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*Children's Mercy Kansas City*

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# Qualitative Insights from Physical and Mental Health Providers in Pediatric Integrated Health Care Settings

Nikolaus Schuetz, LCSW, LSCSW, PhD

## Children's Mercy Kansas City

### Background

Integrated Health Care (IHC) is associated with improved patient outcomes and is well-positioned to address conditions with known comorbidities such as chronic health conditions and depression/anxiety, and to serve people who face challenges getting their mental health needs met (especially historically marginalized groups). However, with more than 150 definitions of IHC in the literature, there is a lack of consensus for how to best combine mental health (MH) and physical health (PH).

**Purpose:** To better understand the perspectives of expert MH and PH providers on the mind-body connection and how it can contribute to combined treatment in pediatric health care.

### Methods

- Qualitative, constructivism paradigm
- Biopsychosocial Model and the Common Elements and Common Factors Framework
- 13 in-depth interviews with MH and PH providers at 6 pediatric clinics for chronic conditions: Cardiology, Cystic Fibrosis, Diabetes, Eating Disorder, Epilepsy, and Pain.
- Inductive and deductive coding with Atlas.ti
- Triangulation: Document review and observation

The whole is greater than the sum of the parts: "It's comprehensive, it's holistic, everyone's kind of on the same page of how to address the patient...**it's not compartmentalized.**" – MD, Diabetes Clinic

