

# DEVELOPING CHILD AND ADOLESCENT PAEDIATRIC LIAISON SERVICE IN LAHORE, PAKISTAN

Faria Khan, Arsala Khan , R. K. Shehzad, Haroon Siddiq, Nasar Sayeed Khan

## INTRODUCTION

In Pakistan like the rest of the developing world the provision of child and adolescent psychiatric services are under developed and patchy. In such a scenario the need is for identifying available resources and to streamline what is available to provide a comprehensive healthcare package for this population<sup>1</sup>.

Both paediatricians and psychiatrists are trained to promote normal child development, work with families and value preventative strategies<sup>2</sup>. Research has consistently reported high rates of psychopathology in children presenting with physical complaints as well as those hospitalized under care of paediatricians<sup>3,4</sup>.

In Pakistan professionals working with young people with mental health difficulties generally lack an awareness of mental health issues stressing the need for links between agencies to deliver an effective service<sup>5</sup>.

We conducted a survey with the local paediatricians to develop an understanding of their views on developing a child and adolescent paediatric liaison service with their local psychiatric mental health services. We also identified their training needs in mental health assessment of children and in Lahore, Pakistan.

## SUBJECTS AND METHODS

A questionnaire survey was conducted in three large Government teaching hospitals of Lahore, Pakistan, i.e., Services Institute of Medical Sciences, Lahore General Hospital and Children's hospital Lahore. Paediatricians from all grades were included. Sixty questionnaires were hand distributed, completed by participants and collected by the distributor.

**Faria Khan**, Consultant Child and adolescent psychiatrist, Early Intervention services, Lancashire , UK. Contact (mobile):00447796013455. Email:drfariakhan@yahoo.co.uk.

**Arsala Khan**, Medical Officer, Services Institute of Medical Sciences, Lahore , Pakistan.

**R. K. Shehzad**, Paediatric Registrar, Clonmel General Hospital, Ireland.

**Haroon Siddiq**, SHO, Psychiatry, Burnley General Hospital, Burnley, UK.

**Nasar Sayeed Khan**, Consultant Psychiatrist, Services Institute of Medical Sciences, Lahore , Pakistan.

### Correspondence:

Dr. Faria Khan

Areas covered were:(appendix1) Do paediatricians have any formal training in child psychiatry, How confident they were in assessing a child with a mental health problems, Their awareness of International diagnostic classification systems(ICD-10/DSM IV),Do they feel a psychiatric diagnosis in a child is stigmatising, Can they assess a child who has been abused(physically, emotionally /sexually) ,Their awareness of national guidelines around child protection issues ,Do they consider a need for the development of paediatric-psychiatric liaison service and the usefulness of developing a teaching programme to address their training needs identified.

The data of the study was analysed on SPSS version 12.

## RESULTS

There was a 100% response rate. 90% of paediatricians reported having no formal training in child psychiatry. Only 16% felt confident in assessing a child with mental health problems.

90% reported not being aware of International diagnostic classification systems. 79% reported that a psychiatric diagnosis in a child is stigmatising. Only 40% reported feeling comfortable in assessing a child who has been Abused (physically, emotionally, sexually). 71% report having no awareness of national guidelines around child protection issues. 78% consider there is a need for the development of paediatric-psychiatric liaison service and the majority, 97%, expressed the need for joint training programmes to address their training needs.

## DISCUSSION

In this survey which to date is the first of its kind in Lahore , Pakistan , several very important and useful findings have been highlighted.

A reponses rate of 100% indicates paediatrician's level of interest to look at the mental health needs and service provision for children and adolescents with mental health difficulties.

This survey has pointed out that a lack of a formal training structure limits paediatricians in their assessment of children. A lack of awareness of available resources and current best practice may adversely effect practice. This is shown by the non-familiarity with guidelines on child protection and the use of standard diagnostic criteria for mental health problems.

This survey has also shown that the majority of the paediatricians felt there is a stigma associated with a psychiatric diagnosis for the child and family. This is a significant and concerning finding highlighting the negative impact of a mental health label for a child or adolescent potentially affecting their assessment and management of such cases.

The limitation of our study is the small power. However this project has highlighted important issues in the training and development of CAMHS (child and adolescent mental health services) links with our paediatric colleagues.

Joint problem-based training sessions with paediatricians and psychiatrists needs to be rolled out in teaching set-ups, with a view to developing liaison services.

## CONCLUSION

In this survey, the paediatricians have identified the need and areas for future training and have agreed in majority for joint collaborative working of both Faculties.

The next step is to develop a training package to address the areas identified by the paediatricians.

## REFERENCES

1. Khan F, Shehzad RK, Chaudhry HR. Child and adolescent mental health services in Pakistan : current situation, future directions and possible solutions. *International Psychiatry* 2008; 5: 86-8.
2. Stocking M, Rothney W, Grosser A, Goodwin R. Psychopathology in the paediatric hospital. *Am J Public Health* 1972; 62: 551-6.
3. Fritz GR. Consultation – liaison in child psychiatry and the evolution of psychiatry. *Psychosomatics* 1990; 31: 85-90.
4. Meltzer H, Gatward R, Goodman R, Ford T. The mental health of children and adolescents in Great Britain : Summary Report 2000 London : Office of National Statistics.
5. Kurtz Z, Thornes R, Wolkind S. Services for the mental health of children and young people in England. A national review 1994. London. Dept. of Public Health, South Thames RHA.

## APPENDIX

### Survey: Developing child and adolescent paediatric liaison services in Lahore-Pakistan.

*This survey is being carried out by Mental Health Services, SIMS with a view to develop paediatric liaison services and to identify training needs in professionals managing the child and adolescent population. All information gathered will be treated in the strictest confidence & will remain entirely anonymous. Please do not leave blanks or unanswered questions.*

- Year of Graduation .....
  - Experience in Paediatrics ..... (years)
  - Grade (please circle): SHO/ MO/ FCPS Part 2 trainee/ Consultant/ Assitstant Profssor/ Associate Professor.
- 1) **Do you have any formal training in exploring mental health issues in the child and adolescent population?**  
Yes  No
  - 2) **Do you feel confident in giving a psychiatric diagnosis to a child with? Mental health illness**  
Yes  No
  - 3) **If you diagnose a child with mental health illness, do you routinely use Published diagnostic criteria?**  
Yes  No   
If yes, which one .....
  - 4) **Do you feel a psychiatric diagnosis in child and adolescent population is stigmatising?**  
Strongly agree / agree/ disagree / strongly disagree / none
  - 5) **Do you feel confident in assessing a child for physical, emotional or Sexual abuse?**  
Yes  No   
If No where do you refer these children.....
  - 6) **Are you aware of any national child protection guidelines?**  
Yes  No
  - 7) **Do you feel there is a need for paediatric Liaison services in Pakistan?**  
Strongly agree/ agree/ disagree /strongly disagree/none
  - 8) **Do you feel lectures and training seminars in child and adolescent? Psychiatry would be beneficial in addressing your training needs?**  
Yes  No