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# An Exploration of Pediatricians' Personal Value on Mental Health: Experience with Integrated Healthcare and its Impact on Physicians' Lives

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## Abstract

An integrated healthcare model incorporates behavioral health services into a medical setting to address patients' physical, emotional, and behavioral healthcare concerns. The integrated healthcare model has been associated with positive patient satisfaction and health outcomes, yet limited studies have examined, using qualitative methods, physicians' experiences of working alongside behavioral health consultants (BHCs) in integrated healthcare settings. Data was gathered through semi-structured interviews with pediatricians (N=4) working in an integrated healthcare model. Participants shared that as pediatricians they received personal, educational, and organizational benefits from an integrated healthcare model. Pediatricians also reported increased knowledge in effectively addressing mental health concerns for their patients and decreased physician stress-levels. Results of pediatricians' experiences working in an integrated healthcare setting are discussed with regard to their implications for clinical practice and research.

## Keywords

Integrated Care, Pediatrics, Primary Care Behavioral Health, Qualitative Analysis



## Acknowledgements

Prior to this study, neither author had previous experience researching integrated behavioral health.

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# An Exploration of Pediatricians' Personal Value on Mental Health: Experience with Integrated Healthcare and its Impact on Physicians' Lives

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*An integrated healthcare model incorporates behavioral health services into a medical setting to address patients' physical, emotional, and behavioral healthcare concerns. The integrated healthcare model has been associated with positive patient satisfaction and health outcomes, yet limited studies have examined, using qualitative methods, physicians' experiences of working alongside behavioral health consultants (BHCs) in integrated healthcare settings. Data was gathered through semi-structured interviews with pediatricians (N=4) working in an integrated healthcare model. Participants shared that as pediatricians they received personal, educational, and organizational benefits from an integrated healthcare model. Pediatricians also reported increased knowledge in effectively addressing mental health concerns for their patients and decreased physician stress-levels. Results of pediatricians' experiences working in an integrated healthcare setting are discussed with regard to their implications for clinical practice and research.*
*Keywords: Integrated Care, Pediatrics, Primary Care Behavioral Health, Qualitative Analysis*

In the United States, up to one out of five children were living with a diagnosed mental, behavioral, or developmental disorder (Center for Disease Control and Prevention [CDC], 2013). Only 20% of these children received treatment (Campo et al., 2015). The reasons for the lack of treatment for children's mental health are complex. The American Academy of Pediatrics identified early detection of mental health concerns as best practice (Foy & American Academy of Pediatrics Task Force on Mental Health, 2010). Many children are seen in the pediatrician's office for physical health and developmental screenings at regular intervals over time. A growing number of children and adolescents are receiving mental health services through their pediatricians (Lavigne, 2016). This puts pediatricians in a unique position because they are on the front line for identifying, diagnosing, and treating possible mental health disorders in children (Godoy et al., 2017; Martini et al., 2012; Tarnowski, 1991).

When addressing public health concerns, Leavell and Clark (1965) identified three principles of prevention which are now endorsed by the Center for Disease Control and Prevention (2018): primary, secondary, and tertiary prevention levels. Primary prevention targets the general population before health effects occur. The aim of primary prevention is to reduce health risks through health education, vaccinations, and modifying risky behaviors. Secondary prevention focuses on people who have been identified at-risk for developing health problems (e.g., individual completing breast self-examination because of breast cancer family history). This secondary level of prevention includes preventive measures that lead to early diagnosis and early treatment for at-risk individuals. For individuals diagnosed with a chronic

disease, tertiary prevention methods are utilized to slow the progression of the disease (e.g., chemotherapy and rehabilitation; CDC, 2018). Pediatricians see patients from birth to late adolescence which puts them in a unique position to identify and utilize all three levels of prevention for patients.

Prevention methods have been noted as best practice to combat health-related casualties compared to ex post facto medical treatment (Ali & Katz, 2015; McGinnis et al., 2002). In the United States, approximately forty percent of deaths are preventable if behavioral patterns were addressed with preventive measures (McGinnis & Foege, 1993). The need for an integrative approach to Americans' health care is apparent. Integrative health care conceptualizes a patient with a team of medical physicians, mental health experts, dietarians, and others to provide comprehensive health care and treatment (Asarnow et al., 2015). Moreover, the American Psychiatric Association (APA) and Academy of Psychosomatic Medicine (APM) provided a framework of the core principles of integrated care that promotes patient-centered care: team driven, population focused, measurement-guided, and evidence-based care (APA & APM, 2016). This holistic view to health care aligns with the primary and secondary levels of prevention: disease prevention, health promotion, and identification of behavioral, mental, and physical risk factors. However, patients are more likely to solely listen and adhere to their medical physician's advice rather than any other health care practitioner (e.g., psychologist, social worker; Pyle et al., 2019; Walsh et al., 1999).

In the present study, we focused specifically on pediatricians because they are patients' primary care provider from birth to late adolescence, and are best suited to provide preventive interventions. Moreover, the purpose of this study is to explore pediatricians' perspectives on integrated health care and its benefits with the communities they serve. It is this study's aim to research and learn more about pediatricians' perspectives on mental health with the expectation that increasing pediatricians' knowledge of mental health will better equip them to recognize, address, and provide mental health diagnosis and treatment for their patients.

