



# Unmet Needs in Paediatric Outpatients

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RACP Congress  
March, 2010

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# Background

- **Developmental & behavioural problems, family psychosocial dysfunction now mainstream paediatrics**
- **Early years critical**
- **Early intervention can improve outcomes**
- **US evidence that DB & family psychosocial screening is feasible in pediatric practice**
- **Paediatric O/P: opportunity to identify and address - often missed**
- **Little Australian data**

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# Aims

To examine in a hospital outpatient population:

- The proportion of children with developmental & behavioural concerns (parent report)
- The proportion of parents with mental health problems
- The extent to which paediatricians discuss these issues
- Parental perceptions of the reasons why these issues were not discussed

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# Hypotheses

- Child developmental and behav concerns, & parent MH problems, are common
- These concerns often not discussed in O/P
- Multiple reasons for non-discussion

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# Methods

- **Design:** Cross-sectional questionnaire-based study
- **Setting:** Four general paediatric O/P clinics at RCH, Melbourne
- **Participants:** Primary caregivers of children aged 4 to 7;11 yrs attending clinics  
- Excl: Primary carer unable to read English

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# Methods

## Procedure:

- Convenience sample recruited over 6-month period
  - Feb-July 2009
- Consent obtained & questionnaire distributed after the appointment
  - Complete at clinic or at home
  - Reminders – 2 wks (letter), 4 wks (phone)

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# Measures: Behaviour

## *Strengths & Difficulties Questionnaire (SDQ)*

- 25 items
- 5 subscales: Emotional, Conduct, Peer, & Hyperactivity/Inattention problems (Total), Prosocial scales
- Positive screen : clinical range using Australian cut-points, by age & gender

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# Measures: Development

## *Parents' Evaluation of Developmental Status (PEDS)*

- 'Significant' concerns
  - Expressive language
  - Receptive language
  - Gross motor skills
  - Fine motor skill concerns only if > 4.5 years
- Dichotomous variable created - developmental concern Y/N
  - in any of the four areas

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# Measures

## Parent mental health

### *K6 Scale for Psychological Distress*

- 6 item self-report screening tool for mood and anxiety disorders in adults
- Mental health difficulty defined as a score  $\geq 13$  on the K-6 scale (unweighted summative score)

