

**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,  $p \leq 0.05$ ; 4.0 vs. 2.4 for treatment,  $p \leq 0.05$ ; and 4.0 vs. 2.4 for counseling,  $p \leq 0.05$ ). 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