## Pediatricians and Mental Health Knowledge

Pediatricians can be viewed as gatekeepers for connecting families to mental health services (Dulcan et al., 1990). Many parents consult with their pediatricians regarding their child's emotional, behavioral, and developmental problems instead of contacting a mental health provider (Tarnowski, 1991; Yogman et al., 2018). However, research has shown that many primary care physicians, including pediatricians, reported feeling underprepared to address emotional or behavioral difficulties that concerned their patients (Godoy et al., 2017; Westheimer et al., 2008). Consequently, patients are not typically screened for co-occurring mental health disorders (Fagiolini & Goracci, 2009). Due to a lack of knowledge of mental health, pediatricians' clinical judgment might fail to detect about 50% of children expressing mental health needs (Sheldrick et al., 2011). Professionals with a background of mental health can provide direct consultation, screening, and treatment alongside pediatricians. Valleley et al. (2020) suggested integrated health care can increase patient accessibility to behavioral health treatment, thus increase patient attendance with BHC(s) and reduce the effects of untreated behavioral health disorders. The need to integrate behavioral health consultants (BHC) with pediatricians is apparent and provides a beneficial relationship between the medical world and mental health world (Wissow et al., 2016).

## Benefits of Integrated Health Care

In an integrated health care model, BHCs help pediatricians identify and address patients' emotional and behavioral health concerns such as depression, anxiety, medication

compliance, and pain management (Asarnow et al., 2015). Integrated health care offers several advantages for physicians, including improved behavioral health outcomes for patients (Gomez et al., 2014; Kolko & Perrin, 2014; Valleley et al., 2020), greater interdisciplinary communication and enhanced provider wellness (Fong et al., 2019), and reduced long-term costs associated with an integrated health care model (Melek et al., 2014; Ross, et al., 2018; Sikka et al., 2015). In the United States, it is estimated that integrated healthcare programs have an annual savings of $27-$48 billion (Nielsen & Levkovich, 2019). Additionally, patients have reported high levels of satisfaction with integrated health care models (Ede et al., 2015; Funderburk et al., 2010). A scoping review examined the impact of integrated health care systems on patient experiences with physical and mental health conditions. Patients expressed their satisfaction with the therapeutic spaces in an integrated health care model that promoted privacy, confidentiality, cultural sensitivity, and non-judgmental care philosophy (Youssef et al., 2019). Notably, a majority of the research on integrated health care focuses only on the patients' perspective of the inclusion of BHC at medical health care visits, omitting the pediatricians' perspective.

## Physician Perspectives on Integrated Health Care

The research on a pediatrician's perspective on the integration of a BHC is sparse. Research has shown that physicians, including pediatricians, support the integration of BHCs because of ease of internal referral process, the reduction of mental health stigma, improvement of patient care, and lowering physician stress (Funderburk et al., 2010; Miller-Matero et al., 2016; Yamada et al., 2019). However, in a study examining pediatricians' experiences with and attitudes about integrated health care communication barriers and strategies, Campbell et al. (2018) found pediatricians felt dissatisfied with the infrequency of collaborative communication practices with BHCs. They also found the pediatricians felt uncomfortable treating mental health concerns of patients. Learning about the comfortability level of pediatricians working with BHCs is important but learning about their personal perspective on mental health is crucial for patients to be viewed through a holistic lens.

Additionally, most studies on physicians' perspectives of integrated health care have been collected only through instruments designed with Likert-type response items (Campbell et al., 2018; Ede et al., 2015; Godoy et al., 2017; Miller-Matero et al., 2016; Muther et al., 2016; Westheimer et al., 2008). Unlike quantitative data, qualitative research offers the benefits of exploration and understanding of the meaning of individuals or groups within a phenomenon (Creswell, 2014). The need for research on pediatricians' narratives on integrated health care and mental health is critical to improving patient care

## Importance of Current Study

Recent health care legislation is transforming health and behavioral health care in the United States and encouraging integrated health care as a strategy for improving patient access to high-quality care for behavioral health conditions (Asarnow et al., 2015). Little is known about the professional benefits for pediatricians who work on an integrated health care team. Examination of pediatricians' perspectives on integrated health care fills an important gap in the literature: How do other medical health professionals respond to having mental health workers available as partners in the office? Even though there is an increase in access to integrated health care services, many clinics still lack this form of integrated service (Karlin & Karel, 2014). Therefore, this study's focus on pediatricians' experiences of integrated health care may be reciprocated more readily by medical physicians. Practicing pediatricians may be

more motivated to incorporate behavioral health services into their practices knowing that other pediatricians have confidence in the improvement of patient care and physician stress-levels.

