Treating children’s mental health problems

Collaborative solutions for family physicians

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Most children who have been abused or who have suffered psychological trauma do not receive mental health care. Those children who do receive these services, usually receive them from their family practitioners. The inadequate number of professionals trained to provide mental health care to children and the lack of attention paid to mental health care in training programs and policy development means family physicians must provide treatment in an area in which they report feeling uncomfortable and unskilled.

Collaborative care is an effective solution for family physicians treating problems outside their area of expertise. For example, treating children who have been sexually abused is complicated and might require specialized approaches to care. Assessing the effect of specific events on children’s mental health can require direct observation of both children and families to compensate for children’s inability to express problems using adult terminology. Collaborative arrangements where family physicians work directly with child psychiatrists, psychologists, social workers, or other specialized health professionals can lessen the face-to-face time specialists need to spend on this treatment. The familiarity family physicians have with their patients can be used to advantage in these situations.

Collaborative mental health care is happening in Canada in a variety of ways, each providing a wealth of resources for family physicians handling children’s complex mental health issues.

Education and continuing medical education

At the Children’s Hospital of Eastern Ontario in Ottawa, child and adolescent psychiatrists work with family practice residents to assess patients collaboratively. These residents will then have the skills to diagnose and treat children’s mental as well as physical health conditions once they graduate.

In Calgary, Alta, the Healthy Minds/Healthy Children Project is trying to increase family physicians’ knowledge of children’s mental health issues by developing an innovative continuing medical education program. A series of modules on a range of mental health issues common among children have been developed. To make the modules as accessible as possible to busy family physicians, the project has also developed an e-learning facility; presentations are posted on relevant topics, and presenters are available to family physicians across the country for chat-room question-and-answer periods at specified times.

Tools

A tool kit for Collaborative Mental Health Care for adolescents and youth is currently being developed as part of a Health Canada Primary Care Transition Fund project, the Canadian Collaborative Mental Health Initiative. The adolescent and youth tool kit accompanies a larger, more comprehensive document directed at administrators starting collaborative mental health care programs with special populations.

Adolescents and youth are among several populations being targeted (others include aboriginal, urban, rural, and senior populations). The tool kit describes the skills various health care providers bring to a collaborative team and suggests approaches to care ranging from telehealth services to education programs for family physicians. The tool kit should be available by the end of the year on the Canadian Collaborative Mental Health Initiative’s website (Table 1).

Community resources

Perhaps the most important resources for dealing with children’s mental health are those
available in the community. Tertiary care hospitals typically have people on staff who have expertise in child protection services and child mental health. These people can provide valuable advice on health care options and additional resources.

In cases of possible child sexual abuse, family physicians can call anonymously and use hypothetical scenarios to obtain advice from the Child Protection Intake Services (Table 2) offered by the Children’s Aid Society in Ontario and by Child and Youth Services across western Canada. These organizations also have a wealth of resources and information available. In addition, local police departments often have educational outreach activities and can provide a seldom thought of, yet valuable, resource for family physicians.

**Long-term solutions**

For the long term, collaborative care approaches to children’s mental health provide family physicians with access to psychiatrists, psychologists, and social workers, among others, for education and networking. Making connections with experts who have unique skills different from those of family physicians is truly the beginning of integrating family health care and mental health care into a model that focuses on patients and deals with the human body as a whole.

Treating children’s mental health, specifically of children who have been sexually abused, is outside the expertise of many family physicians. Those with a network of professionals at hand have better access to the resources needed to meet many of the potential challenges in family practice.

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This article was compiled through a discussion with Dr Helen Spenser, a child and adolescent psychiatrist at the Children’s Hospital of Eastern Ontario in Ottawa, and Harold Lipton, a chartered psychologist with several years’ experience administering mental health programs in Alberta. Dr Spenser and Mr Lipton are co-chairs of the Child and Adolescent Toolkit project for the Canadian Collaborative Mental Health Initiative.

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