	Percent
1 - Not at all	28	53.8
2	11	21.2
3	6	11.5
4	4	7.7
5 - A great deal	0	0.0
Missing	3	5.8
Total	52	100.0
Mean*	1.71	

*Mean is based on a 1 to 5 scale, with 1 being “Not at all” and 5 being “A great deal,” and excludes “Missing” responses.

Appendix Table 20. Type of provider

Type of provider*	Providers	
	Number	Percent
Medical Doctors (MDs)	39	75.0
Physician Assistants	6	11.5
Nurse Practitioners	7	13.5
Total	52	100.0

***“Type of provider” data come from the original list of the target group of providers for providers who responded to the survey and see children ages 0 to 5, not from Q12 on the survey.

Appendix Table 21. Provider’s type of practice

Type of practice	Providers (N=52)	
	Number	Percent*
Multi-specialty health system	27	51.9
1 to 5 physician setting	10	19.2
Walk-in	8	15.4
Independent practice	6	11.5
Satellite	4	7.7
Pediatric group practice	3	5.8
Other	10	19.2
<i>Child/adolescent maltreatment services</i>	1	
<i>Community clinic</i>	1	
<i>Community health center</i>	1	
<i>Community health center: 3 physicians, 4 FNPs</i>	1	
<i>Emergency room</i>	1	
<i>Family practice rural health</i>	1	
<i>Neurosurgery</i>	1	
<i>Orthopedic surgery</i>	1	
<i>Pediatric specialty hematology/oncology</i>	1	
<i>Retail based clinic</i>	1	

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 22. Provider's area of expertise

Area of expertise	Providers	
	Number	Percent
Family practice	32	61.5
Pediatrics	12	23.1
Other	4	7.7
<i>Neurosurgery</i>	1	
<i>Orthopedic surgery</i>	1	
<i>Pediatric hematology/oncology</i>	1	
<i>Urgent care</i>	1	
Missing	4	7.7
Total	52	100.0

Appendix Table 23. Provider's type of appointment

Type of appointment	Providers	
	Number	Percent
Full-time	41	78.8
Part-time	7	13.5
Missing	4	7.7
Total	52	100.0

Appendix Table 24. Provider's age

Years of age	Providers	
	Number	Percent
Younger than 25	0	0.0
25 to 34	7	13.5
35 to 44	14	26.9
45 to 54	19	36.5
55 to 64	10	19.2
65 years or older	1	1.9
Missing	1	1.9
Total	52	99.9

Appendix Table 25. Provider's gender

Gender	Providers	
	Number	Percent
Male	28	53.8
Female	22	42.3
Missing	2	3.8
Total	52	99.9

Appendix Table 26. Years of practice in the provider's area of expertise

Years of practice	Providers	
	Number	Percent
Less than 1 year	0	0.0
1 to 2 years	4	7.7
3 to 4 years	6	11.5
5 to 10 years	8	15.4
More than 10 years	33	63.5
Missing	1	1.9
Total	52	100.0

Appendix Table 27. Whether provider has had additional training, relating to infant/child mental health issues, within the last 5 years

Additional training	Providers (N=52)	
	Number	Percent*
Yes, I have attended continuing education (CE) events**	23	44.2
Yes, I have attended informal seminars/training	13	25.0
No, but I completed a fellowship in mental health more than 5 years ago	1	1.9
No	26	50.0

*Percentages do not equal 100.0 due to multiple responses.

**See Appendix Table 28 for details about continuing education events.

Appendix Table 28. Among providers who have attended continuing education events within the last 5 years, continuing education events attended

Continuing education (CE) events	Providers (N=23)	
	Number	Percent*
1 to 3 CE events	12	52.2
More than 3 CE events	10	43.5
Fellowship in mental health	0	0.0
Other	2	8.7
<i>Physician Assistant school: psychology/pediatric rotations</i>	1	
<i>Worked during physical exams on adolescents at Prairie/St. Johns for 5 years, more than 3 years ago</i>	1	

*Percentages do not equal 100.0 due to multiple responses.

