Irish Medical Journal
Established 1867

Issue: Ir Med J; Vol 114; No. 3; P294

Knowledge and Training Needs of Paediatric Trainees in Mental Health

N. Oketah[1], V. Sewell[2], E. Barrett[3]

1. Department of Paediatrics, The Royal Belfast Hospital for Sick Children (RBHSC), Belfast, BT12 6BE.
2. Children's Health Ireland (CHI) at Temple Street, D01 YC76, Ireland.
3. University College Dublin, Ireland.

Abstract

Aims

To evaluate perceived skill level and training needs of paediatric trainees regarding the assessment and initial management of mental health presentations commonly seen in paediatric settings.

Methods

An anonymous survey link was sent out to paediatric trainees with the Royal College of Physicians of Ireland.

Results

There was a total of 99 respondents representing 92% of Irish paediatric hospitals. 98% of trainees (n=96) reported previously being involved in the management of a child with a mental health disorder. Although the vast majority of trainees (93.6%, n=78) reported seeing an increase in the number of paediatric patients presenting to hospital with a mental health component to their presentation, only 8% of trainees felt well prepared in dealing with child and adolescent mental health issues.

Conclusion

Trainees report seeing an increasing number of young people with mental health struggles in the context of paediatric illness. With the increase in presentations of young people to the emergency departments with mental illness as a presenting complaint or as a component of their presentation trainee respondents recognise the need to have good skills in mental health concern detection and initial management. The results of this study indicate needs for more training supports in this area.

Keywords: mental health, paediatric training, medical education, paediatrician, behavioural health

Introduction

Mental health disorders affect 10-20% of children and adolescents worldwide[1] and childhood behavioural and emotional problems have been identified as increasing risk of mental health disorders in later life[2]. The WHO recognises mental illness as the single biggest cause of morbidity in adults.

For these adults, half will have experienced the start of their mental illness by the age of 14 years although this may be undetected and untreated[1,3,4].

Globally, there has been an increase in the number of young people presenting to the paediatric hospitals and emergency departments primarily with mental health problems or as a component to their presentation[3,5,6,7]. There is a clearly recognised shortage in the number of child psychiatrists and a recognised need for the role of paediatricians to narrow this gap in supporting these young people and in early intervention[5,8].

Paediatricians have holistic involvement in caring for children and young people acutely and in the long term. This provides a unique opportunity for detecting the onset of mental health problems which may develop during this time[3]. In previous surveys, they have cited inadequate training, lack of knowledge and confidence as barriers to adequately addressing mental health concerns in their patients[4,9].

It is essential that training provides an opportunity for future paediatricians to develop essential skills required in prevention, early recognition, identification and possible intervention for mental health problems[2]. With appropriate training and support paediatricians can make a valuable contribution to effective multidisciplinary and integrated care in collaboration with other clinicians and child and adolescent psychiatrists.

Methods

Paediatric specialist training in Ireland is a centralised national scheme which is supported by the Royal College of physicians (RCPI) and runs as two tiers – a basic specialist training (BST) over a two to three year period and a higher specialist training (HST) over five years. The RCPI holds a data base of contacts of all paediatric trainees

Quantitative research methods were used to explore the educational and learning needs of paediatric trainees in Ireland. Ethical approval was granted by the ethics and research committee, Children's Health Ireland (CHI) at Temple Street. The survey was conducted via a questionnaire created with survey monkey with an online link sent to all the trainees through the college and also distributed in hard copy at trainee study days. The questionnaire was developed based on literature review, discussion with team and formulated by the supervising consultant for this study. They were initially piloted locally.

The survey consisted of 18 questions. Basic demographic information regarding stage of training, subspecialty and training site were collected. The majority of questions were multiple choices as well as questions rated by importance on a four-point Likert scale (strongly agree to strongly disagree). Quantitative data was analysed using Excel and SPSS software.

Results

Ninety-nine responded to the survey (n=99), representing 92% of Irish paediatric hospitals. One participant initially opened and registered but as they did not provide answers to any questions were removed from analysis. Ninety-nine responses were analysed. 40.8% of respondents (n=40) were BST level, 34.7% of respondents (n=34) were at the lower years HST (years 1 to 3) and 20.4% of respondents (n=20) were at the higher years of HST (years four and five). 4.1% of respondents (n=4) were classified as "other".

