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Commentary

Commentary on Teaching Child Psychiatric Assessment Skills: Using Paediatric Mental Health Screening Tools

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Commentary

It is a great honor to be asked to write a commentary for this inaugural issue of your new online publication: Journal of Health Sciences and Education. In light of the global epidemic in mental illness, I applaud you for choosing this topic to be your first focus. Since there is no previous journal content on which to comment, in preparing to write this piece I "googled" the members of the editorial board. You span disciplines, continents and career paths, with diverse experiences which should make for interesting discourse. I reread the article Dr. Melissa Arthur and I published on "Teaching child psychiatric assessment skills: Using paediatric mental health screening tools" [1] and reviewed the follow-up data presented a year later at the 2015 meeting of the American Academy of Child and Adolescent Psychiatry. I searched the medical literature using the specifiers "teaching" and "mental health screening" for information published subsequent to our article [2]. Most studies were done in the United States and concerned substance abuse screening, brief intervention and referral for treatment (SBIRT). One article reported a culturally-sensitive methodology to screen for perinatal mental health problems in Nigeria [3]. Finally, I reflected on a recent intake interview of an adolescent who expressed disgust that "all" he had done in sessions with his prior therapist had been to fill out paper work.

I am a child and adolescent psychiatrist and paediatrician working in an academic center in the North Eastern United States. My particular role during the past eight years has been to teach trainees for various health careers. I also have been part of a collaboration involving five university child and adolescent divisions funded by the state of New York [4] to provide consultation on paediatric mental health issues to a wide range of primary care clinicians (PCCs). We educate during each individual clinician contact and provide an array of webinars, half-day and 3-day courses on topics which often include instruction in the use of general and/or issue-specific mental health screening tools (MHSTs). We have developed a website: www.cappcny.org which anyone in the world can use to locate and download valid paediatric MHSTs.

Our article agrees with others who have tackled both the science of teaching screening tools and efforts to integrate their use into systems of care. Using a variety of evidence-based techniques in adult education results in good to very good retention of ability to use MHSTs on an individual basis. Sharing acquired knowledge with peers, integrating new tools into practice flow and taking appropriate action on positive findings happen far less often. The Nigerian group highlighted an additional dilemma for developing countries, also prevalent in many underserved areas in the "developed " world such as rural New York state: resources for treatment of mental health issues are lacking, particularly for youth. Frustration with workforce shortages has until recently contributed to reluctance in our community to integrate MHST into practice flow: "Why should we screen when we have nowhere to refer kids who screen positive?"

Such a statement also reflects a level of discomfort with assessment and management of mental health issues in the primary care setting. Over the forty plus years of my career as a paediatrician and then as a child psychiatrist, I have seen the prevalence of childhood mental illness rise to epidemic proportions. Concurrent advances in the sciences of epigenetics and brain development have made it clear that both chronic mental and physical health problems have their roots in adverse early life experiences which begin at conception and are most dramatic and reversible in the first years of life. Common mental health issues such as ADHD, anxiety, depression and disruptive oppositional behavior are often beginning to be expressed by early school age and present first in the primary care setting. In most places in the world, child psychiatry residencies have not been able to turn out enough graduates to cope with community need. Paediatric and family medicine residencies are only beginning to implement changes in curriculum which would better prepare PCCs to perform roles which had until recently been assigned to child and adolescent psychiatrists and therapists. Programs such as Project TEACH/CAPPC work to provide PCCs already in the work force with the information and skills they need to assess and manage mild to moderate mental illness in the health home and facilitate referral to therapists and child psychiatrists for those whose needs are more serious.

PCCs the world over struggle with demands competing for time with patients. My adolescent patient who failed to develop a satisfying relationship with his former therapist brings up another caveat regarding the integration of screening tools into the flow of a practice. Screening tools inform the clinician but are in no way a substitute for the

caring conversation that enables diagnosis and therapeutic alliance. MHSTs should be positioned in patient flow so that they do not take away the precious moments that a healer has face-to-face with a patient to probe screen results, deepen the sense of being cared for and plan next steps toward health.

Paediatric mental illness is a public health issue. Its prevalence and long-term consequences to individuals and society are significant enough to mandate both prevention and intervention strategies. Prevention requires global and local attention to societal problems such as homelessness, food insecurity, war and interpersonal trauma. Mental health screening tools have a role to play in deciding who needs intervention and they are easy to teach. To be truly helpful, however, there needs to be concurrent commitment to maximizing their efficient integration into individual systems of care, to empowering PCCs to do initial interventions in the primary care setting and to developing a workforce of therapists and psychiatrists to work with the more seriously ill.

References

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