



EDITORIAL

Innovations in Clinical Service Provision for Children and Youth

Khrista Boylan

This issue has a disproportionately large offering of research studies about improving child and youth mental health outside of the tertiary care setting. There is no doubt that this work is needed; by far the majority of our youth with mental health difficulties receive their care in the community.

Each of the three studies addresses the needs of the community in a big way. Margaret Steele and her colleagues describe a protocol for a trial where family doctor and child psychiatrist pairs will be training rural family physicians in their offices on transdiagnostic interviewing and intervention skills. This work, called Practitioner Training in Child and Adolescent Psychiatry (www.PTCAP.ca) is innovative in its focus on teaching outside of the (diagnostic algorithm) box, which they identified in their previous research as being needed. Increasing capacity of our colleagues may mean less work for us and hopefully more enjoyable work for them. (We do have the best job in the world). Kristin Cleverley and her research partners from seven community agencies describe two transitional care programs bridging youth from inpatient to outpatient care and from child and adolescent services to adult services. As they note, many creative transition programs are happening across Canada, and it is important to identify what aspects of transition support work best and why. Hawke and colleagues describe the relationships between several measures of social disadvantage (finances, housing, food insecurity) and youth mental health concerns. They found that many youth reported problems in multiple domains, suggesting that it may be common for youth presenting for mental health treatment to experience the impact of poverty at many levels. Youth also reported that finances were likely to impact their ability to access treatment. Everyone needs to know this study's findings; poverty is a major determinant of behavioural health. I hope that their ongoing work can continue to help us learn how to be helpful to our patients who are disadvantaged in this way.

What is most striking to me about each of these works is the shared innovation in thinking about different service models. There is always a need to improve how we do what we do, and the “how” part is not only the hardest to study, but

also the hardest to change. I applaud each of these research teams for the commitment to their work aimed to improve access to care.

Other important contributions in this issue include the finding that social media (Facebook) use and repetitive use was found to be related to anxious arousal in adolescents (Mufazzar et al., this issue). The authors did not find relationships between Facebook use and other internalizing symptoms, but this is not consistent with the broader literature. As someone who only likes to engage with people face to face – with no screen involved – I am pleased that the mental health impacts of social media continue to be explored and encourage more submissions about the new ways humans choose to relate to each other. Doji et al (this issue) found that high levels of daily physical activity were associated with significantly fewer verbal but not motor tics, contributing to the literature suggesting that physical activity may reduce the effect of tics. Nasreen Roberts and her colleagues (Pikard et al., this issue) describe the high prevalence of externalizing disorder referrals in the under 12 population presenting for urgent psychiatric consultation after a visit to ER. Their work has documented about the type of patients being referred to emergency rooms and what care they are deemed to need after psychiatric assessment (Martins et al., 2018; Roberts et al., 2017). The data they reviewed on 150 consecutive referrals suggests that more girls in this age group were referred than boys and that living with a single parent, past mental health care receipt and history of bullying were predictive of referral. A quarter of the youth had learning disabilities. They also found that most youth needed no formal psychiatric care after the assessment, emphasizing the importance of developing collaborative inter-agency, interdisciplinary, integrated approach between mental health professionals in the community and in schools.

I hope you enjoy this issue. I also hope you continue to send me your thoughts or ideas in *Letters to the Editor*.

Have a good fall season despite its clinical demands.

Khrista Boylan
Editor