These included fellows or trainees in posts outside of Ireland. At the time of the survey, 53.1% (n=52) of respondents were training in general paediatrics, with 8.2% (n=8) in neonatology. 2% in research, with all remaining respondents (34.7%, n=34) training in emergency paediatrics, nephrology, immunology, cardiology and nephrology. 98% of trainees (n=96) reported previously being involved in the management of a child with a diagnosed mental health disorder.

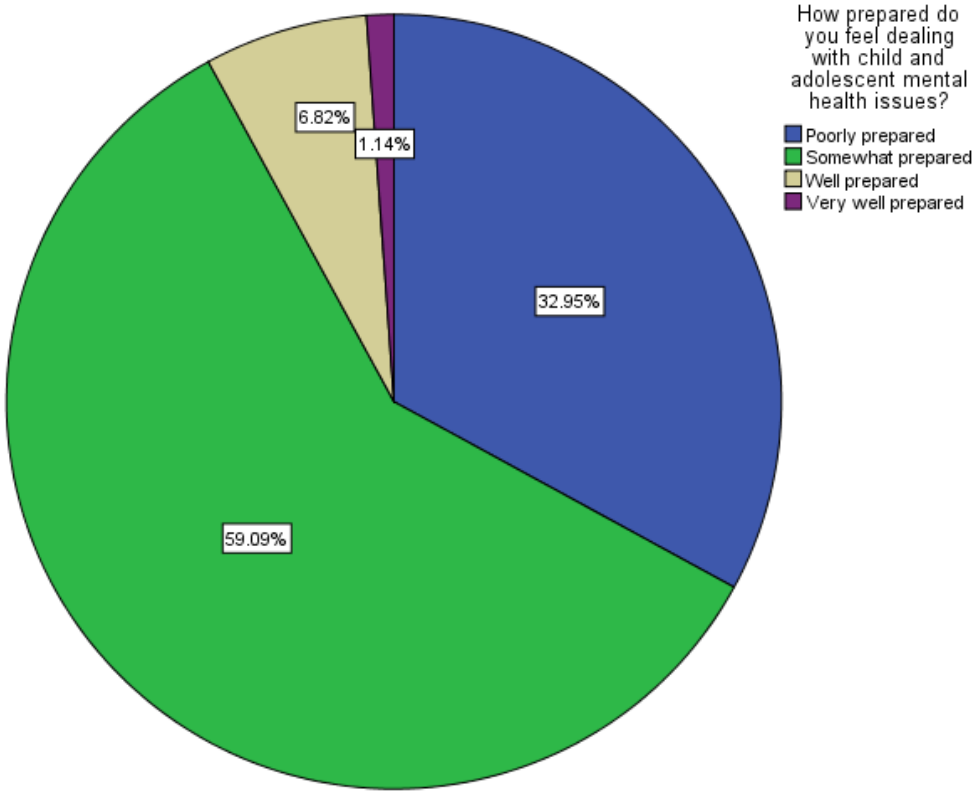
73.5% (n=72) of respondents reported their view that between 5% and 20% of their paediatric patients have a comorbid psychiatric disorder, while 4.1% (n=4) reported that more than 50% of their paediatric patients have a comorbid psychiatric disorder. The most commonly reported mental health issues which respondents had experience of managing were Autism Spectrum Disorder (84.7%, n=83); Eating Disorders (82.6%, n=81); Deliberate Self Harm (76.5%, n=75), Depression (67.4%, n=66) and ADHD (65.3%, n=64). Experience in management of mental health disorders is summarised in Table 1.

Table 1: Responses to the question "Have you previously had experience in the management of?" (Tick all that apply)

Experience in management of child and adolescent mental health disorders		
Diagnosis	**Frequency**	**Percent**
Anxiety	63	65.63%
Depression	66	68.75%
Deliberate self harm	75	78.13%
Psychosis	31	32.29%
Mood disorder	39	40.63%
Eating disorder	81	84.83%
ADHD	64	66.67%
Autism Spectrum Disorders	83	86.46%
Somatoform Disorder	24	25.00%
Tic/Tourette disorders	40	41.67%
Adjustment disorders	13	13.54%
Conduct disorders	35	36.46%
Other	4	4.17%
Total	96	
Skipped	3	

