

第 105 回日本精神神経学会総会

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Current Status of Child and Adolescent Psychiatry in Japan

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Japan is behind in the area of child and adolescent psychiatry training compared to other developed countries like the USA⁵⁾. It is even very difficult to define child and adolescent psychiatry in Japan, because both psychiatrists and pediatricians take part in the treatment of children and adolescents with mental health problems. So, instead of the word “child and adolescent psychiatry” or “child and adolescent psychiatrist”, I will use the term “child and adolescent mental health” or “child and adolescent mental health practitioner”.

Current status of child and adolescent mental health in Japan

According to a report done by the Japanese Ministry of Health, Labour and Welfare in 2007, there are only about 70 child and adolescent mental health practitioners (CAMPs) in Japan³⁾. Because there is no national board for CAMPs in Japan, this number was estimated from the number of doctors who work for the hospitals that have a special section or ward for child and adolescent mental health. In Japan there are two totally different ways to become a child and adolescent mental health practition-

er (This situation has not changed after the new clinical training was introduced in 2006⁶⁾). One is to become a pediatrician and then specialize in mental health, and the other is to become a psychiatrist, and then specialize for children and adolescents.

Although there were 14,700 pediatricians and 12,474 psychiatrists in Japan in December 2006¹⁾, the number of CAMPs were only 70. On the other hand, the number of children and adolescents who were under 20 years old were about 23,539,000 in Japan²⁾. So, the number of CAMPs per 100 thousand children would be 0.30. This number is quite low compared to 12.5 in Sweden, and 12.0 in Switzerland⁴⁾.

In order to solve this problem, the Japanese Ministry of Health Labour and Welfare has proposed a model training program for CAMPs in 2007³⁾. The first aim of the program was to enhance the skill of the general pediatricians and psychiatrists who are taking care of children with mental health problems. And the second aim was to increase the number of child and adolescent mental health specialists in order to organize advanced and technical education and training (Fig. 1).

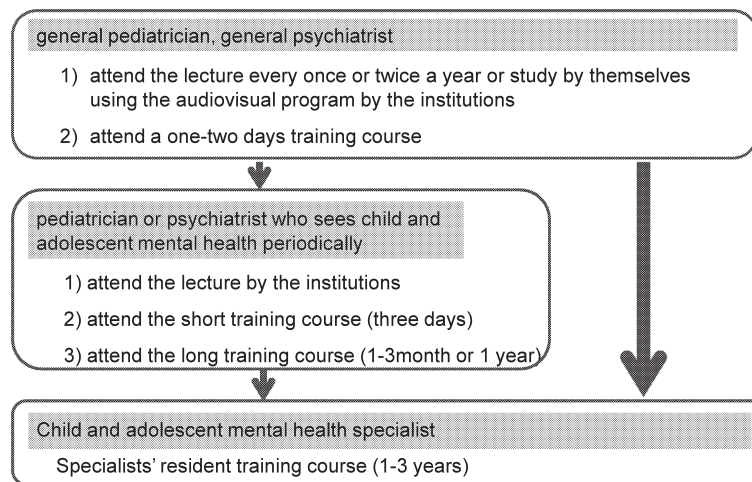


Fig. 1 A model course of training for CAMP proposed by the Ministry of Health, Labour and Welfare

Two years have passed since this proposal, without seeing a noticeable change. There was a one-day training course launched which was supported by both the psychiatry association and pediatrics association but this was all and it was held only once a year, in 2007 and 2008. So my question would be, “What is the best way to become a CAMP?” and “How can we make a better training system in Japan?”. To answer this question, I thought it important to know the current status of CAMPs and difference between the pediatricians and psychiatrists who are specialized for the child and adolescent mental health problem. To achieve this purpose, my colleagues and I conducted a questionnaire survey.

The materials and methods of the questionnaire survey

The aim of the study was as follows.

- To know what kind of training Japanese CAMPs have taken.
- To know whether the child and adolescent mental health psychiatrists (CAM psychia-

trists) and child and adolescent mental health pediatricians (CAM pediatricians) are satisfied with their training respectively.

