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Effectiveness study of the "Practitioner Training in Child and Adolescent Psychiatry" program for rural primary care providers

Submission date
20/06/2016

Recruitment status
No longer recruiting

Registration date
12/10/2016

Overall study status
Completed

Last Edited
12/10/2016

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Many children and adolescents suffer from mental health problems, which can greatly impact their development and general quality of life. Family physicians and nurse practitioners often report a lack of training and support for treating mental health issues in children and adolescents. This is particularly important in rural/remote regions where specialist treatment centers and professionals are limited. The aim of this study is to assess the effectiveness of an educational program designed to translate the kinds of skills practitioners need in order to provide frontline mental health care to children and adolescents.

Who can participate?
Primary care practitioners at family practices in rural areas of Southwestern Ontario and families with children aged 6-18 attending a medical visit at a participating centre.

What does the study involve?
Participating centres are randomly allocated to one of two groups. Primary care practitioners (PCPs) in the first group take part in eight hours of child mental health care training delivered in 1-5 sessions over a maximum of five weeks (as determined by the practice in question). The training includes learning communication skills (learning how to talk about mental health problems with families), learning guidelines for assessing, diagnosing and managing different mental health problems and leading therapeutic techniques for addressing different types of symptoms. PCPs in the second groups are asked their opinions about the training program but do not receive it until after the end of the study period. One week before and one week after the PCPs in the first group take part in the training programme, PCPs in both groups complete a number of assessments to measure their skills, knowledge and attitudes. At the start of the study and four months later, children complete questionnaires to evaluate their mental health functioning. Parents and children are also asked to rate the PCP visit.

What are the possible benefits and risks of participating?
Participants benefit from being able to learn how best to deal with children with a mental health concern. There are no direct risks involved with participating.

Where is the study run from?
1. The University of Western Ontario (Canada)
2. London Health Sciences Centre (Canada)

When is the study starting and how long is it expected to run for?
September 2014 to December 2016

Who is funding the study?
The Children's Health Foundation (Canada)

Who is the main contact?
1. Dr Stacey Espinet (scientific)
2. Ms Sandra Gotovac (public)
3. Dr Margaret Steele (scientific)
4. Dr Lorelei Lingard (scientific)

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Efficacy Trial of the "Practitioner Training in Child and Adolescent Psychiatry": An Educational Intervention to Enhance Paediatric Mental Health Practice and Outcomes in Rural Primary Care

Acronym
PTCAP

Study objectives
Using a common factors framework for translating mental health education to primary care providers will enhance care capacity by improving their mental health skills, leading to enhanced mental health outcomes for children and youth accessing care through trained primary care providers.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Health Science Research Ethics Board - The University of Western Ontario, 25/03/2016, ref: 106397

Study design
Multi-centre unblinded stratified cluster randomized controlled trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Child and youth mental health

Interventions
Sites, stratified by regional location, are randomly assigned to the intervention or control arm of the study. Intervention and control sites are then matched based on sample size.

Intervention arm: Participants in the intervention arm receive 8-hours of paediatric mental health training delivered in 1 to 5 sessions over a maximum of 5 weeks according to site preferences. Training consists of three modules delivered in the following order:
1. Common Skills (i.e. communication and counseling skills for eliciting mental health concerns and managing mental health conversation with families)
2. Evidence-based Guidelines (to do with assessing, diagnosing, and managing ADHD, behavioral disorders, anxiety, depression and suicidality)
3. Common elements (brief, broad-based therapeutic techniques for addressing symptom clusters related to attention and behavioral issues, and anxiety and depressive symptoms)
Program delivery includes case-based discussions, as well as twelve short and three long videos demonstrating implementation of the common skills and common elements, respectively, to situate learning. Family-centered and developmental

Wait-list control arm: Participants are asked what they hope to get out of the educational program but are not provided with any aspect of the intervention until all of the final, one-month follow-up measures were collected from all sites.

The families do not receive any intervention. They only participate in the evaluation by filling out questionnaires before their medical appointment with a practitioner at a participating site and 4

months later. Follow-up involves a 15-minute standardized patient skills assessment at one-month follow-up and a semi-structured interview to assess satisfaction with the program conducted 2 to 4 months post follow-up.

Intervention Type
Other

Primary outcome(s)
Practitioners:
Skill enhancement as assessed using:
1. A confidence scale developed by Garcia-Ortega et al at baseline (one week pre-intervention) and one week post-intervention
2. The Physician Confidence Scale at baseline and one week post-intervention
3. The Provider Confidence Scale at baseline and one week post-intervention
4. Standardized Patient Interviews coded using the Roter Interactional Analysis Scale (RIAS) at baseline, one week post-intervention and one month post-intervention
5. Standardized Patient Interviews coded using the trained-skills checklist at baseline and one week post-intervention and one month post-intervention
6. Case-scenarios one week post-intervention

Children/youth and their parents:
Mental health functioning as measured by the Strengths and Difficulties Questionnaire (SDQ) and the General Health Questionnaire (GHQ) at baseline and 4 months.

Key secondary outcome(s))
Practitioners:
1. Knowledge is measured using a 45-item knowledge questionnaire designed for this study at baseline and one week post-intervention
2. Attitudes to mental health care provision are measured using the Physician Belief Scale at baseline and one week post-intervention
3. Ease of access to or consult with specialists is measured using the Ease of Consultation Scale at baseline and one week post-intervention
4. Comfort with referrals is measured using the Referral Comfort Scale (RCS) and the Identification of child mental health problems at baseline and one week post-intervention

Children/youth and their parents:
1. Satisfaction with the visit as rated by youth at baseline and at 4 months
2. Practitioner discussion of mental health topics as rated by parents at baseline and 4 months

Completion date
31/12/2016

Eligibility

Key inclusion criteria
Inclusion criteria for primary care providers:
1. Practicing as a Primary Care Practitioners (PCPs) i.e. a family medicine resident; family physician, nurse practitioner, paediatrician
2. Emplyed at a family practice site (i.e. a family health team, community health center, private

practice
3. Located in a rural region (population under 100,000, where 0 to 30% of the population commutes to work in a large urban center; Pong & Pitblado, 2005) of Southwestern Ontario

Inclusion criteria for families:
1. Parent of at least one child/youth aged 6 to 18 years
2. The parent was attending a medical visit at a participating site with a participating or non-participating practitioner, with or without the target child/youth

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

Key exclusion criteria
There are no exclusion criteria for PCPs or families

Date of first enrolment
01/12/2014

Date of final enrolment
01/07/2015

Locations

Countries of recruitment
Canada

Study participating centre
The University of Western Ontario
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Sponsor information

Organisation
Health Sciences Research Ethics Board - The University of Western Ontario

ROR
https://ror.org/02grkyz14

Funder(s)

Funder type
Charity

Funder Name
The Children's Health Foundation

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes