'No wrong door, no wrong question': managing uncertainty in child health

The co-occurrence of mental and physical disorders in child health is rarely straightforward. Patients of any age with medically unexplained symptoms (MUS) – including unstable control of chronic disease – are *by definition* puzzling to clinicians.

The primary task of mental health liaison is to bring an alternative perspective alongside a paediatric one. This requires a responsive, collaborative and ongoing partnership between physical and mental health colleagues.

Minimum sufficient conditions of effective paediatric mental health liaison

- ***Shared space***

Senior mental health staff in *daily* informal (ward, clinic, office) contact with child health clinicians

- ***No wrong question***

There should be *no protocol for asking questions.* Child health staff can voice any clinical query – anxiety, curiosity, puzzlement, interest, fear or concern – and be able to discuss this with senior mental health colleagues the same working day. An opinion, recommendation or formal referral to mental health may then follow.

- ***Multidisciplinary Child Health Team (MDT)***

Regular multidisciplinary meetings of child health – includes therapies (physio, OT dietetics, SLT), play specialists, social work, education, safeguarding, mental health – chaired by a senior child health clinician. Students may attend, and other staff may be coopted, or invited for particular case discussion.

- ***Multiprofessional Liaison Mental Health team***

Includes senior psychiatry, psychology, mental health nursing, psychotherapies (family systemic/individual), at least one of whom is present for advice, referral, consultation on part of every weekday.

Including psychiatry, a minimum of three disciplines in the liaison team, whose workforce, development and prestige is enhanced by the presence of trainees under supervision.

- ***Embedded Social Work***

Collaborative partnership between child health and named local social workers.

- ***Emergencies***

24/7 access to clinical assessment (ward, emergency department, clinic) supervised by consultant child and adolescent psychiatrist.

- ***Family and network engagement***

All assessments must be developmentally based and include patient's family and the network of relevant/involved professions in mental and physical health, education, social work, voluntary, community, etc

Rarely is it sufficient to assess a patient whose symptoms are unexplained without ongoing liaison review.

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