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Letter to the Editor

Bridging the Gap: What Paediatric Clinicians Want from Liaison Psychiatry Services

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Dear Editor,

Mental health problems affect 10-20% of children and adolescents worldwide[1] and contribute substantially to disability across childhood and adolescence[2]. Reflecting this increasing burden within acute hospital settings, recent cohort data from England demonstrates that 11.7% of paediatric admissions to acute medical wards are primarily attributable to mental health conditions, with admissions for eating disorders increasing over 500% between 2012 and 2022[3].

Referrals to Paediatric Liaison Psychiatry have increased dramatically, impacting services' abilities to provide typical liaison cover. Between 2006 and 2016, Emergency Department presentations in Temple Street with a mental health component increased 526%[4]. Their Liaison Psychiatry Service closed to new outpatient referrals in the past 2 years, due to rising demand from the Emergency Department, without additional staffing. With the opening of the New Children's Hospital, these issues must be addressed to ensure appropriately resourced services.

We surveyed paediatric clinicians across Children's Health Ireland to identify priorities for their patients' mental health needs and teams' educational needs. This updated, expanded version of a 2016 survey was circulated twice to paediatric clinicians by email and WhatsApp.

Twenty-two responses were received, representing almost half of all referring specialties. 95.5% reported an increase in the number of children with a mental health component to their presentation. 59.1% felt 1 in 10 of their patients might benefit from liaison psychiatry input, 36.4% 1 in 5, and 4.6% said 50%, yet only 13.64% felt able to refer all patients they feel may benefit. Over three-quarters (77.3%) felt access to outpatient liaison psychiatry for patients with ongoing medical conditions would be highly valuable.

Satisfaction with access to liaison psychiatry has dropped since 2016. Half of services now report lack of access as an issue. Barriers identified included limited outpatient availability (72.7%), service capacity in liaison psychiatry (54.6%), awareness of referral pathway (40.9%),

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needing to keep patients in hospital to access liaison psychiatry (36.4%), and delayed discharges due to lack of outpatient services (31.8%). Respondents highlighted unmet needs among patients with life-limiting illnesses, neurodevelopmental disorders, psychosomatic complaints, and aggression. Desired service developments included outpatient clinics (77.3%), clinics for anxiety disorders, tic disorders, and non - organic symptoms (59.1%), case discussions (50%), group interventions (40.9%), joint paediatric-psychiatry clinics and stronger links with surgical specialties.

Respondents identified unmet learning needs regarding their patients' mental health. Only 23% felt well or very well prepared to manage child and adolescent mental health issues, with only 13.6% reporting they received adequate education on these issues. Desired training opportunities included optional 6-month psychiatry placements for paediatric Higher Specialist Trainees (61.1%), cross-specialty clinic exposure for paediatric and child and adolescent mental health trainees (50.0%), and specific mental health grand rounds teaching (50.0%). 36.4% have attended Balint, Schwartz Rounds or other reflective practice groups.

In summary, there is a clear need for expanded paediatric liaison psychiatry services, particularly access to outpatient clinics, and improved training opportunities for paediatric clinicians regarding mental illness. The New Children's Hospital presents an opportunity to develop comprehensive outpatient and specialist liaison services and improve interdisciplinary education.

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None declared.

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