# Perspectives on Integrated Mental Health Care for Autism in Pediatric Primary Care

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## Abstract

For children with autism spectrum disorder to receive complete care, it is crucial to quickly identify their mental health needs and connect them to providers (ASD). With the help of integrated care strategies, paediatric primary care is well-positioned to aid this process. This study used the Exploration, Preparation, Implementation, and Sustainment framework to characterise factors that influence implementing integrated care practises for ASD as a first step toward mental health integration. The identification of mental health needs in children with ASD and access to mental health services were the topics of focus groups and surveys that were completed by sixty paediatric primary care doctors and leaders from three organisations. Results were combined to investigate convergence (i.e., did the two methods confirm or produce results that were similar) and expansion.

**Keywords:** Public health • Mental health care • Primary care

## Introduction

The ability of children's mental health systems to care for children with ASD has improved over the past ten years, and studies show that educating mental health professionals to adjust their services for ASD leads to better outcomes. To enable focused and evidence-based mental health therapy, early and effective identification of co-occurring mental health problems and subsequent connection to care are essential. With the realisation that paediatric primary care is a key location for routine care, an increasing number of clinical recommendations have been created to address medical comorbidities [1].

Preschool expulsion rates are high and have been associated with a dearth of comprehensive support for instructors coping with behaviourally challenging students. Therefore, it is essential to prevent the consequences of underachievement in the early years of education by providing mental health services that support a child both at home and at school. The provision of all-encompassing mental health care has started to emerge in the early childhood sector. The Early Childhood Consultation Program, one of the earliest state-wide initiatives, was established by the state of Connecticut (ECCP). The reduction of suspension and expulsion from early care and education settings has been accomplished through promotion, preventive, and intervention services for kids with behavioural and mental health issues. This goal is pursued by the ECCP through consultation. Children are more likely to perform below grade level if they do not obtain the necessary behavioural healthcare. Recent researches has started to look into the high prevalence of emotional and behavioural issues that first appear in 3-5 year olds and has found that the majority of adult psychological issues have their origins in early childhood. The prevalence of mental diagnoses in US children ranges from according to community-based epidemiological research [2].

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Early childhood mental health treatments are now more necessary than ever because of the stress brought on by the coronavirus pandemic and the rise in racial and economic inequality that followed. Interventions can be modified for specific paediatric groups with more integration of behavioural health services into paediatric primary care settings. In order to lessen the effects of social determinants of health and further promote health equity, studies have highlighted the importance of "warm handoffs," successful collaboration with community services (childcare, home visiting, early intervention), and concentrating on parents as well as children. The three case studies that follow show how an integrated behavioural health practitioner, housed in a paediatric primary care office, played a critical role in preventing negative outcomes for preschool-aged children. This was accomplished through the assessment and therapy [3].

The mental health system's distinct structural elements present obstacles for care coordination, communication, and access (EPIS Framework Bridging and Innovation Factors). One such instance is the fact that, despite everyone working in the same healthcare system and utilising the same electronic health record, medical physicians are unable to read the treatment notes that their patients' mental health therapists have written for them. PCPs explained how these and other communication hurdles make it difficult to provide continuity of care and discourage them from referring and following up on mental health referrals. PCPs also voiced dissatisfaction with the fact that most access to psychiatry is through "self-referral," which means the patient must make the initial contact with the specialised healthcare provider rather than the PCP [4].

## Discussion

The mental health system's distinct structural elements present obstacles for care coordination, communication, and access (EPIS Framework Bridging and Innovation Factors). One such instance is the fact that, despite everyone working in the same healthcare system and utilising the same electronic health record, medical physicians are unable to read the treatment notes that their patients' mental health therapists have written for them. PCPs explained how these and other communication hurdles make it difficult to provide continuity of care and discourage them from referring and following up on mental health referrals. PCPs also voiced dissatisfaction with the fact that most access to psychiatry is through "self-referral," which means the patient must make the initial contact with the specialised healthcare provider rather than the PCP.

Qualitative research found that technology-based solutions and specialised staff would improve the identification of mental health requirements and availability of care for people with ASD. One technology-based approach

might be to modify the electronic health record to simplify referral workflows and channels. The quantitative results offered more targeted methods that could be the subject of integrated care practises for ASD+ adaptation. PCPs were specifically asked to rate which implementation strategies would be most beneficial for mental health screening and mental health referral for kids with ASD. Improved mental health needs identification and monitoring, shortened referral routes to specialty mental health treatment for ASD+, and effective referral practises were the top-rated solutions [5].

## Conclusion

There are some notable advantages and disadvantages. The single emphasis on ASD patients in primary care is one of the study's main advantages and disadvantages. The clinical presentations and care requirements for children with ASD and developmental impairments are complicated and multifaceted. We chose to begin with a well-defined paediatric group as a proof-of-concept for adaptation and customising even if a longer-term objective is generalising this learning to the larger paediatric population. This study's inclusion of many sorts of healthcare organisations is strength (ie, a network of paediatric primary care clinics, a private, for profit system and a federally qualified health center). It was possible to learn how screening and connection techniques now work and which pieces by involving these varied groups.

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## Conflict of Interest

None.

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