

Training Strategies for Child and Adolescent Psychiatrists

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Child and adolescent psychopathology has become a major area of research and unmet public health needs in the past twenty years. Since this population is susceptible to experiencing mental health problems, child and adolescent psychiatrists (CAP) trained in emergent clinical areas are required to reduce the diagnostic and therapeutic gap.

Current paradigms favor early interventions, since the early years are crucial to optimal development and mental health in general, (Pérez-Escamilla et al., 2017), together with interventions and follow-up beginning in adolescence because most adult psychopathology stems from untreated mental illness in childhood and adolescence (Uhlhaas et al., 2023).

In Mexico, there is shortage of CAP, as evidenced by the most recent published update, (Heinze et al., 2019) in which only 365 CAP were registered, equivalent to just 0.96 CAP per 100,000 children and adolescents in Mexico. In the past twenty-five years, CAP training in Mexico has been treated as a subspecialty of psychiatry, meaning that after four years in psychiatry, specialists can apply for a two-year CAP training program. Given that medical degrees in Mexico take approximately six to eight years to complete, depending on the university, this means that it is only after twelve years of intense training that new CAP are ready to begin work. This may at least in partly explain the shortage of CAP, as compared to other countries where there may be more flexible programs. For example, in the United States, there are five different pathways (Hunt et al., 2020), whereas in Europe there are three different training models, with a sharp distinction being made between general psychiatry and CAP training (Milestone Consortium et al., 2019). Although every CAP resident is required to complete a research project to obtain their degree, this research is rarely published.

Some authors have outlined the following priorities for child and adolescent mental health in the next decade: increase the number of health personnel required to provide care for children, adolescents and families coping with mental disorders; make child and adolescent mental health services more responsive to broader public health needs; increase research and research training while also incorporating new research findings promptly and efficiently into clinical practice and research training; and strengthen advocacy efforts (Skokauskas et al., 2019).

The CAP training program delivered at the *Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz* (INPRFM) for the *Universidad Nacional Autónoma de México* for the past two decades has striven to achieve a balance between quality diagnostic (de la Peña et al., 2018a; Ulloa et al., 2006) and therapeutic (De la Peña Olvera, 2017) clinical training, the development of research skills with validity tools (de la Peña Olvera et al., 2015) and incorporating strategies into various fields such as neuroendocrine disturbances in major depressive disorder in children (Gaspar-Barba & de la Peña, 2011), while exposing residents to world perspectives on leadership by enabling them to participate in international activities such as the reliability and clinical utility project of the International Classification of Diseases (ICD-11) guidelines for children and adolescents (Robles et al., 2022) and coedit the World Federation Attention Deficit Hyperactivity Disorder Guide (Rohde et al., 2019). The program involves mentoring residents to provide wellness and quality of life during their professional training, which has been achieved through close contact with the

two new residents each academic year. Curricular activities have included pediatric development, and clinics focusing on the treatment of psychiatric disorders both inside and outside Mexico. Weekly activities include supervision with topics ranging from psychotherapeutic and family system to pharmacological approaches. Classes and journal clubs discuss key research tendencies such as the ICD-11 in child and adolescent populations (Garraida, 2024), dimensional (de la Peña & Fera, 2021) and transdiagnostic (de la Peña et al., 2024a) perspectives on psychopathology, as well as new evaluation scales and clinical interviews as the most recent psychosocial and biological therapeutic alternatives.

Since the beginning of the residence program, research paper publication has been a priority, with publishing projects being implemented. The Latin American League for the Study of Attention Deficit Hyperactivity Disorder (ADHD) guidelines for children (de la Peña Olvera et al., 2009) and adolescents (Palacios Cruz et al., 2009) were developed. The residents' research team studied how disruptive behavioral disorders can influence early bipolar disorder manifestations (Palacios-Cruz et al., 2013); and how ninety percent of the offspring of parents with bipolar disorder had a psychiatric disorder (Zavaleta-Ramírez et al., 2014) while female gender, comorbid externalizing disorders and depression characteristics are linked to lower functioning in these offspring (Licona-Martínez et al., 2014). In 2015, former and current residents contributed to the first child and adolescent psychopathology book in Latin America, (de la Peña Olvera et al., 2015) while 2017 saw the compilation of the first compendium of clinical guidelines for children and adolescents (De la Peña Olvera, 2017), both published in association with the National Association of Psychiatrists. For over fifteen years, the validity and reliability of the Kiddie Schedule for Affective Disorders and Schizophrenia had been studied and published, first for the Diagnostic and Statistical Manual for Mental Disorders in its fourth edition version (DSM-IV) (Ulloa et al., 2006) and more recently for the DSM-5 (de la Peña et al., 2018b; de la Peña et al., 2018a). Transdiagnostic specifiers, particularly limited prosocial emotions (LPE) had been studied, and in 2020 the residents' group published an article on the way LPE are associated with empathy (Serment et al., 2020) and a year later, on how LPE can be integrated with core and ancillary characteristics (de la Peña et al., 2022). During the COVID-19 pandemic with the Colombian and Dr. Juan N. Navarro Children's Psychiatric Hospital teams, we studied how sex and age were associated with coping strategies in the Latin American youth population (Ulloa et al., 2022). More recently, with the participation of several former residents, an article was published on the association between CLOCK gene risk factors and ADHD in the adolescent clinical population (Cabrera Lagunes et al., 2022), and the correlation analysis of the Global Assessment of Functioning and the World Health Organization Disability Assessment

Schedule 2.0 in children and adolescents was evaluated (de la Peña et al., 2024b).

Certain academic and training needs have yet to be met in the CAP training program at the INPRFM and more research should focus on the preschool population. In neurostimulation and online interventions, if more residents are to be trained, this will require more clinicians, supervisors and researchers.

We encourage other CAP training courses not only in Mexico but throughout Latin America to focus on clinical research training, including the publication of scientific papers. National and international collaboration provides a global sense of unity, promoting leadership training among residents. CAP training programs must be high performance academic courses in which residents can acquire diagnostic and therapeutic milestones for neurodevelopmental, internalizing and externalizing disorders while ensuring their wellness and quality of life during their professional training.

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Conflict of interest

Both authors are part of the residents' training program of the INPRFM and UNAM in Mexico City.

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