paediatric psychology/mental health liaison: selected references

• epidemiology


• chronic childhood disease


*Children with chronic illness had elevated levels of anxiety. Strongest elevations were found for chronic fatigue syndrome, migraine/tension headache, sensory impairment and epilepsy.*


Chronic childhood illness special issue *Clinical Child Psychology and Psychiatry* 2005 10(1) [http://ccp.sagepub.com/content/vol10/issue1/](http://ccp.sagepub.com/content/vol10/issue1/)


Sills JA. (1997) Non-inflammatory musculoskeletal disorders in childhood. *Archives of Disease in Childhood* 7;71-75

**diabetes**


**hypermobility**

asthma and eczema/dermatology, allergies


DOI: 10.1111/j.1545-5300.1997.00265.x

doi:10.1136/adc.2009.166967

socioeconomic status and the development of asthma: analyses of income trajectories. *Am J

children with asthma exposed to recurrent maternal distress from birth. *J Allergy Clin
Immunol.* 125(1):116-22

Williams DR, Sternthal M, Wright RJ. (2009) Social determinants: taking the social context of
asthma seriously. *Pediatrics* 123 Suppl 3:S174-84

Smith JR, Mugford M, Holland R, Candy B, Noble MJ, Harrison BD, Koutantji M, Upton C, Harvey
I. (2005) A systematic review to examine the impact of psycho-educational interventions on
health outcomes and costs in adults and children with difficult asthma. *Health Technol Assess
9, iii-iv, 1-167.

**cystic fibrosis**
and predictors of persistent problem behaviours in cystic fibrosis: a multicentre, prospective

**cancer**
Mitchell W, Clarke S, Sloper P (2005) Survey of psychosocial support provided by UK

and intellectual functioning in children in remission from acute lymphoblastic leukaemia. *Acta

*Journal of Pediatric Psychology* 25: 79-91

doi: 10.1002/cncr.26259

**epilepsy**
the literature. *Epilepsy and Behaviour* 8, 39-49.

DOI: 10.1111/j.1469-8749.2003.tb00398.x

*Developmental Medicine & Child Neurology* 49: 484–484


**renal disease**


**abdominal pains, headaches and other pains**


Lemanek KL, Kamps J, Chung NB. (2001) Empirically supported treatments in Pediatric Psychology: Regimen Adherence J. Pediatric Psychology 26, 253-276


**somatization/conversion disorders: unexplained symptoms**


[a detailed presentation of a pervasive refusal syndrome case]


• Tourette Syndrome

• fabricated and induced illness


• chronic fatigue


Royal College of Paediatrics and Child Health (2004) Evidence Based Guideline for the Management of CFS/ME (Chronic Fatigue Syndrome/Myalgic Encephalopathy) in Children and Young People
www.rcpch.ac.uk/system/files/protected/page/RCPCH%20CFS.pdf


http://archpsyc.ama-assn.org/cgi/content/short/63/11/1267

756. doi:10.1136/adc.2008.143537


• school absence for medical reasons
• **cardiovascular disease**

• **delirium**

• **psychosis and psychiatric emergencies**


• **deliberate self harm**


• children in need/at risk


“'looked after' status was independently associated with nearly all types of psychiatric disorder.... The prevalence of psychiatric disorder was particularly high among those living in residential care and with many recent changes of placement.”


• perinatal stress and depression, effects and interventions


- **developmental and regulatory disorders**


- **post traumatic stress disorder**


- **Post operative problem behaviours**

- **Anxiety in hospital**

- **social determinants of ill health and hospital attendance**
USA study: “Receipt of mental health care was lowest (72%) in the lowest SES group (<133% FPL) and steadily increased (88%) in the highest group.”


This Canadian study shows that poorer children are more likely to be admitted to hospital beds, implying that ambulatory services will disproportionately favour the better off.

- **enuresis/encopresis**

- **endocrinology**

- **paediatric psychology and preventive interventions**

Spirito A, Kazak, AE (2005) *Effective and Emerging Treatments in Pediatric Psychology*, OUP


Lemanek KL, Kamps J, Chung NB. (2001) Empirically supported treatments in Pediatric Psychology: Regimen Adherence *J. Pediatric Psychology* 26, 253 -276

• *children of ill or dying parents*


• *children of mentally ill patients*
  Parents as Patients, Supporting the needs or patients who are parents and their children CR164. RCPsych 2011
  [www.rcpsych.ac.uk/publications/collegereports/cr/cr105.aspx](http://www.rcpsych.ac.uk/publications/collegereports/cr/cr105.aspx)


• *working with interpreters*

• *staff consultation and training*

“Child and adolescent mental health is part of the core training for all nurses, paediatricians, social workers and teachers”


*Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, HM Government, 2006, 58

“all... hospital staff should be able to recognise situations where a child requires extra support to prevent impairment to his or her health or development or possible indicators of abuse or neglect in children.”