## Method

### Design

The aim of this study was to explore pediatricians' perspectives on BHCs, with a focus on pediatricians' perceptions on mental health in their own lives. Phenomenological methods are appropriate for exploring lived experiences of individuals who are representative examples of a larger phenomenon (Giorgi, 1993; Langdridge, 2007). Phenomenology is an inquiry process in which the researcher makes an interpretation of the meaning of participants' lived experiences. All participants in the study have experienced the phenomenon of working with a behavioral health consultant. The qualitative design of this study allowed for an exploratory investigation of an under-researched topic from the physicians' perspective instead of primarily focusing on patients' perspectives on integrated health care programs.

### Participants

We collected data from four pediatricians with ages ranging from 47 to 65 years (*M*= 57.25 years, *SD*= 7.59). Three participants identified as female and one participant identified as male. Participants varied in geographical locations including New Jersey, Colorado, North Carolina, and Nova Scotia (Canada). All participants identified as White. The physicians completed their Doctor of Medicine (M.D.) program, passed the United States (or Canada) Medical Licensing Examination, and completed a pediatric residency. One participant completed his pediatric residency program at an accredited program in Canada. According to the Federation of State Medical Boards (2018), the medical boards in most states of the United States recognize residency programs accredited by the Royal College of Physicians and Surgeons of Canada. All participants worked in an integrated health care model for a minimum of six months to qualify for this study. The length of employment in an integrated health care setting of participants ranged from 1 year to 26 years. Three participants worked in an integrated health care setting for at least 10 years, and the sample's average of work in an integrated health care model was 13 years. The integrated health care model included at least one BHC (i.e., psychologist, social worker, psychiatrist, psychology intern, mental health clinician) working alongside the pediatrician.

### Researchers

Following the constructivist-interpretivist research paradigm, the authors briefly describe their personal backgrounds and positionalities (Creswell, 2012; Ponterotto, 2005). The first author is a 26-year-old heterosexual, Latina American woman of Peruvian descent who is in her fourth year of doctoral study in counseling psychology. She gained experience working as a BHC for a year at an integrated healthcare setting within a hospital system. Her interests are in the area of the intersection of cultural, health, and counseling psychology, and vocational identity development of chronically ill patients. The second author is a 37-year-old heterosexual, male, transracial Korean adoptee who is an assistant professor in the department of counseling psychology. His research interests are in the areas of identity, transracial adoption, mentorship, and qualitative research methods and psychobiography. Prior to this study, neither had previous experience researching integrated behavioral health.

## Sources of Data

### *Demographic Form*

Participants completed a brief demographic form regarding their current age, title (e.g., senior staff pediatrician, resident), race, and the dates of services with a BHC.

### *Interview Protocol*

The main principle of phenomenology is finding the essential meaning of experiences through reflection (Creswell, 2012). We guided this process through a semi-structured interview focused on five categories: (a) how did the presence of BHC(s) impact patient care, (b) what types of shifts (if any) did pediatricians experience in their views of mental health after working with a BHC, (c) what types of reflections did pediatricians have after working with BHC(s), (d) how did working with BHC(s) impact pediatrician and their stress levels, and (e) further recommendations for integrated health care. The interviews integrated a constructivist-interpretivist epistemology, thus allowing for the interviewer and participant to engage in a dialogic interaction (Creswell et al., 2007).

## Procedure

### *Sample Selection*

The present study was approved by the first author's institutional review board (IRB). The interviews were conducted in Spring 2019. The participants were recruited through email via online directories of integrated healthcare facilities. The inclusion criteria for this study required that participants were pediatricians and had a work history in an integrated health care system for a minimum of six months. Those who expressed interest were provided with addition information about the study and phone interviews were scheduled. Eligible participants were required to sign an informed consent form for participation in the study that outlined the purpose of the study, inclusion criteria, confidentiality, anonymity, and rights to withdraw. No incentives were given.

### *Data Collection*

The data collection consisted of in-depth semi-structured interviews with participants. The four semi-structured interviews were conducted by the first author by phone. The first author developed the format of the semi-structured interviews based from similar previous studies (Bronston et al., 2015; Fong et al., 2019). The participants were asked five broad, general questions as mentioned previously. Examples of these broad interview questions included the following:

- What are your experiences working with a behavioral health consultant in an integrated health care model?
- How would you describe your clinical interactions with BHC(s) and what factors impacted your relationship with BHC(s)?
- Can you describe your view on mental health and have you noticed a shift since working in an integrated health care setting?
- If possible, how has integrative health care model impact your own stress-levels as a physician?

- What recommendations do you have for pediatricians' work with a behavioral health consultant?

The interviews lasted between 30 to 90 minutes at length. The first author audio-recorded and transcribed all interviews. The second author guided the first author with project and methodology development, suggestions for presenting results, and assistance in manuscript development.

### *Data Analysis*

Aligning with the phenomenological method, data analysis focused on describing and explaining the human experience (Moustakas, 1994). The analysis followed the procedures described by Moustakas (1994): epoche, horizonalization, imaginative free variation, structural description, and composite textual description.

