

# Pediatricians' opinions about the problems between the departments of pediatrics and child psychiatry and possible solutions

S. Ebru Çengel, Z. Bengi Semerci

Department of Child and Adolescent Psychiatry, Hacettepe University Faculty of Medicine, Ankara, Turkey

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The necessity of collaboration between the Departments of Pediatrics and Child Psychiatry is an accepted idea. However, relevant literature reveals that collaboration between the two departments is not satisfactory. Rearrangement of relations between the two departments in Hacettepe University İhsan Doğramacı Children's Hospital has been designated a goal. An education program will be planned accordingly. A questionnaire was designed to determine 65 pediatricians' knowledge, thoughts, expectations and needs about collaboration between the two departments; all were working in Hacettepe University Children's Hospital, in inpatient services, outpatient clinics or emergency services. An education program for consultation-liaison activities has been constituted to achieve the desired results. Efficacy of the program was discussed considering the features and tendencies of the two departments.

*Key words: child psychiatry, pediatrics, collaboration.*

Child Psychiatry and Pediatrics are two departments that have to collaborate in many fields. Such collaboration is especially important in evaluating a child with chronic illness at follow-up and emergent problems like suicide, child abuse and neglect. It is also important to understand the problems of the staff in these two departments in determining boundaries of responsibility, i.e. establishing the situations that should be shared with the other department and requesting help from each other in certain cases, such as differentiation of illnesses originating from organic and psychological factors versus organic brain syndrome originating from a primary central nervous system disorder.

These steps are necessary for these two departments to be able to work in an easier and more harmonious way and for the patients to be ensured the help that they need. One of the most important problems has been defined as insufficient training of pediatricians in evaluating the emotional, behavioral and family problems, which are the most probable causes of the

symptoms<sup>1</sup>. Education programs on this issue must be handled at three levels: medical students, research assistants, and specialists.

In this paper, we reevaluate current education programs designed to solve the problems encountered by staff of both departments in Hacettepe University Faculty of Medicine in inpatient and outpatient services. We attempted to establish the thoughts, knowledge and expectations of pediatricians regarding child psychiatry, for the purpose of developing an education program to be conducted during medical school, at the level of research assistants.

## Material and Methods

The questionnaire, consisting of 47 questions, was given to all research assistants (65) training in İhsan Doğramacı Children's Hospital at Hacettepe University. According to the results of the available 44 questionnaires, the needs of the research assistants were taken into consideration and the content of a proposed program was discussed.

## Results

From the 65 questionnaires distributed, 44 (67.7%) were completed and returned by the research assistants. Some demographic features of the participants are shown in Table I. The age of the participants ranged between 24 and 33 years old and the mean age was  $27.3 \pm 1.7$  years. Among the participants, 56.8 percent (n: 25) chose the pediatric specialty program as their first choice in the specialty examination; 75 percent (n: 33) of the pediatric research assistants had graduated from Hacettepe University Faculty of Medicine.

Table I. Some Demographic Characteristics of the Research Assistants

Sex	
Female	54.5% (n: 24)
Male	45.5% (n: 20)
Years of Experience as Research Assistants	
First year	22.7% (n: 10)
Second year	27.3% (n: 12)
Third year	27.3% (n: 12)
Fourth year and above	22.7% (n: 10)
Child Psychiatry Rotation	
Completed	6.8% (n: 3)
Not completed	93.2% (n: 41)

It was determined that 36.4 percent (n: 16) received training about patient-physician relations in medical school. While all of them received training about adult psychiatry, only 59.0 percent (n: 26) received training in child psychiatry during medical school. Forty-one (93.2%) had no clinical experience in the Child and Adolescent Department as a research assistant. Among participants, 79.4 percent (n: 27) agreed that psychiatric training is important and necessary, while 11.8 percent (n: 4) considered psychiatry an unsuccessful and abstract field. Regarding training in the Child Psychiatry Department, 69.8 percent (n: 30) thought that it should be obligatory, 27.9 percent (n: 12) felt it should be optional, and 2.3 percent (n: 1) preferred it not be included in the education program.

Opinions of the research assistants on special topics such as child abuse and neglect and general attitudes are given in Table II.