- To know how current clinical practices and knowledge between CAM psychiatrists and CAM pediatricians differ.
- To know what CAM psychiatrists and CAM pediatricians in Japan think is important or necessary for developing a better training system.

Subjects were the psychiatrists and pediatricians whose subspecialty is or is going to be child and adolescent mental health.

This was an internet questionnaire survey. The study was performed from the 1st of April 2009 through the 30th of April 2009. Site investigators were recruited through the Japan Young Psychiatrists Organization members' web sight, Japan Pediatrics Mailing List Conference members' web sight, and Japanese Society of Pediatric Psychiatry members' web sight. The purpose of this study was clearly stated on the cover sheet of the questionnaire

Table 1 Background

	CAM Psychiatrist	CAM Pediatrician	p value
N	52	44	
Male/Femal	31/21	26/18	0.96* ¹
Experience (year, mean(S.D.))	9.8 (8.8)	11.2 (10.0)	0.08* ²
New clinical training program	5	2	0.33* ¹
Change the specialty	23	0	<0.0001* ¹

* 1 ; chi square test, * 2 ; student's t test

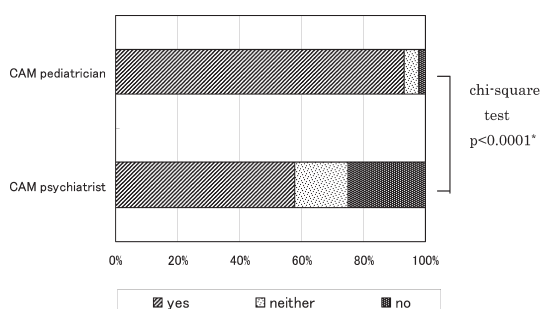


Fig. 2 Do you think it is necessary for psychiatrist to train pediatrics and vice versa ?

and answering the questionnaire was considered to be consent to use and publish that information.

The questionnaire contents included the items as follows ; 1) Background which include sex, experience, and change of the specialty. 2) Training system which includes satisfaction, distress and necessity of new training system. 3) The difference of clinical practices and knowledge upon normal development of several age categories and schizophrenia.

The results of a questionnaire survey

In total, there were 176 answers. Because we aimed to put a weight on comparison between the CAM psychiatrists and CAM pediatricians in this report, we chose the answers made by doctors who have less than 17 years experience. This made no statistical difference

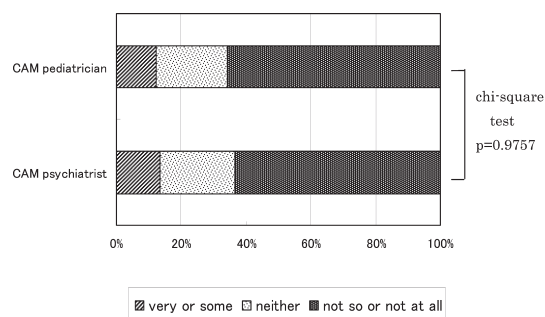


Fig. 3 For those who answered it is necessary to train vice versa, do you think it is easy to do so ?

in the experience between CAM psychiatrists and CAM pediatricians. There were 52 answers from CAM psychiatrists and 44 answers from CAM pediatricians respectively (Table 1).

There was no statistical difference in the frequency of seeing children and adolescents with mental health problems.

In the original questionnaire sheet, the following items had 5 alternative answers which were “very” “some” “neither” “not so” and “not at all”. To make it easy to compare, we combined “very” and “some” in one category and “not so” and “not at all” in another category. More than half of both CAM pediatricians and CAM psychiatrists thought that it is necessary to obtain training in the specialty which was not of their own, though the CAM pediatricians felt it to be more important (Fig. 2). At the

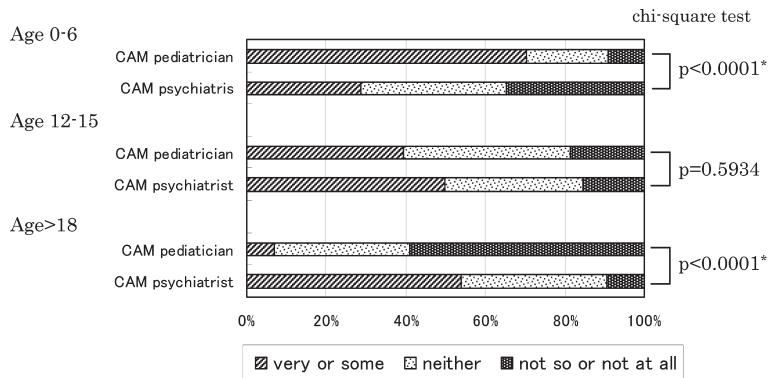


Fig. 4 Are you confident to see this year aged child?

