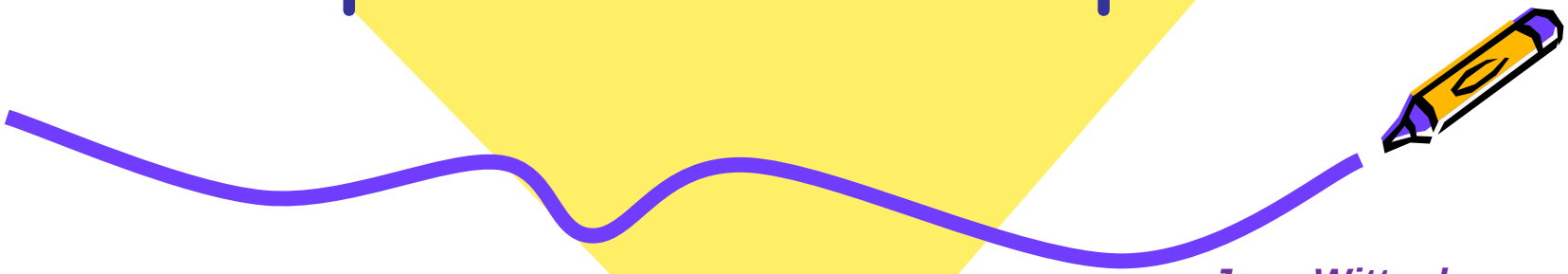
Developing infant psychiatry services in a pediatric hospital



Jean Wittenberg
The Hospital for Sick Children Toronto

WAIMH Israel
Dec. 2013

Sickkids Hospital in Toronto

Inside the Atrium

The Research and Learning Tower

Sometimes we get winter – it's Canada

Hospital services

- In 2009–2010:
  - 14,000 in-patients who stayed for an average of 7.1 days (370 in-patient beds)
  - The operating room treated 11,000 cases
  - 58,000 visits to the emergency department
  - 215,000 visits to the hospital's ambulatory clinics.

Inpatient admissions to Sickkids by age

Inpatient Admissions	Calendar Year				
Age Groups	2008	2009	2010	2011	2012
0-12 Months	3,206	3,281	3,282	3,367	3,400
12-24 Months	1,031	1,185	1,220	1,344	1,271
25-36 Months	759	841	888	929	938
37-72 Months	1,927	2,097	2,107	2,250	2,264
7-10 Years	2,443	2,424	2,455	2,630	2,750
11-17 Years	4,111	4,131	4,240	4,540	4,600
Total Inpatient Admissions	13,477	13,959	14,192	15,060	15,223

0-72 mos. 7873.
6-17 years - 7350

Emergency visits to Sickkids by Age

Emergency Visits	Calendar Year				
Age Groups	2008	2009	2010	2011	2012
0-12 Months	9,644	9,626	9,737	10,402	10,960
12-24 Months	7,988	8,862	8,472	9,279	9,569
25-36 Months	5,356	6,085	5,999	6,571	6,515
37-72 Months	10,650	12,242	11,211	13,260	13,669
7-10 Years	9,729	11,238	9,973	11,530	12,217
11-17 Years	9,692	10,458	9,980	11,028	11,691
Total Emergency Visits	53,059	58,511	55,372	62,070	64,621

0-72 mos. - 40,713
6-17 years - 24,408

Ambulatory Visits by Age

Ambulatory* Visits	Calendar Year				
Age Groups	2008	2009	2010	2011	2012
0-12 Months	18,240	18,965	19,334	19,498	19,716
12-24 Months	11,643	12,849	13,021	12,535	13,069
25-36 Months	10,416	11,247	11,803	11,378	10,955
37-72 Months	29,952	31,441	32,940	32,838	32,964
7-10 Years	42,877	44,886	46,733	45,822	47,791
11-17 Years	75,622	78,458	80,113	82,164	82,474
Total Ambulatory Visits	188,750	197,846	203,944	204,235	206,969

0-72 mos. - 76,704
6-17 years - 130,265

The Infant Psychiatry Program

Staff

- One psychiatrist
- One admin assistant
- One social worker
- One project coordinator
- One research associate
- IMHP
  - One director
  - Two admin assistants

Informal staff:
- Fellows and residents
- North Ontario
- OEYC and BTC

Projects

- O/P consultations (WL 6-8 m)
- I/P consultations
- Liaison services
  - Complex Care
  - Young Families
  - Burns and Plastics
  - Hematology/Oncology
  - Immunology
  - Residential site for teen mothers and babies
- Supporting Security
  - 11 northern communities
  - Ontario Early Years Centres
  - Breaking the Cycle
- Education projects