Although 73.2 percent (n: 30) of participants mentioned that a psychological examination definitely must be done, 80.5 percent (n: 33) did not practice this and 62.5 percent (n: 25) gave as a reason "lack of time". In the event of an

important illness, 25.0 percent (n: 10) mentioned that a psychiatrist must talk with the child and provide information about the illness. Twenty-five (62.5%) thought that pediatricians must talk with the child, whereas 12.5 percent (n: 5) preferred the parents talk with the child. It was found that 68.4 percent (n: 26) gave no information to the child about the illness or its treatment and considered it sufficient to give such information to the parents. Prior to an invasive intervention, 80.5 percent (n: 33) stated that they definitely gave information to the child.

Table II. Opinions of Research Assistants on Special Topics such as Child Abuse and Neglect and General Attitudes

	N	%
Opinions About Psychological Evaluation of Child		
Must definitely be done	30	73.2
Not necessary all the time	11	26.8
Research Assistants...		
Who practice psychological assessment	8	19.5
Who do not	33	80.5
Consultation Due to Family Characteristics		
Research assistants who demand	25	67.6
Research assistants who do not	12	32.4
Opinions on Follow-up When Child Abuse or Neglect is Suspected		
Child psychiatry consultation	9	25.0
Interview with family	20	55.5
Physical examination	2	5.6
No idea	2	5.6
Attitude When Child Abuse or Neglect is Detected		
Judicial case application	28	76.5
No idea	4	11.8

Whereas 40.5 percent (n: 17) of participants suggested that child psychiatry consultation was necessary in one to 10 percent of the inpatients, 33.3 percent (n: 14) considered it to be necessary in 30 percent or more of cases. In contrast, the ratio of observed child psychiatry consultation varied between one and five percent of the inpatients.

The most frequent problems for which pediatricians needed child psychiatry consultation at inpatient services are shown in Table III.

Twenty-seven (67.5%) research assistants considered child psychiatry consultation necessary at the inpatient services.

Twenty-nine (72.5%) considered necessary in-hospital support through provision of services such as school, playroom, and dining room. But it was observed that only 53.7 percent (n: 22) used these systems and occasionally monitored

the patient's use of them. Furthermore 92.9 percent (n: 39) of the participants stated that inpatient services' staff were not sufficiently qualified in child development.

**Table III. Most Frequent Problems for Which Pediatricians Needed Child Psychiatry Consultation at Inpatient Services**

Problems	N	%
Depression	24	60.0
Refusal of treatment and the illness	17	42.5
Chronic illness	14	35.0
Conversion disorder	10	25.0
Suicide attempt or thoughts	10	25.0
Conduct disorder	9	22.5
Adjustment disorder	8	20.0
Agitation	8	20.0

Whereas 65.5 percent (n: 19) of participants suggested that child psychiatry consultation was necessary in one to 10 percent of the outpatients, 34.2 percent (n: 10) considered it necessary in 11 percent or more of cases. On the other hand, the ratio of observed child psychiatry consultation among outpatients varied between one and five percent.

The most frequent problems for which the pediatricians needed child psychiatry consultation at outpatient services are shown in Table IV.

**Table IV. Most Frequent Problems for Which Pediatricians Needed Child Psychiatry Consultation at Outpatient Services**

Problems	N	%
Attention deficit and hyperactivity disorder	13	48.1
Enuresis	11	40.7
Depression	10	37.0
Conversion disorder	10	37.0
Failure at school	6	22.2
Conduct disorder	4	14.8

Twenty-four (60%) participants suggested that 40 percent of these consultations were the decision of the physician, not a result of the parents' demand.

The most frequent problems for which the pediatricians needed child psychiatry consultation at emergency services are shown in Table V.

Thirty-nine (95.1%) participants considered the psychiatrist to be helpful in the consultation-liaison relationship. The opinions of research assistants on the consultation-liaison relationship and on the approach of the psychiatrist are shown in Table VI.

Thirty-one (79.5%) found the current consultation-liaison relationship between the two departments insufficient, and 95.2 percent (n: 40) stated that they do not have enough training in consultation-liaison relations. Suggestions of the research assistants for improving the consultation-liaison relationship between the two departments are shown in Table VII.

