

## **Brief Summary of the Family Physician's Evaluation of a Child & Youth Mental Health Training Program for Primary Health Care Providers in British Columbia.**

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### **Background**

Mental disorders account for the largest proportion of the disease burden in young people globally with about one in five experiencing a mental disorder (mostly in the mild to moderate range of severity) during adolescence. Despite this high prevalence, a large proportion of young people affected do not receive the care that they need, although early effective interventions are widely known and may improve both short and long term outcomes across a variety of domains. These include but are not limited to: social functioning, academic/vocational success, increased life expectancy and decreased risk for addictions and various mental and physical disorders. Currently the capacity of health care systems to appropriately meet these needs is underdeveloped, particularly at the primary care level where many mild to moderate presentations of mental disorders can be appropriately diagnosed and effectively treated <sup>(1-4)</sup>. Additionally, treating mental disorders in primary care has the added advantages of: improving access to mental health care, decreasing stigma associated with attendance

at stand alone mental health facilities and decompressing pressure on speciality mental health services, consequently increasing access to these services for those with more complex mental health care needs. Thus the development of strategies to enhance capacity within primary care to effectively address the identification, diagnosis and treatment of depression in adolescents is to be encouraged <sup>(3, 5, 6)</sup>.

The Practice Support Program a joint initiative of the Ministry of Health Services and the British Columbia Medical Association, identified a care gap regarding child and adolescent mental disorders., The Program, in collaboration with the Sun Life Financial Chair in Adolescent Mental Health team (IWK Health Centre / Dalhousie University), created an educational program to support Family Doctors and other primary care providers to improve their competencies in the identification, diagnosis and delivery of best evidence based treatments for children and youths exhibiting common mental disorders in primary health care. This best-evidence based, tool supported, and protocol driven, Mainpro C and Maincert accredited program (the Child and Youth Mental Health Learning Module) focuses on enhancing understanding and skills for diagnosis and treatment of the most common mental disorders in children and adolescents that are suitable for use in primary care: child and adolescent Anxiety Disorders; child and adolescent Attention Deficit Hyperactivity Disorder; and adolescent Depression. This brief report presents a summary of the program evaluation pertaining to family physicians taking part in the program as initially determined by Hollander Analytical Services Ltd.\* from two “Training-the-Trainers” session that took place in Vancouver, BC, on October 4-5, 2011 and January 25, 2012. <sup>(7,8)</sup>

## Family Physician Participants

Family physician participants in each of the sessions completed surveys unique to each training session. Thirty-eight family doctors participated in session one and forty two in session two. Response rates to surveys were 100% at baseline and 47.4% at the end of TTT1, and 64.3% at the end of TTT2, respectively.

Family doctors who had been earlier introduced to various clinical tools contained within the program were asked about their confidence levels utilizing the clinical tools embedded in the training program. Their responses to selected tools are found in table 1.

**Table 1. Family Physician’s Confidence with Tools and Youth Mental Health Learning Module.**

<b>Tool / Resources</b>	<b>% Familiar With Tools / Resources at Baseline (N=36)</b>	<b>% at least “Moderately ” Confident At End of TTT-1(N=17)</b>	<b>% at least “Moderately ” Confident At End of TTT-2(N=22)</b>
Risk Identification Profiles	N/A	88%	93%
Psychotherapeutic Support for Teens (PST)	15.2%	77%	92%
Teen Functional Assessment (TeFA)	22.6%	88%	100%
Tool for Assessment of Suicide Risk	18.2%	94%	93%

in Adolescents (TASR-A)			
Clinical Global Impression– Improvement Scale (CGI)	24.2%	94%	100%
CRAFFT – Substance Use Assessment	18.2%	71%	62%
Kutcher Adolescent Depression Scale (KADS-6)	21.2%	94%	95%
Swanson, Nolan, and Pelham-IV (SNAP-IV) – 18 items	21.2%	77%	95%
Screen for Child Anxiety Related Disorders (SCARED)	24.2%	88%	100%

### **Knowledge Acquisition**

Changes in child and youth mental health knowledge was measured using a 20 item true/false test delivered immediately pre and post program. The post test scores were significantly improved by some 14% from pre-test scores ( $t(53) = 4.96, p < .001$ ; Cohen's  $d = 1.41$ ) demonstrating substantive improvement in knowledge as a result of the program.