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The strategies for survival and growth

- Export knowledge about infant mental health
- Get multidisciplinary support elsewhere in the Hospital and outside
  - Develop consultation relationships with Complex Care Program and Young Families Program

Young Families Program

- Clinic in Adolescent Medicine
- Staff include a pediatrician, nurse practitioner, nurse, 2 social workers, multiple students from many disciplines
- Psychiatrist
  - High risk group of infants
  - Access to resources and usefulness of collaboration

Format of collaboration

- Twice monthly half day clinic
  - Rounds on all cases to be seen
    - Opportunity to teach infant mental health, infant observation and parent/child relationship
  - Specific cases booked to see me each clinic
  - Other cases booked for prolonged discussion with me
- Occasional case conferences often with child protection or other healthcare
- Urgent cases booked asap any time in the month
    - 20 yo depressed, PTSD, raped, threatened – seen in three days for one hour
    - My assistant is told to facilitate all requests from YFP
- Take on select cases for parent-infant psychotherapy

Case 1

- 14 y.o. immigrant mother fear of violent retaliation from family; Hx of trauma; developmentally unready to parent
- Psychiatry to provide support, engage in infant observation and development of reflective functioning; reassure YFP staff

Case 1 - Lessons learned

- By Infant Psychiatry:
  - Surprising strengths in individuals
  - Working with & understanding the YF team and their level of stress
  - Limited focused goals
- By YFP:
  - IP support for their goals
  - Observing, assessing babies and interactions

Case 2

- 16 y.o. mother; immigrant family; questionable support; poor judgement; unengaged with baby; baby serious diagnosis
- Psychiatry provide support, understanding to mother, grandmother, child protection worker; include mother's friend in working team at mother's request

Case 2 - Lessons learned

- By IP:
  - Adolescents are developing
  - Cultural differences
  - Respect for YFP persistence and perspective
- By YFP:
  - Infant observation
  - Family systems
  - Infant and adolescent development

Case 3

- 16 y.o. mother; multiply traumatized; no social supports; angry and conflictual with all; neglectful and aggressive with child
- Child apprehended by child protection
- Psychiatry provide ongoing therapy based on developing reflective function, support to YFP team, support to residential centre, sense of the trajectory of the case

Case 3 - Lessons learned

- By IP:
  - Adolescents are developing; may have potential we don't see in the absence of support over a long term
- By YFP:
  - More trust for IP
- By CAS:
  - Respect for YFP
- By residential centre:
  - CEO – how not to allow staff to manage clients

Complex Care Program

- Addresses the needs of children with multiple system disorders dependent on multiple treatment teams
- Family Centred Care in practice
- Paediatricians, Nurse Practitioners, Palliative Care, Respiratory Therapy, Pharmacist, OT, PT, SLP, Social Work, …
- Psychiatry
  - Goals
    - To increase awareness of infant mental health across hospital
    - To engage resources in Complex Care program
    - To provide care

Format of consultation

- Weekly multidisciplinary rounds
- Open to questions directed to me or my questions about status of child or family
- Early reliance on SW to identify cases I might work with
- Growing awareness of what I can offer
- Development of research question re stress on children in medical care

Complex Care Case 1; (first referral to IP by CCP)

- Retinopathy of prematurity
- Bilateral hip dysplasia and talipes
- Feeding disorder – GERD; G tube; little p.o. feeding
- Sleep disorder
- Developmental delay – little speech
- Genetics, respiratory medicine, orthopedics (multiple surgeries), GI, neurology, ophthalmology, rehab medicine, ENT, SLP, OT, PT, dietician, SW, …

Referral

1. Screaming and opposition with all procedures and all interventions at home – restriction of movement
   - Diaper change, gastrostomy dressing change, brushing hair, etc.
   - “Secondary to insensitive handling in hospital”

2. Sleep problem – wakens and calls every night
   - Cannot be left to cry – she will vomit or have reflux pain

Diagnoses

- Sleep disorder
  - Separation anxiety
  - Secondary regulation difficulties; no history of sensory sensitivity
  - r/o organic problems, breathing problems
- Oppositional issues
  - PTSD
  - Learned opposition in interactions with parents
- Developmental delay
  - Syndromic - genetics
  - r/o hearing problems
  - Unstimulating often unattuned environment