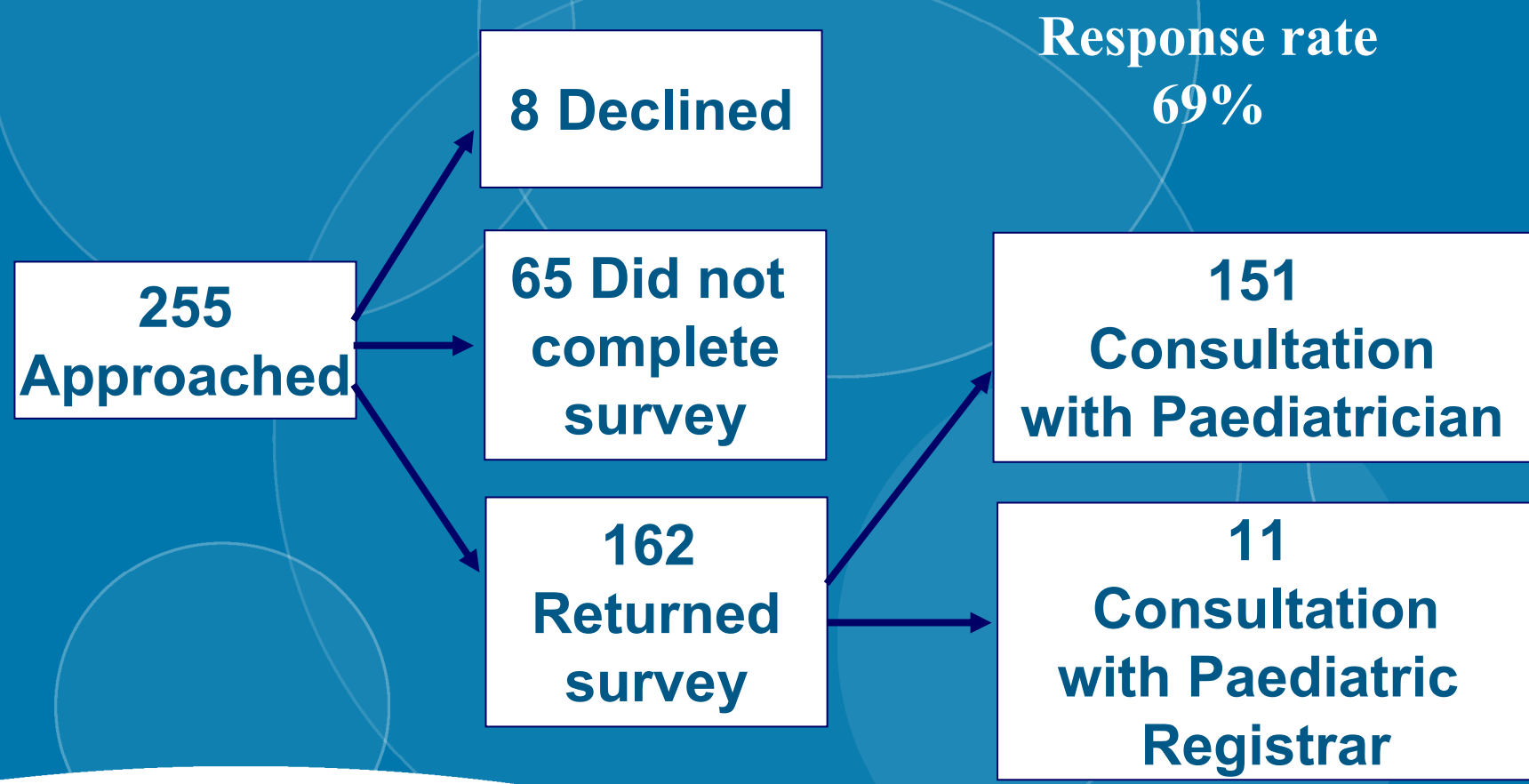
## Parent report of consultation

- Whether issues / concerns were discussed
- If not discussed – parent's perceptions of *why not* (list of 6 reasons)

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# Sample characteristics



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# Sample characteristics

- Main reason for appointment
  - Medical concern 108 (67%)
  - Development-behavioural concern 25 (15%)
  - Uncodeable eg. "Review" 29 (18%)

