

## ***Scope of Practice and Access to Pediatric Mental Health Care***

*Research Objective:* There is a mental health crisis in the United States, partially driven by a shortage of mental health providers, and children are one of the most affected populations. Additionally, there are racial disparities in access to mental health providers. Expanding scope-of-practice (SOP) may increase the availability of current health care providers that can meet the mental health needs of patients. In this study, we examine the impact of psychologist and nurse practitioner (NP) SOP expansion on racial disparities in pediatric mental health care.

*Study Design:* This cross-sectional study used nationally-representative data from the National Survey of Children's Health (2016-2019). We included all children with a mental health condition identified either via diagnosis or the presence of an emotional, behavioral, or developmental problem as determined by the Children with Special Health Care Needs screening tool. Our primary outcomes were 1) having an unmet need for mental health care and 2) the receipt of medication for an emotional, behavioral, or concentration issue. Binary indicators for psychologist and NP SOP expansion policies were created to identify children from states where those policies had been enacted. Race/ethnicity is defined in the survey as non-Hispanic White, non-Hispanic Black, non-Hispanic Other, and Hispanic. We used logistic regression models adjusted for predisposing, enabling, and need factors to estimate the association between the policies and the two outcomes of interest. An interaction term between each of the SOP indicators and race/ethnicity were created to measure heterogeneous policy effects.

*Population Studied:* The US population of non-institutionalized children with any mental illness.

*Principal Findings:* Psychologist SOP expansion was associated with a 6.2 percentage point (95% confidence interval = [-10.7, -1.6]) reduction in the probability of a child with a mental health problem having unmet need for mental health care, with an additional reduction of 15.8 percentage points [-25.3, -6.2] for children of Other Race. NP SOP expansion, however, was not associated with a significant change in unmet need. In the medication model, psychologist SOP expansion was associated with a 2.1 percentage point [0.7, 3.4] increase in the probability of receiving a medication, with an additional increase of 5.1 percentage points [0.8, 9.4] for Black children and 5.6 percentage points [0.5, 10.8] for children of Other Race. NP SOP expansion was associated with a 1.5 percentage point reduction in the probability of receiving medication [-2.3, -0.6] that did not vary by race/ethnicity.

*Conclusions:* Expanding psychologist SOP appeared to improve access to pediatric mental health care, while expanding NP SOP did not. However, it is possible that the reduction in prescribing associated with NP SOP may reflect more referrals to mental health experts instead of prescribing in primary care. Future research is needed to examine the implications of these findings for mental health outcomes and expenditures.

*Implications for Policy or Practice:* Policies that expand SOP for psychologists should be considered as a means to improve access to pediatric mental health care, and future research is needed to understand the impact of NP SOP expansion.