

The Collaborative Care Model: Improving Access to Children's Mental Health Care

Kennedy LaVile Thoren, BSN, RN, PMHNP-DNP Student
 MercyOne Clinics – Des Moines, Iowa



Introduction

- Clinicians in primary care clinics are seeing a high number of children and adolescents with a mental health disorder¹
- Approximately 13% to 20% of children living in the U.S. have mental health disorders each year²
- Only 20% of the 17.1 million children in need of mental health care in the United States receive treatment¹
- Iowa has a workforce shortfall of 70% the estimated need of child and adolescent psychiatry providers³
- Average wait times for pediatric patients to see a child and adolescent psychiatry provider averages 7.5 weeks⁴

Purpose

- Purpose:**
- The purpose of this project was to improve access to children's mental health care by initiating the implementation of the Collaborative Care Model (CoCM; see Figure 1) within MercyOne Des Moines' pediatric primary care clinics.

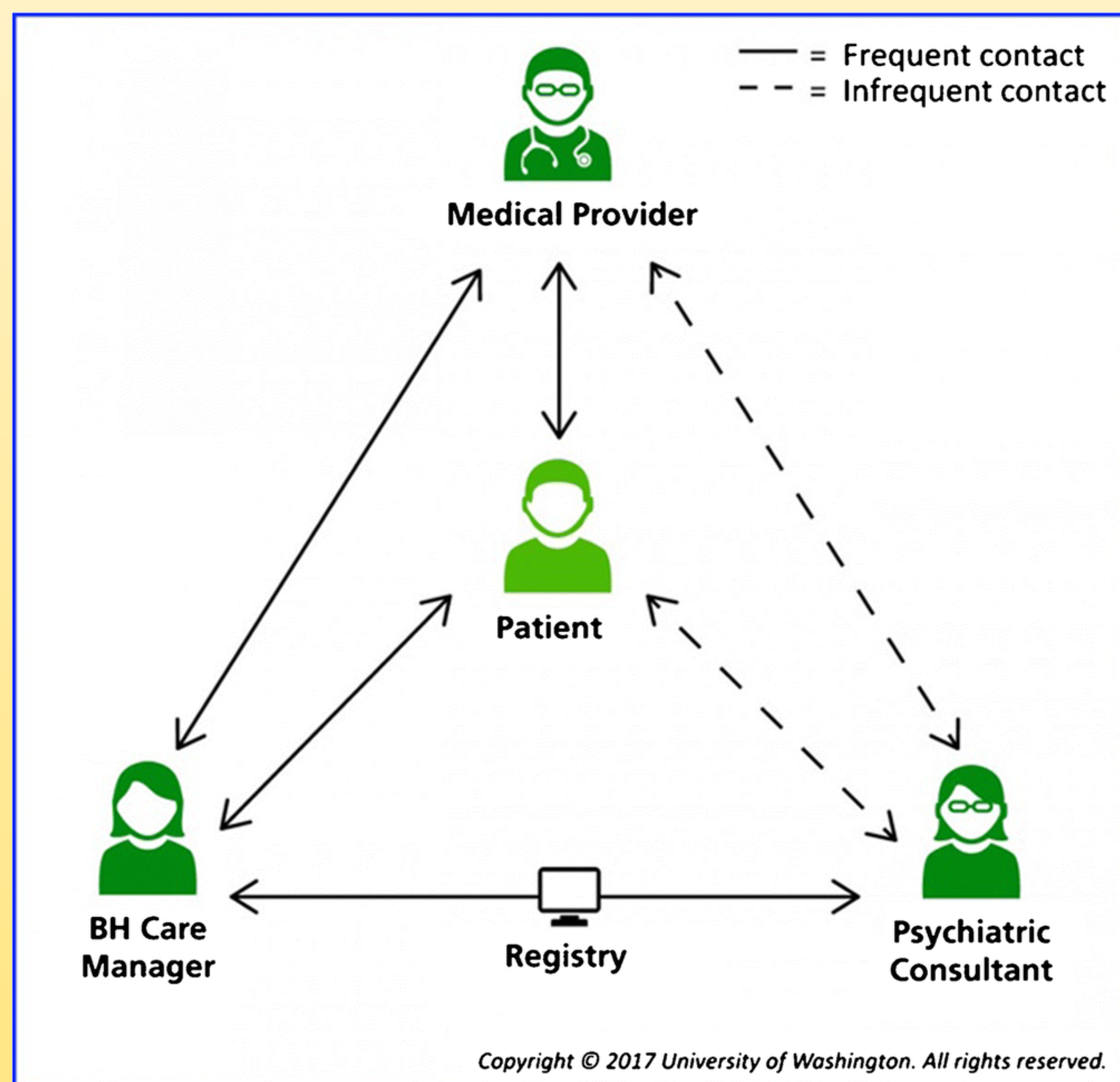
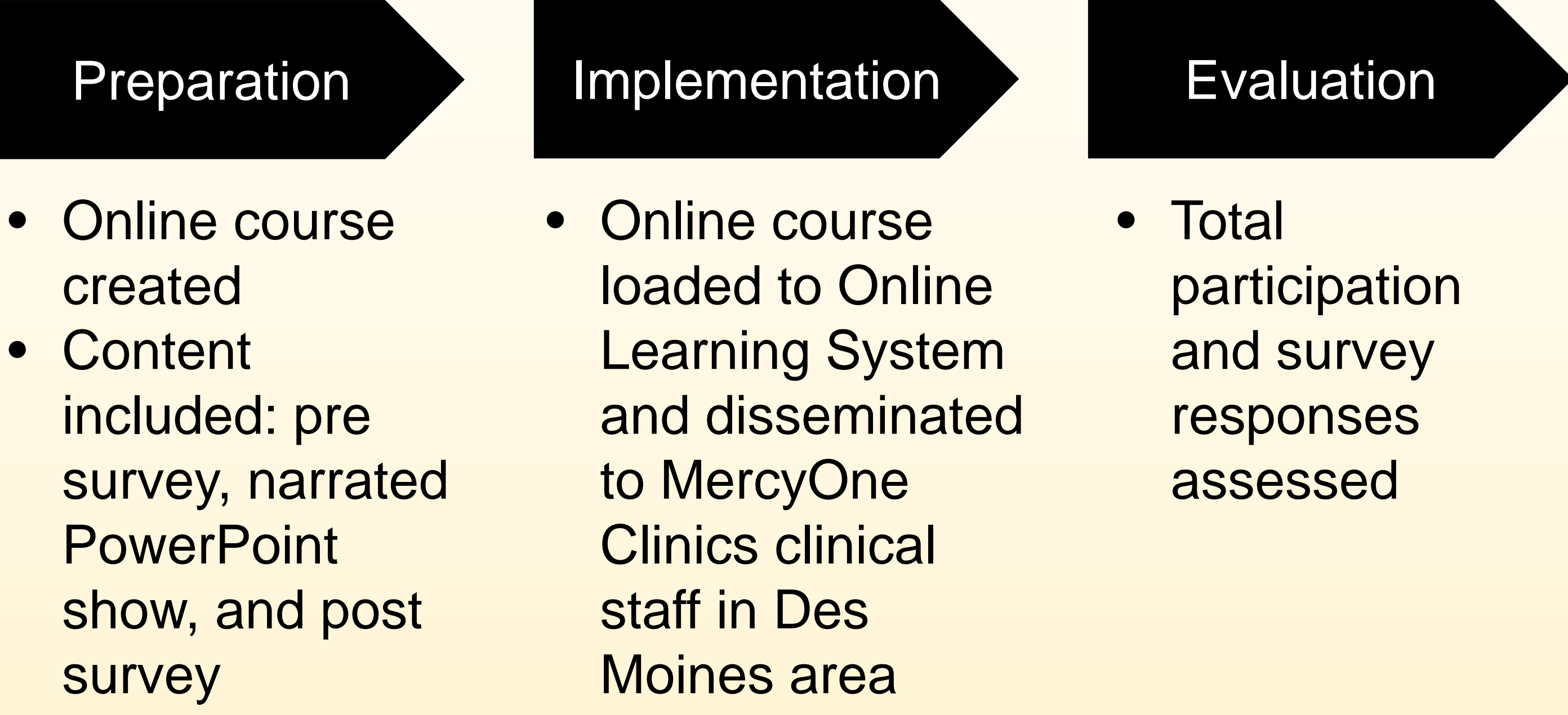


Figure 1. CoCM team structure.⁵

- Objectives:**
1. Develop an online course to educate pediatric primary care clinical staff on the CoCM.
 2. Identify pediatric primary care clinical staff's knowledge of the CoCM through pre and post knowledge surveys embedded in the online CoCM course.
 3. Identify pediatric primary care clinical staff's interest in utilizing and implementing the CoCM through pre and post surveys embedded in the online CoCM course.