Williams J, DeMasio DR. (2000) Paediatric team meetings, the mental health consultant’s role. *Clinical Child Psychology and Psychiatry* 5:105-113


“Consultation with other professions, such as nurses, social workers and health visitors, is... an excellent way to educate and empower them.”


“...to create a climate where incidents can be discussed openly, both formally and informally, and where staff can voice their normal human reactions and be supported in seeking help if required.”


• outcome measures

CAMHS outcomes research consortium  [www.corc.uk.net/](http://www.corc.uk.net/)


[http://adc.bmj.com/cgi/content/abstract/92/4/348](http://adc.bmj.com/cgi/content/abstract/92/4/348)


**liaison psychiatry**


"it can be particularly effective to have a nominated CAMHS clinician (clinical psychologist, psychiatrist, nurse, mental health practitioner) for each major paediatric clinical area or specialism to act as the first point of contact" (p. 301)


"...the key features of quality consultation will remain unchanged. The consultant will continue to bring to the multidisciplinary medical team the combined expertise of psychodynamic understanding, psychopharmacology, a developmental perspective on the meaning of illness, adaptation to trauma, knowledge of psychiatric conditions, behavioural interventions, and CNS influences in medical illnesses and as a result of medical treatment" (p.1153)


**the case for camhs/psychology services in paediatrics**


DOI: [http://dx.doi.org/10.1046/j.1365-2214.2003.00324.x](http://dx.doi.org/10.1046/j.1365-2214.2003.00324.x)


“If short-term gains are required, partnership working is not the way to get them!”


in 15,000 consecutive paediatric consultations, most time was spent with “chronic illness, chronic physical or intellectual disability, learning and behavioural disorders”.


“In all cases, joint protocols must be agreed between paediatricians, adult psychiatry and specialist CAMHS to ensure children and adolescents receive the best possible care”.


“In the USA it has been shown that it is more economic to have mental health services co-located with paediatrics. "Fiscal success was associated with .... better integration of the psychiatry program within the children’s hospital”


“Promising national guidelines are not implemented. The cultural gap between mental and physical disorders is sustained both by lack of understanding and by limited services.”


“Pediatricians should advocate for children's mental health needs within their professional communities and the education system, as well as among legislators” (p1229)


“Children exposed to adverse psychosocial experiences have enduring emotional, immune, and metabolic abnormalities that contribute to explaining their elevated risk for age-related disease. The promotion of healthy psychosocial experiences for children is a necessary and potentially cost-effective target for the prevention of age-related disease.”


“Collaboration is easy to recommend but hard to carry out. Traditionally the primacy of doctors went unchallenged, but a modern multidisciplinary approach is more complicated. Medical leadership is still just as important but has to be earned in discussion, sometimes in debate.”

- professional groups
  Paediatric Mental Health Association [http://pmha-uk.org](http://pmha-uk.org)
  Dr Max Davie (chair) maxdavie@gmail.com

  Jacqui Stedmon (Chair) j.stedmon@plymouth.ac.uk

  Royal College of Psychiatrists Paediatric Liaison Network
  Anthony Crabb (chair) Anthony.Crabb@uhs.nhs.uk
  Sebastian Kraemer (vice chair) kraemer@doctors.org.uk
  Michael Morton (treasurer) michael.morton@yorkhill.scot.nhs.uk
  Emma Weisblatt (research) ejw44@cam.ac.uk
  Esther Sabel (trainee rep) ESabel@tavi-port.nhs.uk

  Paediatric/psychiatric liaison email group paediatricliaison@yahoogroups.com
  convenor Derek Proudlove Derek.Proudlove@gov.im

  Joining Forces network: online email group for all working in multidisciplinary child health services. contact Sebastian Kraemer kraemer@doctors.org.uk, Max Davie, maxdavie@gmail.com Carol Hanson carolhanson6@gmail.com, Jacqui Stedmon j.stedmon@plymouth.ac.uk

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