Referral Patterns and Training Needs In Child and Adolescent Mental Health Among Primary Care Physicians In Canadian Rural/Remote Areas

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DISCLOSURES

Dr. Margaret Steele
I. Margaret Steele, have no affiliations, sponsorships, honoraria, monetary support or conflict of interest from any commercial source.

Dr. Neal Stretch
I. Neal Stretch, have no affiliations, sponsorships, honoraria, monetary support or conflict of interest from any commercial source.

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I. Brenda Davidson, have no affiliations, sponsorships, honoraria, monetary support or conflict of interest from any commercial source.

WORKSHOP OBJECTIVES

1. To gain a better understanding of family physicians’, general practitioners’ and paediatricians’ (PCPs) needs in formal continuing education in child and adolescent psychiatry across Canada, and identify any differences in educational needs across the provinces.

2. To gain an understanding of interest levels in further training of FPs, GPs and PEDs located in rural and remote areas.

3. To gain an understanding of what criteria FPs, GPs and PEDs use to determine when a referral to a child and adolescent psychiatrist is necessary, and whether FPs, GPs and PEDs utilize different criteria for referral.

4. To discuss strategies to deliver effective continuing medical education (CME) to rural primary care physicians (PCPs).

BACKGROUND

- Family physicians (FPs) play a pivotal role in the recognition and management of child and adolescent mental health problems. (Miller, 2007)

- FPs often act as both a resource and advocate for adolescents as well as being caregivers to the whole family. (Candasan et al., 2004; Whittem, 2003)
BACKGROUND

PCPs are in a unique position to identify and manage paediatric patients with mental health disorders for various reasons, including: acting as resources and advocates for patients and their families (Oandasan et al., 2004; Windrim, 2003).

When distressed youngsters seek advice or treatment for emotional and behavioural disorders, they are most likely to consult a FP. (Davidson & Marson, 1993)

BACKGROUND

In 2000, an assessment of the need for and interest in a scholarship program in children mental health for rural FP physicians located in Southwestern Ontario was undertaken (Steele et al., 2003).

Based on the needs assessment results a pilot study was done to evaluate a curriculum for teaching FPs in rural and underserviced areas about children's mental health (Stretch et al., 2009).

Didactic presentations by child psychiatrists and FPs, followed by video examples of interviewing skills, and informal discussions with small groups, was found to be an effective curriculum for teaching rural FPs about children's mental health (Stretch et al., 2009).

BACKGROUND

Initial studies have evolved into the development of a national collaborative group known as Physician Training in Child and Adolescent Psychiatry (PT-CAP)

Spearheaded by Children's Hospital, London Health Sciences Centre, and the Schulich School of Medicine & Dentistry, Western University, this Canada-wide initiative will expand to reach family physicians, general practitioners and paediatricians to gain more knowledge and skills in the area of child and youth mental health.

BACKGROUND

Phase 1: Needs Assessment is now complete.

Phase 2: Education Program based on the Needs Assessment results.

Phase 3: Further Development of the Education Program based on Phase 2.

BACKGROUND

A cross-sectional cohort of PCPs located in rural/remote areas across Canada was surveyed.

Participant contact information was gathered through listings from the Society of Rural Physicians of Canada (SRPC), as their definition applied to all of Canada.

To maximize response rate the Dillman procedure (Dillman, 2000) was utilized.

Survey was available in hard-copy (English or French) or (English) online.
Developed by the investigators, the survey was divided into four parts.

**Part 1:** Demographic information
**Part 2:** Training and qualifications
**Part 3:** Referral patterns
**Part 4:** Identification of professional development needs and interests

**NEEDS ASSESSMENT OBJECTIVES**

- To examine the referral patterns of rural/remote primary care physicians (PCPs)
- To examine needs and interests for further training in child/adolescent mental health of rural/remote primary care physicians (PCPs)

For analysis purposes, five regions were categorized.

