The Child and Adolescent Mental Health Studies (CAMS) Minor at New York University

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Objective: The authors describe the Child and Adolescent Mental Health Studies (CAMS) undergraduate college minor at New York University.

Methods: The authors detail the development, structure, and operation of the CAMS minor. They describe the importance of identifying program goals, building coalitions, creating an advisory board, selecting teaching materials and instructors, and establishing a viable financial model.

Results: The authors present student evaluations from the first course, which demonstrate great satisfaction with the program.

Conclusion: The successful development of the CAMS minor demonstrates that Schools of Medicine (more specifically, the departments of Psychiatry and Child and Adolescent Psychiatry) can have a positive impact on undergraduate student education, which may later translate into an increased number of students who consider entering medical school and child psychiatry.

Emerging evidence continues to point to an increase in the prevalence of mental health problems among adolescents and young adults (1). Whether this increase is due to better diagnosis, an actual increase in prevalence, or both is unknown, but half of all lifetime cases of mental illness are now recognized to begin by age 14 and three-quarters begin by age 24 (2). Despite effective treatments, however, there are typically long delays—sometimes decades—between when individuals first experience clinically significant symptoms and when they first seek and receive treatment (3).

Mental health practitioners who treat children and adolescents, including social workers, psychologists, educational specialists, and psychiatrists, are in short supply. The United States’ Federal Bureau of Health Professions has named child and adolescent psychiatry as the most underserved of all medical subspecialties. The current workforce consists of approximately 6,300 child and adolescents psychiatrists (4), whereas the need has been estimated to be over 30,000 (5). Child and adolescent psychiatrists are not alone, however, as the national need for child and adolescent social workers, educational specialists, and psychologists is equally as great (1, 6, 7). In addition to the lack of skilled clinicians, there are few professionals in journalism, sociology, public health, law, politics, public policy, medicine, and social welfare who understand the biological, psychological, and social basis of child and adolescent mental health and illness. Without such an orientation, misinformation, stigma, and bias about mental illness will continue to spread unchecked, and children and adolescents with mental illness will have few advocates. An integrated area of study for college undergraduate students that would address this notable lack of knowledge and skills among future leaders would have far reaching impact.

In the summer of 2005, the Dean of the College of Arts and Science at New York University (NYU) initiated a discussion with the second author of this report (HK, the Chairman of the Department of Child and Adolescent Psy-
The NYU Child Study Center (the Department of Child and Adolescent Psychiatry) has a mission to provide community education about the need to identify and treat childhood mental illness and to battle popular stigma against mental illness. The dean of the college supported our mission from the beginning, and in this way we were highly fortunate. Our desire to develop a college minor was greeted with considerably more skepticism by the Curriculum Committee of the College of Arts and Science, however, which must approve all new academic programs and courses. Committee members were understandably concerned about a variety of issues. First, they wondered about the ability of psychiatrists and psychologists, who had spent the majority of their careers in schools of medicine teaching professionals, to teach undergraduates. They worried that our approach to teaching would be more fact- and skill-driven and less one of open inquiry. They imagined that we might spend a great deal of time, for example, teaching students the DSM-IV criteria for child and adolescent mental illness and correspondingly less time on teaching critical thinking skills and adopting a more global perspective on mental illness. Second, the Curriculum Committee was concerned about our ability to physically manage a college minor (e.g., advise students or integrate effectively with other departments), given that the medical school is situated two miles away from the undergraduate campus and that the medical school had few preexisting linkages to the undergraduate campus. Finally, they wondered about our ability to provide a broad variety of course offerings.

In the early phases of project development, the authors requested assistance from the provost’s office in identifying a few members of the Curriculum Committee who might be particularly interested in the development of a child and adolescent mental health area of study. The identification of two such key stakeholders (a vice dean and the chair of the committee) proved invaluable, as these individuals helped to shepherd the minor through the committee. Because the School of Medicine at NYU had never before been directly involved in providing undergraduate education, and given the aforementioned skepticism by at least some members of the committee, this support was paramount.

Much as a private organization would build an advisory board, throughout the winter and early spring of 2006 we built an advisory committee consisting of full-time and volunteer clinical faculty from the NYU Child Study Center, a vice provost, and various professors of sociology, neural science, and psychology at NYU. Although most members were pleased to contribute, numerous individuals were ambivalent. They felt that they would have little to contribute to an academic program emanating from the medical school and/or that the courses we offered might compete with courses from their own departments. This hurdle, however, was relatively easy to overcome, as we emphasized that the undergraduate domain was new to us and that we could very much use their assistance in designing courses in subject areas not currently being taught by their departments and in maintaining integrity within the current offerings by their departments. We were also fortunate in that the department of psychology at NYU is largely oriented toward research and cognitive neuroscience, such that our minor, which is clinical in its focus, was not perceived to be in direct competition for students or resources. To the contrary of what might be expected elsewhere, in fact, the department of psychology was highly receptive to our minor from the start.

In these days of fiscal strain in academia, it was perhaps paradoxical that financing the college minor was one of the easier issues to resolve. When a department teaches an undergraduate course at NYU, a portion of the student’s tuition, a per academic credit amount, is passed onto that department. In the case of the CAMS minor, the College of Arts and Science and the Child Study Center agreed upon a 70% share of the per credit fee going to the Child Study Center, resulting, by current tuition fees, in a $630.00 per credit per student reimbursement to the Child Study Center (Table 1). This fee is paid to the teaching department as discretionary funding. As required by all undergraduate teaching departments, a director of undergraduate studies was appointed to provide leadership and administrative oversight in the development and maintenance of the CAMS minor. The first author of this report (JS) was hired by the NYU Child Study Center in December of 2005 as the first Director of Education and Training for the Center and the entire de-