**Epoche.** The first step was to engage in epoche, or bracketing, in which researchers set aside their experiences as much as possible to assume a fresh perspective toward the phenomenon under examination. The authors acknowledged possible biases and/or situations that may have influenced the interpretation/perception of the participants' experiences through journaling. For example, due to researcher's previous experience with integrated healthcare, it was important to consider this history as a possible influential factor in analyzing participants' experiences. Therefore, through journaling, searching for disconfirming evidence combatted confirmatory bias (Morrow, 2005).

**Horizonalization.** The second step involved examination of the data accumulated from the five research questions (e.g., interview transcriptions) and highlighted statements from the transcripts that described the participants' experience and feelings associated with working in integrated health care. At this phase, the researchers highlighted 111 statements (10 from interview one; 23 from interview two; 25 from interview three; 53 from interview four).

**Invariant Horizons.** The third step entailed reducing the number of statements by eliminating repetitive statements. Subsequently, the remaining significant statements were used to write a description of what the participants experienced. At this phase, 20 significant statements were left out of the 111 statements.

**Imaginative Free Variation.** The fourth step determined the meaning or essence of the participants' common experience of the phenomenon. The contextual factors that influenced the experience of working in integrated health care were considered (i.e., length of employment, the number of BHCs in each setting) as well as participants' thoughts and feelings about the experience. The statements were grouped based on: pediatricians' recommendations on integrated health care; socio-emotional issues; benefits of BHCs; perspective of BHCs as colleagues; integrated healthcare as a team-approach; increased physician confidence; decreased physician stress; model of integrated healthcare.

**Structural Description and Composite Textual Description.** The fifth step involved the grouping of the invariant horizons into core themes called structural descriptions and the development of what the participants experienced, called composite textual description. The structural descriptions explored the thoughts, feelings, and recommendations associated with working in integrated healthcare for each of the participants. Furthermore, these structural descriptions contained verbatim pieces from the interview. Composite textual description

summarized the overall essence or meaning of being a pediatrician working in integrated health care.

## Results

According to Moustakas (1994), epoche is the first step of the phenomenological process. The first author engaged in self-reflection by recalling her own personal experiences working as a BHC for one year through journaling. As the first author, I enjoyed my previous experiences working as a BHC in an integrated health care model for geriatric, pediatric rheumatology, and neurology departments. I noticed my presence was valuable for both the physicians and patients. I felt as a true member of the medical team because physicians included my input in daily departmental meetings. I sensed I was relied on by the doctor as a resource to address mental health concerns with the patients. Through this bracketing process, the first author positively reflected on these experiences and set aside any emotions, prior assumptions, and biases from the possible application of these memories on the present study. Through this process, it was hoped that the first author's personal experiences would not interfere with the accurate portrayal of participants' experiences.

### Phase 1: Horizonalization

In this phase of analysis, the first author highlighted 111 significant verbatim statements and quotes shared by the pediatricians. These statements present pediatrician perspectives separately with equal value; furthermore, no grouping of these statements was made (Moustakas, 1994). Moustakas (1994) stated horizons are "the grounding or condition of the phenomenon that gives it a distinct character" (p. 95). Next, the first author used the technique of reduction which involved the deletion of repetitive, overlapping, and irrelevant significant statements from the previous step by determining the invariant constituents (Moustakas, 1994). The first author examined the formerly mentioned significant statements (111) and categorized the statements for a total of 20 subthemes. Then, the first author clustered and determined four themes of the pediatricians' common experiences working alongside BHC in an integrated healthcare setting: support, efficiency, emotional support from BHC(s), and increased knowledge of mental health for pediatricians and the team (see Figure 1).