### Findings

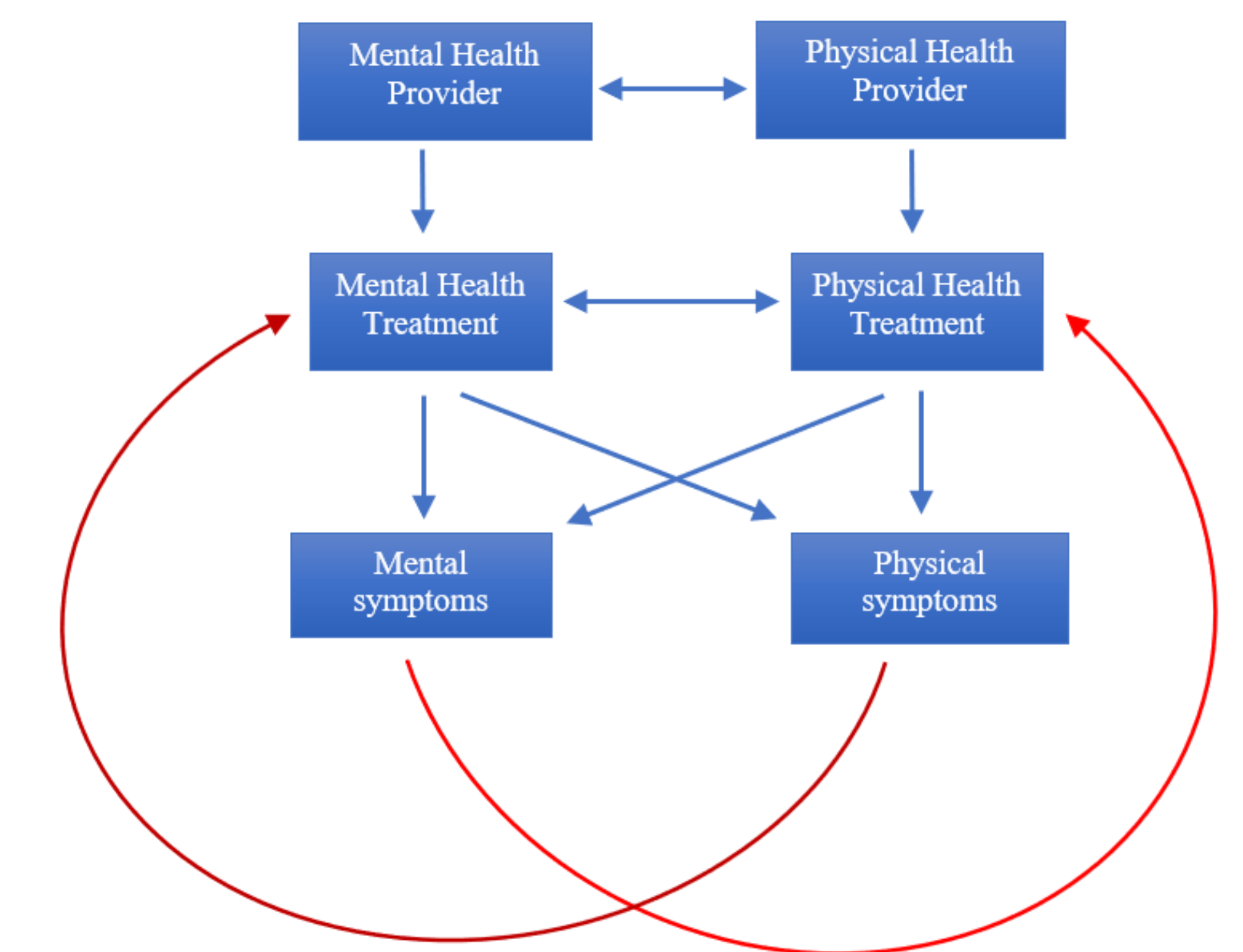
Themes	Sub-themes and categories
<b>Theme One:</b> The mind and the body are "inextricably intertwined"	Participants Conceptualize the Mind-Body Connection
	Philosophical Understanding
	The Connection Shapes the Treatment Approach
	The Mind Can Impact the Body
	The Body can Impact the Mind
<b>Theme Two:</b> "Silos:" Structural impediments to combined care (common elements)	The Cycle of the Mind and the Body
	The Influence of the Family's Health
	Mental Health and Physical Health Comorbidity
	Mental Health and Physical Health Symptom Interaction
	Direct Interaction
	Indirect Interaction
	*Adherence to Mental and Physical Treatments
	Healing
	Expectations can Lead to Accepting Mental Health Treatment
	Clinic Observations and Document Review
<b>Theme Three:</b> The relationships and approaches that reflect the intertwined connection (common factors)	Normalizing Mental Health to Combat Stigma
	Separating the Mind and the Brain
	Formal Mental Health Treatment and Psychotherapy
	Colocation of Mental and Physical Health Treatment
	Accessing Services
	Delicately Balancing Time
	Underutilizing Mental Health Clinicians
	*Covert Mental Health
	Trimming Services for Lean Efficiency
	Waiting for Mental Health Treatment
Medication	
Telehealth is a Boon and a Barrier	
Valuing Mental Health as Much as Physical Health	
Benefits of Combined Treatment	
Specialized Knowledge	
Staying in Their Lane	
Patients Expressing Their Perspective	
Intertwined Relationships	
Patient-Provider Relationship	
*Provider-Family Relationship	
*Provider-Provider Relationship	
Sharing information among providers	

Note: \* indicates an unexpected finding

"When you look at epilepsy and mental health, it's unclear if the severity of epilepsy increases their risk for mental health disease, but **what is very clear is if a patient has poorly treated depression, they are at higher risk for breakthrough seizures.**" – APRN, Epilepsy Clinic

### Adherence Pathway

This figure illustrates participant views on adherence as an indirect pathway for the mind-body connection and the subsequent impact on symptoms.



### Discussion

The Important Common Elements and Common Factors of IHC	
<b>Common Elements</b>	<ul style="list-style-type: none"> <li>• Colocation</li> <li>• Formal mental health treatment</li> <li>• Physical space and language that reflects the importance of mental health</li> <li>• Services are accessible</li> <li>• Sufficient time and clinical mental health provider staffing</li> </ul>
<b>Common Factors</b>	<ul style="list-style-type: none"> <li>• Culture that equally values mental health and physical health</li> <li>• Quality of care</li> <li>• Level of expertise and specialized knowledge</li> <li>• Strong relationships between the provider and the patient, family, and other providers</li> <li>• Strong communication among the members of the multidisciplinary team</li> </ul>

### Conclusion

The mind-body connection plays critical role in treating pediatric chronic conditions. Structural silos pose challenges, but relationships and approaches that reflect the intertwined connection facilitate improved care experiences.