

Child Psychiatry Access Programs: A Preliminary Scoping Review

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INTRODUCTION

- In the United States, approximately one in six children has a mental health disorder, yet nearly half of these children do not receive treatment or counseling.¹
- A major obstacle is that pediatric professionals often lack training in evidence-based mental health treatment.
- In response, the first Child Psychiatry Access Program (Access Program) was developed in 2004 to provide telephone consultation and other services (see figure 1) to increase mental healthcare access.² Access Programs are now implemented in 49 states.

Figure 1. Services provided by Access Programs



- Prior systematic reviews investigate the effectiveness of Access Programs but do not investigate other dimensions critical to estimating the public health impact of the Access Program model, including program evaluation, such as the reach, adoption, implementation, and maintenance.³

RESEARCH QUESTION

What is the state of literature in estimating the public health impact, as operationally defined by studies of Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) of the Child Psychiatry Access Program model?

METHODS

- Our team identified relevant search terms and queried the Web of Science database to identify articles published between Jan 1, 2010, and Dec 15, 2023 related to Access Program models applied to children's mental health and substance use services.
- Illustrative of our search are the terms used in Web of Science: [{"Child" OR "Adolescent" OR "Pediatric*") AND ("Child Psychiatry Access Program" OR "Pediatric* Access Program" OR "Child Psychiatry Consultation Program" OR "Academic Detailing" OR "Access Program")}]
- Engaging the PRISMA guideline, a total of 183 articles were identified.⁴ Articles were screened at the abstract level independently by two reviewers with discrepancies resolved by all authors. Our team organized studies according to an implementation science framework that categorized articles by Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM).

