

Background

- Twenty percent of youth experience behavioral health (BH) concerns before age 18 (NIMH, 2023).
- Access to evidence-based BH services is limited particularly for minority youth and those from underserved communities (Whitney & Peterson, 2019).
- School-based health centers (SBHCs) may offer a promising model to improve access to BH services, particularly for underserved populations.
- It is estimated that BH concerns are discussed in 50%-80% of pediatric primary care visits (Riley & Freeman, 2019).
- Common BH concerns seen by pediatric primary care providers (PPCPs) include behavior disorders, mood concerns, autism spectrum disorder, and learning concerns (Kolko & Perrin, 2014; Roongpraiwan et al., 2007).
- PPCPs report variability in comfort with training, practice, and treating BH concerns (Ney et al., 2025).
- Research has not explored differences between SBHC and PPCPs in training, competence, and treatment of BH concerns within the same organization.

Objective

- To examine BH training, competence, and practice patterns of SBHC providers and identify opportunities for workforce development, aligning with the National Association of Pediatric Nurse Practitioners' (NAPNAP) research priorities in Pediatric Workforce, Mental Health, and Health Behaviors.

Methods

- Investigators developed a survey and distributed to PPCPs across 21 primary care sites (13 with BH providers, 8 without BH providers) and 10 SBHCs.
- Nemours PPCPs and SBHC clinicians in DE and PA were eligible to participate.
- Eligible respondents received several reminders to complete the survey.
- The survey was also discussed at team meetings with onsite recruitment occurring until all sites achieved 50% response rate.
- Descriptive statistics were used for data analysis.

Sample

	School-Based Health Centers (N = 10 clinics; 4 respondents, 100% response rate)	Primary Care Sites with BH Providers (N = 13 clinics; 64 respondents, 83% response rate)
Highest Clinical Degree	APRN: 100%	MD: 63% DO: 17% APRN: 16% Other: 3%
Years as Licensed Clinical Provider	0 – 6 years: 25% 15+ years: 75%	0 – 6 years: 32% 6 – 15 years: 20% 15+ years: 42% In training: 6%

Results

Please indicate how much **training** you have in treating the following concerns:

	School-Based Health Centers	Primary Care Sites with BH Providers
AD/HD	25% Pre-Licensure 75% Post-Licensure	88% Pre-Licensure 66% Post-Licensure
Anxiety Disorders	50% Pre-Licensure 75% Post-Licensure	75% Pre-Licensure 61% Post-Licensure
Autism	100% Pre-Licensure 25% Post-Licensure	75% Pre-Licensure 66% Post-Licensure
Behavior Disorders	50% Pre-Licensure 50% Post-Licensure	75% Pre-Licensure 55% Post-Licensure
Child Development	50% Pre-Licensure 50% Post-Licensure	89% Pre-Licensure 55% Post-Licensure
Depressive Disorders	50% Pre-Licensure 75% Post-Licensure	75% Pre-Licensure 69% Post-Licensure
School Difficulties	50% Pre-Licensure 50% Post-Licensure	72% Pre-Licensure 56% Post-Licensure
Trauma	50% Pre Licensure 50% Post Licensure	69% Pre Licensure 56% Post Licensure

*Pre-Licensure = Medical or nursing school, clinical training, fellowship
Post-Licensure = CME training, conference presentations, lunchtime didactics*

Please rate your **sense of competence** in addressing the following concerns:

	School-Based Health Centers	Primary Care Sites with BH Providers
AD/HD	100%	86%
Anxiety Disorders	100%	67%
Autism	50%	58%
Behavior Disorders	25%	47%
Child Development	100%	84%
Depressive Disorders	100%	66%
School Difficulties	50%	45%
Trauma	0%	19%

Scores note ratings of Competent and Very Competent

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Discussion

- PPCPs have greater variability in degree types and years of experience than those working in SBHCs.
- Providers across settings report some training in BH topics pre-licensure with post-training learning opportunities also present.
- APRNs practicing in SBHC report a heightened sense of competence in addressing common BH concerns; PPCPs also report a strong sense of competence for treating common BH concerns.
- Several of the APRNs in SBHC have Pediatric Primary Care Mental Health Specialist (PMHS) Certification, which likely bolsters confidence in addressing BH concerns.

Limitations

- The survey was developed for this investigation and may lack external validity.
- Small sample sizes limit comparisons between medical providers in pediatric primary care and SBHC and additional statistical analyses.
- Limited variability in provider types within SBHCs may also limit generalizability.
- This investigation did not assess the extent or frequency of training experience, only if training occurred at a specific time point.

Conclusions

- Findings highlight the need for more structured BH training for medical providers across pediatric primary care and SBHC settings as providers transition from training to practice once licensed.
- A focus on scalable education models and comparative research to inform workforce development and improve pediatric mental health care delivery is needed.
- Specialty training (e.g., PMHS) may support a higher sense of competence in managing BH concerns.

Future Directions

- Explore differences in training, competence, and practice patterns for specific provider types across practice settings.
- Examine similarities and differences with these groups to those from other health care organizations.
- Increase sample size to allow for additional comparison tests to determine if there are statistical differences between groups.
- Conduct qualitative interviews to further describe professional competencies and practice patterns in addressing pediatric BH concerns.
- Further assess how training, competence, and practice patterns evolve over time for primary care and SBHC providers.

References

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