



ASSESSMENT OF PEDIATRICIANS' NEED FOR TRAINING IN CHILD PSYCHIATRY

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هدف الدراسة: تعد المشكلات النفسية والاجتماعية لدى الأطفال من الأمور الهامة في الصحة. وبالتالي فإن قدرة أطباء الأطفال على التعرف على الاضطرابات النفسية يعد أمراً ضرورياً. طريقة الدراسة: تم توزيع استبانة على أطباء الأطفال تحوي نقاطاً حول معرفتهم وممارستهم وتوجهاتهم نحو الاضطرابات النفسية خلال فترة الطفولة. وزعت 450 استبانة ثم أعيد تجميعها من أطباء الأطفال في سبع مستشفيات حكومية رئيسية في مدينة الرياض على مدى ثلاثة أشهر من بداية شهر مارس وحتى نهاية شهر مايو عام 2005. ثم حلت النتائج إحصائياً.

نتائج الدراسة: وجد أن 88.8% من العينة لم يتلقوا أي تدريب في الطب النفسي للأطفال خلال فترة الدراسات العليا. أما 48% فيشعرون بتردد في القدرة على التشخيص و76.5% لم يشعروا بالثقة لمعالجة هؤلاء الأطفال و48.5% يواجهون حرجاً في متابعة علاج الأطفال حتى بعد بدء العلاج من قبل الطبيب النفسي. كما أن 49.9% لم يكونوا واثقين من قدرتهم على معالجة الآثار الجانبية المعتادة للأدوية النفسية. إن 88.8% منهم يرون بأن هناك حاجة ماسة لأطباء الأطفال لتلقي تدريبات في الطب النفسي للأطفال أثناء برامج الدراسات العليا للأطفال.

الخلاصة: أقرت نسبة عالية من العينة بوجود قصور في تدريبهم على التعامل مع الاضطرابات النفسية للأطفال مما ترك أثراً سلبياً على معرفتهم وتوجهاتهم وربما حول ممارستهم فيما يخص الاضطرابات النفسية للأطفال.

الكلمات المرجعية: معرفة , توجهات , طفل , اضطراب نفسي.

Background: Psychosocial problems are common health concerns in children. Therefore, it is essential for pediatricians to be able to identify psychiatric disorders. This depends on the knowledge, practice and attitudes towards psychiatric disorders in childhood.

Methods: A constructed questionnaire of items about knowledge, practice and attitudes of pediatricians toward psychiatric disorders in childhood was used. Four hundred and fifty questionnaires were distributed and collected from pediatricians in seven main governmental hospitals in Riyadh over a period of three months (between March 1 and May 30 2005). Findings were analyzed statistically.

Results: About 88.8% of the samples had not had any training in child psychiatry during their residency. Forty-eight percent were hesitant in diagnosing psychiatric disorders in children, 76.5% were not confident enough to treat these children, 48.5% were not confident enough to follow them up after being managed by a child psychiatrist and 49.9% were not confident to treat common side effects of psychotropic medications. About 88.8% of the pediatricians thought that pediatricians needed training in child psychiatry during pediatric residency

programs.

Conclusion: A significant number of pediatricians reported a lack of training in child psychiatry during residency programs. This has an adverse impact on their knowledge, attitudes and possibly practices in dealing with childhood psychiatric disorders.

Key Words: Knowledge, Attitudes, Child, Psychiatric disorder.

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INTRODUCTION

Psychosocial problems are very common health concerns in children. According to a study conducted in the New Haven area of the USA, prevalence is as high as 27% in children (4-16yrs old) and 13% among preschool children.¹ Children with psychosocial problems have almost twice as many medical illness episodes with a high level of service use.^{2,3} Furthermore, untreated emotional and behavioral disorders contribute to poor overall functioning, school failure, adolescent and adult crime, violence, substance abuse and suicide.^{4,5}

According to published studies of mental health problems diagnosed by primary care pediatricians, family practitioners or pediatric nurse practitioners working in out-patient settings in the United States, the pediatricians were able to identify only half of the children with mental problems (low sensitivity and high specificity).^{6,7} In the USA, the American Academy of Pediatrics has reaffirmed a policy statement that focused on the prevention, early detection and management of behavioral, developmental and social problems as a main part of the scope of pediatric practice.⁸ As a result, there has been some improvement in the identification of psychosocial problems in children in USA compared to a few decades ago (improved from 6.8% in 1979 to 18.7% in 1996).⁹ However, this is still a child health problem in developing countries as shown in a recent Saudi study that revealed low utilization by pediatricians of the child and adolescent liaison psychiatric services.¹⁰

This study was conducted to shed some light on the knowledge, practice and attitudes of pediatricians who are training or working in Riyadh, the capital city of Saudi Arabia, toward childhood psychiatric disorders; methods of diagnosis, psychotropic medications and psychological interventions. It was also to find out whether pediatricians required any training in child psychiatry.

