**Paediatric Psychology/Mental Health Liaison: Selected References**

- **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

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**asthma and eczema/dermatology, allergies**


• diabetes


**Two classic studies**


- **cystic fibrosis**


• **cancer**


• **epilepsy and neurology**


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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*

- abdominal pains, headaches and other pains; complex regional pain


somatization/conversion disorders: unexplained symptoms


**Classic papers**


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**• fabricated and induced illness**


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**• school absence for medical reasons**


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**• cardiovascular disease**


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**• delirium and other altered mental states**


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**• psychosis and psychiatric emergencies**

deliberate self harm


doi: 10.1177/146642400512500210


DOI: 10.1111/j.1365-2206.2004.00333.x


• 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.”


http://bmj.bmjournals.com/cgi/content/full/313/7071/1529.

• perinatal stress and depression, effects and interventions


http://pediatrics.aappublications.org/cgi/content/full/115/4/915


http://bip.rcpsych.org/cgi/content/full/180/6/502


• developmental and regulatory disorders


• post traumatic stress disorder

• Post operative problem behaviours

• anxiety in hospital

• epidemiology


• 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”


“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.”


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


• children of ill or dying parents


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


• working with interpreters

• staff consultation and training

Pathy, P, Yanamani, N, Antonakis, A, Wilson,P, Mason, R. (2008) Primary consultation clinics in child psychiatry: an evaluation of referrers' views of the service *Psychiatric Bulletin* 32: 90-92 “Consultation with other professions, such as nurses, social workers and health visitors, is... an excellent way to educate and empower them.”


"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, 5.8

www.everychildmatters.gov.uk/_files/CC33F42E29C4BB89100BB0AF34A57386.pdf

“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


“...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.”


• liaison psychiatry


“...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.596)

“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 case for camhs/psychology services in paediatrics


DOI: 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”.

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“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.”


Classic paper

• professional groups in UK
Paediatric Mental Health Association http://pmha-uk.org
Dr Max Davie (chair) maxdavie@gmail.com
Paediatric Psychology Network [http://ppn.uk.org/] chair Sara O’Curry
sara.ocurry@addenbrookes.nhs.uk

Royal College of Psychiatrists Paediatric Liaison Network
Co-chairs Birgit Westphal birgit.westphal@eastlondon.nhs.uk and
Elaine Lockhart Elaine.Lockhart@ggc.scot.nhs.uk
Sharon Taylor (vice chair) sharontaylor_2000@yahoo.com
Zaib Davids (hon secretary) zaib.davids@uclh.nhs.uk
Emma Weisblatt (research) ejw44@cam.ac.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.
Contacts: Sebastian Kraemer kraemer@doctors.org.uk, Max Davie, maxdavie@gmail.com Carol Hanson carolhanson6@gmail.com, Jacqui Stedmon j.stedmon@plymouth.ac.uk

Sebastian Kraemer
sebastiankraemer.com
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