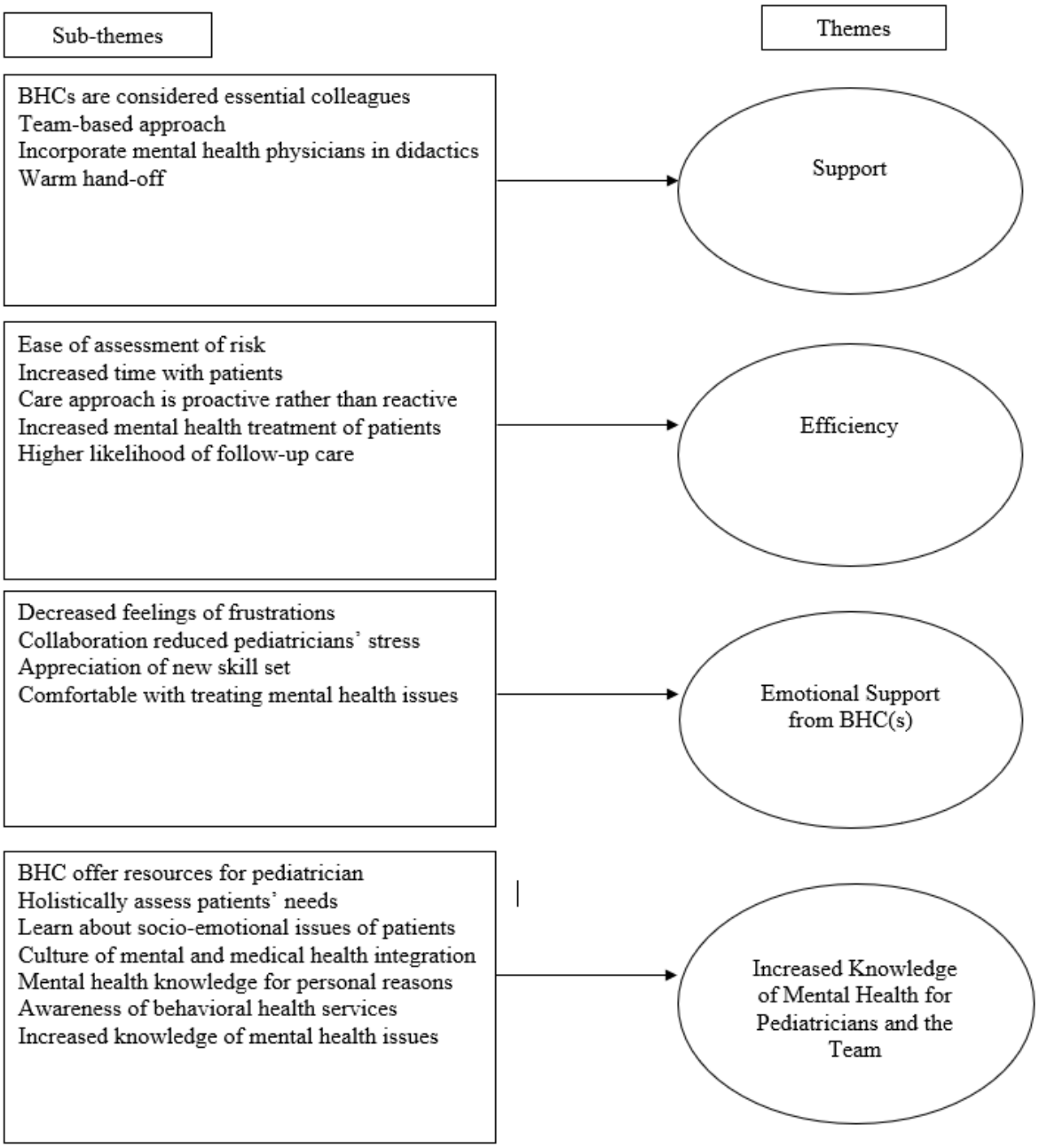
#### *Theme 1: Support*

In this cluster, all participants described a variety of support received by BHCs. Participants highlighted that the BHC's services affected not only the patients, but also the pediatricians. Pediatricians reported that for the patients, the convenience of access to a mental health care worker was exemplified in an integrated health care model. For the pediatricians, they reported feeling supported by their relationship and access to a mental health care worker and its impact on their ability to provide quality care for patients. For example, Participant 3 stated, "So, it is just a real pleasure to feel like I have somebody I could reach out to when like 'this is getting kind of complicated, can you help me out with it?'"

To achieve a supportive environment, all participants mentioned they had to learn how to approach patient care through a different perspective by working alongside a BHC in an integrated health care model, rather than referring out their patients for mental health concerns. Participants found value in the treatment of mental health. For example, Participant 4 indicated "I think people really saw each other as colleagues, not like 'oh this person is here to help me' or 'I am the doctor that knows everything'."

**Figure 1**

*Horizonalization*




Pediatricians highlighted the support they received from BHCs in their professional and personal life. Professionally, all of the participants reported a strong sense of collective attitude and collaboration within an integrated health care model. Components of clinical, professional, and functional integration were all identified as contributors to the culture of integration. Participants expressed feeling supported by the team-based approach in an integrated health care model. For example, Participant 2 reported:

> I think they [BHCs] are essential colleagues, it is a team approach. We couldn't do it by ourselves. And they [BHCs] would also need us, if a child would need to be on an anti-anxiety medication or a medication for ADHD, we

> [pediatricians] would help monitor that part and they [BHCs] would help with more of the behavioral dimension aspects.

Pediatricians described their comfortability to seek support from BHC for their own personal lives. Participant 3 said:

> I think often most people can discuss their own personal stuff sometimes when like "what do you think about this?" or you know "I was wondering about this" so I think they [BHCs] become a part of our team. They [BHCs] become a really amazing asset, not just for the clinic.

All participants reported feelings of gratitude for having a trusted colleague to consult with patient care. Participant 2 described,

> …often you feel supported in trying to make difficult decisions in gray areas, so uh, because a lot of mental health care is gray in terms of outcomes and what could happen, so having that shared sense of responsibility is very comforting both to oneself and knowing that you are doing your best for your patient… I think it has taken some of the stress-levels down. If you are trying to do that solo, that can be pretty stressful… you know it takes a lot of worries and stress from yourself. You realize that you were being effective because you can deliver a full sleet of services.

### *Theme 2: Efficiency*

This theme focused on the meaning of efficiency as defined by the participants. Most integrated health care clinics consisted of a core team of physicians, nurses, psychologists, social workers, and other health professionals. After the implementation of integrated health care in the workplace, participants reported a proactive multidisciplinary care approach to patient treatment. For example, core team members met with each other regularly and formed multidisciplinary meetings to discuss patients' multidimensional needs. Participant 2 shared:

> Sometimes for complex families for kids, we [BHC and pediatrician] would advocate through a team meeting, we would either come to my office or go there. We would meet with the child together, the family together and do a team approach and then we would either meet separately away from the family first to discuss things before or afterwards.