METHODS

A five-part questionnaire (A, B, C, D & E) was constructed by the researchers. 'A' contained the demographic data, 'B' contained the professional data, 'C' dealt with knowledge, 'D' focused on practice and 'E' on attitudes.

A pilot study was conducted to work out the administrative and procedural logistics, to estimate response rate, clarity and logical sequences of questionnaire. Ten participants at King Khalid University Hospital (KKUH), one of the hospitals for the main study were used in the pilot program. Response of the pediatricians has shown that all the questions were clearly understood and were logically sequenced. Data of the pilot study are not included in the main study.

Four-hundred-fifty questionnaires were distributed to the pediatricians. This formed the total of all pediatricians in the seven main governmental hospitals in Riyadh, both specialists and residents. The study was conducted over three months between March 1 and May 30 2005.

After completion, the returned questionnaires were analyzed. Data were expressed as mean \pm standard error of the mean. Three Likert-scale scoring was used to assess the attitudes of the participants. Variables were compared using Chi square. Statistical analyses were performed using SPSS. A p-value <0.05 defined statistical significance.

RESULTS

Out of 450 questionnaires distributed to the pediatricians, 98 completed questionnaires (22%) were returned. There were no responses to some of the questions on the questionnaire. Demographic data (Table 1) showed that 79.6% of the samples were males, 74.3% were 40 years of age or younger, 64.3% are Saudi, 85.7% were married and 82.3% had children.

Table 2 showed that 62% of the sample were trainees (residents or registrars). Most of them were in Saudi or Arab Board residency programs. About 88.8% had never had any training in child

Table 1: Demographic data of the sample

Demographic data	Frequency (%)
Age (years):	
<30	25 (25.8)
31-40	47 (48.5)
41-50	17 (17.5)
>50	8 (8.2)
Sex:	
Male	74 (79.6)
Female	19 (20.4)
Marital status:	
Single	12 (12.2)
Married	84 (85.7)
Divorced	2 (2.0)
Do you have children?	
Yes	79 (82.3)
No	17 (17.7)
Nationality:	
Saudi	63 (64.3)
Arab	19 (19.4)
Non-Arab	16 (16.3)

Table 2: Pattern of training and professional degree of the sample

Variables	Frequency (%)
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Training in child psychiatry:	
None	87 (88.8)
<6 months	10 (10.2)
6 months – 1 year	1 (1.0)
Pediatric Residency Program:	
Saudi Board	52 (53.6)
Arab Board	53 (54.1)
King Saudi University Fellowship	4 (4.1)
Canadian Fellowship	4 (4.1)
USA Fellowship	2 (2.0)
Other programs	16 (16.3)
Professional degree:	
Resident	31 (32.0)
Registrar	29 (29.9)
Senior registrar	19 (19.6)
Consultant	18 (18.6)

psychiatry and 10.2% had had a short training of less than six months. Eighty-four percent of the sample said they would use only their clinical assessment to diagnose, and just 12% of the pediatricians used the Diagnostic & Statistical Manual (DSM) as a diagnostic tool.

Table 3 shows that 48% were not confident enough to diagnose psychiatric disorders in children, and 75 pediatricians (76.5%) did not feel confident enough to treat psychiatric disorders in children, 48.5% did not feel confident in managing the follow-up of psychologically disturbed children after being diagnosed and managed by a child psychiatrist and 44.9% did not feel confident in dealing with common side effects of psychotropic medications. Regarding psychotherapeutic intervention, 46.9% were not able to offer family counseling and 66.3% were not able to offer individual psychotherapy. About 66.3% of the pediatricians thought that their knowledge of childhood psychiatric disorders was not satisfactory. About 88.8% pediatricians in this study thought that pediatricians needed to have some training in child psychiatry during their residency programs. No demographic characteristics are available of the pediatricians to predict their abilities in diagnosing or treating childhood psychiatric disorders.

Table 4 shows statistically significant association between the age and nationality of pediatricians and their satisfaction with their knowledge of childhood psychiatric disorders.

Non-Arab and older pediatricians were more satisfied with their knowledge of childhood psychiatric disorders.

