

APPENDIX A
Needs Assessment Survey

**CHILDREN AND ADOLESCENT MENTAL HEALTH SURVEY:
Needs and Interests among Family Physicians, General Practitioners and Paediatricians located in
Rural and Remote Areas. A Canadian National Collaborative Study**

INSTRUCTIONS: Please check your responses unless otherwise specified.

SECTION 1: DEMOGRAPHICS

1. **Are you a ...**
 Family Physician; General Practitioner registered with CFPC; Paediatrician.
(If you are not a Family Physician or a General Practitioner or a Paediatrician, please disregard this survey and thank you for your time.)
2. **Please indicate your gender.**
 Male; Female.
3. **How old are you?**
 25-30 years old; 31-40 years old; 41-50 years old;
 51-60 years old; 61-65 years old; 66+ years old.
4. **How many years have you been in practice? Please check one.**
 0-5 years; 6-10 years; 11-15 years; 16-20 years;
 21-25 years; 26-30 years; 31-35 years; >35 years.
5. **What is the population of the main community you practice in? Please check one.**
 <1,000 1,000-10,000 10,001-25,000
 25,001-100,000 100,001-250,000 >250,000
6. **Please write the COUNTY/DISTRICT you practice in.**
7. **In which PROVINCE do you practice in? (*check only one*)**
 Alberta; British Columbia; Manitoba; New Brunswick;
 Newfoundland & Labrador; Ontario; Nova Scotia; Prince Edward Island;
 Quebec; Saskatchewan; Yukon; Nunavut; Northwest Territories
8. **Have you seen any children and adolescents in your practice in the last 6 months?**
 Yes No - *Please disregard this survey and thank you for your time.*
If "YES", what percentage of your practice is made up of the following. Please use the percentage range on the right and give your best estimate.
0%; 1% -10%; 11% - 20%; 21% -30%; 31% - 40%; 41% - 50%;
51% - 60%; 61% - 70%; 71% - 80%; 81% - 90%; 91% - 100%
____% - ____%: Children, **0 - 5 years old**
____% - ____%: Children, **6 - 11 years old**
____% - ____%: Adolescents, **12 - 18 years old**

SECTION 2: TRAINING

1. **Where was your place of medical training? *Check all that apply.***
MEDICAL DEGREE (M.D.)
 Dalhousie University; McGill University; McMaster University;
 Memorial University of Newfoundland; Northern Ontario Medical School;
 Queen's University; The University of Western Ontario; Université de Sherbrooke;
 Université de Montréal; Université Laval; University of Alberta;
 University of British Columbia; University of Calgary; University of Manitoba;
 University of Ottawa; University of Saskatchewan; University of Toronto
Other1: Please indicate University and Country
Other2: Please indicate University and Country

RESIDENCY / INTERNSHIP

- Dalhousie University; McGill University; McMaster University;
- Memorial University of Newfoundland; Northern Ontario Medical School;
- Queen's University; The University of Western Ontario; Université de Sherbrooke;
- Université de Montréal; Université Laval; University of Alberta;
- University of British Columbia; University of Calgary; University of Manitoba;
- University of Ottawa; University of Saskatchewan; University of Toronto

Other1: Please indicate University and Country

Other2: Please indicate University and Country

2. **Please indicate all your qualifications. Check all that apply.**
- MD; CCFP; Paediatrics; American Paediatrics;
 - Other (specify): _____

3. **Have you ever received formal training in child and adolescent psychiatry?**
- Yes; No – Go to SECTION 3

If **“YES”**, please place one checkmark in each row that describes the nature of your training.

NATURE OF TRAINING	TOTAL NUMBER OF HOURS			
	1-5 hrs.	6-10 hrs.	11-19 hrs.	>20 hrs.
Lecture(s): M.D. program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture(s): Specialist training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical: M.D. program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical: Specialist training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post licensure CME – Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post licensure CME – Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (describe):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: REFERRALS TO CHILD/ADOLESCENT PSYCHIATRISTS

1. **Do you treat children or adolescents with mental health issues?**
 Yes; No.
2. **If you are a family physician (FP) or a general practitioner (GP), do you refer to a paediatrician to assess children and adolescents with mental health problems?**
 Yes; Sometimes; No; I am not a FP/GP.
3. **Do you refer to other mental health programs or services to assess/treat children and adolescents with mental health problems?**
 Yes; Sometimes; No.
4. **Do you refer to child/adolescent psychiatrists?**
 Yes; Sometimes; No.