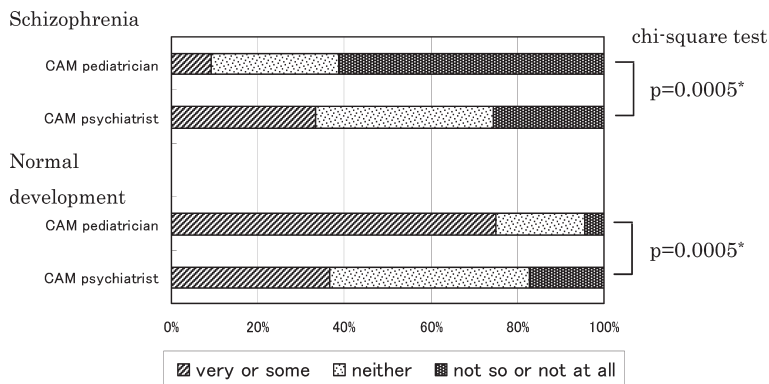


Fig. 5 Are you confident in these area?

same time, they thought it is difficult to do so (Fig. 3). The satisfaction for their training program was not so high. About the clinical practice skills and knowledge, the pediatricians felt more confident than psychiatrists when the patients were under 6 years old. There are no statistical differences in children between the ages of 12-15, but in the ages above 18, the CAM psychiatrists felt more confident than the CAM pediatricians (Fig. 4). For the knowledge of schizophrenia, the CAM psychiatrists were more confident. But for the knowledge of normal development, the CAM pediatricians were more confident (Fig. 5).

Conclusion and my suggestion

From this survey, we noticed that 1) Both CAM psychiatrists and CAM pediatricians see children with mental health problems in the same frequency. 2) Both CAM psychiatrists and CAM pediatricians feel they need to obtain training in the specialty which was not of their own, but feel it is difficult to do so. 3) CAM psychiatrists are more confident seeing adolescent patients and patients with psychotic diseases whereas CAM pediatricians are more confident seeing young children and patients with developmental problems.

As for myself, I graduated medical school

in 2001, before the new training course had been introduced. Though I wanted to become a CAMP, there was no specific training course to become a CAMP. I had to figure out by myself how to get the training, and which specialty to choose, pediatrics or psychiatry. I decided to start training as a pediatrician. But after 5 years as pediatrician, I felt the same as those who took the questionnaire survey. I felt that I needed to study psychiatry. So I quit working as a pediatrician and started working as a psychiatrist in a hospital which only had a psychiatry ward for children and adolescents with mental health problems. Soon, I realized that I needed the knowledge of general psychiatry. After a year of working in child and adolescent psychiatry, I enrolled in the residency program of general psychiatry to learn the basics. Although it is still an unsolved question to me whether this was the best way to become a CAMP, I am sure that learning both pediatricians' and psychiatrists' points of view was very valuable, and through this training, I am now confident in dealing with all age groups.

In Japan, the number of CAMPs is not enough and it is urgent to increase the number of them. At the same time, making a specific training system is also very important. Current status shows that both psychiatrists and pediatricians are taking care of children and adolescents with mental health problems in Japan,

and it is unrealistic to merge psychiatrists and pediatricians into becoming child and adolescent psychiatrists. But if we think of this as an advantage and make a training system from which young doctors can learn both psychiatry and pediatrics systematically, it would not only be unique but also widen clinical practice skills and knowledge. The establishment of the new training system should be effective not only to increase the number of the CAMPs but also to achieve uniform skill of the CAMPs regardless of their career.

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