Paediatrics and mental health

Part 3

The Interface between Paediatrics and Child and Adolescent Psychiatry

Speakers

John Callary – Child and Adolescent Psychiatrist

Chris Pearson – Developmental and Behavioural Paediatrician

A family in trouble

* C is a 5 year old boy who is very much out of control. He has a long history of violence towards his mother B, his autistic older brother J (7 yrs) and since starting school, his teachers.
* While walking down the street he will throw stones at passing cars and run out onto the road to make them stop.
* C. can stay awake all night and disturb his mother & brother. Their rental home has much damage from his aggressive behaviour.
* C has received support from Anglicare, Disability SA (multiple workers), NDIS funded OT, and speech.

A family in trouble

* C. has been tried on several medications including
  * Clonidine – helps calm him somewhat
  * Pericyazine – slows him down somewhat
  * Stimulants – no help
* His therapists are struggling to achieve change and the school also is struggling to contain him. He is not learning.
* B. does not drive and depends on others to get her to appointments. She does not have a regular GP.
* B. has longstanding bipolar disorder and it is uncertain how well she takes her meds.

A family in trouble

* C and J's father is not on the scene.
* B.'s supports have been primarily her parents. Previously her mother has been a strong advocate.
* Her mother has developed a rapidly progressive dementia that requires a high level of input from her husband.
* B's father can now only provide occasional transport because of the care needs of his wife.

A family in trouble

* Recently B. has become distrustful of C.'s therapists saying "They are only in it for the money".
* This has been a pattern where in B.'s eyes no therapist has ultimately met C.'s needs.
* C. was recently seen by a psychiatry fellow at his local CAMHS but he could not gain B.'s confidence. "They are trying to blame me for the problems"

A family in trouble

* **What is the next step?**
  * Call a meeting of all involved?
  * Notify to Families SA as a child protection issue?
  * Call my friendly psychiatrist?
  * Do all three?

John Callary

* *Child and Adolescent Psychiatrist for the past 20 yr*
* *Work in a variety of hospital and community settings*
* *Metro and Rural*
* *Enjoy ongoing collaboration with Paediatricians*
* *Active in College – training and examination*
* *Father of 4*

Diverse settings

This presentation

* Collaboration
* Some Psychiatric principles
* Formulation
* Engagement with “families in trouble”

“It takes a village to raise a child”

Plenty of opportunities for us to collaborate!

Many ways of collaborating
– depends on resources, context, demand

* Typical cross-referral – including GP
* Discussion (without necessarily meeting child & family)
* In parallel
* In partnership
* Joint consult
* One off vs Ongoing
* Part of larger MDT

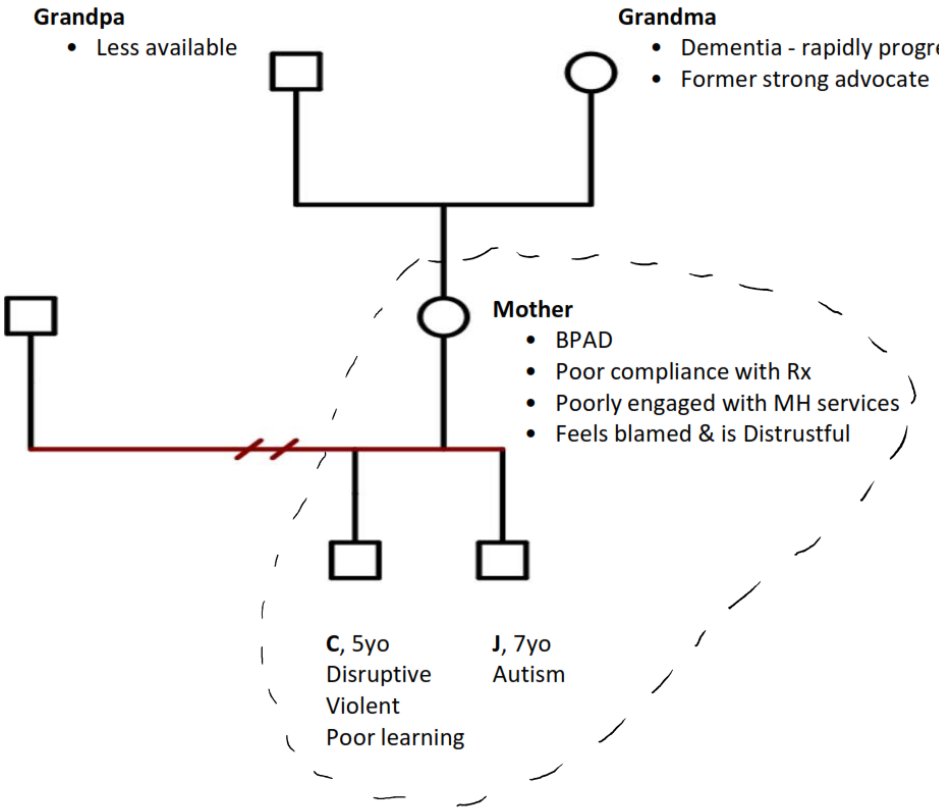
How do Child & Adolescent Psychiatrists think?

