

Medical Education: CAMHS and Paediatrics Joint Pilot Initiative

Improving the Confidence of Paediatric SHOs in Taking A CAMHS Mental State Exam

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Abstract:

An initial out-of-hours assessment of the CAMHS (child and adolescent mental health) patient is normally performed by the paediatric trainee whilst in the Emergency Department. However, paediatric junior trainees may not feel as confident in performing this initial assessment, and have raised that they would like more teaching upon this matter.

Introduction:

During my placement as a paediatric SHO in Addenbrookes Hospital, I was aware of a gap in formalised mental state examination teaching for paediatric juniors, which would be crucial for a thorough assessment of these patients, and to better guarantee they are safely managed until further assessment by a paediatric registrar/consultant and later by a CAMHS professional.

This is particularly significant as the number of young people who have self harmed or experience suicidal thoughts rises. Figures show that one in six young people have self-harmed in the last year. Based on these figures, nearly 110,000 children aged 14 may have self-harmed across the UK in the same 12-month period.

This leadership project seeks to address the important educational issue discussed above. The aim is to provide a short teaching session on mental state examining of the CAMHS patient to paediatric SHOs in order to improve their confidence in assessment.

Methods and Materials:

In order to assess initial confidence in assessing the mental state of a CAMHS patient, a pre-teaching questionnaire was given to 10 paediatric SHOs (4 Foundation Year Two doctors, 4 GP Trainees and 2 Staff Grade doctors). A 30 minute teaching session on the mental state exam was then carried out for the trainees. This teaching presentation had been reviewed by a consultant psychiatrist and previously given to medical students in liaison psychiatry. This teaching session was largely based on the information from the London Core Psychiatry Training Core Competencies information booklet. A post teaching questionnaire was then given to the same trainees and the results analysed.

Pre-teaching questionnaires (scored 1 – 5)

1. Do you feel confident in taking a psychiatric mental state exam for a CAMHS patient?
2. I have had written information detailing how to perform the above

Materials and Methods:

3. It would be helpful to have a teaching session and information leaflet for the above
4. I feel confident presenting a mental state exam

Post-teaching questionnaires (scored 1-5)

1. Do you feel confident in taking a psychiatric mental state exam for a CAMHS patient?
2. This teaching session and leaflet was helpful
3. It would be helpful to have this teaching for future cohorts
4. I feel confident presenting a mental state exam

1 = strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree

Summary statistics

Question	Sample (pre or post-training)	Mean	SD	Min	Max
1	pre	3	0.82	2	4
2	Pre	2.4	0.7	1	2
3	Pre	4.6	0.52	4	5
4	Pre	2.4	0.84	1	4
1	Post	4.2	0.62	3	5
2	Post	4.4	0.7	3	5
3	Post	4.3	0.67	3	5
4	post	4.5	0.53	4	5

Figure 1: Summary Statistics Pre and Post teaching

Results:

Statistical analysis was performed using R version 3.5.1.

QQ-plots and density plots were used as a visual preliminary assessment of normality. Normality and homoscedasticity were quantitatively assessed using Shapiro-Wilk and Levene's test, respectively, confirming skewed data.

Wilcoxon signed ranked was used to determine if there was a significant change in scores post-teaching. p values <0.05 were accepted as significant.

Note – only questions that are testable are questions 1 and 4; Same questions asked pre and post training.