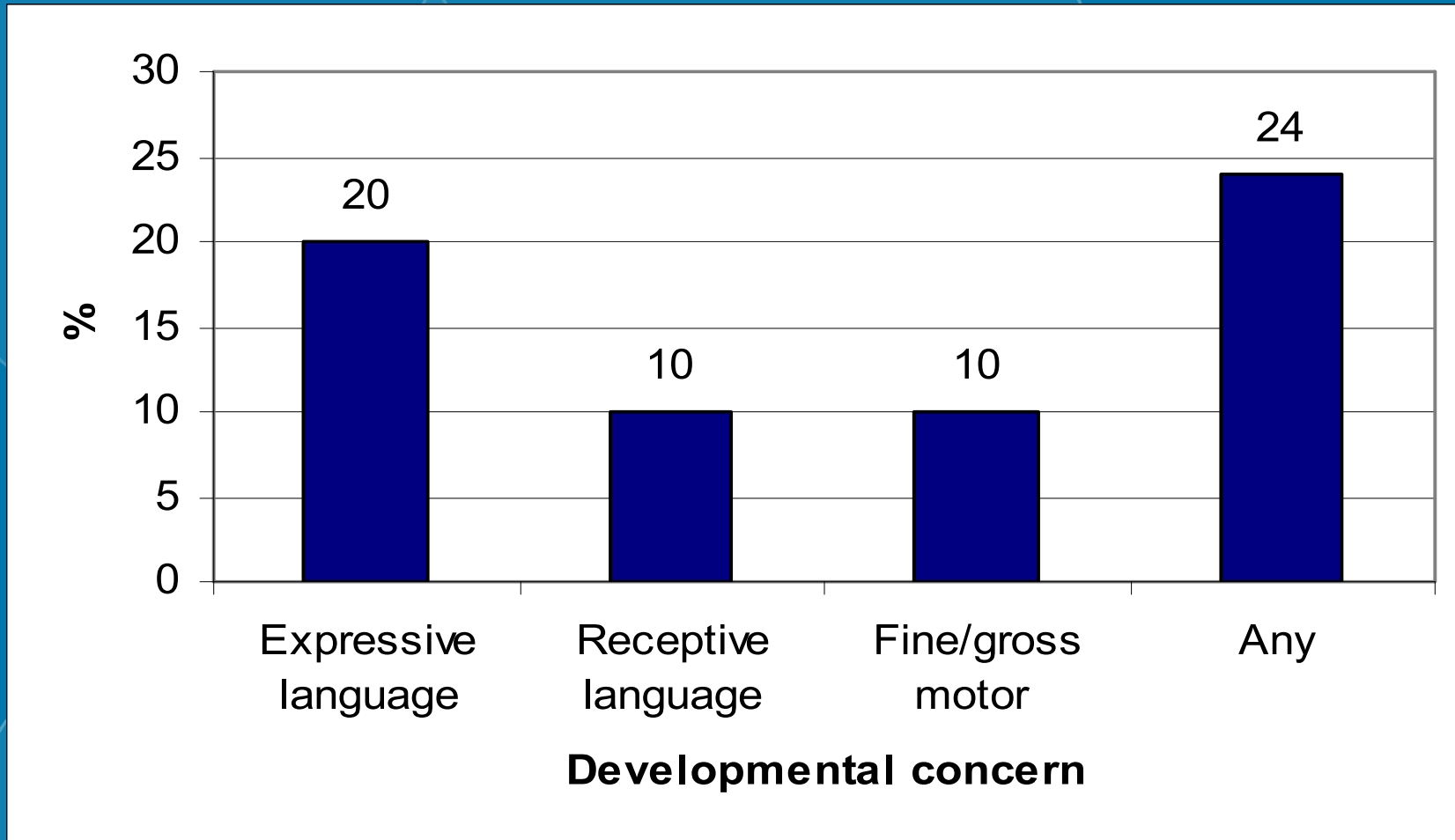
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# Sample characteristics

<b>Child</b>	
Sex (Male)	63%
Age: mean (range)	6.2 (4–8)
Previous diagnosis of a developmental / behavioural / mental health condition (Yes)	15%
Previous diagnosis of a medical condition (Yes)	39%
<b>Primary caregiver</b>	
Age: mean (range)	39.3 (23–71)
Biological parent	96%
English main language	80%
Diagnosed with a mental health or medical condition (Yes)	29%