Treatment

- Work to increase reflective function in parents and staff
- PTSD
  - Sedation for hospital procedures
    - Letter to carry to hospital departments and parents to have supply of lorazepam
  - All procedures at home to provide maximum sense of control
    - Play with life doll – help child see difference between diaper change and G tube change (history of painful changes)
    - Use of mirror so she could see, she to do same with doll, preparation time, stop if possible and when necessary
    - Wrap on belly to cover G tube when changing diaper

Treatment

- Sleep
  - Improved with treatment of PTSD and reduction of distress with hospital procedures (lorazepam)
  - Improved with mother's feeling better
- Daycare for stimulation and to relieve father
- Communications with healthcare providers and with schools

Sibling

- Age 5 years crying about sister's health, distress
- Episodes of sobbing, isolating herself
- Unassertive with other children, pushed aside
- Dx – depressive, poss. PTSD
- Tx – play therapy; did well within 6 months

Lessons learned

- By Infant Psychiatry:
  - Adaptability to situation – e.g. use of sedation
  - Collaborative with extended team – who they are, what they do
  - Focused, limited goals
- By Complex Care
  - Psychiatry can be useful; solve problems they identify
  - How we work – systems; layers of interventions

Case 2: Burns and Plastics

- 3 yo boy with four limb amputation
- Parents very guilty; non communicative and separation anxiety
- Mother-child scratching, multiple skin grafts

Referral

- Staff felt they had no influence with parents
- Child refusal to be involved with anyone except parents
- Concerns about scratching
- Screaming with all dressing changes and distress with any professionals into room
- How to tell child about loss of limbs

Assessment

- Extreme guilt in parents who were otherwise functional pre illness
- PTSD in mother
- Anxiety in child – probably predisposed but also supported by parental anxiety before and after hospitalization
- Staff-parent standoff

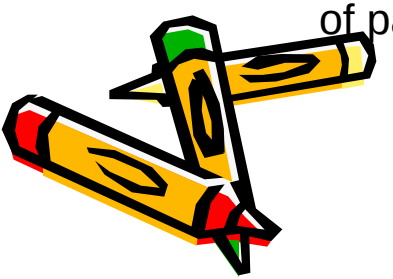
Treatment

- Engaging the parents
  - Slow attuning process to their misery
  - Struggle with counter transference – horror of losses to child
  - Developing relationship with child – iPad games together (he played, I watched)
  - Communications with staff

Engaging mother: Mindfulness meditation

Cases

- Hematology/Oncology
  - 2 yo boy with brain tumour screaming, not sleeping, night terrors in day, total dysregulation; long-term support and management for regaining systemic organization
- Burns and plastics
  - 2 yo boy with 3rd degree burns all over body; PTSD water
- Complex Care
  - 3 yo girl with nemaline myopathy; borderline respiratory failure; anxiety re intubation and suctioning; parental issues with staff
- Neurosurgery
  - 8 month girl with brain tumour – unsoothable; Dx pain
- Nephrology
  - 1 yo girl with hemolytic uremic syndrome; rocking head banging; suspicion of parents Dx delerium, Rx Lorazepam, organized low level stimulation

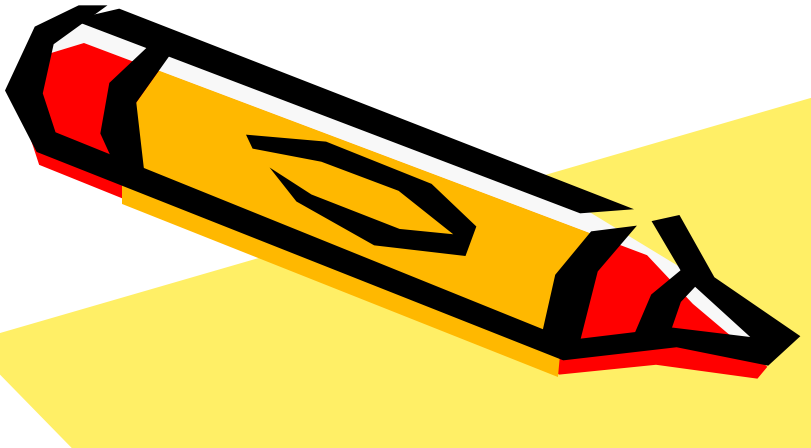


Research question

Assessing Stress for Children in Complex Care

Assessing Stress for Children in Complex Care (v2013-12-04)

- **Medical Interventions**
  - **Degree of stressfulness**
- **Parental functioning**
  - **Parental ability to function for self and for child and as member of the treatment team**
- **Child functioning**
  - **Evidence of PTSD secondary to medical procedures**



THANK YOU

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