* Any-ones' guess!
* Systemically
* Formulate
  * Diagnostically
    * Co-morbidities contributing to "burden of illness"
  * Dynamically
    * Why this child, in this family, in this way, at this time?
  * Developmentally
* Trying to make sense of "nonsense"
* The predicament – What / Where is "the problem"

What can Psychiatrists & the Mental health MDT do?

* Offer a different perspective
* Advise about psychotropics
* Administer the Mental Health Act
* Engage with “difficult” people
* Address risk – esp behavioural
* Psychotherapies
* Psycho-education
* Tackle unexplained signs and symptoms

The family in trouble - Genogram



WIDER SUPPORTS

- Anglicare
- Disability SA
- NDIS
- OT
- Speech
- School

BUT

- No GP
- Not driving
- Not working
- Rental accommodation

Co-morbidity

"Over half of those with oppositional problem behaviours also meet diagnostic criteria for another mental disorder"

eg: ADHD, Anxiety, Depression

Lawrence, David; Johnson, S; Hafekost, J; Boterhoven De Haan, K., Sawyer, M., Ainley, J., Zubrick, S. R. (2015).
The Mental Health of Children and Adolescents.
Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.

Formulation

Why this child, in this family, in this way at this time?

Helps shape the interventions

	Bio	Psycho	Developmental	Social	Cultural
Predisposing					
Precipitating					
Perpetuating					
Protective					

Case presented - a Formulation
- some of this is speculative and needs to be explored

* C is a 5 yo boy who presents with conduct disturbed behaviour & learning difficulties; already serious & puts him at risk now and for the future.
* Family hx - a genetic vulnerability to developmental or mental disorder.
* Home environment - likely inadequate routines, boundaries & attachments.
* Apart from g'fa, no apparent male role models. He has grown up without his father – who has possibly been characterised negatively. His older brother has Autism.
* The nature of his mother's BPAD and brother's Autism mean he may also have witnessed or been the victim of their mood lability, irritability, poor impulse control & trauma.

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Formulation (cont.)

* C's disruptive behaviours may serve several purposes eg: release of stress, ensuring his wants and needs are not overlooked in his chaotic household, drawing in the attention of wider supports – particularly for his mother's poorly treated BPAD.
* His g'mo's recent rapid decline, is particularly significant. This is distressing in itself, but also means a loss of advocacy and practical support from her and grandfather – who himself is now burdened with the care of his wife. This is both additional stress and reduced support for the whole family.
* Likely that each family member will experience and react in their unique way. For C, that is likely to be a worsening of his externalising behaviours.

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Formulation (cont.)

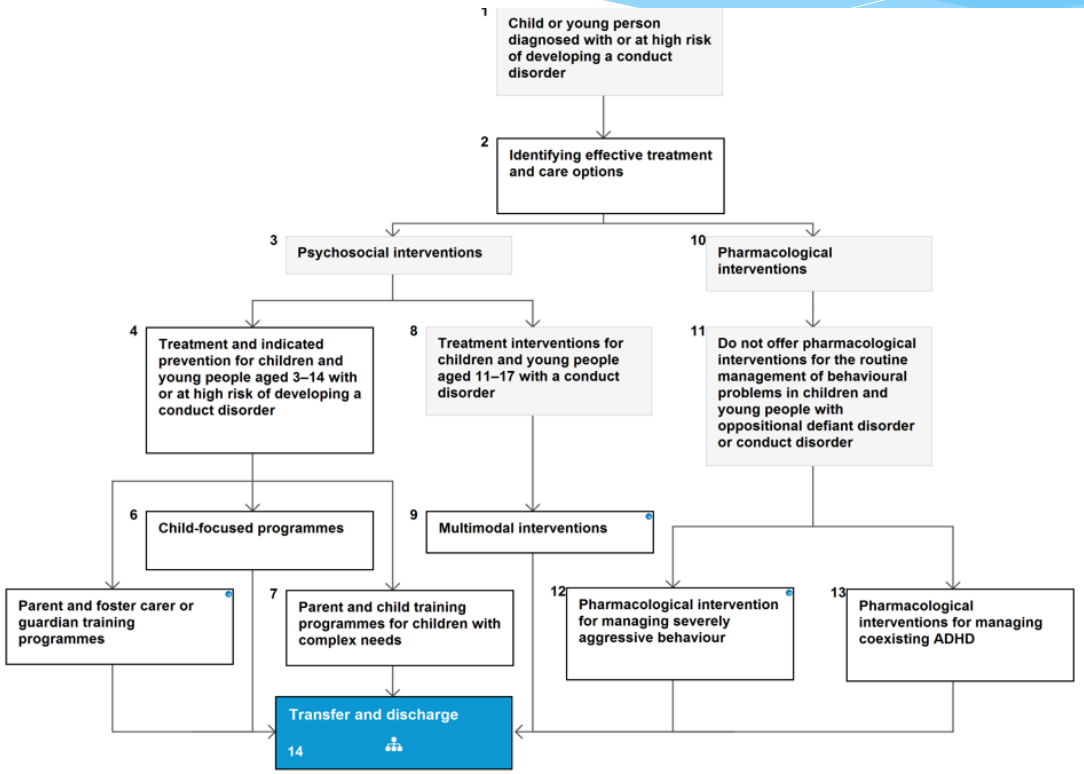
* Enrolment at school provides some opportunities for additional support, assessment and role-modelling.
* His mother's mistrust & sense of being blamed by health professionals may reflect her own experiences with the mental health system, and/or paranoia – from her partially treated mania.
* Significant that mother has remained engaged with Chris Pearson – how do we understand and use that?