All participants reported gaining practical value from having BHC(s) in the patient's room during office visits because of the focus on the interplay of mental and physical health. Additionally, participants reported satisfaction with BHCs' work at the primary point of contact in the patient's room because of increased efficiency of participants' time with the patient. Participant 3 described:

> I think they [BHCs] can get more information from the family and help with leaning on what is going on at home and at school. So, it really enhances the visits that I do. I feel like I am a more comprehensive pediatrician because they got more history information from the family.

Some participants reported systemic pressures to produce rapid results with patients to decrease attrition and these results can be achieved with integrated health care. Additionally, participants reported an improvement in time management at their practices because of the availability of BHC(s). For example, Participant 1 stated:

> …we only have a 30-minute follow-up appointment. And but that's after the patient is registered, and whatever. So sometimes it's 15 minutes that we are in the room with the patients. So, it is great to get the most out of that time…So I can do my letters and all of that stuff while someone else is able to talk to them about their sleep issues or whatever that was great.

All participants described the location of BHC services at the office/clinic or in the same building as efficient based on convenience or ease of access. For example, Participant 4 mentioned, "It is real-time and if they [BHCs] saw one of my patients, they [BHCs] would alert me, okay my patient is doing the follow-up with him, and we would be going back-and-forth… it was really awesome to be able to do that with any patient."

Furthermore, participants described the efficiency of the decision-making process for at-risk patients with emotional or behavioral concerns, such as suicidal thoughts. For example, Participant 2 described the difficulties with differentiating between low and high risk for a patient who is presenting with suicidal thoughts and in these situations:

> …if you are struggling with a risk assessment for example, a teenager who is suicidal or not suicidal, I mean is she meeting for high risk or low risk and you are trying, it is a big responsibility to discharge somebody and you just hope they are not going to hang themselves or overdose. So, I think those moments like that, when you know you can call a trusted colleague and have a good discussion and come to a conclusion. And you feel like you have done everything for that patient and family.

***Theme 3: Emotional Support from BHC(s)***

We found in the pediatricians' stories the role that BHCs play in decreasing physician burnout. For example, Participant 3 reported:

> I think they [BHCs] have played a big factor for preventing burnout and frustration because there are a lot of second-hand trauma from staying on these cases, particularly now, specifically with more of psychosocial training, we ask about parents' mental health and drug use and food insecurities and housing issues… So I think, that is hard you know to carry with you every day so I think it is really essential for all of us to share those stories with each other and support each other.

Participants reported that after engaging in an integrated health care model their confidence and satisfaction increased in their ability to provide quality care to patients. For example, Participant 4 said:

> …and work became more confident with this process with you know, being able to manage or knowing where the resources are or what can I do in the meantime if we are waiting for resources to become available…the satisfaction really went up for providers and families.

### *Theme 4: Increased Knowledge of Mental Health for Pediatricians and the Team*

All participants reported an increase in their knowledge of mental health resources due to working alongside BHCs. For example, Participant 4 indicated, "And we all developed some skills, I mean a lot of my doctors got really skilled at what kind of resources are in the communities…" Pediatricians described the impact of stigma and bias surrounding mental health on their patients. All participants agreed that their perspectives on mental health shifted after working alongside BHC(s). For example, Participant 3 said, "…my bias has always been that families need more support and that they have a lot of stigma around that. I think I am more of a supporter."

Prior to working in integrated health care, some participants reported feelings of discomfort with treating mental health concerns because of their limited knowledge on mental health issues and the ease of referring patients to outside mental health professionals. For example, Participant 2 discussed:

> They bring nuances and uh a skill set that I don't have, and it is complimentary to my skill set, I guess that is what I always appreciated. That they can do things that I can't do. And I am always appreciative of that.

Participants described their lack of knowledge of therapeutic and/or behavioral techniques prior to an integrated health care model. Participant 1 said, "I didn't really get trained in motivational interviewing."

After working alongside BHCs, participants reported learning new therapeutic skills such as motivational interviewing skills, common factors approach, and normalizing disorders. For example, Participant 4 said:

> …I think what was fascinating about it was what you would see what I would call cross fertilization. You would have the pediatrician who didn't have the same training or the same eye or the same perspective as the person, of the LCSW that was there. And vice-a-versa. And by people working together they learned what they saw, and they were more willing to manage, develop more skills, you know a lot of things like particularly motivational interviewing approaches.

The added knowledge of mental health issues and therapeutic interventions equipped participants to address mental health concerns with patients and families. Participant 4 stated:

> …I think the one thing is that the way we talk about it is different. So, if your pediatrician is saying "your child's social emotional development is really important because it is going to affect learning, it is going to affect their health," right? So, if your child has asthma for instance these other stressors are going to make their asthma increase, if you normalize it in that way and talking about, if I am normalizing it by saying "you know what, what we know now about early childhood is that these kind of stressors for the child and family actually affect everybody's health?"

