

NSHRF PROJECT FACT SHEET

How useful are screening tools to help assess children at high risk of developing a mental illness?

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Heredity and genetics can play a role in mental illness. Often, parents who have a mental illness are very concerned that their children may inherit the illness and suffer the same hardships they have experienced. Indeed, a child with a parent who has a mental disorder is more likely to develop a mental health problem than a child whose parent does not have such an illness. It is generally thought that early identification of such conditions and intervention may lead to more effective treatment and an improved quality of life for the person affected. Screening tools may help determine which children may be at risk. The Child Behavior Checklist (CBCL) was designed by Thomas Achenbach to address the problem of defining child-behavior problems empirically. It is designed to assess in a standardized format the behavioral problems and social competencies of children as reported by parents.

Leslie Anne Campbell, a researcher with Dalhousie University's Department of Psychiatry, assessed the usefulness and accuracy of the CBCL as a screening instrument for children at risk of emotional or psychiatric distress. Adults being treated for bipolar disorder at the Queen Elizabeth II Health Sciences Centre and who had children between the ages of six and 18 were invited to participate in the pilot study. Participants completed a CBCL questionnaire for each child. The children and their parents were then interviewed using another diagnostic tool, K-SADS-PL (the Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children – Present and Lifetime Version), as a comparison.

Twenty-three children and parents took part. The majority of parents indicated that, based on their own experiences with mental illnesses, they were concerned about their children's well-being and were receptive to the idea of screening their children for risk. As expected, these high-risk children exhibited a higher prevalence of psychiatric disorders than the general population. Participants found the CBCL straightforward and not time consuming. "Screening this high-risk population for distress is feasible and acceptable to patients," says Ms. Campbell.

Ms. Campbell recommends repeating the study with a larger sample to allow for a more sophisticated analysis and conducting a randomized controlled trial of a screening intervention. As well, screening could be extended to children of adults with other serious mental illness such as major depression or schizophrenia.

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