

Systemic Helter-Skelter: Are Current Child Psychiatric Services Missing the Boat?

Recently tremendous media attention has focused on mental health issues, and this time around, one beam of the spotlight is dimly shining on child and youth mental health issues. Concurrently we have heard as well the horror stories of systemic breakdowns with dire consequences (the Ashley Smith tragedy). While eloquent cries have been made for more resources with convincing (if not exaggerated) prevalence rates, it is likely, I hope, that we will start to see more resources flowing in our direction.

But the elephant in the room has been the complete lack of consensus on what constitutes appropriate organization and delivery of mental health services. In other words, throwing money at the problem won't necessarily achieve the desired result. What must accompany this, is the daunting task of getting every one on board and harmonizing approaches within and across provinces.

It is a daunting task because service delivery, traditionally, has evolved divergently in child mental health and social programs in a historical and political context that is currently, outrageously anachronistic. It is daunting for child psychiatrists in particular, because, although we possess a modicum of political capital, we are a small group and the majority of our activity is clinical and not administrative. As a 'survivor' on the provider side with intimate knowledge of mental health services in three different provinces (Ontario, Quebec and Nova Scotia) and three different countries (Canada, the US and New Zealand), in my capacity as Journal Editor, I offer the following musings;

1) Provision of flexible, evidence-based, community based, family based, outpatient services

A recent review of a child and adolescent service of which I have intimate knowledge (trying to be diplomatic here) revealed that over 50% of resources were consumed by inpatient and residential programs. The outpatient department had a meager 13% sliver of the financial pie. One of the residential services had the same budget. Yet the outpatient department had the highest 'efficiency rating' ie more patient seen per staff resource.

It would be a simple, but probably not politically expedient, administrative decree to shut down one of the residential

services and literally double the outpatient budget and eliminate its wait list. And the evidence would back this up- residential services have the poorest track record for effectiveness.

Concerning the question of 'what' services should be offered in outpatient clinics, there is no consensus about which type of services should *consistently* be offered to our clientèle. Most of the evidence points to group-based CBT or DBT approaches with family psychoeducation and engagement. Yet these services are inconsistently available within and across provinces.

Outpatient services potentially have the capacity to adapt to changing needs and the flexibility to work more closely with schools, community clinics, day care centers etc,... On the other hand, hospital-based programs tend to be rigid, legalistic, lumbering beasts, overburdened by bureaucracy and putting the institution's survival first, in front of patient or family needs (you know what I mean, unions, committees etc,...).

2) Interdisciplinarity

The developmental and transgenerational nature of our work requires an inter or a multidisciplinary approach where several professionals (OT, speech pathology, psychology, social work) collaborate on a treatment plan. This brings up the professional issues of turf with each discipline jealously guarding its North and South Korea, 'No man's land'. The 'silo' issue is alive and well in some jurisdictions but some provinces (BC, Ontario, Quebec) have experimented (read legislated) the various disciplines to collaborate under one roof. It helps to break down walls if you can simply go across the hall and discuss a mutual case with one of your professional colleagues. Child psychiatrists are valued consultants. Yet many physicians have been reluctant to adopt this new paradigm.

There are many other challenges for the future including communication tools (psychiatry is in the dark ages- when was the last time you cursed at a consultation note scribbled eligibly by one of your colleagues), how physicians are remunerated across different provinces (to AFP or not to AFP- that is the question) etc,...

Too often there are straw man debates about losing our medical identity. I have heard this recycled fear-mongering argument too many times. Findings from epigenetics will ensure that we have work for years to come. Let's get over it and move on.

The time has come to have integrated child and youth mental health clinics that are multidisciplinary and community based. In the upcoming joint meeting with our neighbors from the South, we will have unique opportunities to show case our Canadian system with the comforting and smug thought that we face far fewer obstacles than they do in reforming the system. Surely we can do better.

So let us turn Paul McCartney' raucous rendering of Helter Skelter into a Passion play for the benefit of child and society. As always, I invite the readership to submit opinions or papers to the Journal on these ever so crucial questions.

Normand Carrey MD, Editor-in-Chief

Welcome to Editorial Board

Khrista Boylan MD, PhD, is a practicing child and adolescent psychiatrist and assistant professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. She works at the Integrated Child and Youth Mental Health Service Outpatient Program at McMaster Children's Hospital. She has a special interest in the treatment of co-occurring mood and disruptive behaviour disorders and the assessment of disruptive girls.

She recently completed a doctoral degree in Health Research Methodology at McMaster and her ongoing research examines mechanisms which explain the strong observed link between childhood oppositional behaviours and mood disorders in adolescence. Her research is funded by the Canadian Institutes of Health Research and Hamilton Health Sciences.

On a besoin d'un nouveau Redacteur Adjoint!!!

Nous voulons sincèrement remercier le Dr. André Gagnon pour son travail assidu, notre premier rédacteur-adjoint pour les soumissions francophones au *Journal*.

Malheureusement le Dr. Gagnon doit tirer sa révérence de notre équipe. On recherche une personne dynamique avec une bonne connaissance des deux langues officielles pour le remplacer aussitôt que possible. SVP envoyez un bref paragraphe exprimant votre intérêt et votre CV, le tout sera gardé confidentiellement, au Dr. Normand Carrey, normand.carrey@iwk.nshealth.ca

We need another Assistant Editor for Francophone submissions!!!

We want to sincerely thank Dr. Gagnon for his valued contributions as the first assistant editor for francophone submissions. Unfortunately Dr. Gagnon must tender his resignation. We are interested in attracting a dynamic person who has fluency in both official languages.

Please send a brief paragraph detailing your interest in the position as well as your CV, documents to be received in strict confidence, to Dr. Normand Carrey, normand.carrey@iwk.nshealth.ca