Figure 2: plot for question 1

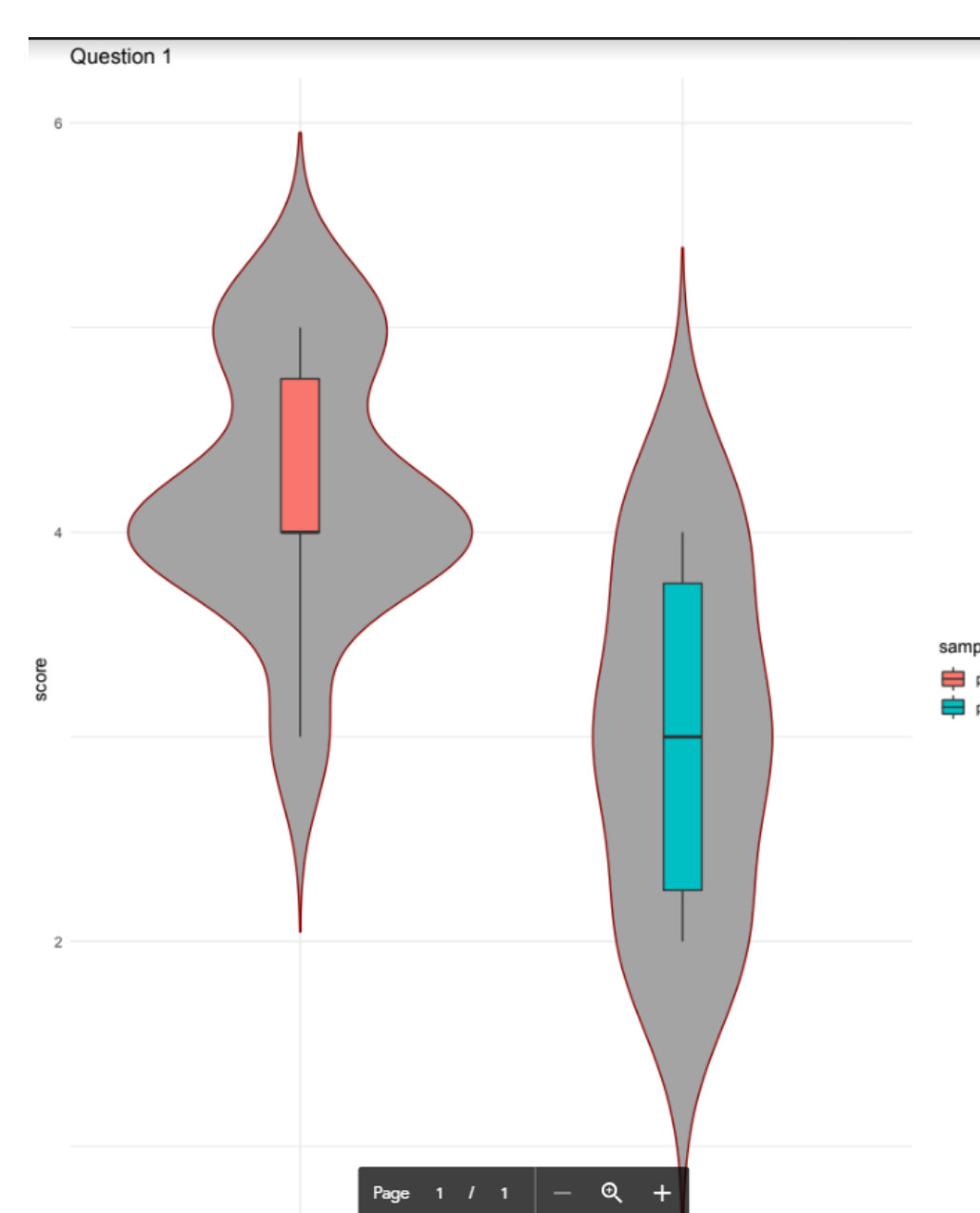
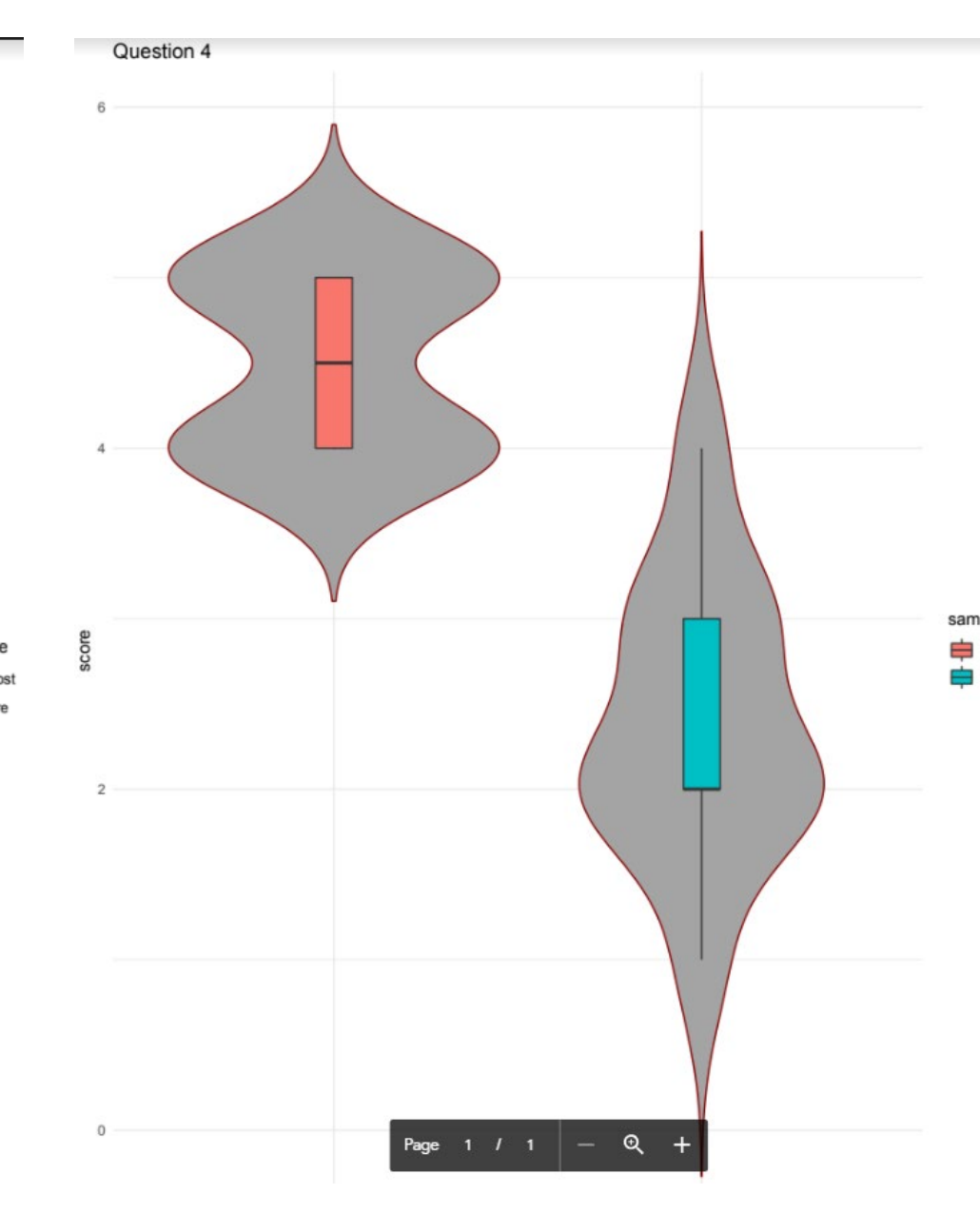