**NEEDS ASSESSMENT RESULTS**

**Western Region:** British Columbia and Alberta
**Central Region:** Saskatchewan and Manitoba
**Ontario Region:** Southwestern Ontario, Ottawa area and Kingston area
**Atlantic Region:** Newfoundland and Labrador, New Brunswick, Prince Edward Island, and Nova Scotia
**Northern Region:** Northwest Territories, Yukon, Nunavut, and Nunavik-Quebec

**RESPONSE RATE**

- Overall response rate across the provinces: 25.1%
- Percentage of physicians choosing to complete the paper survey: 95.3%

<table>
<thead>
<tr>
<th>Region</th>
<th>Response Rate</th>
<th>Percentage of Physicians Treating Children and Adolescents with Mental Health Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Region</td>
<td>21.7%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Central Region</td>
<td>24.3%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Ontario Region</td>
<td>30.1%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Atlantic Region</td>
<td>24.7%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>27.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**PHYSICIAN DEMOGRAPHICS ACROSS REGIONS**

- **Gender**
  - Western, Central and Ontario regions majority indicated they are male family physicians.
  - Northern region majority of physicians were females.
  - Atlantic region, Nova Scotia was split evenly for physician gender.
- **Age Range**
  - Across regions, age was between 41 to 60 years.
- **Years in Practice**
  - PCPs seemed to be distributed across all ranges (0 to 35+ years).
PHYSICIAN DEMOGRAPHICS ACROSS REGIONS (n=909)

Population of Main Community of Practice
- Majority of physicians indicated between 1,000 to 10,000.

First Place of Training for a Medical Degree
- Majority of physicians indicated Canada, with the exception of Manitoba in the Central region.
- Western and Central regions, for those who obtained a medical degree outside of Canada, South Africa was the most commonly reported place of training.

REFERRAL PATTERNS ACROSS REGIONS (n=909)

- PCPs were likely to refer to mental health programs with the exception of Northern region.
- PCPs in the Central, Atlantic and Northern regions were more likely to refer to paediatricians and psychiatrists compared to the Western and Ontario regions.

REASONS FOR NOT REFERRING (n=909)

Excessive length of wait times
- Western, Central, Ontario and Atlantic regions rated as a "very important" reason.

Child/adolescent psychiatrist located too far away
- Western, Central, and Northern regions rated as a "very important" reason.
- Ontario and Atlantic regions rated to a lesser extent.

REASONS FOR REFERRING (n=909)

- Obtaining recommendations regarding medications and Assessing a patient who is non-responsive to medications prescribed.
- All regions rated these as "most important" reasons.

Obtaining a second opinion
- Western, Central, Ontario, and Atlantic was rated as "very important" reason.

Obtaining non-pharmacological treatment
- Western, Ontario, Atlantic and Northern regions rated as "somewhat to very important" reason.
- Central region rated it as "very important" reason.

PRESENTING PROBLEMS ASSOCIATED WITH REFERRALS (n=909)

Psychosis and Suicidality
- Across regions PCPs most often referred for psychosis and suicidality.

Developmental Disorders, Self-harm, Patient Violence/Abusive, and Patient Physically/Sexually abused
- All regions refer "often" except for the Northern region.

Eating Disorders
- Central region refer "most often".
- Western region refer "sometimes to often".
- Ontario, Atlantic and Northern regions refer "less often".

BEHAVIOURAL DIFFICULTIES
- Central region refer "most frequently".
- Atlantic region refer "less frequently".
- Western, Ontario and Northern regions refer "least frequently".

Attention problems and/or hyperactivity
- Western, Central, and Atlantic regions refer "most often", in contrast to Ontario and Northern regions.

Mood and Anxiety
- PCPs “rarely” refer for mood and anxiety.
- Western region refer "sometimes" for anxiety.
- Western and Northern regions refer “sometimes” for mood.
CONFIDENCE LEVELS
(n=909)
- Ability to make appropriate referrals to psychiatrists and mental health programs:
  - Western, Central, and Ontario regions reported “somewhat confident”.
  - Atlantic and Northern regions reported “somewhat confident to very confident”.
- Knowledge for managing mental health problems:
  - Western, Central, Ontario, and Northern regions reported “mid-range levels of confidence”.
  - Atlantic region reported “somewhat confident”.