SURVEY COVER LETTERS

July 27, 2007

Dear

Dr. Linda Getz-Kleiman of Dakota Clinic has been awarded a 2007 Community Access to Child Health (CATCH) planning grant through the American Academy of Pediatrics. This planning grant allows for pediatricians to plan innovative, community-based initiatives that increase children's access to specific health services not otherwise available. With this grant, we are conducting a research study that will survey pediatricians, family practice physicians, physician assistants and nurse practitioners in Cass and Clay counties about current practices, barriers and opportunities to identify mental health concerns in children ages birth to 5 years.

Partners in this research study include Dr. Richard Rathge and staff of the North Dakota State Data Center who are conducting this survey and Clay County Public Health who will provide fiscal management and coordination by Gina Nolte.


You are invited to participate in this study. The enclosed survey is voluntary and should take no more than 10 minutes to complete. You may leave blank any questions you do not want to answer. The information you provide will be combined with that of other participants and your identity will be kept confidential.


You may return your survey via the envelope provided or you may fax your survey to the North Dakota State Data Center at 701-231-9730. We would very much appreciate having surveys returned by **August 17, 2007**. A report of the survey findings will be shared early this fall.

If you have questions about the study, you may call Dr. Richard Rathge at (701) 231-8621. If you have questions about the rights of human research participants or to report a problem, you may call the North Dakota State University Institutional Review Board at (701) 231-8908, or email ndsu.irb@ndsu.edu.

Thank you very much for helping us with this important study.

Sincerely,


Linda Getz-Kleiman, MD
Dakota Clinic – West Acres


Gina Nolte
Clay County Public Health

September 4, 2007

Dear

Dr. Linda Getz-Kleiman of Dakota Clinic has been awarded a 2007 Community Access to Child Health (CATCH) planning grant through the American Academy of Pediatrics.

With this grant, we are conducting a research study that will survey pediatricians, family practice physicians, physician assistants and nurse practitioners in Cass and Clay counties about current practices, barriers and opportunities to identify mental health concerns in children ages birth to 5 years.

A few weeks ago we mailed you a survey. If you have not already done so, please take a few moments to fill it out and return it in the enclosed postage-paid envelope. Your feedback is important – results from this research study will provide insight into identifying and treating mental health issues in children. If you do not see children in your practice, simply check the box indicating this and return the survey.

Partners in this research study include Dr. Richard Rathge and staff of the North Dakota State Data Center at North Dakota State University who are conducting this survey and Gina Nolte of Clay County Public Health who will provide fiscal management and coordination.

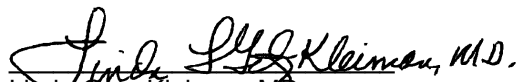
You are invited to participate in this study. The enclosed survey is voluntary and should take no more than 10 minutes to complete. You may leave blank any questions you do not want to answer. The information you provide will be combined with that of other participants and your identity will be kept confidential.

You may return your survey via the envelope provided or you may fax your survey to the North Dakota State Data Center at 701-231-9730. It is important that we have all surveys returned by **September 14, 2007**. A report of the survey findings will be shared early this fall.

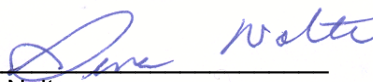
If you have questions about the study, you may call Dr. Richard Rathge at (701) 231-8621. If you have questions about the rights of human research participants or to report a problem, you may call the North Dakota State University Institutional Review Board at (701) 231-8908, or email ndsu.irb@ndsu.edu.

Thank you very much for helping us with this important study.

Sincerely,



Linda Getz-Kleiman, MD
Dakota Clinic – West Acres



Gina Nolte
Clay County Public Health

SURVEY INSTRUMENT

Identifying mental health issues in infants and children ages 0 to 5: *Survey of providers in Clay and Cass counties*

This research study is sponsored by Clay County Public Health Department and is being conducted by the North Dakota State Data Center at North Dakota State University. Your participation is voluntary and you may quit the survey at any time. The survey will take approximately 10 minutes. The information you provide is strictly confidential and no identifying information is being requested. We would very much appreciate having surveys returned by **August 17, 2007**.