Although the vast majority of trainees who responded (93.6%, n=78) reported seeing an increase in the number of children and young people presenting to hospital with a mental health component to their presentation only 8% (n=7) of trainees felt well prepared in dealing with child and adolescent mental health issues. (Figure 1)

Figure 1: *How well prepared do you feel dealing with child and adolescent mental health issues?*

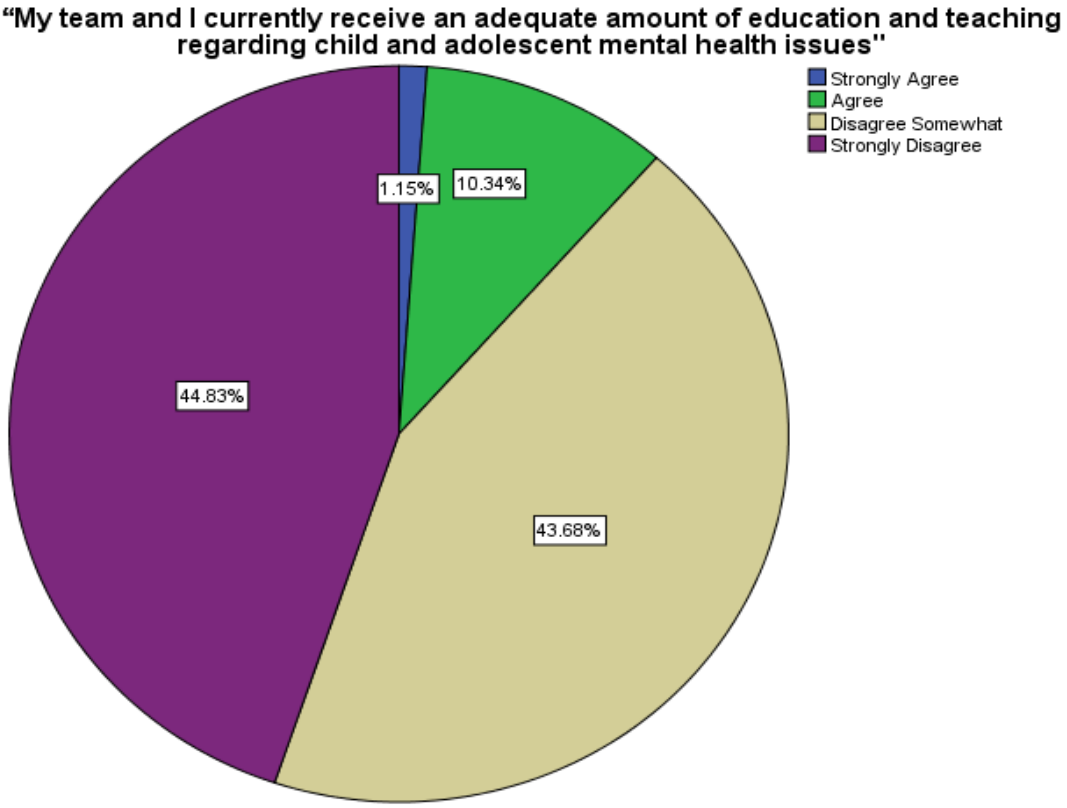


Self-reported responses show that while 97.7% of respondents agreed or strongly agreed that mental health teaching and training for staff members is important, only 36.5% felt their teams were well supported in dealing with child and adolescent mental health issues in their hospital. 11% of trainees felt that their team currently received an adequate amount of education and teaching regarding child and adolescent mental health issues (Figure 2) 60% of trainees reported not having any education or training opportunities in mental health at their current training site. Responses to teaching opportunities in training sites are reported in table 2.

Table 2: *Responses to the question: "What education and teaching opportunities are you aware of regarding child and adolescent mental health in your hospital?" (Tick all that apply)*

ANSWER CHOICES	RESPONSES
Grand rounds teaching by Child and adolescent psychiatry	25 (28.74%)
Journal clubs with psychiatry	7 (8.05%)
Tutorials/Seminars	11 (12.64%)
CPD courses	9 (10.34%)
Post graduate teaching	7 (8.05%)
None	50 (57.47%)
Total Respondents	87

***Figure 2**:* Responses to the statement *"My team andlink I currently receive an adequate amount of education and teaching regarding child and adolescent mental health issues"*



The most commonly suggested additional education and training initiatives which respondents would like to see introduced were mental health tutorials and seminars (54.1%, n=53), Child and adolescent mental health clinic exposure for paediatric trainees (49%, n=48), Joint paediatric-child psychiatry teaching sessions for postgraduates (48%, n=47) and CPD courses looking at mental health issues of relevance to paediatricians (41.8%, n=41).

