Helping the families of children with mental health disorders

Khrista Boylan

This issue of our Journal contains articles which each help to inform how families can be a part of care. Politiroms and colleagues at CHEO share an important and complex study examining family factors which predict repeat ER visits for mental health. They tested perceived burden, family functioning and parent mental health treatment and only the latter predicted more frequent service use. Their study is innovative as they employ many different sources of information to understand the phenomenon in a population which is notoriously difficult to study. I also learned about the HEADS-ED translation study happening at 4 ERs where they are trying to help ER physicians identify where to refer youth with mental health presentations based on their HEADS-ED score. This is a phenomenal effort, and I hope to see more papers from this excellent Canadian youth psychiatry research effort in our Journal.

Costurier and her team describe their DBT informed day hospital program for youth with Eating Disorders, often offered to youth whose symptoms have not responded to Family Based Therapy the evidence based treatment for adolescent eating disorders. This paper describes the program with good detail such that we can appreciate how care proceeds. Disordered eating behaviours as a method of emotion regulation are commonly encountered in teenagers and are solid targets for DBT however, how to care for those with primary eating disorders presents a different problem and one which our colleagues are contributing novel data in trying to tackle.

The next wave of therapeutic interventions must include expert psycho-education about both the child’s mental disorder or symptom, as well as the range of available evidence-based treatments. The majority of us could benefit from the time and opportunity to improve how we provide psycho-education at the front end of care – particularly when we have both a patient and a family to educate. Pringsheim and colleagues present their focus group study about parent decisional needs in deciding on ADHD and disruptive behaviour treatment for their child and how they would like this information provided. They identified that parents would like a decision aid, as well as web-based information on available non medical service with regional specificity. Given the prevalence of these disorders, this seems like a very reasonable effort to pursue.

We also are pleased to have a very encouraging article from our colleague, and assistant editor of psychopharmacology, Dean Elbe, describing a psychopharmacology elective designed for psychiatry residents at UBC. This elective has been very successful at increasing resident skill at prescribing, particularly increasing their practical knowledge of pharmacokinetics and dynamics because they are working alongside pharmacists!

I would like to end on a note in regards to how psychiatrists might become advocates for students and their surrogate caregivers during the school year – teachers and principals. My thoughts have arisen in the context of what I perceive to be risky political decision making in Ontario and the potential impact on vulnerable Ontarians. Very recently the Ontario government proposed that on April 1st, all students with ASD would be offered the opportunity (or expected to) be accommodated in public and catholic school classrooms on a full time basis. Statistics were not made public about the number of children and youth who would be affected, however the Ontario Teacher’s Association responded quickly that this plan did not include consultation with parents or school boards to any formal extent. Initially no clear increased funding or support plan was made public, but over the course of two weeks, the Government reported that ASD funding would be doubled, and teachers would receive more training, however, the return to school date would still be April 1st.

All psychiatrists are aware that schools are currently significantly under-resourced to support students with special needs, and safety concerns are presented to us on a regular basis about our patients who are students. Many of these youth – whether they have an ASD diagnosis or not – require much advocacy, and I would argue that the schools do as well. It has always made me wonder how school personnel cope with the near psychiatric emergencies relating to emotion dysregulation, and I always do my due diligence to help whenever I can so that people are safe and relationships are preserved. This is a tremendous responsibility for physicians to take on and it behooves us to work collaboratively with schools and governments to ensure safety in schools is an undisputed priority.

I could not believe what I was reading in the news and wondered how we could use our privileged knowledge as mental health professionals to help prevent undue harm from proposed plans like this one, and others to follow. I would urge members of our Academy to write to the Journal about processes that they may have in place in other provinces, or to raise issues like this to our Executive such that we can start considering the role of psychiatrists as advocates for child and teacher safety.