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BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

The Role of Child Psychiatry Access Programs in Addressing Pediatric Feeding Concerns

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Introduction

- There is a clear unmet need related to the treatment of feeding and eating concerns in children and adolescents. Over 25% of U.S. youth experience feeding issues, which can lead to serious health risks, including growth failure and high mortality rates. The rates of eating disorders in children and adolescents have significantly increased especially during the COVID-19 pandemic.[1-4]
- Limited access to specialists, particularly in rural and marginalized communities, complicates effective treatment and growing complexity of feeding and eating disorders.[5,6]
- Child Psychiatry Access Programs (CPAPs), like Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP), help address the treatment gap by providing telephone consultation, resource/referral networking via telephone, training, and telemental health services for primary care providers (PCPs).
- Lack of specialty mental health care for feeding and eating concerns, underscores the importance of CPAPs in addressing the mental health treatment gap and reinforces the importance of early identification and management.[7]

Objectives

- We aim to:
  - Describe the demographic and clinical characteristics (e.g., age, gender, comorbidities) of patients with feeding and eating concerns who present to CPAP services.
  - Illustrate how Child Psychiatry Access Programs address treatment gaps for pediatric feeding and eating concerns through primary care provider consultation.

Methods

- Analysis focused on 419 patient-specific calls related to feeding/eating concerns out of BHIPP's total 10,250 calls (4.1%) between October 2012 and December 2023.
- Data reviewed included call type (consultation, referral), patient demographics, presenting problems, clinical severity (as measured by the CGI-S scale[8]) and diagnostic impressions (**Table 1 and 2**).
- Descriptive statistics, chi-square, and t-tests were used to examine frequencies and differences by age group (0-12 years vs. 13-23 years); All analyses were performed in SPSS.
- A review was also conducted of case consultation descriptions of patients with eating and feeding concerns and the respective BHIPP recommendation **(Table 3)**.

Table 1. Sample Demographics

Characteristic	Total Sample N=419, n (%)	1-12 year olds N=148 (35.3%)	13-23 year olds N=271 (64.7%)	Statistic	P-value
Age, M (SD)	13.45 (3.84)	9.17 (2.54)	15.78 (1.94)		
Gender (N=413)				21.50	<.001
Male	126 (30.5)	64 (43.8)	62 (23.2)		
Female	280 (67.8)	82 (56.2)	198 (74.2)		
Non-binary	7 (1.7)	0 (0.0)	7 (2.6)		
Insurance Status (N=371)				24.16	<.001
Private	240 (64.7)	68 (51.9)	172 (71.7)		
Public	122 (32.9)	60 (45.8)	62 (25.8)		
Both	3 (0.8)	3 (2.3)	0 (0.0)		
None	6 (1.6)	0 (0.0)	6 (2.5)		

Notes. There was missing data on patient gender, race/ethnicity and insurance status so in those cases the analyses are based on the N indicated in column 1 as opposed to the total sample.

Table 2. Clinical Characteristics and Severity ratings (N=419)

Characteristic	Total Sample N=419, n (%)	1-12 year olds N=148 (35.3%)	13-23 year olds N=271 (64.7%)	Statistic	P-value
Mean (SD) # of Presenting Problems	2.38 (1.36)	2.26 (1.36)	2.44 (1.36)	-1.34	.181
Mean (SD) # of Diagnostic Impressions	1.73 (1.07)	1.48 (0.97)	1.86 (1.11)	-3.98	<.001
Already receiving treatment?				2.29	.131
Yes	185 (44.2)	58 (39.2)	127 (46.9)		
No	234 (55.8)	90 (60.8)	144 (53.1)		
*CGI-S Rating (n =165) ***				1.39	.238
Not severe (CGI≤4)	86 (52.1)	29 (59.2)	57 (49.1)		
Severe (CGI>4)	79 (47.9)	20 (40.8)	59 (50.9)		

Note. * The Statistic could be a Chi-square or t-statistic depending on if the statistic is continuous or categorical. Because of the small, expected cell sizes in some comparisons, Fisher's exact test is used instead of Chi-Square and is indicated by an N/A in the test statistic column. **Data on patient severity as measured via the CGI-S are only available for consultation calls.

Table 3. Example of Feeding and Eating Clinical Case for which PCP's Sought Consultation via the BHIPP

Case Description	Consultation Notes	BHIPP Consultation Recommendations
The PCP is seeking treatment planning guidance for a 6-year-old male for food avoidance after witnessing his sibling choke. The patient has not eaten in a week and has lost 3lbs; however, he will drink liquids. PCP does not yet feel that it is a safety concern. No symptoms prior to the choking event.	The PCP assessed that youth is medically stable. Patient is in the 99th percentile for weight and typically eats any type of food. Parents had a dinner table discussion regarding the Heimlich maneuver and choking which may have increased child's anxiety.	Consultant suggested: 1) Associate mealtime with fun discussions/activities that the child enjoys, removing the focus from food and providing a distraction. 2) Remain calm in front of the child and avoid discussing the incident and eating/food in general may be helpful. It is important to remember that even "positive" discussion of food/nutrition is pressuring the child and can add to the anxiety he may be feeling 3) Try encouraging the child to drink nutrient-filled liquids such as yogurt drinks, smoothies, milk shakes, etc. This will introduce more textures back into his diet as well as ease some of the parents' worries that he is missing out on nutrition. Provided psychoeducation about treatment options including cognitive-behavioral therapy.

Discussions

- PCPs are encountering and seeking consultation about increasingly severe and complex cases involving feeding and eating difficulties as evidenced by almost half of our sample presenting with high clinical severity based on CGI-S ratings, highlighting CPAPs' crucial support role.
- Age group differences support existing literature that feeding and eating concerns may be under identified during childhood, only to become more evident and significant enough to require treatment in adolescence—underscoring the importance of CPAPs like BHIPP for early intervention.[7]
- While the study's diverse sample enhances generalizability, limitations include BHIPP's reliance on PCP-reported data, resulting in potential reporting inconsistencies and missing demographic information; additionally, CGI-S ratings were limited to provider communication without formal inter-rater reliability measures among consultants.
- Future research should assess training methods, such as interactive workshops, online modules, physician consultations, and evidence-based models like the Extension for Community Healthcare Outcomes (ECHO) model,[9] to determine the most effective strategies for enhancing PCPs' skills and confidence in managing feeding and eating concerns.
- Taken together, CPAPs help bridge gaps in specialty care by providing PCPs with tailored recommendations and resources for managing feeding/eating disorders in primary care.

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