RESULTS

Figure 2. PRISMA Diagram for Scoping Review of Access Programs

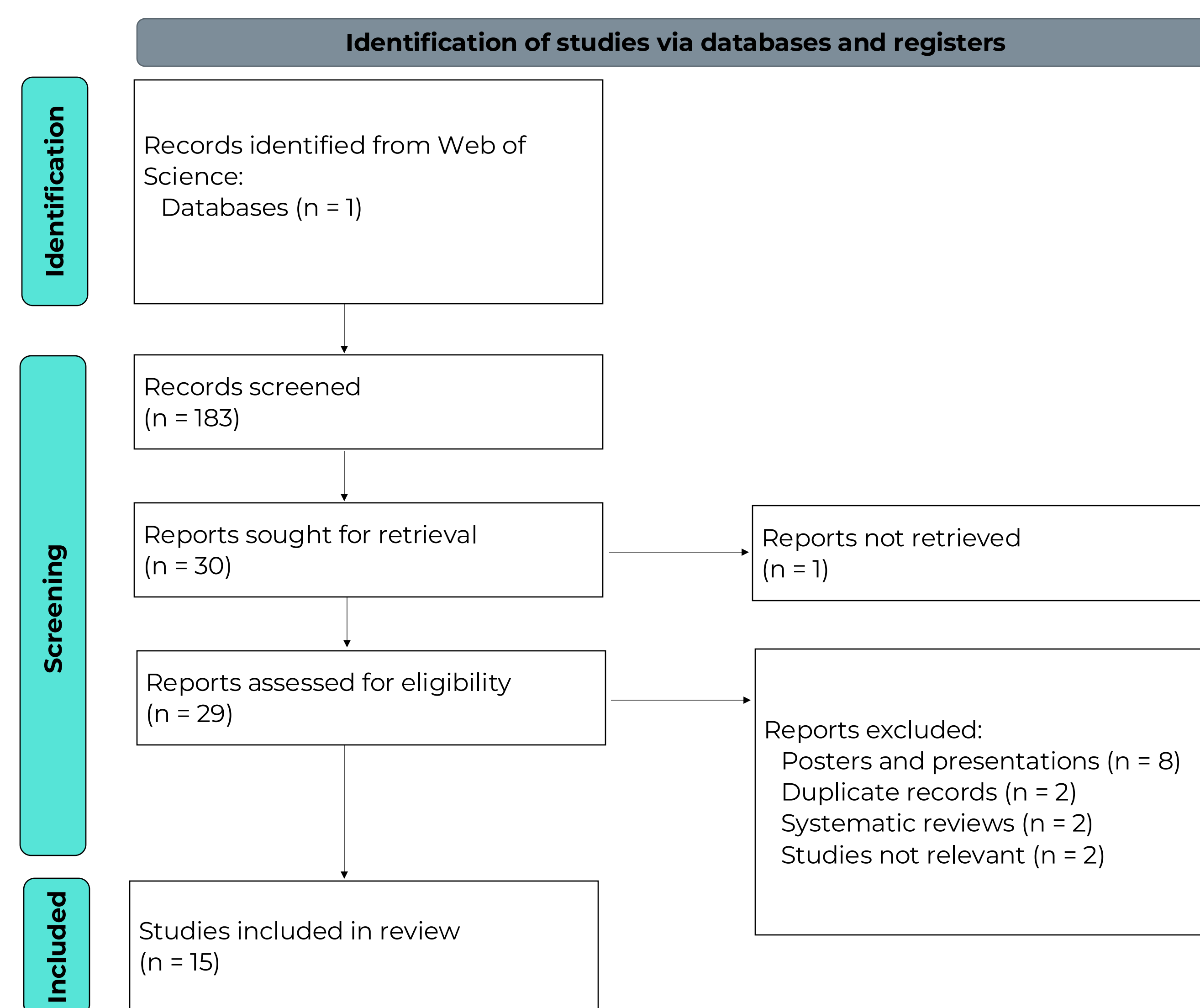
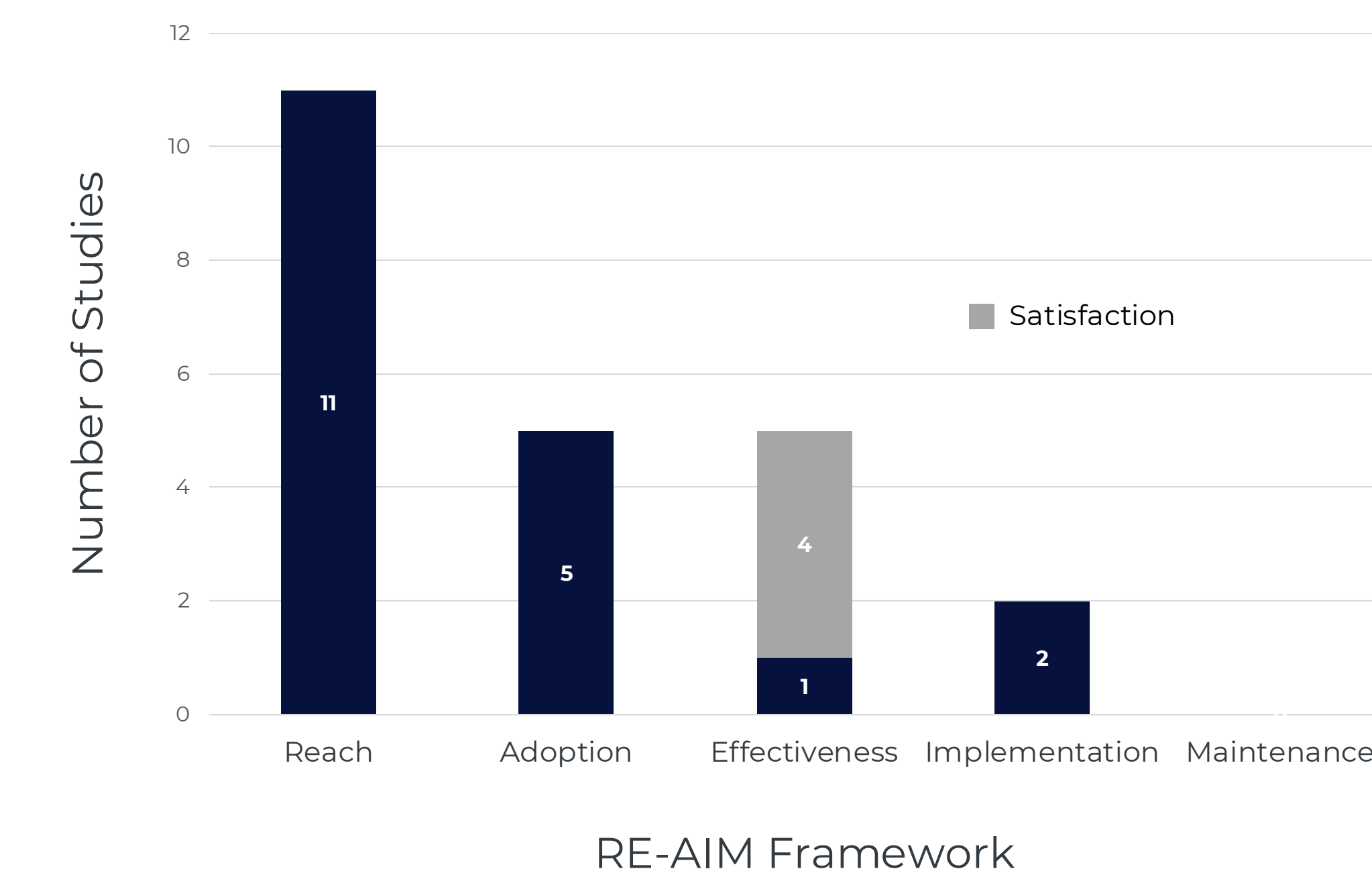