Questions for therapists to ask themselves

* What's my **Formulation**?
* How can I be of most **use** to this person, in this family at this time?
* How to **engage** with the young person and their family?
* "**Customer** / Visitor / Complainant"?
* Do we have a **programme**?
* **Systemic** strategies?

Interventions - NICE pathways

Conduct Disorder / at risk of



Meta-analysis of Parent Training programs

(Lundahl, 2006)

* Looked at 63 studies
* Non-behavioural interventions – too few studies
* Behavioural interventions – **small** magnitude of change

* **Parent training – least effective for socially disadvantaged families**
* **Socially disadvantaged families benefitted most from individual parent training (compared to group delivery)**

* **Including children in their own therapy – sep from parent training did not enhance outcomes - ?undermines premise of parent's involvement in therapy**

Lundahl, B., Risser, H. J., & Lovejoy, M. C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review*, 26(1), 86–104.

Perhaps it is less about *which* therapy?

* There are many reasonable, sensible modalities
* They all require individual or family engagement
* Indeed - the efficacy is probably in the **engagement**
* Once engaged – various interventions can be trialled – depending on availability, suitability, family preference etc.

Engagement with families -a challenging, multi-phase process

* recognition of a problem
* referral
* attendance for initial assessment
* ongoing attendance for further assessment
* ongoing attendance for intervention

Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., & McKay, M. M. (2010). Engaging families into child mental health treatment: updates and special considerations. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*

Predictors of poor engagement – Parent & Family factors

* past experience
* beliefs about cause of problems
* poverty
* single parent-hood
* poor family cohesion
* treatment modalities offered
* family organisation
* culture
* minority population
* multiple confounding stressors
* intra-family diff in therapeutic alliances

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Predictors of poor engagement

Children

* lack of diagnosis
* lack of functional impairment
* Conduct D
* homelessness
* poor self-awareness

Adolescents

* stigma about mental health difficulties
* Lack of knowledge about importance of mental health
* establishing independence from adults

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Predictors of poor engagement – Contextual & Logistical factors

* lack of time, transport
* crisis - likely to attend - but drop-out early
* living arrangements, wider stressors
* agency obstacles - waiting lists, processes

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Promoting Engagement with families - Therapist qualities

* Genuine **respect** for multi-stressed families living in complex circumstances
* **Humility** about what therapy can achieve
* Practitioner strength and **integrity**
* Intellectual and emotional **attunement** with parents
* Resolute and quiet **enthusiasm**
* Technical **expertise** and **communication** skills

Day, C., Kowalenko, S., Ellis, M., Dawe, S., Harnett, P., & Scott, S. (2011).
The Helping Families Programme: A new parenting intervention for children with severe and persistent conduct problems.
Child and Adolescent Mental Health, 16(3), 167–171.

Promoting Engagement with families - Therapist expertise

* **Working knowledge** of a variety of techniques and strategies eg:
  * attachment and social learning
  * mindfulness
  * cognitive - behavioural
  * relational

* **Skills**
  * good **listening** skills
  * ability to communicate in an open, **respectful** and **straightforward** manner
  * ability to be understood by parents,
  * ability to assist parents living in complex circumstances
  * to focus on & work systematically towards specific, realistic goals
  * **to facilitate impart knowledge & strategies for purposeful change**

Day, C., Kowalenko, S., Ellis, M., Dawe, S., Harnett, P., & Scott, S. (2011).
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Summary

* A fairly typical complex case
* Over-determined – multitude of factors
* A Formulation helps us
  * explain rather than simply label
  * develop a systemic strategy to intervene
* Whatever the interventions, engagement is essential

Thank-you.