Discussion

Our study is the first survey of trainees regarding the needs of paediatric trainees for mental health educational interventions in Ireland. This self- report survey includes a large number of trainees at different sites and stages of training, who self-report a gap in skills of paediatric trainees, and who identify that this needs addressing for further training. This gap has been previously reported in a similar study by Hampton and colleagues[10]. Most participants underestimated the percentage of paediatric patients with a co-morbid disorder as 5-10%; 20-30% of children presenting to the paediatric out-patients have a diagnosable mental health disorder[11] and up to 42% of children and young people with chronic physical conditions have been shown to have a mental health problem[12,13], and in recurrent abdominal pain this percentage may be up to 80%[14].

Our study reveals that a lot of trainees reported very low confidence levels in dealing with child and adolescent mental health disorders despite the fact that a lot of trainees had a rich experience of paediatrics and were seeing patients with mental health co-morbidity regularly. Only 6 participants expressed a good level of confidence. Trainees identified that they required more education on dealing with mental health presentations.

More than half of trainees said they had no education or training on child and adolescent mental health in their training sites and showed great interest in having more mental health and teaching sessions. Training in mental health can provide paediatric trainees opportunities to develop clinical relationships with mental health physicians and psychologists, helping them to gain skills in recognising and managing common conditions like ASD and ADHD. Access to CPD courses and joint training sessions help trainees to also understand effective ways of communicating with children and adolescents who may struggle mentally with their chronic health conditions. Trainees highlight roles in teaching at grand rounds, in informal and formal teaching and indeed some trainees are interested in spending time in psychiatry clinics. In a psychiatry rotation, they may observe assessment and treatment of common disorders such as anxiety or depression, which could scaffold the development of competency in effective early interventions that can be incorporated into their own general paediatric clinics. Skills with regard to non- organic presentations were recognised by paediatric trainees as valuable.

In our survey, we found that most trainees were exposed to a range of child and adolescent medical disorders. Most commonly, they were involved in the management of autism spectrum disorders, followed by eating disorders and depression. The fact that a lot of trainees report they were exposed to children with autistic spectrum disorders perhaps highlights the why trainees feel that paediatricians should be more involved in the primary care of these children with a more specific role for psychiatrists[2,5].

Suicide is the second most common cause of death in adolescents and although the proportion of children presenting to paediatric hospitals with mental health problems has steadily risen in Ireland and equally in many parts of the world[6,7], less than 50% will receive specialist attention. In the UK it has been reported that although an estimated 850,000 children and young people have mental health problems only 25% will receive specialist attention[8]. There is a call for paediatricians to get more involved.

One of the major strengths of this study is that 47% of the total number of higher specialist trainees participated in it. All paediatric units except two participated; however, most participants were from the urban areas. The urban skew was impossible to avoid as the majority of trainees are located in the urban hospitals. This study has several limitations. Firstly, this is a self-report by adult learners. Secondly, we did not explore the frequency at which trainees are involved with young people with mental health co-morbidity, though most respondents said they had seen a rise in presentations in their own experience. This survey only involved registered trainees (excluding non-consultant doctors in non-training posts) so may not necessarily represent the views of all non-consultant

In summary, we believe that this is the first survey done in Ireland to assess paediatric trainees' views on their confidence in recognising and dealing with mental health disorders in children and young people given that they are encountering more and more of these cases. We were able to survey a large group of trainees at different stages of the nationalised training scheme. Paediatric trainees' unmet education and training needs in child and adolescent psychiatry have been identified in this study. Trainees are keen to learn more about this area. Early intervention has clinical utility. Additionally, trainees recognise the key roles paediatricians have in this, and in referring more complex mental health needs to a specialist in a timely manner. Key opportunities to prevent the negative sequelae of untreated childhood mental health disorders by filling this gap in the training of paediatricians should not be missed. Paediatricians are trained to assess the way children and young people grow, develop and function within the family and in the wider community, providing opportunities for prevention, early diagnosis and early intervention for mental health problems. They can play a role in advocacy by promoting the importance of mental health in child health, promotion of good mental health by giving consistent advice, early detection and referral to specialist

services. They can also screen for mental health difficulties at history taking and in addition provide helpful advice in dealing with behavioural problems, sleep disorders, anxiety and mild mood disorders. The rising number of children presenting with mental health problems demands a coordinated role between paediatricians and mental health professionals' thus making collaborative work between both services crucial.