If you have questions about the study, please call Dr. Richard Rathge at the North Dakota State Data Center (701) 231-8621 or Dr. Linda Getz-Kleiman at Dakota Clinic (701) 364-6600. If you have questions about your rights as a human research subject, please call the North Dakota State University Institutional Review Board at (701) 231-8908.

The purpose of this research study is to survey providers (i.e., pediatricians, family practice physicians, physician assistants and nurse practitioners) about current practices, barriers and opportunities in identifying mental health concerns in children ages 0 to 5 years of age. If you do not see children ages 0 to 5, please check the box below and return the survey.

- I do not see children ages 0 to 5. [If you do not see children ages 0 to 5, there is no need to complete the survey. Please check the box and return the survey in the envelope provided].**

PATIENT BASE

Please tell us about the children ages 0 to 5 you see in an AVERAGE MONTH.

- 1) What is your best estimate of the total number of children ages 0 to 5 you see in an average month?
____(number)
 - a) What proportion are infants and toddlers (ages 0 to 2)? _____%
 - b) What proportion are preschoolers (ages 3 to 5)? _____%
- 2) Of the total number of children ages 0 to 5 you see in an average month...
 - a) What proportion have behavioral/social/emotional difficulties? _____%
 - b) What proportion have behavioral disorders/hyperactivity/possible ADHD? _____%
 - c) What proportion have mood disorders/possible mood disorders? _____%
 - d) What proportion have speech and learning issues? _____%
 - e) What proportion have developmental delays? _____%
- 3) Of the total number of children ages 0 to 5 you see in an average month...
 - a) What proportion are refugees/New Americans? _____%
 - b) What proportion are Native Americans and other minorities? _____%
- 4) Of the total number of children ages 0 to 5 you see in an average month, what proportion are uninsured? _____%
- 5) On a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," to what degree do the requirements of the organization to which you are affiliated influence how you screen and/or treat mental health issues in children ages 0 to 5 based on their financial resources (e.g., health insurance)? Please circle your answer.

Not at all-1 2 3 4 5-a great deal

IDENTIFICATION AND TREATMENT OF MENTAL HEALTH ISSUES

Listed below are methods that may be used when **IDENTIFYING** and **TREATING** mental health issues in children ages 0 to 5. Please select the methods that you utilize in identifying mental health issues and in treating mental health issues. Circle the letters of the options that apply to you.

- 5) Methods you use in **identifying** mental health issues
- a) Observation in the office by myself or nursing staff
 - b) Previous documentation by other providers of mental health issues in patients' medical records
 - c) Information from or questions asked by parents/guardians (parents voiced concerns)
 - d) Probing/screening process done by myself to "tease" out mental health issues of patient or other family members
 - e) Assessment of co-existing conditions
 - f) Using DSM criteria
 - g) Other (specify) _____
- 6) Methods you use in **treating** mental health issues
- a) Evaluate and manage the problem myself
 - b) Evaluate and begin management myself, then refer out for consultation
 - c) Evaluate myself and then refer out for management
 - d) Refer out for evaluation and management
 - e) Refer out for evaluation and then take over management
 - f) Other (specify) _____

BARRIERS TO IDENTIFYING AND TREATING MENTAL HEALTH ISSUES

What are the barriers relating to training, time constraints, external issues, and reimbursement/financial issues, that you experience when identifying and treating mental health issues in children ages 0 to 5? Please circle the letters of the options that apply to you in each of the four areas.