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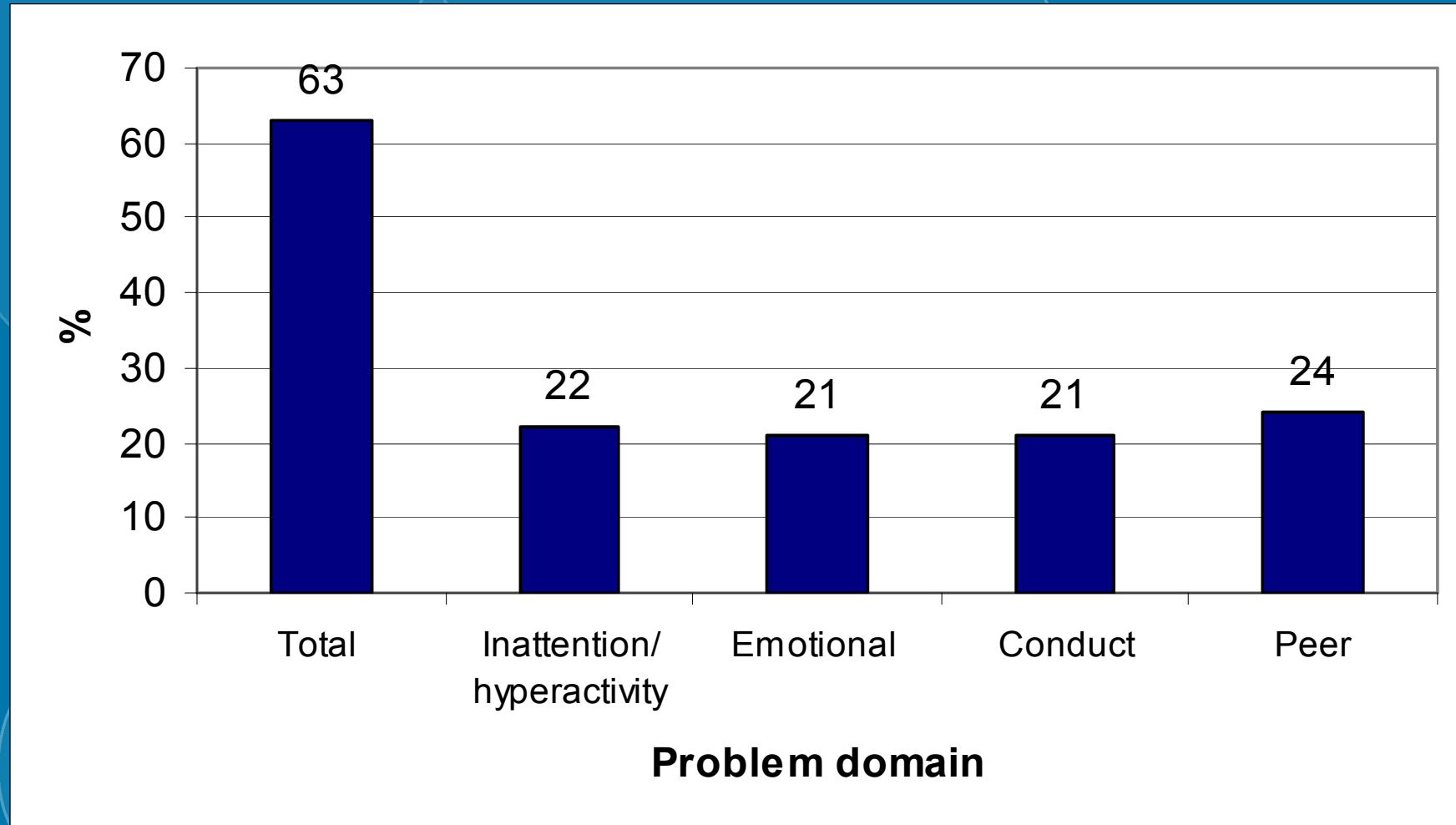
# Results – Development (PEDS)



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# Results – Behaviour (SDQ)



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# Was the child's development and behaviour discussed during consultation?

## Overall sample:

- 39% included discussion about child's development
- 46% included discussion about child's behaviour or mental health / mood

## \*\*\* Children with study-identified concerns: \*\*\*

- 26% caregivers reported their concern about child's development was *not discussed*
- 31% caregivers reported their concern about child's behaviour was *not discussed*

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# Parent mental health (K-6)

