Service Description

• Consultation and treatment services for children and young people who are experiencing psychiatric and/or psychological problems associated with their medical condition and/or treatment whilst patients of Starship’s medical/surgical services

National / Quaternary

• Inpatient and targeted outpatient consultation and treatment at Starship
• The range of interventions:
  • Mental health assessment
  • Neuropsychological assessment
  • Cognitive behavioural therapy
  • Behavioural management programmes
  • Biofeedback, relaxation training
  • Child psychotherapy and counselling
  • Family therapy
  • Medication
  • Support and advice to families and to paediatric treating teams
  • Referral on to other appropriate services

Regional

• As per national provision
• Outpatient interventions where an ongoing tertiary Starship service is required.

Local

• As per national and regional provision

DHB Specialists

Patient contact with other services

• Paediatric Chronic Pain Service, Paediatric Oncology Late Effects Assessment Programme
• Neonatal Intensive Care Unit – parent-infant mental health assessment and support
• Bereavement coordination, Paediatric Palliative Care
• Feeding problems in medically fragile infants and pre-schoolers
• Neuropsychology assessments for children with complex neurological and medical conditions where assessment informs further medical management e.g. epilepsy surgery
• Medical stabilisation and re-feeding of young people with severe eating disorders
• Pre-transplant psychological/psychiatric assessments for Renal, Liver, Cardiac transplants and bone-marrow transplants, and post-transplant managements of psychological sequelae and adherence issues
• Metabolic - neuropsychology assessments as part of standard of care and for timing of transplant where indicated
• Diabetes - management of psychological adjustment to diagnosis, adherence problems, needle phobia
• Assessment and management of post cardiac surgery neuropsychological and behavioral issues

Population served

• Children/young people who are currently inpatients, or tertiary service outpatients of Starship Children’s Hospital, who have emotional, behavioural or psychiatric problems that are causing significant distress to the child and family, interfering with the child/young person’s ability to receive medical treatment, and/or causing significant disability.

Service activity

• Inpatient consultation service Monday to Friday, 8am to 4.30pm and input into Eating Disorder service.
• Outpatient activities are delivered in cases where subspecialist expertise is required and not available in the community child and adolescent mental health service.
• After-hours and weekend cover is provided by the on-call psychiatric registrar for ADHB, and by the Child and Adolescent Psychiatrist on the Auckland Regional Consultant roster.

Quality

• Monitor quality data for the Eating Disorder Service
• Collect and monitor patient and referrer feedback
• Seeking to develop more comprehensive quality and outcomes data through the clinical excellence programme

Non-contact patient specific activities

• Clinician to clinician advice across the country (eg 88 contacts in the first 5 months of 2015/16)
• Attend the regular service multidisciplinary team meetings for many of the subspecialty services including oncology, respiratory, gastro, renal, metabolic, diabetes, cardiac, neurology, NICU, PICU, pain, palliative care, and eating disorders MDT meetings

Non-patient specific activities

• Actively involved in teaching/professional development programmes, including teaching tertiary students, presenting at conferences, participation in programmes at Starship and nationally, regionally and in the community
• Specific teaching and supervision to the regional DHBs by way of supervision of Paediatric general and psychiatric staff, support in case management, teaching and sub-speciality training

Service specific challenges

• Responding to demand growth in other paediatric medical/surgical services including impact on mental health of newer treatments and newer drugs
• Responding to increasing prevalence of psychiatric disorder and related presentations.
  • young people presenting with medically unexplained symptoms
  • complex comorbid medical and psychiatric problems do not meet the community CAMHS criteria for psychiatric severity
• The lack of specific funding for Perinatal – Infant Mental Health services
• Funded FTE are predominantly allied health and nursing FTE, while the actual service delivery is more heavily weighted to SMO FTE (at a higher cost)
• The current funding model does not adequately cover the volume and complexity of work, including the non-face-to-face activity that Starship patients generate