Presented at the 17th Annual RTC Conference, Tampa FL, 2/29 – 3/3 2004. For more information, contact Jennifer Taub: jennifer.taub@umassmed.edu

Background and Purpose

- Many psychoactive prescription drugs are written by physicians without specific psychiatric training
- There are many unanswered questions about experiences of providers, case workers, and caregivers of children with SED
- The purpose of this study was to learn about these experiences to better understand current psychopharmacology prescribing to children and adolescents

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Past Research and the Scope of the Problem

- Studies find that more than half of children receiving stimulant medications do not meet criteria for ADHD[1]
- Pediatricians write most prescriptions for ADHD medications[2]
- One study found most pediatricians prescribed SSRIs to their patients, and a third of those prescribed them in combination with other psychotropic medications[3]
- Since the late 1990's, there has been a 3 to 5-fold increase in anti-depressant prescriptions, and a 7-fold increase in amphetamine prescriptions for children[4]
- In recent years, prescriptions of antidepressants to preschoolers have more than doubled[5]
- In Massachusetts, almost a third (28%) of all psychoactive medications prescribed in 2001 to children were prescribed by pediatricians[6]

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Participants

Three Focus Groups were held:

1. Parents/Caregivers whose children had received medications for their behavioral and psychiatric disorders (n = 7)
2. Case Workers whose job it is to connect children in need of services with professionals that can help them (n = 6)
3. Pediatricians who had recently prescribed psychoactive medications for their patients (n=3)

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Focus Groups

- Each Focus Group lasted 60 - 90 minutes
- Informed consent was obtained
- Parents and Case Workers were paid $30
- Physicians were paid $100
- One team member facilitated the discussion, while another took notes
- Discussions were audiotaped

Parent Identified Problems

- Parents said it often took years for their child to received adequate psychiatric treatment
  - Wait lists for child psychiatrists were between 3 and 6 months
  - Most reported 2-5 years until correct diagnosis
  - Frustrations were expressed regarding misdiagnoses, resulting in improper or ineffective treatment: While in such treatment, many parents "feel like my child's life is going by"
  - Trouble getting testing referrals: "I asked my pediatrician for a testing referral for 2 1/2 years but the doctor refused"

Parent Identified Problems

- Many parents feel physicians don't listen to their concerns about their children's emotional or behavioral problems
- Great concern was expressed regarding the high turnover rate among therapists and psychiatrists. Parents said that once their child would start to feel comfortable with their clinician, they would leave, creating gaps in care
- Inadequate psychopharmacology prescribing: Parents reported some physicians continue to refill prescriptions for months or years, without any follow-up

What do parents feel needs to be changed?

- Better communication between pediatricians and psychiatrists
- Support from the school system
  - Earlier recognition of problems
  - More appropriate responses by schools to the needs of the children
- Reduced turnover among therapists
- More effective advocacy and education for parents
- More referrals for psychological testing and psychopharmacological treatment

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Case Worker Identified Problems

- Concern with the lack of continuity of care
  - "Children are left hanging if their psychiatrist leaves - they aren't even able to refill their prescriptions!"
- Pediatricians overdiagnose ADHD
  - "Every time you take a child to a pediatrician, they leave with a prescription for Ritalin"

Case Worker Identified Problems

- Insurance is a major barrier: This just limits access to providers even more
- The lack of psychiatric providers: One participant said "I called every psychiatrist in the phone book, and was unable to get an appointment for my Medicaid insured client"
- Access to psychological assessments described as difficult to impossible

What do Case Workers feel needs to change?

- "Find out why the turnover rates are so bad and fix the problem!"
- Easier access to psychiatrists
- Better coordination of care
- Need for culturally competent therapists

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Pediatrician Identified Problems

- Extremely difficult to get psychiatric referrals for their patients
  - Usually because of insurance issues, or because the doctors aren't taking new patients
- Personal connections are a necessity in getting referrals: "I get psych referrals through begging!"

Pediatrician Identified Problems

- Many patients are uncomfortable seeing a psychiatrist, or can't wait for their name to come up on a list. "They would rather have me prescribe for psychiatric issues".
- While on waiting lists, "people get frustrated, angry, and begin demanding medication from me"

What do Pediatricians feel needs to change?

- Improved access to referrals for patients
- Additional supports, both formal and informal, for psychopharm prescribing by pediatricians
- Copies of treatment notes detailing diagnosis, medication and plan for treatment

Summary

All three groups agreed:

- Access to psychiatric & psychological care is a substantial problem
- There is a lack of continuity of care and clinician turnover rate is too high
- Teamwork & communication are very important between psychiatrists, pediatricians, family and other people involved with the care of the child

Summary

- Differences were most pronounced in the area of diagnoses, especially with ADHD:
  - Pediatricians felt confident in their abilities to diagnose and treat ADHD, but less so with other psychological disorders
  - Both parents and case workers felt they struggled getting accurate diagnoses for many children. They reported frustration with pediatricians who, they felt, over diagnosed ADHD while under diagnosing other psychological disorders

Policy Implications

- Training: Demands to treat behavioral concerns will likely increase for pediatricians. Additional child psychopharmacological training would be useful and welcomed by pediatricians
- Services: Programs and services are greatly needed to improve access to child psychiatric services
- Sharing information: While it is common in other health care arenas for specialists to send treatment notes to referring physicians, this is not usual between pediatricians and psychiatrists. Opening more consistent lines of communication would help pediatricians manage medications for their patients

Policy Implications

- Testing and assessment: Increased access to diagnostic services such as psychological testing and neuropsychological assessments is needed
- Reimbursement: Financial incentives for psychiatrists and therapists need to be realigned:
  - To decrease turnover among clinicians and therapists
  - To encourage clinicians to see patients with Medicaid and other forms of insurance
  - To support reimbursement for collateral care, including consultation between psychiatrists and pediatricians

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