- 8% parents had depression scores in clinical range

## Overall sample:

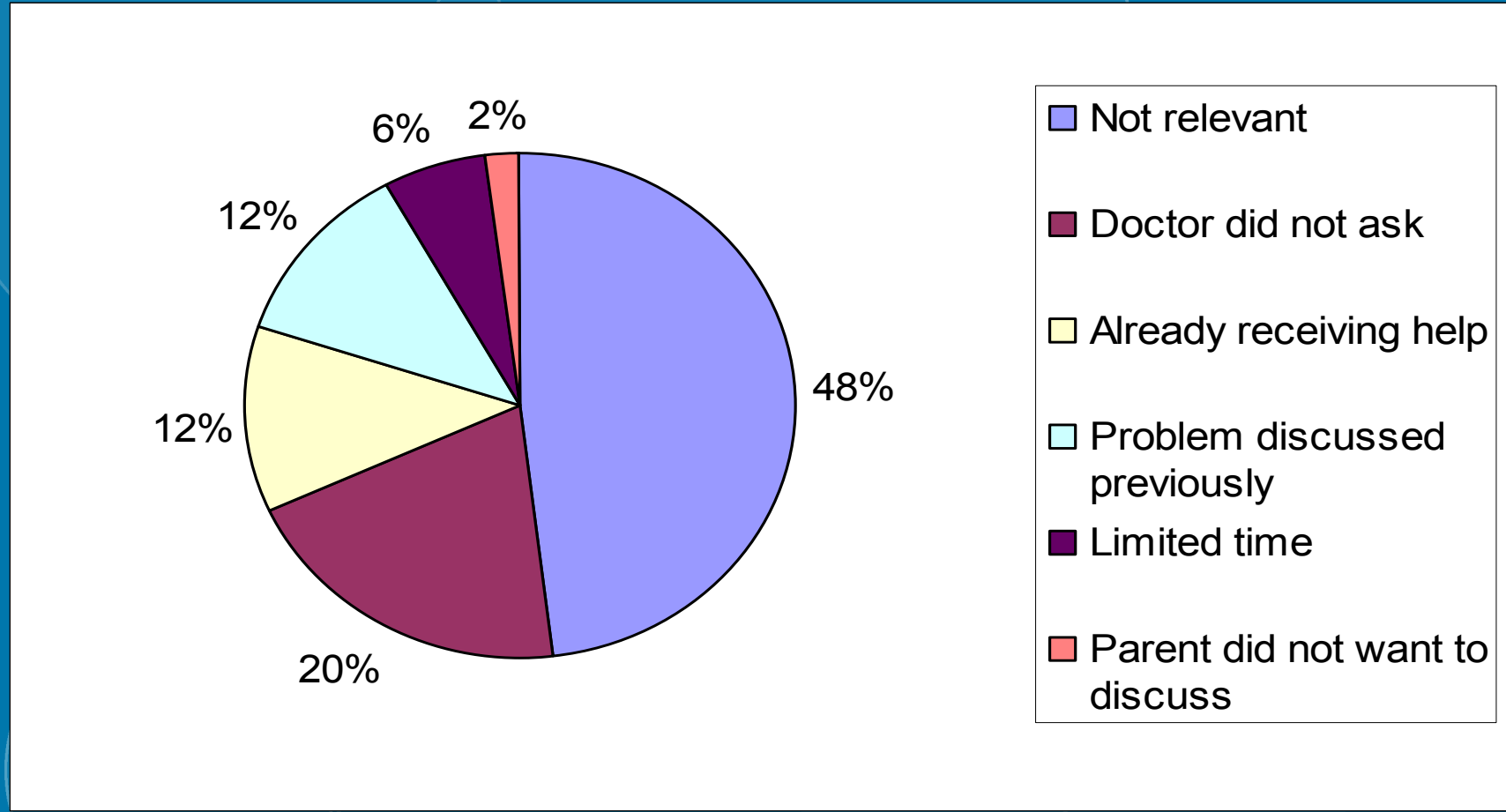
- 7% consultations included discussion about parental mental health / mood

## Parents with study-identified concerns:

- 92% reported that their own mental health/mood was *not discussed* during the consult

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# Parental perceptions of why problem was not discussed



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# Summary

- A large proportion of child DB & parent MH concerns are *not discussed* in paediatric outpatients
- The reasons for this are likely to be multifactorial
- Clinician education and work practice changes could result in improvements in this aspect of paediatric care
- Further research - paediatrician's perceptions of relevance of these issues

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Hospital** Melbourne  
Centre for Community Child Health

# Limitations

- Reliance on screening tools
- Accuracy of parent memory of clinician encounters
- Inability to generalise to non-English speaking families

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# Implications

- Consider screening in the outpatient setting to improve early detection of developmental, behavioural & psychosocial problems
  - Feasible?
  - Desirable? - role of the paediatrician?
  - Access to services
- Multidisciplinary models of care

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# Acknowledgements

- All co-authors
- Funding: Murdoch Childrens Research Institute
- Statistical advice: Dr Obioha Ukoumunne
- Outpatient reception staff, paediatricians
- Participating families

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