

Title: Promoting Mental Health Competency in Residency Training

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Objective: To evaluate the effect our developmental-behavioral pediatrics (DBP) curricular model had on residents' comfort with handling mental health issues.

Methods: From August 2007 to January 2010, residents participating in the Indiana University DBP rotation completed a self-assessment questionnaire at baseline and at rotation end. Residents rated their comfort with the identification, treatment, and counseling of mental health problems using a 5-point scale.

Results: Ninety-four residents completed both self-assessments. At baseline, categorical pediatric residents possessed higher comfort levels toward identification (mean 2.8 vs. 2.3 for non-categorical pediatrics residents, $p<0.05$), treatment (2.6 vs. 2.2, $p<0.05$) and counseling of mental health issues (2.7 vs. 2.1, $p<0.005$). Residents who were parents were also more comfortable. At rotation end, all residents showed significant improvements in self-rated comfort (4.0 vs. 2.6 for identification, $p\leq0.05$; 4.0 vs. 2.4 for treatment, $p\leq0.05$; and 4.0 vs. 2.4 for counseling, $p\leq0.05$). This remained true regardless of being a categorical pediatric resident, a parent, or primary care-oriented.

Conclusion: Our curricular model promotes residents' comfort with handling common mental health issues in practice.

Practice Implications: Increasing residents' comfort may influence the frequency of active discussion of mental health issues during well-child visits and lead to earlier diagnosis and needed treatment.

Keywords: mental health; anticipatory guidance; primary care; child behavior; competency