Point/Counterpoint

Should Pediatric Behavioral Health Issues be Treated by Primary Care Providers?

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On a daily basis, nurse practitioners (NPs) in primary care find themselves in the position of deciding where to draw the line between care they can provide and care that needs to be provided by a clinician with specialty training. Decisions tend mostly to be guided by clinical need and indication. For most of us, however, a large number of additional factors must be weighed when making the decision to refer. Most importantly, the particular specialty services must be available and trustworthy. Equally important factors are whether the patient is likely to go.

Does the patient have access both logistically and within the constraints of their coverage? Will the patient feel comfortable with the provider? Will the provider work collaboratively with the primary care NP? Will the patient adhere to the treatment plan? The acuity and sensitivity of each of these issues can be amplified when dealing with children and adolescents who have behavioral health issues. This month, 2 NPs who provide care to young people when dealing with children and adolescents who have behavioral health issues. This month, 2 NPs who provide care to young people and their families weigh in on the issues to consider when caring for children and adolescents with behavioral health issues.

—Donald Gardenier, DNP, FNP-BC

YES

Daniela Moscarella

Daniela Moscarella, DNP, PNP, is clinical instructor at Rutgers School of Nursing in Newark, New Jersey. She also maintains a part-time clinical practice at Dr. Sangita Nagpal Pediatrics in Howell, New Jersey, where she sees children with both physical and behavioral diagnoses. Dr. Moscarella currently serves as treasurer of the New Jersey chapter of the National Association of Pediatric Nurse Practitioners. She will assume the chapter presidency this July. She earned her doctor of nursing practice degree from Rutgers School of Nursing and her bachelor of science in nursing degree from Seton Hall University College of Nursing in South Orange, New Jersey.

A similar feeling of familiarity and comfort with my patients characterizes my role as a PNP in a primary care setting. The child/adolescent population becomes very comfortable with their PNP as they are seen during periods of both wellness and illness.

I find much of the time during well visits is spent discussing my patients' emotional health.

I believe the relationships my patients and I build open a door to mental health assessment and treatment that is unique compared with mental health settings. I evaluate all of my patients for anxiety and depression during yearly well visits. If I determine there is a need for intervention, then we develop a plan that typically consists of non-pharmacologic modalities, such as mediation, exercise, and music, as well as the use of a dietary magnesium supplement. I might also refer them to a therapist but still monitor them closely because a need for medication may still exist. First-line drugs are prescribed and are administered "low and slow," with frequent follow-up dependent on the symptoms.

With the rise of mental illness among our youth, there is a much-needed increase of mental health services. But there remain barriers, including provider shortages, long waiting times, insurance coverage issues, therapy compliance, transportation issues, and stigma. Many families and patients feel more comfortable with their PNP assisting them as they navigate through these uncharted territories, dealing with the barriers as they occur. In addition, a willingness to provide needed support in the primary care setting minimizes obstacles that may prevent timely and effective mental health services. Collaboration with mental health providers is also necessary should symptoms warrant such a referral. Even in those cases, however, beginning treatment in the primary care setting can help to ensure better outcomes for these children.

NO

Mamilda Robinson

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Child and adolescent psychiatric disorders are significantly on the rise. PNPs and pediatricians are often the first to recognize these conditions. While PNPs are equipped to initiate preliminary treatment for disorders such as anxiety and depression, there is more to treatment than prescribing medication. When pharmacotherapy is initiated, close monitoring is required by the prescriber. Furthermore, medication alone is not enough. Many child/adolescent psychiatric disorders originate from traumatic events that may include family dysfunction, parental separation/divorce, problems in school, and social issues. Such disorders require care from a provider with expertise in the field of psychiatry and mental health.

Clearly, there is an advantage to providing mental health care in the pediatric setting with whom children and families are already familiar. Introduction to a mental health provider by a trusted pediatric provider, however, can encourage families to accept mental health care. Comprehensive care should include formal psychiatric evaluation, individual and family psychotherapy, and referrals to community resources, and as such, mental health specialty providers must be involved in the treatment and management of this at-risk, vulnerable population.

Psychiatric mental health nurse practitioners (PMHNPs) are well equipped to provide these services and lead the management of children and adolescents presenting with anxiety and depression. What cannot be ignored with this recommendation, however, is the scarcity of psychiatric mental health providers, including PMHNPs. To close this access to treatment gap, PMHNP and other mental health providers should be available in primary care pediatric settings through an integrated health care delivery model. This would ensure timely access to a psychiatric mental health provider.

The need to address depression and anxiety in children and adolescents is an ongoing priority. But medication is often not the only solution for addressing these problems. A PMHNP can facilitate a broader range of health care measures and provide a more tailored response to the needs of each patient. Finding a way to address the identified barriers for mental health care in pediatrics is essential. Integrated care, with a psychiatric/mental health provider leading the team, will result in the best care for children, adolescents, and families with behavioral health needs.

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