EXECUTIVE SUMMARY

CRITICAL SERVICES FOR OUR CHILDREN:

Integrating Mental and Oral Health into Primary Care

Grantmakers have long been interested in improving children's access to health care. Yet, a number of services critical to children's healthy growth and development—such as mental health and oral health services—fall outside the traditional primary care model. This fragmentation of services has contributed to access barriers and has compromised the quality of pediatric care. Growing awareness of the importance of mental health and oral health has resulted in a variety of innovative efforts to integrate these services into children's health care.

Both mental health and oral health are integral parts of effective pediatric primary care, yet these crucial services are not typically delivered by primary care providers, and they remain significantly underutilized. Low rates of service utilization do not reflect the significant prevalence of mental health and oral health problems. Over 50 percent of six- to eight-year-olds have experienced tooth decay, and an estimated 20 percent of children have some type of mental health disorder (Crall and Edelstein 2001; HHS 1999). Left untreated, these conditions can result in a range of functional impairments and have serious implications for growth, development, school performance, and peer relationships.

Although many of the factors that undermine access to these services are similar, the mental health and oral health delivery systems differ substantially. Dental services are largely delivered by private, independent practitioners who provide care in their own offices. A small number (fewer than three percent) of dentists have completed the training required to specialize in pediatrics. The mental health workforce, by contrast, is composed of a wide variety of professionals who have had different training and practice in a range of settings such as inpatient psychiatric facilities, school systems, and child protective service agencies.

Both oral and mental health face constrained workforce capacity, which has historically been influenced by weak third-party financing. Private health insurance often excludes or significantly restricts coverage for these services. Even with parity legislation at the state and federal levels, mental health services are often subject to limitations in types of services and providers eligible

for coverage. Dental benefits, if available, are routinely provided through separate, stand-alone insurance plans. In public programs, such as Medicaid and the State Children's Health Insurance Program (SCHIP), benefits are nominally more generous, but low reimbursement rates and administrative barriers, such as unique claim forms and prior authorization requirements, hinder providers' willingness to participate.

Constrained resources for oral and mental health services have contributed to an underappreciation of the pivotal role these services can play in children's health by providers, families, and the communities in which they live. Parents, primary care providers, and child-serving organizations, such as schools, child care agencies, and juvenile justice systems, could be empowered to play a much more active role in the detection of mental health and oral health problems. Raising awareness of the impact that untreated oral and mental health disorders can have on children's development and well-being and providing tools to facilitate early identification of and response to these problems are key to both minimizing disease burden and stimulating appropriate levels of demand.

Possible Solutions

Foundations across the country have supported innovative efforts to improve access to oral and mental health services and better integrate these services into primary care practice. These efforts include:

Improving oral and mental health workforce capacity. To address workforce constraints in mental health and oral health, several promising efforts are underway. Foundations have supported policy analyses and other analytic studies to assess and publicize the adequacy of the existing workforce available to provide mental health and oral health services. Some funders have focused on expanding and improving pipeline training programs for mental health and oral health providers.

Strengthening prevention, early diagnosis, and referral services. A number of funders have sought to help clinicians, schools, public health agencies, and families implement evidence-based prevention strategies and intervene early on in the disease process. Several grantmakers have worked to infuse the preparatory training of pediatricians with a more rigorous exposure to mental health and oral health issues. Other programs focus on improving the awareness and skills of practicing physicians by providing screening tools and educating pediatricians about preventive oral health services. Others have supported community-based water fluoridation and nutrition education.

Supporting the provision of oral and mental health services. Expansion of specialty services may be necessary to tackle the unmet treatment needs in children's mental health and oral health. Funders have successfully funded service expansions, such as mobile vans and volunteer-based clinics, and have helped primary care safety net clinics add oral and mental health services to their service portfolios. To ensure sustainability of these expansions, several health funders are working toward policy change that will improve the payment incentives of Medicaid programs. For oral health services, these changes largely seek to expand the role of primary care providers in delivering preventive dental services and increase reimbursement rates for restorative treatments to improve dentists' willingness to serve Medicaid patients. For mental health services, these changes focus on allowing greater flexibility in payment policy to facilitate blended funding streams and reduce fragmentation across silos of service.

Several factors have led to inadequate, poorly integrated oral and mental health services: limited private, third-party insurance for these services; inadequate public funding; workforce capacity constraints; and a historical belief that oral and mental health are somehow secondary to overall health status. Reformed funding mechanisms, innovative approaches to workforce development, and a greater emphasis on both population-based and clinical preventive services promise to address the oral and mental health problems that too often rob children of their lifelong potential.