Methods

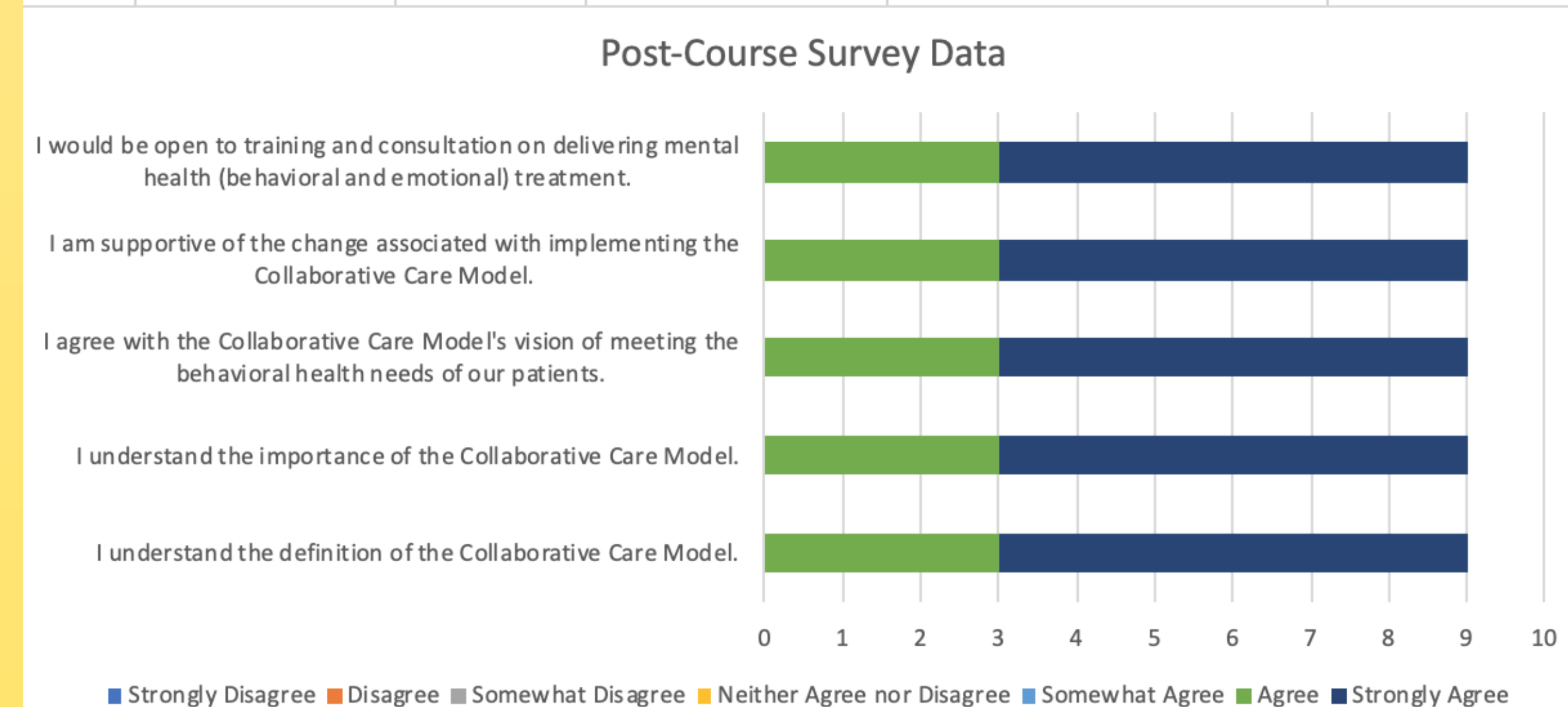
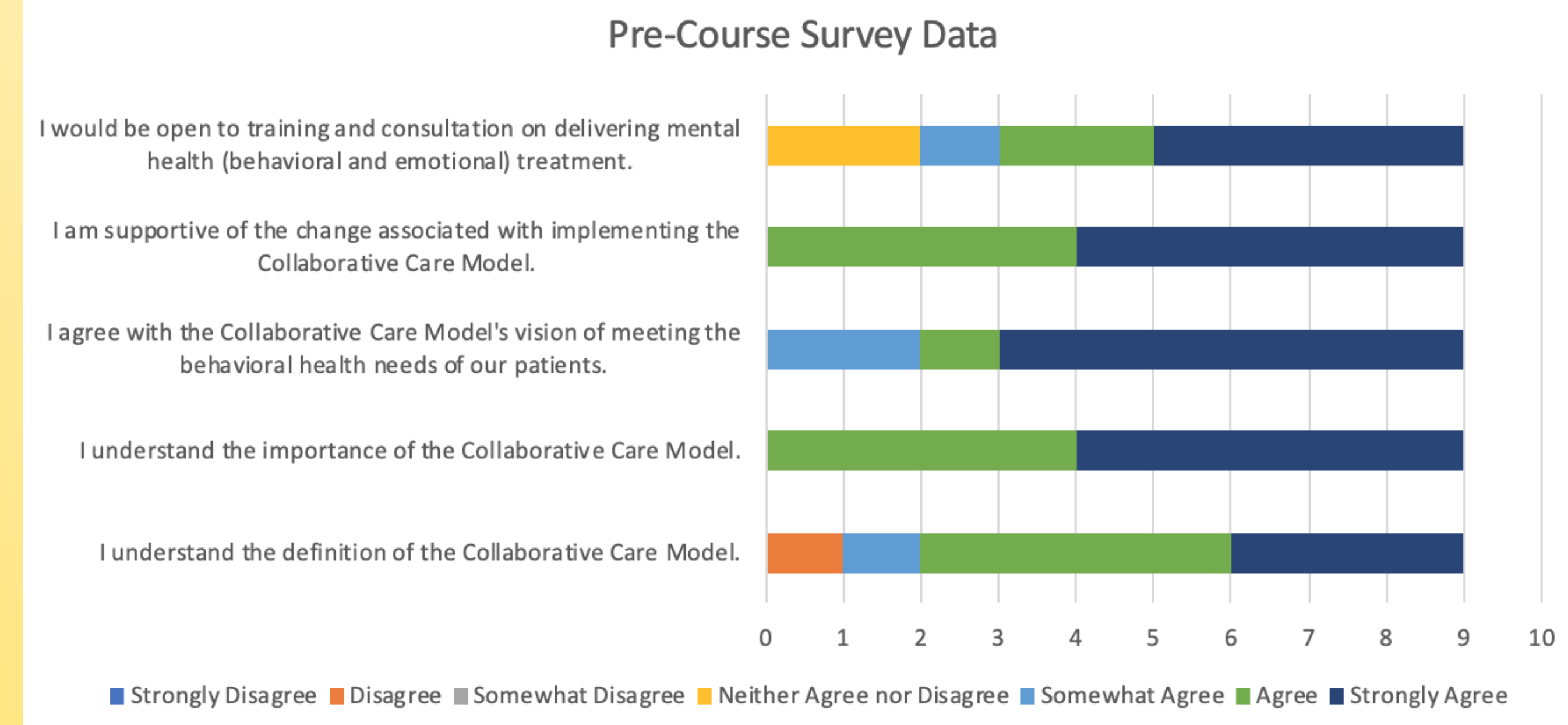
- Project was deemed not human subjects research.
- **Setting:** MercyOne Clinics – Des Moines, Iowa
- **Population:** Clinicians and clinical staff within the clinics



Outcomes

- Pre-course survey included a total of 15 items.
- Post-course survey included a total of nine items.
- Confirmation that course information had reached individuals via email was available for 98 out of 212 clinical staff members.
- A total of nine participants completed the course.

Evaluation



- Objective 1: Online CoCM course successfully created.
- Objective 2: Nine participants pre- and post-course surveys tracked and assessed for change in knowledge on the CoCM.
- Objective 3: Nine participants pre- and post-course surveys tracked and assessed for interest in utilizing CoCM in practice.

Project Limitations

- Minimal participants
- Unable to require course be completed by clinical staff
- Clinical staff "fatigue" from online trainings due to required annual trainings

Conclusions

- The data from this project suggests: 1) clinical staff see children and adolescents with mental health disorders in practice, regardless of setting, 2) clinical staff are interested in integrating behavioral health staff into primary care, and 3) online courses may assist in improving knowledge on integrative care models.
- Data collected during this project and future course completions will be utilized by MercyOne in future grant applications to fund a Collaborative Care Model pilot project within a pediatric primary care clinic.
- Dissemination via poster presentation and written summary.

References

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