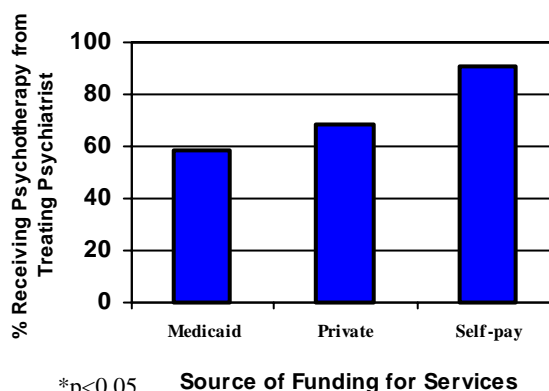


Child and Adolescent Psychotherapy: Provider Type and Source of Funding for Services

APIRE examined the recent Practice Research Network (PRN) data to determine whether the psychotherapy provider (i.e., treating psychiatrist, other mental health providers) varied by public or private funding source. Within the past three decades the trend toward collaborative care involving a psychiatrist and a non-physician mental health professional has become more prevalent, changing the roles of providers in psychiatric services (Goldberg 1991, Beitman 1984). How is this trend expressed in the PRN data?

Figure 1: Rates of Psychotherapy by the Treating Psychiatrist by Source of Funding for Services (n=223)*



The PRN data showed the majority of children and adolescents were insured privately, followed by Medicaid, and self-pay (54.7%, 26.1%, and 19.2%, respectively). These findings also revealed higher rates of psychotherapy by the treating psychiatrist among children and adolescents whose services were paid out-of-pocket or “self-pay” (90.4%), followed by privately insured (68.3%), and those who were Medicaid beneficiaries (58.2%); only 9.6% of children and adolescents whose services were paid out-of-pocket received therapy from other mental health providers, 31.7% among privately insured, and 41.8% among Medicaid beneficiaries ($p<0.05$). Among those who were “self-pay” who received combined pharmacotherapy and psychotherapy, 84.2% received psychotherapy from the treating psychiatrist, compared to 65.0% among privately insured and 58.7% among Medicaid beneficiaries ($p=0.062$).

When considering managed versus non-managed care plans, the rates of psychotherapy by the treating psychiatrist were found to be comparable (72.6% and 66.3%, respectively). However, as the PRN stated in an earlier report, rates of psychotherapy (by any provider) were significantly lower among enrollees in managed care plans versus non-managed plan types.

In summary, these findings indicate a strong relationship between source of funding for services and provision of psychotherapy by the psychiatrist, with self-pay and privately insured having greater access to psychiatrist-provided psychotherapy compared to those insured under public programs. However, as stated in PRN’s earlier report, nearly 40% of children and adolescents in treatment did not receive psychotherapy from any mental health professional.

Data Source: The 1997 and 1999 American Psychiatric Practice Research Network (PRN) Study of Psychiatric Patients and Treatments (SPPT). Results are preliminary and not for citation. In 1997, 417 of 531 (78.5%) PRN members completed the SPPT. In 1999, 615 of 784 (78%) PRN members completed the SPPT.

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References: [Not explicitly listed in the provided text]

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Relatively small sample sizes may have limited the power to detect differences across groups. Moreover, exclusive reliance on psychiatrist-reported data may have resulted in an under-estimation of psychotherapy by other mental health providers, if the treating psychiatrist did not have information about psychotherapy provided by other providers. Finally, rates of psychotherapy may have been underestimated since provision of psychotherapy was examined within 30 days of index visit, those who received psychotherapy outside of this time frame were not enumerated.

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