



## EDITORIAL

## Navigating To What? Are We Getting Children and Families to Effective Mental Health Services?

I read with particular interest the article in this issue titled “Family and youth mental health needs and outcomes in a navigation service: A retrospective chart review” by Bowles, Markoulakis, Weingust & Levitt. Before reflecting further on this contribution, I paused to wonder if we should resign ourselves to the long-term need for navigators rather than question our persistent tolerance of the Byzantine child mental health service system we have created. That aside, I found it interesting that the authors were able to tease out some patterns related to preferential seeking of assessments and a few broad treatment types for different subgroups. These early identified patterns also prompted me to wonder to what were these young people and their families being navigated. Although a good start, what did the assessments and treatments entail and what positive clinical outcomes were realized? While this paper addresses one link in a chain of steps, its value assumes the accessibility of empirically supported assessments and treatments, both of which are yet in short supply. It will be important for future studies to evaluate the subsequent steps in the service delivery process.

As a clinician in the mental health system, my role also includes some direct navigation and case management, as well as working with others who provide such services. Too often we are all (parent, clinician, administrator) left scrambling to seek out any service to address Johnny’s difficulties, let alone asking or expecting an evidence-based service, or better yet, a service that has convincingly demonstrated a successful impact for Johnny’s particular type of difficulty. We accept anything, as “something is better than nothing, right?” “I hear they get good results in that program”, is the opinion offered as we grapple in the case conference as to where to send Johnny. There is no scrutiny

of the suggestion, no request for data for verification of their “good results”; we are just glad there is something for Johnny. We suppress the thought that sometimes anything is not better than nothing.

Our hope at the Journal is that we can increasingly receive manuscripts of studies that rigorously scrutinize various parts of the service system, especially service outcomes, ideally with increasingly sophisticated designs. We appreciate that RCTs are not always possible, but other long-standing designs can substantially raise the bar including examination of trajectories and changes using various multiple-baseline designs (Watson & Workman, 1981) or benchmarking studies (Weersing & Weisz, 2002). The Journal also welcomes negative studies. We can learn from the failure of interventions to shift outcomes and I would rather see a good discussion as to why the 9 of 10 outcome measures did not show change rather than holding up the 1 out of 10 that did change as “proof” that the intervention was effective.

Now to highlight other interesting contributions to this issue. First, please find the inaugural “Update from the CACAP Executive”. This is a new joint venture with our sponsoring body, the Canadian Academy of Child & Adolescent Psychiatry (CACAP), to provide some of their latest updates on their activities and thinking. Although the Journal has editorial independence from the CACAP Executive, we welcome the opportunity to provide space for this voice, independent of our editorial bent. In this issue, we also interface with the CACAP’s Annual Meeting by publishing the research poster abstracts that were accepted to the first virtual version of this recent conference. Please find the

supplement at the end of this issue which provides an interesting range of ideas and findings.

Please also take a look at the latest pieces in a couple of our nascent columns. We continue in our effort to bring you suggestions for Recommended Academic Reading. Our Associate Editors, Dr. John D. Haltigan and Dr. Brendan Andrade, along with their colleagues, have pulled together some important readings on dimensionality in child psychopathology, something our field needs to increasingly recognize as more often consistent with pattern distribution in the population than our categorical beliefs. And finally, check out our nature teaser in the Arts & Literature And

Nature (ALAN) column along with our call out to readers to consider whether they have something to contribute to ALAN for future issues of JCACAP.

**John D. McLennan**

*Editor*

## References

- Watson, P. J., & Workman, E. A. (1981). The non-concurrent multiple baseline across-individuals design: An extension of the traditional multiple baseline design. *Journal of Behavior Therapy and Experimental Psychiatry*, 12(3), 257-259.
- Weersing, V. R., & Weisz, J. R. (2002). Community clinic treatment of depressed youth: benchmarking usual care against CBT clinical trials. *Journal of Consulting and Clinical Psychology*, 70(2), 299-310.