Figure 3. Number of Studies by RE-AIM Classification



DISCUSSION

- The scoping review identified opportunities to engage findings and measures in the extant literature to estimate the public health impact by evaluating the reach, effectiveness, adoption, implementation, and maintenance of the Access Program model.
- Despite the availability of these measures to estimate public health impact, additional attention is needed to ensure that each of these measures meet best practice guidance for operationally defining the respective constructs. For example, many estimates of reach in the reviewed articles do not offer a valid denominator necessary for determining reach to the intended population(s).
- For next steps, we are partnering with a librarian to develop a comprehensive search strategy for the scoping review. We will be registering our scoping review protocol with the Open Science Framework.

Table 1. Evaluation of Child Psychiatry Access Programs, using the Extension of RE-AIM for Sustainability Framework.

Operational Definition	Illustrative Measures	Studies
Reach: The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program, and reasons why or why not.	Number of Participants (e.g. patient encounters, clinician consultations) Number of Clinicians Enrolled in CPAP (e.g. pediatricians) Patient Characteristics (eg, demographics, diagnoses) Clinician Characteristics Encounters by Service Type	Kaye et al, 2017; Levy et al, 2022; Godoy et al, 2022; Cama et al, 2020; Reinblatt et al, 2022; Dvir et al, 2021; Platt et al, 2019 Kaye et al, 2017; Kim et al, 2023; Cotton et al, 2021 Levy et al, 2022; Reinblatt et al, 2022; Dvir et al, 2021; Ferro et al, 2023; Platt et al, 2019 Cotton et al, 2021; Kim et al, 2023 Kaye et al, 2017; Levy et al, 2022; Godoy et al, 2022; Kim et al, 2023
Effectiveness: The impact of an intervention on important individual outcomes, including potential negative effects, and broader impact including quality of life and economic outcomes.	Patient or Parent Satisfaction Clinician Satisfaction Healthcare Utilization Patient Outcomes	Cama et al, 2020 Kaye et al, 2017; Durette et al, 2023; Godoy et al, 2022 Barclay et al, 2017 [No study identified]
Adoption: The absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program, and why.	Access Program Adoption (e.g. state and or healthcare system)	Kaye et al, 2017; Godoy et al, 2022; Kim et al, 2023; Harris et al, 2023; Durette et al, 2023
Implementation: The fidelity to the various elements of an intervention's key functions or components, including consistency of delivery as intended and the time and cost of the implementation. Importantly, it also includes adaptations made to interventions.	New Service Initiation Adaptations to Existing Services	Levy et al, 2022 Sarvet et al, 2017
Maintenance: At the setting level, the extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after a program is completed.	Investment or Funding Institutionalization or Generalizability Long-term Effects	[No study identified] [No study identified] [No study identified]

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