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Liaison psychotherapy in a hospital paediatric diabetic clinic

Sir,

Drs Josse and Challoner's paper highlights the importance of liaison psychotherapy in the management of diabetes, an illness with recognised psychological components.¹

Our experience over the past seven years has suggested that a psychotherapist's skills are useful in a wide range of paediatric work. A member of the 'team' who is not involved in day to day management can define the psychological impact of illness, dying, and handicap on the child and his family and on those who care for him, and can help them.

In our hospitals, in addition to working with individual children and their families, the liaison psychotherapist holds two weekly staff groups for nurses. One group is in a specialised setting—a special care baby unit²—and the other is in a general paediatric ward. The work of each group is aimed at augmenting the care of patients by helping the staff to find constructive means of working with the various amounts of stress present and to facilitate a greater understanding of the psychological aspects of child and family functioning by means of implementing this in treatment. A psychotherapeutic approach to liaison work needs not only a knowledge of family systems theory but also an understanding of the various dynamic forces at work in the psyche, for example, unconscious conflicts and anxieties and the association between these and child development and family functioning. His training in therapeutic techniques, both individual and family, can help provide paediatric staff with additional ways of working with patients and their families.

An integral part of any team is the medical social worker who provides among other things a link with the community, necessary statutory work, and the tackling of multifarious social problems. Many social workers are skilled in the techniques of supportive counselling and family treatment and provide a valuable service. Their work is complementary to the psychotherapist's whose lengthy

specialised training enables him to work quickly at a depth which can bring about effective change.

Constructive paediatric psychotherapeutic liaison can only take place, however, if the psychotherapist is able to take a common sense approach to working with medical staff. It is necessary to find ways in which their skills can be practically used in paediatric work. This precludes the superimposition of metapsychological theories and their accompanying jargon, which are wholly impractical and understandably alienating in this field.

We feel that liaison paediatric psychotherapeutic work has much to offer the National Health Service and more effective training, including fieldwork, is required.

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Mercury as a health hazard

Sir,

Curtis *et al* reminded us that pink disease still occurs and mercury remains an occasional environmental hazard,¹ but were all their cases of pink disease due to mercury poisoning? Certainly this toxic metal causes the severe disease, but the similarity between mild disease and the appearance of some severely disadvantaged children with 'deprivation hands and feet' has been noted.² After reviewing reports of the disease it seems to me that the diagnosis of pink disease was often made on clinical grounds alone without laboratory confirmation. The condition was most frequent among the poorer sections of the community and many children responded to close follow up and support at out patient clinics, displaying weight curves that latterly would fit catch up growth where social circumstances have improved.³ Perhaps mild pink disease was simply a marker for social deprivation and unrelated to mercury poisoning?

Would senior paediatricians who manage the disease like to comment on this hypothesis?

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