(Steele et al., 2012)

CONFIDENCE LEVELS
(n=909)
- Patients’ needs being met in a timely manner:
  - Across regions reported “mid-range level of confidence”.
- Skills in managing mental health problems:
  - Western, Central, and Ontario regions reporting themselves as “somewhat lacking in confidence”.
  - Atlantic and Northern regions reporting themselves at a “mid-range of confidence”.

(Steele et al., 2012)

NEEDS, OPPORTUNITIES, INTERESTS
(n=909)
- Need for further child/adolescent psychiatry professional development:
  - Western, Ontario, and Atlantic regions rated their need “moderate to somewhat high” relative to other areas of medicine.
  - Central region rated their need in the “moderate range”.
  - Northern region rated their need from “somewhat minimal to somewhat high”.
- Opportunities/Interests for professional development:
  - Across all regions PCPs reported they:
    - do not have opportunities for professional development in child/adolescent psychiatry;
    - would be willing to participate in further training; and
    - would take advantage of funding if it is available.

(Steele et al., 2012)

TOPICS FOR PROFESSIONAL DEVELOPMENT
(n=909)
- Attention problems and/or hyperactivity:
  - Western, Central, Ontario, and Atlantic regions rated as their major topic of interest.
- Mood:
  - Western region rated as an equal priority, whereas in Ontario region it was a secondary priority.
- Suicidality and behavioural difficulties:
  - Western and Ontario regions identified as lower priorities relative to attention problems and/or hyperactivity, and mood.
  - Northern region, there were no significant differences between rankings of priority of topics.

(Steele et al., 2012)

METHODS OF PROFESSIONAL DEVELOPMENT
(n=909)
- Continuing medical education (CME) presented in their community:
  - Western, Ontario and Atlantic regions rated as their preferred method of professional development.
- Small group teaching (either by a child/adolescent psychiatrist or paired with a family physician):
  - Ontario region rated as an equal preference.
  - Atlantic region chosen as a secondary preference.
- One-day conference:
  - Atlantic region chose as a secondary preference.
  - Central and Northern regions, there was no significant differences between rankings of preference of method.

(Steele et al., 2012)

CONTEXTUALISATION OF RESULTS
Northern region
A few results differed for the Northern region:
- Examples:
  - PCPs were likely to refer to mental health programs with the exception of Northern region.
  - PCPs across regions commonly referred for developmental disorder, self-harm, patient being violent/abusive, physical/sexual abuse, with the exception of the Northern region.
  - Northern region rated their need for further child/adolescent professional development from “somewhat minimal to somewhat high”.

This illustrates how results need to be contextualized, and training adapted to local realities.
FURTHER DISCUSSION

REFERRALS
What criteria do you use to determine when you refer a child/adolescent to:

? Child / adolescent psychiatrist
? Mental health professionals
? Mental health agency

RESOURCES
What resources are important to you?

Examples

? More information about specific mental health problems
? Who do you call while waiting for a referral
? Who do you call to make a referral
? Emergency situations
? Other (please specify)

Continuing Medical Education (CME)
Are you able to participate in CME?

STRATEGIES FOR EFFECTIVE CME

Strategies to deliver effective CME to rural primary care physicians (PCPs)?

Examples

- Handouts
- Continuing Medical Education lectures in your community
- Continuing Medical Education lectures at a teaching centre
- Small group peer tutoring
- Small group teaching by a child/adolescent psychiatrist
- Small group teaching by child/adolescent psychiatrist and family physician
- Correspondence
Strategies to deliver effective CME to rural primary care physicians (PCPs)?

Examples

- Self-instructional package including videotapes, readings and self-evaluation
- A one-year Fellowship at a university training centre
- Telemedicine training
- Web based structured learning (computer online)
- Independent internet research
- One-day conference
- Other (specify)

Have we missed anything?

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REFERENCES