Table 3: Knowledge, practice and attitude of the sample toward childhood psychiatric disorder

Field / Items	NO (%)	YES (%)	To some extent
Knowledge:			
Do you think children can have psychiatric disorders?	0 (0)	100 (100)	-
Practice:			

Have you ever diagnosed psychiatric disorder? Attitude:	34 (34.7)	64 (65.3)	-
Do you feel confident enough to diagnose psychiatric disorders in children?	47 (48.0)	8 (8.2)	43 (43.9)
Do you feel confident enough to treat psychiatric disorders in children?	75 (76.5)	2 (2.0)	21 (21.4)
Do you feel confident enough to follow-up children with psychiatric disorders after being diagnosed and treated initially by a child psychiatrist?	47 (48.5)	11 (11.3)	39 (40.2)
Do you feel confident enough to manage the common side effects of psychotropic treatment?	44 (44.9)	19 (19.4)	35 (35.7)
Do you think that you can offer professional family counseling for families of psychologically disturbed children?	46 (46.9)	14 (14.3)	38 (38.8)
Do you think that you can offer individual psychotherapy to psychologically disturbed children?	65 (66.3)	4 (4.1)	29 (29.6)
Do you think that your knowledge about childhood psychiatric disorders is satisfactory?	65 (66.3)	3 (3.1)	30 (30.6)
Do you think that pediatricians need training in child psychiatry during their residency programs?	3 (3.1)	87 (88.8)	8 (8.2)

Table 4: Correlates between demographic data and knowledge about childhood psychiatric disorders

Demographic data	Do you think that your knowledge about childhood psychiatric disorder is satisfactory?			p-value
	YES	NO	To some extent	
Age:				0.00
< 30	-	22	3	
31-40	1	35	11	
41-50	2	5	10	
> 50	-	2	6	
Sex:				-
Male	2	49	23	
Female	1	13	5	
Marital status:				-
Single	-	10	2	
Married	3	53	28	
Divorced	-	2	-	
Having children:				-
Yes	3	51	25	
No	-	12	5	

Nationality:			0.003
Saudi	1	49	13
Arab	-	11	8
Non-Arab	2	5	9

Table 5: Correlate between demographic data and attitude towards training in child psychiatry

Demographic data	Do you think that pediatricians need training in child psychiatry during their residency programs?		
	YES	NO	To some extent
Age:			
< 30	21	1	3
31-40	42	2	3
41-50	15	-	2
> 50	8	-	-
Sex:			
Male	66	2	6
Female	17	1	1
Marital status:			
Single	9	2	1
Married	76	1	7
Divorced	2	-	-
Having children:			
Yes	71	1	1
No	15	1	1
Nationality:			
Saudi	53	3	7
Arab	19	-	-
Non-Arab	15	-	1

Although the majority of the sample thought that pediatricians needed training in child psychiatry during residency programs, no specific demographic characteristic could predict this (Table 5).

DISCUSSION

The questionnaires were distributed to individual pediatricians, who were given three months to make their responses. Many reminders were sent. Some apologized saying they were not interested in participating or that they were busy. Others did not reply. Therefore, the response rate was low. This might reflect the pediatricians' lack of awareness of the importance of this issue and the prevalence of this problem.

In fact, psychosocial problems, namely social, emotional and behavioral problems are highly

prevalent,¹¹⁻¹³ but pediatricians identified only 17% of these children, leaving 83% of children with psychosocial problems unidentified.¹⁴

Most of the participants were trainees in Saudi or Arab pediatric residency programs or both. Neither program has child psychiatry as part of their academic curriculum or training. Therefore, the finding that 88.8% of the sample had no training in child psychiatry was expected. Even those who had had a short training had their courses outside the main training program.

The lack of training in child psychiatry is still evident in many pediatric residency programs worldwide including such developed countries as in USA.¹⁵ In a study conducted by Jane W (2004), the majority of pediatricians reported significant lack of training in behavioral health during their residency.¹⁵

This lack of training in child psychiatry during residency programs could explain the feelings of inadequacy in diagnosing or treating childhood psychiatric disorders. Although the study was conducted only in Riyadh, the capital of Saudi Arabia, these results could be generalized to cover all pediatric practices in Saudi Arabia since all pediatric trainees go through the same programs and none of the pediatrics residency programs in Saudi Arabia has child psychiatry training as part of their curricula.

Older and non-Arab pediatricians working in Riyadh were satisfied with their knowledge of childhood psychiatric disorders perhaps because they had had pediatrics residency training programs in western countries where child psychiatry formed part of their curricula and also as a result of their long experience in pediatrics.

Not surprisingly as other studies have indicated,¹⁵ a majority of pediatricians in our study believed that they needed training in child psychiatry during their residency programs. In the Jane W (2004) study, pediatricians reported a lot of interest in further training especially on psychopharmacology, diagnosis and treatment of depression and anxiety and the need to be updated on ADHD.¹⁵

CONCLUSION

In the present study, the majority of pediatricians reported a significant lack of child psychiatry training during their residency programs. This shortcoming adversely affects their knowledge, attitudes and practices in childhood psychiatric disorders.

Clinical Implication: The researchers strongly advocate the inclusion of training in child psychiatry as a major part of all pediatrics academic curriculum and residency training programs.

Possible Limitations: Low response rate resulting in a small sample size.

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