Figure 3: plot for question 4



Results:

Paired sample Wilcoxon signed rank test found that training significantly improved trainees' confidence in taking a psychiatric mental state exam (p = 0.005, r = 0.628), and improved trainees' confidence in presenting a mental state exam (p = 0.0041, r = 0.6420).

Figure 4: Statistical Analysis for Q1 and 4
Wilcoxon signed ranked test

Question	Significance	Effect size
1	0.005*	0.6277
4	0.0041*	0.6420

Discussion:

One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017(1) and the leading cause of death in young people aged 5 to 19 years old is suicide (2). Therefore, it is crucial to facilitate a comprehensive initial assessment of the young person presenting to the Emergency Department.

The Royal College of Paediatrics and Child Health has recently performed a large scale audit to analyse and support Emergency Departments treating children to monitor how well they are meeting the 70 "Facing the Future" standards. These include meeting complex needs, safe-guarding, providing appropriate space and inpatient assessment facilities. This project could potentially offer a method to help support the recommendations of this audit through a local level.

Conclusion:

Being able to confidently assess the mental state of a CAMHS patient in an on call shift is important for the initial assessing paediatric trainee. However this is often not taught in the paediatric curriculum, and trainees have expressed some anxiety in performing this assessment overnight, before a more comprehensive assessment by a CAMHS professional. A simple teaching session may help to reduce this anxiety and improve trainees confidence.

This teaching pilot liaises across paediatrics and psychiatry, the specialties which often work together in the acute assessment of a CAMHS patient in the general hospital. An initial success in this pilot project could facilitate a more formalised mental state examination teaching scheme for paediatric trainees, and be launched in other hospital sites.

Contact

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References

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