## Phase 2: Textual and Structural Description

After the first author identified the relevant and validated invariant themes in the horizontalization process, the textual and structural descriptions of the phenomenon were

identified by recognizing "what" was experienced (textual) and "how" it was experienced (structural) by participants (Moustakas, 1994). When the participants talked about support, some referred to the experience as pleasurable, valuable, and collaborative. Thus, support was associated with something meaningful for them. They described the experience as beneficial and essential.

The context in which support appeared was through a team-based approach. For the benefits of integrated health care to be experienced, the format of the model was emphasized. For example, the ease of access to a BHC for both professional and personal concerns. Also, the pediatricians required holistic approach to treatment to allow them to provide high quality care for patients. Their attention was focused on patients' presenting medical problems while collaborating with BHC(s) on complicated socio-emotional issues. Another important point was the pediatricians' and BHC(s)'s treatment approach as a unified unit, while also feeling confident in the decision-making process of patients' care. A major aspect was that the pediatricians acquired more information with the allotted time with patients, for example, learning about issues at home, school, and work. The fact that the location of BHC services were in the office/clinic, helped pediatricians improve their quality of care for patients and elevated their confidence.

**Phase 3: Essence of the Experience**

Based on the information provided by the interviewed pediatricians and the synthesis from the data analysis, the first author determined the essence of their experience with integrated health care (Moustakas, 1994). The essence of the experience which captured the meaning ascribed to the four participants' experience could be described as similar to the ripple effect. According to the Oxford dictionary and for purposes of this study, ripple effect is defined as "the continuing and spreading results of an event or action" ("Ripple effect," n.d.). Integrated health care was described by all participants as a team-based approach requiring the collaboration between both pediatrician and BHC(s). The ability for medical and mental health workers to collaborate together in an integrated health care model lead to pediatricians' describing a supportive and beneficial relationship with the BHC(s). Consequently, this relationship impacted pediatricians' ability to address patients' concerns holistically. Pediatricians reported that BHC(s) provided a different perspective to patient care which helped them develop and grow as clinicians. For example, Participant 4 stated they are not "the doctor that knows everything" and began viewing BHC(s) as essential colleagues to rely on for learning about mental health concerns in patients.

Pediatricians reported their time is a constrainable resource due to the demands of time allotted per patient office visit. They shared their experiences working alongside BHCs in an integrated health care model increased the efficiency of their time with patients, thus leading to greater satisfaction with their work. It seems that an integrated health care model offers the opportunity for pediatricians to not only provide comprehensive patient care, but also increases pediatricians' sense of achievement.

Pediatricians reported gaining new knowledge on mental health issues and therapeutic interventions after working alongside BHC(s) in an integrated health care model. This newly acquired knowledge cascaded through to the patients. Participant 4 shared a story about utilizing the therapeutic skill of normalizing with a patient with asthma and experiencing stress: "…what we know now about early childhood is that these kind of stressors for the child and family actually affect everybody's health." All pediatricians described a similar phenomenon to the ripple effect of the newly acquired knowledge from BHCs and its dissemination to patients.

Also, all participants described their personal narrative shift on the discussion of mental health and the removal of stigma surrounding mental health after gaining more knowledge working in an integrated health care model. Pediatricians shared the personal benefits of having a colleague to discuss difficult high-risk cases with which reduced physicians' stress-levels. By providing a space and trusting relationship with BHCs, the integrated health care model reported a decrease in stress-levels which helps aid in preventing physician burnout.

## Discussion

In this study, we examined pediatricians' experiences of working with BHCs within an integrated health care model. The pediatricians described a process of interdisciplinary integration which resulted in team-based care and a culture of shared decision-making. Findings revealed the benefits of integrated health care including increased time efficiency, patient access to mental health services, acquired knowledge and skills, collaborative communication channels, and physician stress reduction. This is consistent with quantitative research on physicians' perspectives on integrated health care models (Funderburk et al., 2010; Miller-Matero et al., 2016; Yamada et al., 2019). Similarly, to patients, pediatricians in this study reported high levels of satisfaction with the integrated health care model (Ede et al., 2015; Funderburk et al., 2010; Valleley et al., 2020).

Contrary to other studies, pediatricians in this study reported feeling comfortable managing challenging problems with patients because of the availability of BHCs (Godoy et al., 2017; Westheimer et al., 2008). Pediatricians reported the spreading results of an integrated health care model for themselves professionally, personally, and for patients' overall treatment. Professionally, pediatricians' perspectives on addressing patients' mental health shifted from a "let's refer out" to "let's work together on this" mentality due to the collaborative relationship with BHCs. Notably, pediatricians recognized the benefits of having a professional from a different discipline to work with because of the advantages of learning about other perspectives and strategies on one issue. Also, pediatricians reported personal benefits with working alongside BHCs. One reason was pediatricians' stress-levels decreased because of their ability to readily consult with another provider regarding patients in emotional or behavioral distress. This decline in stress-levels was identified as a contributing factor for preventing physician burnout.