## Family Physician’s Self-reported Confidence with Mental Health Care Provision for Children and Youth

In most of the domains assessed, the percentage of family doctors who rated their confidence as at least moderate rose dramatically as a result of the training program.

See results in Table 2.

**Table 2. Number (Percentage) of Family Doctors who rated themselves as “Very” or “Moderately Confident” on Several Aspects Related to Mental Health for Children and Youth: Comparison Over Time**

How confident are you in your ability to perform each of the following activities at this time?	Baseline (N=36)	TTT-2 (N=20)
Identify young patients who may benefit from mental health care.	Child: 22 (61.1%) Adol: 30 (85.7%)	19 (100%)
Build rapport with new young patients.	Child: 33 (91.7%) Adol: 32 (91.4%)	19 (100%)
Initiate a conversation about mental health care with a young patient (and his/her family, as appropriate).	33 (91.7%)	19 (100%)
Provide guidance/information to improve the mental health of your young patients.	22 (61.1%)	19 (100%)

How confident are you in your ability to perform each of the following activities at this time?	Baseline (N=36)	TTT-2 (N=20)
Assess (wording on the baseline survey)/ Screen (wording on the TTT2 survey) the following in children and youth:  Depression  ADHD  Anxiety	          21 (58.3%)  14 (38.9%)  23 (63.9%)	          18 (94.7%)  19 (100%)  19 (100%)
Diagnose the following in children and youth:  Depression  ADHD  Anxiety.	          (not asked)	          19 (100%)  18 (94.7%)  19 (100%)
Develop an action plan for your young patients requiring mental health care.	          13 (36.1%)	          19 (100%)
Treat common mental health disorders in children and youth using medications.	          13 (36.1%)	          16 (80.0%)
Monitor side effects of medications.	          23 (63.9%)	          16 (80.0%)
Treat common mental health disorders in children and youth using other protocol-driven interventions.	          11 (30.6%)	          19 (95.0 %)

How confident are you in your ability to perform each of the following activities at this time?	Baseline (N=36)	TTT-2 (N=20)
Monitor common mental disorders in children and youth.	14 (40.0%)	19 (95.0 %)
Communicate your patient's needs to other mental health care providers, as appropriate.	33 (88.9%)	20 (100%)
Communicate your patient's needs to community partners (e.g., school counsellors), as appropriate.	20 (55.6%)	20 (100%)
Collaborate with community partners (e.g., school counsellors) in the mental health care of children and youth.	22 (61.1%)	19 (95.0 %)
Refer the young patients to specialists in the community, as appropriate.	31 (86.1%)	19 (95.0 %)
Provide culturally-sensitive guidance to patients requiring mental health care.	16 (44.4%)	19 (95.0 %)

**\* Note: Percentage per item is calculated out of the total number of respondents on the individual item**

### **Conclusions and Discussion**

Although this analysis was conducted as a program evaluation and not as a research project, the findings reported above demonstrate substantive positive improvement in family physician child and youth mental health knowledge and self-rated clinical

confidence in addressing common child and youth mental disorders as a result of the training program. Further rollout and assessment of the program are ongoing and future evaluations should consider application of controlled experimental models including patient outcomes to demonstrate utility and effectiveness of this approach in addressing common child and adolescent mental health care needs in primary care.

With the promising results seen in this program to date, there now may be an opportunity to change the trajectory of mental disorders in young people and support long term improvements in their mental health care by enhancing capacity to do so in primary care. Should this approach prove to demonstrate continued positive outcomes in further field tests across different regions of Canada and with methodologically different evaluations, it could provide a nationally applicable approach that would contribute to the improved mental health care for children and youths across Canada and beyond..

\*The full report (lead author Helena Kadlec PhD), can be found at:

<http://www.practicesupport.bc.ca/psp/practice-support-program>

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