GUEST EDITORIAL

Integrated Networks in Child and Youth Mental Health: A Challenging Role Transformation for Child Psychiatrists and Allied Mental Health Professionals?

Mental health interventions for children and adolescents mobilize a diversity of professionals. Child psychiatrists, psychologists and psychotherapists have an informal tradition of working in partnership with community-based professionals such as social workers, school professionals and community organization leaders, the latter of whom are often in close contact with children and youth in their homes, schools, and communities. Collaborative models of mental health care (also sometimes called shared care models), where professionals work in mutually defined partnerships and where service delivery is specifically organized into an integrated network of services, are increasingly being developed and put at the forefront of clinical service delivery. Both the relative lack of specialized resources in mental health care as well as an increasing recognition of the helpful role that a well-organized, wide support and intervention network can play in improving a child and family's well-being appear to be propelling the policy shifts that are promoting collaborative care models as a means of meeting a population's mental health care needs.

Primary care services have been identified as key players in many collaborative care models as a means of increasing accessibility to mental health care—as evidenced for example by the work of The Mental Health Commission of Canada (Kutcher & McLuckie for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010), the World Health Organization and World Organization of Family Doctors (2008) and the Canadian Psychiatric Association and the College of Family Physicians of Canada Collaborative Working Group on Shared Mental Health Care (Kates et al., 2011). Family physicians are seen as a pivotal avenue to both help patients access care and to deliver mental health care in collaborative care models. For children and youth, collaborative care models are additionally widening to recognize the important roles of non-medical professionals in children's mental health care. Finally, patients are also increasingly being considered as stakeholders and shared-decision makers with respect to their care. This increasing organization of services into collaborative care models is transforming mental health care delivery and redefining roles and relationships among all of the networks' participants.

This special issue of the *Journal* wishes to explore the ingredients that may be necessary for integrated networks of care to succeed in their dual mandates of increasing accessibility to care, including reaching out to vulnerable youth and families who have traditionally not accessed mental health care resources, and efficiently delivering quality mental health care. It questions how to best design services and implement them in order to target these needs and to assure the provision of mental health care to all children and youth in a given population. The issue also examines how the process of integrating networks can be done successfully, as integration implies a negotiation of common goals and the collective adherence by a diversity of providers to a model of care that makes the best possible use of their different kinds of expertise. Despite good intentions, this is not an easy task, and inter-professional and inter-institutional relationships can be hindered by misunderstandings of each other's roles and by competition and mistrust rather than effective collaboration.

Finally, in spite of its growing administrative importance, the field of integrated networks and collaborative care in child and youth mental health is still largely under-researched and underfunded. This issue hopes to stimulate knowledge exchange around current clinical initiatives in this field. It addresses three key themes:

1. defining the characteristics of optimal partnerships between professionals and collaboration with families in integrated networks of care;
2. developing training modalities that can optimize the capacity of primary care services to provide mental health care to children and adolescents and to participate as key members of integrated networks; and,
3. developing research designs that can address some of the methodological challenges associated with measuring the relationship between integrated networks of care, capacity building and children's mental health outcomes.

Articles in this issue approach the three themes from different angles. Richard and colleagues describe how new models of collaborative care can arise from a limited access to specialized care and a change in available resources. They further describe how a history of partnership and collaboration can facilitate the implementation of an integrated care network. Nadeau and colleagues point to the importance of communication, shared clinical discussions, and a dialogue on models and cultures of care, in fostering a partnership that can evolve through time. The quality of partnership and collaboration becomes particularly essential when providing care to vulnerable families, including migrants.

Ødegård and Bjørkly propose a model to acknowledge families' and clinicians' expectations and belief systems in fostering shared-decision making. Lipton and Donsky describe the development of the Healthy Minds/Healthy Children program in rural Alberta over the last eight years, including how they have used different modalities to support capacity building among primary care professionals. They describe both the motivation of primary care professionals to participate in their program as well as the challenges they have encountered in delivering support that meets the needs of primary care physicians. Steele and colleagues further look into this challenge by exploring the needs and interests of general practitioners, family physicians and paediatricians in rural and remote areas regarding child and youth mental health: they identify that surveyed physicians feel a lack of confidence in their knowledge and skills in managing mental health problems and that they wish for professional development in child and adolescent psychiatry. Auclair and Sappa's paper, which describes collaborative care from the perspective of an Aboriginal community, identifies the pivotal importance of taking into account the local reality where a collaborative care model is being implemented, as well as the systemic, community, and socio-cultural characteristics of a given population. The issue closes with an international perspective by Servili from the World Health Organization.

Overall, these articles delineate an emerging field of knowledge and underscore a need to continue work on identifying how to best design locally sound integrated networks of care in child and youth mental health. They also represent well the limited amount of research evidence that is currently available in this field. The fact that the collaborative care field is simultaneously understudied while at the same time being placed at the forefront of service reorganization is paradoxical and raises some questions. Is this lack of research on integrated care a result of the methodological challenges of assessing complex systems? Beyond methodological issues, to what extent does the limited research in this field also reflect a limited investment by child psychiatrists in collaborative care models? Some of the papers in this issue document tensions and a resistance by child psychiatry to participate in the transformation of services into integrated networks of care. This hesitancy may stem from the uncertainty vis-à-vis the associated outcome, given the paucity of available evidence. It might also reflect a reaction to the role transformation of child psychiatrists as they are increasingly brought into close contact with children's social and primary care realities. Even if multidisciplinarity is depicted as an ideal, there may still be an implicit hierarchy of knowledge stemming from our models of specialty care where the medical has traditionally been overvalued and where the psychosocial has been relatively disqualified. With the increasing medicalization and psychologization of daily life, mental health professionals may be reacting to the increasing burden of our societal mandate by trying to opt for a more limited and familiar mandate which targets "pure" psychopathology and excludes social suffering. While this latter mandate may be more familiar to child psychiatrists, current difficulties of accessibility and mental health care treatment availability suggest that our traditional models, as they are presently organized, have not succeeded in delivering mental health care to the majority of children and youth who need it. We thus find ourselves in a new field that is challenging us to change and to make formal networks with our partners in order to help meet the needs of children and youth needing care. Research on integrated networks in child and youth mental health will have to address these issues and the ideological, political and identity dilemmas that these models raise for our profession. We hope that this journal issue will help engage professionals in this dialogue so that we can continue to research and develop models of care that serve the needs of children and their families.

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