**Table V. Most Frequent Problems for Which Pediatricians Needed Child Psychiatry Consultation at Emergency Services**

Problems	N	%
Suicide	18	64.2
Conversion disorder	18	64.2
Child abuse and neglect	4	14.3
Depression	4	14.3
Delirium	3	10.7
Anorexia nervosa	3	10.7
Amputation	3	10.7
Patients already followed up by psychiatry	3	10.7
Conduct disorder	3	10.7
Tic disorders	2	7.1

**Table VI. Opinions of Research Assistants About the Consultation-Liaison Relationship and About the Approach of Psychiatrists**

	N	%
Opinions on how to request consultation		
It must be written	2	4.9
It must be verbally	5	12.2
It must be done both verbally and in writing	34	82.9
Opinions on how the psychiatrist should share thoughts about the consulted case		
It must be done both verbally and in writing	25	57.0
It must be done with the pediatrician	19	43.2
Opinions about the attitudes of psychiatrist		
Sufficient	20	51.3
Insufficient	19	48.7
Opinions about the role of pediatricians during the consultation		
They always have a role	23	54.8
They never have a role	3	7.1
They occasionally have a role	16	38.1
Opinions about the role of pediatricians		
To help with the organic problem and continued participation in the treatment process	16	50.0
To implement the suggestions of the psychiatrist	12	37.5
To receive education in the process of collaboration with child psychiatry	4	12.5

**Table VII. Suggestions of the Research Assistants on How to Improve the Consultation-Liaison Relationship Between the Two Departments**

Suggestions	N	%
Common	32	76.2
Bedside visits when necessary	32	76.2
Lectures and seminars for both departments	25	59.5

## Discussion

Although 73.2 percent (n: 30) of the research assistants in pediatrics stated that a psychological evaluation should be done in every patient, only 19.5 percent practice this, with 62.5 percent giving as a reason "lack of time". This is unsatisfactory, since the research assistants work in a university hospital where all laboratory evaluations in addition to the long physical examinations are considered to be routine.

Especially in emergency services, child abuse and neglect cases are referred to a pediatrician, which is why their ability to detect and handle these cases is so important. It was found that 11.8 percent of pediatric research assistants did not know how to handle such cases. While 76.5 percent stated they would immediately start the judicial procedure, only 25 percent stated that they would demand child psychiatry consultation.

According to the results of this study, research assistants in pediatrics have insufficient training on the consultation-liaison issue, and difficulties in evaluating the psychological state of families and child. They also had different views about the timing and manner of consultation, about collaboration with the Child Psychiatry Department and about what should be achieved.

Among the participants, 36.4 percent took courses about the patient-physician relationship during their education. Even though all received training in adult psychiatry, only 59.0 percent received training in child psychiatry during medical school. We definitely found that the ones with training in both child and adult psychiatry were more qualified and had a more affirmative attitude<sup>2</sup>. Clinical experience and education in the Child Psychiatry Department has been effective in educating research assistants in pediatrics in psychiatry<sup>3</sup>. Regarding clinical training in the Child Psychiatry Department, 69.8 percent of research assistants stated that it must be obligatory, and 27.9 percent thought that it should be optional in the education program. Developing collaboration between the two disciplines also

includes constituting a common terminology and a common model for understanding the psychological aspects of a physical illness. Both disciplines stress their need for further education about the professional perspective of each discipline and about collaboration in the treatment of the physical illness and cure of the child<sup>4</sup>. Research assistants felt that in addition to clinical training, case report meetings (76.2 percent), bedside visits when necessary (76.2 percent), and seminars and lectures (59.5 percent) were other ways to further the efficacy of the work between the two disciplines. In general, research assistants were aware of deficiencies in their training and had realistic suggestions. Moreover, they recognized the importance of the support facilities like the playroom and the necessity to educate staff on child development. However, they were unable to use the support facilities effectively or to contribute to the proper training of the other staff. This is perhaps due to the tendency of the ones who educate them especially as a research assistant.

## Suggestions

1. Each step of the education process in pediatrics should emphasize that the psychological and social problems of the child and the family are as serious as physical ones and are important components of physical problems.
2. It will be useful for research assistants to have child and adolescent psychiatric training.
3. Theoretical lessons on the psychological problems that are frequently faced and on the physician-family-child relationship will improve the relationship between the two departments.
4. Organization of meetings between the Pediatrics and Child Psychiatry Departments to decide on common ways of treatment-observation will be helpful for patients as well as efficacious for both the pediatrician and psychiatrist.

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