



EDITORIAL

Measuring Children's Mental Health Outcomes from a Service Perspective

Khrista Boylan

If you have enjoyed the recent issues of the Journal, then this one will be even tougher to put down. The contribution of this Issue, extends beyond our usual high quality clinical interest papers about child and youth psychiatric problems and their solutions. We have two unique articles about cutting edge problems for our field, the first being how mental health outcomes measurement has to become a greater priority for systems delivering care and their funders (Duncan et al) and how to ensure that what we psychiatrists are doing to increase the “capacity” of our colleagues in primary care is helpful to them (Gotovac et al). These are both substantial topics and the researchers have done a lovely job with knowledge translation. If you are short on time or attention, I will provide an edited version.

Gotovac and her colleagues did a systematic review to identify Canadian initiatives for building primary care physician (PCP) capacity to provide mental health care to children and youth. They identified 17 studies and the majority were about the impact of co-location of psychiatrists in PCP practice settings (ie. some version of collaborative care). Other studies looked at primarily top down educational or mentoring initiatives led by psychiatrists to trainees of primary care, or practicing docs and their teams. These are all substantial initiatives. Compared to 20 years ago, the authors note a significant shift to collaborative care. What they also emphasized is that while physicians feel more empowered to care for youth, there is not robust data that the extant initiatives change the experience of care for the patient beyond shortening wait times. This is excellent, *and* there is a ways to go. They suggest that at least longitudinal follow up including patient reported outcomes is really critical to assessing impact. They also highlight the need

for increasing educational time for PCP trainees in general psychotherapeutic approaches and the benefit of mentoring and feedback for practice change. To this end, I will shamelessly put in another plug for Project ECHO (www.echoontario.ca) which provides small group education and mentoring about child psychiatry to interested community physicians. I understand there are plans to study the impact of ECHO and I hope we can publish some of the results in JCACAP to close the loop.

Duncan and colleagues provide a rigorous commentary about the past, and the future of measurement of children's mental health outcomes in Ontario. This article reviews what has already been trialed in Ontario (and nationally) and presents the conclusion that these efforts have not resulted in their intended outcomes. I cannot write anything in this editorial that will do justice to the enormity of this problem that really plagues the whole field of mental health care delivery. However, I can quote from the paper that “measurement can lead to improved outcomes if responsive service planning results” and putting money and efforts toward testing this is critical. Without large scale data collection about mental health clinical care, we will continue to wonder about what predicts clinical outcomes, and we will continue to be slow to improve how we work.

In closing, I am pleased to include the first ever letter to the editor about my editorial. This is proof that many of you are reading the editorial, and this makes my job even more meaningful. Thanks, and keep the emails coming.

Khrista Boylan
Editor