If your answer to #4 is, **“NO or SOMETIMES”**, please indicate in the table the reason(s) why **YOU WOULD NOT REFER** to child/adolescent psychiatrists. **Please check one box for each reason that is applicable to your practice.**

NOT IMPORTANT; SOMEWHAT IMPORTANT; VERY IMPORTANT.

- ___ Other health professionals come to my office and see patients.
- ___ Child/adolescent psychiatrist is located too far away.
- ___ Feel confident in own ability to manage psychiatric disorders.
- ___ Patients refuse to be seen by a psychiatrist.
- ___ Parents refuse to have child/adolescent seen by a psychiatrist.
- ___ Unsure of whether case is severe enough to warrant a referral.
- ___ Unsure of how to refer a child/adolescent for a psychiatric assessment.
- ___ Wait times are too long.

Other1 (describe): _____

Other2 (describe): _____

5. In the last six months, how many children and adolescents have you referred to a child/adolescent psychiatrist for the following age ranges. Write a number for each age range. If unsure, please give your *best estimate*.

- ____ Children, 0 years old to 5 years of old
____ Children, 6 years old to 11 years old
____ Adolescents, 12 years old to 18 years old

6. If you have referred to a child/adolescent psychiatrist, how long on average was the wait? If unsure, please give your best estimate. (*check one*).

- < 1 week; Between 1 week – 1 month; Between 1 month – 2 months;
 Between 2 months – 4 months; Between 4 months – 6 months;
 Between 6 months – 12 months; Over 12 months; Not applicable.

7. Do you use a standard questionnaire or a checklist to determine whether to refer to child/adolescent psychiatrist / paediatrician / children's mental health services?

- Yes; No – Go to #8

If "YES", please list the ones you use. _____

8. Please indicate the proportion of how often you refer to a child/adolescent psychiatrist when patients present with the following disorders. Please check one box for each presenting problem.

Not Applicable/Don't see problem (0%); (0%) Don't Refer; (1-33%) Rarely Refer;
(34-66%) Sometimes Refer; (67-100%) Often Refer.

PRESENTING PROBLEM

- ___Mood; ___Anxiety; ___Attention Problems and/or Hyperactivity; ___Behavioural;
___Eating; ___Developmental (e.g. Autism/Asperger's); ___Psychosis; ___Substance abuse;
___Patient has been physically/sexually abused; ___Patient violent/abusive;
___Self-harm behavior; ___Suicidal ideation / suicide attempt.

Other1 (specify): _____ Other2 (specify): _____

9. Sometimes you refer to a child/adolescent psychiatrist and sometimes you don't refer to a child/adolescent psychiatrist. Which of the following are reasons why you WOULD REFER a patient to a child /adolescent psychiatrist? Please check one box for each reason that is applicable to your practice.

NOT IMPORTANT; SOMEWHAT IMPORTANT; VERY IMPORTANT

REASON

- ___To obtain a second opinion about a mental health diagnosis or a mental health problem.
___To obtain recommendations about medication.
___To obtain non-pharmacological treatment.
___To assess a patient that is non-responsive to treatment

Other1 (describe): _____

Other2 (describe): _____

SECTION 4: IDENTIFICATION OF NEEDS AND INTERESTS

1. How confident do you feel in your knowledge of child/adolescent mental health problems? Please CIRCLE ONE NUMBER on the line.

←-----→

1	2	3	4
Completely Lacking in Confidence	Somewhat Lacking in Confidence	Somewhat Confident	Very Confident

2. How confident do you feel in your skills in managing child/adolescent mental health problems? Please CIRCLE ONE NUMBER on the line.

←-----→

1	2	3	4
Completely Lacking in Confidence	Somewhat Lacking in Confidence	Somewhat Confident	Very Confident

3. Please rate your level of confidence in making appropriate referrals to child/adolescent psychiatrists or other mental health programs. Please CIRCLE ONE NUMBER on the line.

←-----→

1	2	3	4
Completely Lacking in Confidence	Somewhat Lacking in Confidence	Somewhat Confident	Very Confident

4. How confident do you feel your referrals will meet the needs of your child and adolescent patients for mental health problems in a timely manner? Please CIRCLE ONE NUMBER on the line.

←-----→

1	2	3	4
Completely Lacking in Confidence	Somewhat Lacking in Confidence	Somewhat Confident	Very Confident

5. Do you feel you need more continuing professional development in child/adolescent psychiatry?

Yes; No - Go to #6

If your answer to #5 is "YES", what method of professional development would you find most beneficial? Please rate your top 5 choices. Use number 1 as your first choice and number 5 as your last choice.

- ___ 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.
- ___ 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): _____