- 7) Barriers relating to **training**
- a) Lack of training in identifying mental health problems
 - b) Lack of training in ability to diagnose mental health problems
 - c) Lack of training in the treatment of mental health problems
 - d) Lack of confidence in ability to treat mental health problems
 - e) Lack of confidence in ability to treat mental health with counseling
 - f) Lack of confidence in ability to treat mental health with medication
- 8) Barriers relating to **time constraints**
- a) Lack of time during appointment to accurately diagnose
 - b) Lack of time in overall schedule to treat mental health problems
 - c) Long waiting periods for mental health providers to see the referred child
- 9) Barriers relating to **external issues**
- a) Unaware of a place to send them if mental health issues are identified
 - b) Lack of providers with expertise to refer to
 - c) Language barriers
 - d) Cultural barriers
 - e) Non-compliance of family members/guardians
 - f) Lack of interaction between family members/guardians and providers

10) Barriers relating to **reimbursement/financial issues**

- a) Inadequate reimbursement for treating child mental health problems
 - b) Concern about liability coverage for treating child mental health problems
 - c) Unfamiliarity with CPT codes that reimburse for treating child mental health problems
 - d) Restrictions of managed care
 - e) Other barriers
- (specify) _____
-

FUTURE OPPORTUNITIES

11) Below is a list of possible future opportunities relating to mental health services for children 0 to 5. On a scale from 1 to 5, where 1 is “not a priority” and 5 is “a high priority,” how much of a priority for you is each listing? Please circle your answers.

Future Opportunities	Level of Priority (1=not ... 5=high)					
a) A standard screening tool with which to identify mental health issues	1	2	3	4	5	DNK
b) Educational/training opportunities that identify mental health issues	1	2	3	4	5	DNK
c) Educational/training opportunities for treating mental health issues	1	2	3	4	5	DNK
d) A list of providers who identify and treat mental health issues	1	2	3	4	5	DNK
e) Greater access to resources in treating mental health issues	1	2	3	4	5	DNK
f) Access to referrals/referral sources when treating mental health issues	1	2	3	4	5	DNK
g) Information regarding the referral process when identifying mental health issues	1	2	3	4	5	DNK
h) Communication/collaboration with other health providers who treat mental health issues	1	2	3	4	5	DNK
i) Other interests (specify)	1	2	3	4	5	DNK

Note: DNK=Do not know

RESPONDENT PROFILE

Please provide some background information. Please circle the letters of the options that apply to you.

12) What type of provider are you?

- a) MD
- b) Physician Assistant
- c) Nurse Practitioner
- d) Other (specify) _____

- 13) What is your type of practice (circle the letters of all that apply)?
- a) 1 to 5 physician setting
 - b) Pediatric group practice
 - c) Multi-specialty health system
 - d) Independent practice
 - e) Walk-in
 - f) Satellite
 - g) Other (specify)_____
- 14) What is your area of expertise?
- a) Pediatrics
 - b) Family Practice
 - c) Other (specify)_____
- 15) What is your appointment?
- a) Full-time
 - b) Part-time
- 16) What is your age?
- a) Younger than 25
 - b) 25 to 34
 - c) 35 to 44
 - d) 45 to 54
 - e) 55 to 64
 - f) 65 years or older
- 17) What is your gender?
- a) Male
 - b) Female
- 18) How many years have you been practicing in your area of expertise?
- a) Less than 1 year
 - b) 1 to 2 years
 - c) 3 to 4 years
 - d) 5 to 10 years
 - e) More than 10 years
- 19) Have you had additional training, relating to infant/child mental health issues, within the last 5 years?
- a) Yes, I have attended informal seminars/training
 - b) Yes, I have attended continuing education (CE) events (specify below-check all that apply)
 - ___ 1 to 3 CE events
 - ___ More than 3 CE events
 - ___ Fellowship in mental health
 - ___ Other (specify_____)
 - c) No, but I completed a fellowship in mental health more than 5 years ago
 - d) No
- 20) If there are additional comments you would like to add, please include them in the space below.

THANK YOU FOR TAKING THE TIME TO HELP US WITH THIS IMPORTANT STUDY