Acknowledgements

The authors would like to thank all the doctors who participated in this survey. We would also like to thank Ms Maria Golden, the paediatrics administrator at the Royal College of Paediatrics of Ireland for help in sending out survey link. The authors are also grateful to Dr Anne Marie Murphy and Professor Alf Nicholson, the national training speciality directors for granting permission for hard copies of questionnaires to be distributed to trainees on study days.

Declaration of Conflicts of Interest:

None to declare.

Corresponding Author:

Dr Ngozi O. Oketah
Consultant in Paediatrics and Adolescent Medicine
Department of Paediatrics,
The Royal Belfast Hospital for Sick Children (RBHSC),
180 Falls Road,
Belfast,
BT12 6BE.
E-mail: Ngozi.oketah@nhs.net

References:

1. World Health Organisation. Adolescent Mental Health: Key facts. Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health
2. The role of paediatricians in the provision of mental health services to children and young people. The Royal Australasian College of Physicians, 2016. Available from: https://www.racp.edu.au/docs/default-source/advocacy-library/racp---the-role-of-paediatricians-in-the-provision-of-mental-health-services-to-children-and-young-people.pdf
3. Davie M. Doing more for mental health. *Arch Dis Child Edu Pract Ed* 2015;0:1-5 doi:10.1136/archdischild-2015-308344
4. Stein REK, Horwitz SM, Storfer-Isser A, Hehegan A, Olson L, Hoagwood KE. Do Pediatricians think they are responsible for identification and management of child mental health problems? Results of the AAP Periodic survey. Ambulatory Pediatrics 2008;8(1): 11-17
5. Traisman ES. Paediatricians as Psychiatrists. Paediatric Annals. 2016;45(12):e408-e411
6. Sawyer SM, Patton GC. Why are so many more adolescents presenting to our emergency departments with mental health problems? *Med J Aust* 2018; 208 (8): 339-340

7. Fitzgerald E, Foley D, McNamara R, Barret E, Boylan C, Butler J et al. Trends in Mental Health Presentations to a Paediatric Emergency Department. *Ir Med J*; 2020; 113(2):20
8. Position Statement on children and young people' mental health; RCGP/RCPCH/RCPSYCH. 2017. Available from: https://www.rcpch.ac.uk/sites/default/files/2018-04/position_statement_on_children_and_young_peoples_mental_health.pdf
9. Olson AL, Kelleher KJ, Kemper KJ, Zuckerman BS, Hammond CS, Dietrich AJ. Primary care pediatricians' roles and perceived responsibilities in the identification and management of depression in children and adolescents. *Ambulatory Pediatrics* 2001;1:91–8
10. Hampton E, Richardson JE, Bostwick S, Ward MJ, Green C. The current and ideal state of mental health training: Pediatric resident perspectives. *Teach Learn Med*. 2015;27(2):147–154
11. Glazebrook C, Hollis C, Heussler H, Goodman R, Coates L. Detecting emotional and behavioural problems in paediatric clinics. *Child Care Health Dev* 2003; 29(2):141-9.
12. Rhodes A, Sciberras E, Oberklaid F, South M, Davies S, Efron D. Unmet developmental, behavioral, and psychosocial needs in children attending pediatric outpatient clinics. Journal of Developmental and Behaviorial Pediatrics 2012; 33:469–78.
13. Davies S, Heyman I, Goodman R. A population survey of mental health problems in children with epilepsy. *Dev Med Child Neurol* 2003;45(5): 292-5.
14. Dufton LM, Dunn MJ, Compas BE. Anxiety and somatic complaints in children with recurrent abdominal pain and anxiety disorders. *J Pediatr Psychol* 2009;34(2):176–86
15. Raval GR, Doupnik SK. Closing the gap: Improving access to mental health care through enhanced training in residency. Pediatrics 2017: 139(1)