In previous studies, families in the past have expressed uncertainty about whether pediatricians were qualified or equipped to provide mental health care (Schraeder et al., 2018). In this qualitative study, pediatricians described their development with addressing mental health issues after learning new skills from working with BHCs. The strong rapport between BHCs and pediatricians in an integrated health care model impacted the development of mental health knowledge for both pediatricians and patients. The familiarity of BHCs' work in an integrated health care office positively transmitted through pediatricians' comfortability with discussing mental health concerns with patient visits. Pediatricians reported several benefits of integrated health care and its impact on addressing mental health concerns in children and adolescents seen in pediatricians' offices. Integrated health care models are not readily apparent across medical settings due to financial constraints, but the benefits for holistic patient care and well-being are evident.

## Recommendations

The participants themselves offered several recommendations for future integrated health care models. The main recommendation was that emphasis should be placed on a face-to-face, collaborative, team-based approach rather than on an individualistic approach. The

importance of creating a collaborative work culture was reported in similar studies on integrated health care (Annamalai et al., 2018; Youssef et al., 2019). Participants recommended having an integrated health care model with BHCs on-site rather than co-located (e.g., outpatient mental health clinic, private practice). Additionally, one participant stated an integrated health care setting should be created by design by assessing the patients' needs first. Inclusion of patients' preferred treatment options, incorporation of family members, and location of services in a reasonably accessible area are critical in reducing the effects of health disparities, especially in underserved racial and ethnic minority communities (Sanchez et al., 2014). Finally, some of the participants highlighted the need for easily transferrable electronic records to improved communication channels between medical and mental health providers. Shared access to patients' records increase the ease of communication and treatment continuity which contribute to successful implementation of integrated health care (Banfield et al., 2017).

## Limitations and Areas for Future Research

The study's limitations include the small sample size ($N$=4), length of interviews, and the limited generalizability of the findings. Recruiting participants was difficult because of the nature of the qualitative study and presented numerous challenges for this study. Three themes were recognized as influential to recruitment: nature of the research, recruiter characteristics, and participant characteristics. Regarding recruiter characteristics, prior studies have suggested recruiters' professional roles, their personality, and knowledge on the subject, were considered influential to the recruitment process (Newington & Metcalf, 2014). Secondly, both researchers are not in the medical health profession and had no prior research experience in integrated health care. Finally, participant characteristics were highlighted when a participant declined to participate due to the lack of monetary compensation for their time in the study. These issues presented a challenge for accessing eligible participants who wanted to participate for altruistic reasons but declined because of the importance of logistical issues.

This study required a lengthy interview requiring a greater time commitment from participants, compared to a quantitative study utilizing an online survey. Unfortunately, physicians in primary care settings experience burnout due to inflexible work schedules and dissatisfaction of resources available to them (Linzer et al., 2009; Whitebird et al., 2017). It is possible the time commitment required to participate in this study impacted participants' interest. Two potential participants expressed interest in participating in the study yet declined due to the lack of monetary compensation for potential participation.

It is important to note the length of one of the interviews was approximately 30 minutes long. Although, a prior relationship was formed with this participant and one of the researchers, which allowed for the exclusion of the necessary time to form rapport as previously mentioned. All other interviews were a minimum of 60 minutes at length. The varied length of interviews and the small number of participants may have affected the data saturation and should be interpreted with caution. Data saturation is "used in qualitative research as a criterion for discontinuing data collection and/or analysis" (Saunders et al., 2018, p. 1894). However, saturation is not normally an aim in phenomenological analysis because the analytical focus is within individual accounts to obtain full and rich personal accounts (van Manen et al., 2016). With just four interviews, the researchers were able to explore and explicate the lived experience of pediatricians working alongside BHCs in an integrated healthcare setting. Furthermore, data collection stopped because there were no longer any participants reaching out to participate.

One participant was certified as a general pediatrician and a developmental behavioral pediatrician. However, the phenomenological approach and the interview style used were sufficiently open to allow the participants to share what was relevant to them around the focus

of integrated health care and mental health. Moreover, the study is virtually the first to describe in detail the perspective of pediatricians not only in an integrated health care setting but also their shift in dialogue surrounding mental health concerns. Notably, there was a significant lack of diversity among participants such as race, ethnicity, and sexual orientation. Yet, the study had a geographically diverse sample with participants from New Jersey, North Carolina, Colorado, and Nova Scotia. Thus, we were able to explore benefits of integrated health care that may not have been apparent if only focusing on one geographical area.

The findings showed a genuine desire across the four pediatricians involved in integrated health care to continue professional relationships with BHCs. Future research should examine the benefits and challenges of integrated health care models through mixed methodologies. Additionally, future research should investigate the lives of a larger sample of pediatricians and more consistent lengths of interviews. The results suggest the importance of integrated health care to support the role of pediatricians and other disciplines, as well as the accessibility to comprehensive health treatment. Pediatricians are the gatekeepers to addressing the mental and physical health needs of children and adolescents. With an integrated health care model, both medical and mental health physicians can provide comprehensive treatment for our youth.

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