

## PROJECT EVIDENCE

**PROJECT EVIDENCE for Prevention of Mental Disorders.** The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email [admin@mhyfvc.org](mailto:admin@mhyfvc.org)

**[2] Selective Programs** are indicated for situations where subjects are at high risk of developing mental disorders unless there is preventive intervention.

[2 a] Biological factors

- i Post-natal depression
- ii Children with chronic illnesses
- iii Children with learning difficulties

### **[2 a ii ] Children with chronic illnesses**

Long-term conditions (or chronic illness) of childhood include physical, psychological or cognitive problems lasting more than three months, which impair functioning.<sup>1</sup> It is estimated that 10-12% of children internationally are affected by long-term physical conditions such as asthma and diabetes.<sup>2,3</sup> The prevalence of long-term conditions is now greater than acute illness in some developed countries<sup>4</sup>, and over 80% of children and young people with long-term physical conditions survive into adulthood.<sup>5</sup> Physical symptoms and disease management regimes can interfere with many aspects of daily life, including regular school attendance and maintaining peer relationships.<sup>6</sup>

Epidemiological studies show that the risk of psychological difficulties, particularly anxiety and depression, is substantially increased in children and young people with long-term physical conditions.<sup>7-12</sup> This is due to a combination of individual and environmental factors. The latter includes inappropriate parental attitudes and behaviour, ranging between over-protection and rejection, and peer rejection leading to detrimental effects on self-concept. Although young people with long-term physical conditions account for a large portion of the work of paediatricians and GPs,<sup>5</sup> they receive little training in psychosocial issues related to chronic disease and often under-recognise these issues.

Optimal management of chronic illness requires not only good medical assessment and treatment but also a holistic approach that deals with the psychological and social aspects of the child and family to achieve best outcomes. This project aims to develop a framework for optimal management. The scope of the problem is considered in four aspects:

- Factors in the Illness,
- Factors in the Young Person and Family,
- Factors in the Social System, and
- Factors in the Service Delivery.

#### Factors in the Illness

Different illnesses, of course, require different medical treatments and it is not the purpose of this project to discuss those details. Suffice it to say that we advocate best standards of medical care delivered regardless of race, religion, social or economic status.

#### Factors in the Young Person and Family

The likelihood of good coping and good outcome for any given level of impairment is directly proportional to the social capital of the family. Strength of attachments, adequacy of parenting, mutuality of supports, and effective problem-solving provide the foundation for progress.

The strengths and limitations of functioning can be ascertained by psychosocial clinical assessment. Where limitations are found it is important for therapeutic interventions to resolve these. These include not only the difficulties in relationships but also impairments like gambling, substance abuse and absenteeism.

The additional critical factor is the “ownership” of responsibility for compliance with lifestyle and treatment conditions necessary for optimal outcomes. This is not achieved by directiveness but by engagement of the child and family in understanding what is required for progress and motivating their compliance. Trust within the clinician/patient relationship is central.

### Factors in the Social System

The likelihood of poor medical management and outcome is proportional to the level of socioeconomic disadvantage of the family. This can also be ascertained in psychosocial clinical assessment. Appropriate social supports need to be mobilised for disadvantaged families, including appropriate therapeutic interventions for dysfunctional aspects of family life.

### Factors in the Service Delivery.

Thabrew et al. identified five main themes: (i) the experience of long-term physical conditions as an anxiety-provoking journey, (ii) limited access to information and eHealth-related interventions to support this journey, (iii) desires for interventions that assist with multiple aspects of the illness experience, (iv) diversity of preferences regarding the format and vehicle of such interventions, (v) the importance of trust regarding the source of interventions for children, young people and families and the sustainability of new interventions for clinicians.

### The management of chronic illnesses therefore requires:

- Optimal medical care of the particular disorder (protocols apply)
- Psychosocial assessment of child and family
- Appropriate social supports and therapeutic interventions
- Full information about the disorder and about reliable e-Health sources
- Engagement of the family in “ownership” of the management plan
- Service delivery that fosters empathy and trust

## **References**

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## **Addressing the needs of siblings of children with disability or chronic illness**

### **Aim and purpose**

There is much emphasis in the community about the prevention of mental health problems. There is an understanding of the profound effect the early years have on a child's development and their longer-term health and wellbeing. It is also recognised that there are economic benefits in intervening early so as to ensure young people who may be at risk are able to access relevant support services. Understandably, significant resources are spent on addressing the needs of children and adults with chronic conditions, both within families and in the community. However, research and anecdotal evidence supports the view that illness and disability affect the lives of all family members. In fact, there is reasonable consensus that siblings of children with chronic conditions are at risk for behavioural, mental and physical health problems. The RANZCP report, *Prevention and early intervention of mental illness in infants, children and adolescents: Planning strategies for Australia and New Zealand (2010)* highlighted siblings as a high-risk group who should be considered for targeted prevention and early intervention programs, along with their brothers and sisters with chronic conditions. In spite of this, the needs of siblings have been largely overlooked at both policy and service level. The publication of this position statement, and accompanying report, is an attempt to synthesise the current state of sibling support measures for children (0-18 years) in Australia and New Zealand. It discusses possible modes of intervention and makes recommendations for future directions both in services and in advocating for the needs of siblings for these services. If left unaddressed, the challenges which siblings face can increase their risk of developing longer term mental health problems, at considerable cost to them, governments, and the community. However, in spite of considerable lobbying over a number of years, there remains a lack of coordinated activities and national action to support this group of at-risk children.

### **Statement Development**

In August 2010, the RANZCP Faculty of Child and Adolescent Psychiatry (FCAP) convened a roundtable on addressing the needs of siblings of children with chronic conditions. This was attended by a range of organisations with an interest in this area. An outcome of that roundtable was that the FCAP would establish an expert reference group, consisting of members from a wide range of organisations to review and assess currently available services, as well as to document evidence of the disadvantage these children face. This information would then be used to inform discussion on how best to advocate for improved services and support. The reference group prepared the following documents, which have been approved by the RANZCP General Council:

- [Report - Addressing the needs of siblings of children with disability or chronic illness, October 2011](#)
- [Position Statement - Addressing the needs of siblings of children with disability or chronic illness, October 2011](#)

In early December 2011, these documents were formally published as advocacy statements to enhance the level of support for siblings. To achieve maximum impact, the FCAP is seeking endorsement of the position statement from relevant organisations so that this can be presented as a joint position to government and other relevant organisations.

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