

Child and Adolescent Psychiatry Training

A Global Perspective



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KEYWORDS

• Training • Child and adolescent psychiatry • Children • Global • Medical education

KEY POINTS

- Different traditions and cultural contexts occasioned the development and maintenance of theoretic models and practice of child and adolescent psychiatry (CAP) depending on the teaching at the time and the influences exerted by the leaders in the profession.
- With ever-closer links at all levels across Europe and the United States, the last couple of decades have seen a quest for the standardization of teaching and training, all in the interests of children and young people and their families and the profession.
- The CAP psychiatrist will possess integrity and probity and promote health values through research and teaching.
- Child psychiatry training programs not only offer training in teaching the clinical skills of the discipline of child and adolescent psychiatry but also strive to help with the development of professionalism, ethical behaviors, and leadership skills in their trainees.

Although child and adolescent psychiatry (CAP) has now been firmly established in academic medicine for more than 50 years, the demand for child and adolescent psychiatrists continues to far outstrip the supply worldwide. There is also a severe maldistribution of child and adolescent psychiatrists, especially in rural and poor, urban areas where access is significantly reduced. Because of the concerning dearth of child and adolescent psychiatrists, and child and adolescent behavioral health providers in other disciplines, organized child psychiatry and international organizations are not only focusing on traditional training of specialists but also on innovative training

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programs to build capacity of health personnel at different levels of medical training as well as in other fields. This article outlines existing CAP training programs in different parts of the world and how they seek to address the growing need for trained CAP mental health personnel.

HISTORY

CAP, a relatively newer field in medicine, was not established as a specialty until the early 1900s. Early recognition of the field began in Germany, when Johannes Trüper founded a school in Sophienhöhe close to Jena, a university town, in 1892, where several physicians would gain training in child psychiatry. He was also a cofounder of *Die Kinderfehler* (1896), one of the leading journals for research in pedagogy and child psychiatry at the time. The psychiatrist and philosopher Theodor Ziehen, regarded as one of the pioneers of child psychiatry, gained practical child psychiatric experience as a consultant liaison psychiatrist at this school founded by Johannes Trüper. Around the same time in 1910, Wilhelm Strohmayer, another psychiatrist from Jena, Germany published his book *Vorlesungen über die Psychopathologie des Kindesalters für Mediziner und Pädagogen* based on his consulting work in Sophienhöhe.¹ The discipline of CAP also regards Hermann Emminghaus as one of those responsible for it becoming established as a separate branch of science. The monograph by Emminghaus entitled “Die psychischen Störungen des Kindesalters” (Mental Disorders of Childhood), which appeared in 1887 in the *Handbuch der Kinderkrankheiten*, was the first overview in German of the emotional problems occurring during this phase of life.²

In 1933, Moritz Tramer, a Swiss psychiatrist, was probably the first to define the parameters of child psychiatry in terms of diagnosis, treatment, and prognosis within the discipline of medicine. In 1934, Tramer founded the *Zeitschrift für Kinderpsychiatrie (Journal of Child Psychiatry)*, which later became *Acta Paedopsychiatria*.³ The first academic child psychiatry department in the world was founded in 1930 by Leo Kanner (1894–1981), an Austrian immigrant and medical graduate of the University of Berlin, under the direction of Adolf Meyer at the Johns Hopkins Hospital, Baltimore, Maryland in the United States. Kanner was the first physician to be identified as a child psychiatrist in the United States; his textbook, *Child Psychiatry* (1935), is credited with introducing both the specialty and the term *Anglophone* to the academic community.⁴ In 1936, Kanner established the first formal elective course in child psychiatry at the Johns Hopkins Hospital.⁴

American child psychiatry took root in 1909 when Jane Addams and her colleagues established the Juvenile Psychopathic Institute in Chicago, later renamed the Institute for Juvenile Research, and the world’s first child guidance clinic.⁵ William Healy, a neurologist by training, was its first director and was charged with not only studying the delinquent patients biological aspects of brain functioning and IQ but also their attitudes, motivations, and the impact of social factors.

From its establishment in February 1923, The Maudsley, a London-based postgraduate teaching and research psychiatric hospital, started a small psychiatry department for children.⁶ Similar overall early developments took place in many other countries during the late 1920s and 1930. In the United States, CAP was established as a recognized medical specialty in 1953 with the founding of the American Academy of Child Psychiatry but was not established as a legitimate, board-certifiable medical specialty by the American Board of Psychiatry and Neurology until 1959.

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