JPPS 2009; 6(1): 42-43

SHORT COMMUNICATION

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 ser- vices are under developed and patchy. In such a sce- nario the need is for identifying available resources and to streamline what is available to provide a comprehen- sive healthcare package for this population1.

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

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 ser- vice 5.

We conducted a survey with the local paedia- tricians to develop an understanding of their views on developing a child and adolescent paediatric liaison service with their local psychiatric mental health ser- vices. 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, Paki- stan, i.e., Services Institute of Medical Sciences, Lahore General Hospital and Children’s hospital Lahore. Paediatricians from all grades were included. Sixty ques- tionnaires were hand distributed, completed by partici- pants and collected by the distributer.

**Faria Khan**, Consultant Child and adolescent psychiatrist, Early Intervention services, Lancashire , UK. Contact (mo- bile):00447796013455. [Email:drfariakhan@yahoo.co.uk.](mailto:drfariakhan@yahoo.co.uk)

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

**R. K. Shehzad,** Paediatric Registrar, Clonmel General Hospi- tal, Ireland.

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

**Nasar Sayeed Khan**, Consultant Psychiatrist, Services Insti- tute of Medical Sciences, Lahore , Pakistan.

**Correspondence: Dr. Faria Khan**

Areas covered were:(appendix1) Do paedia- tricians have any formal training in child psychiatry, How confident they were in assessing a child with a mental health problems, Their awareness of International diag- nostic 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 con- sider a need for the development of paediatric-psychiat- ric liaison service and the usefulness of developing a teaching programme to address their training needs iden- tified.

The data of the study was analysed on SPSS ver- sion 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 di- agnostic classification systems. 79% reported that a psy- chiatric 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 liai- son 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 men- tal health difficulties.

This survey has pointed out that a lack of a formal training structure limits paediatricians in their assess- ment of children. A lack of awareness of available re- sources and current best practice may adversely effect practice. This is shown by the non-familiarity with guide- lines on child protection and the use of standard diag- nostic 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 nega- tive impact of a mental health label for a child or adoles- cent potentially affecting their assessment and manage- ment of such cases.

The limitation of our study is the small power. How- ever this project has highlighted important issues in the training and development of CAMHS (child and adoles- cent 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 Facul- ties.

The next step is to develop a training pac- kage to address the areas identified by the paediatricians.

# REFERENCES

1. Khan F, Shehzad RK, Chaudhry HR.Child and adoles- cent mental health services in Pakistan : current situa- tion, future directions and possible solutions.International Psychiatry 2008; 5: 86-8.
2. Stocking M, Rothney W, Grosser A, Goodwin R. Psycho- pathology 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, Wolkinds S. Services for the mental health of children and young people in England. A na- tional review 1994. London. Dept. of Public Health, South Thames RHA.

APPENDIX

**Survey: Developing child and adolescent paediatric liai- son 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 anony- mous. 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 D No D

1. **Do you feel confident in giving a psychiatric diag- nosis to a child with? Mental health illness**

Yes D No D

1. **If you diagnose a child with mental health illness, do you routinely use Published diagnostic criteria?**

Yes D No D

If yes, which one ……………………………

1. **Do you feel a psychiatric diagnosis in child and adolescent population is stigmatising?**

Strongly agree / agree/ disagree / strongly disagree / none

1. **Do you feel confident in assessing a child for physi- cal, emotional or Sexual abuse?**

Yes D No D

If No where do you refer these children……….........

1. **Are you aware of any national child protection guidelines?**

Yes D No D

1. **Do you feel there is a need for paediatric Liaison services in Pakistan?**

Strongly agree/ agree/ disagree /strongly disagree/none

1. **Do you feel lectures and training seminars in child and adolescent? Psychiatry would be beneficial in addressing your training needs?**

Yes D No D