

SPOTLIGHT

on... child and adolescent psychiatrist



Q&A with Osman Malik, child and adolescent psychiatrist

Tourettes Action interviewed Osman Malik to find out how a child and adolescent psychiatrist can be of support to a young person with Tourette Syndrome.

Can you please define what Child and Adolescent Psychiatry is?

A psychiatrist is a medical specialist trained in the diagnosis, treatment and prevention of psychiatric illness, mental disorders and psychiatric symptoms in the context of neurological disorders and other medical conditions.

What is the role of a Child and Adolescent Psychiatrist to a young person who suspects they have TS or is already diagnosed with the condition?

Child psychiatrists can help in the assessment and management of Tic disorders and TS as well as in the detection and treatment of co-occurring conditions such as OCD, anxiety and ADHD.

Do Child and Adolescent Psychiatrists provide therapy as well as prescribing medication?

Child psychiatrists will focus on assessment of tics

and co-morbid conditions, they will also provide psycho-education and if necessary prescribe medications; most child psychiatrists are also trained in specific kinds of therapies and will often (but not always) deliver these as well. Some of the children's psychiatrists who work with TS children will do interventions such as habit reversal and ERP, but most of them will refer children to psychologists for detailed psychological and therapeutic interventions.

Must a young person with TS have significant mental health challenges in order to be seen and supported by a Child and Adolescent Psychiatrist?

Although child psychiatrists are needed for assessing and managing complex and co-morbid mental health problems, however TS is in itself a neuropsychiatric or complex neuro-behavioural condition – so child psychiatrists can and should provide support to children with TS even when they do not have significant additional mental health challenges.

Does a Child and Adolescent Psychiatrist aim to treat tics separately to the co-occurring conditions or secondary mental health challenges?

Child psychiatrists are trained to understand the complex interdependent nature of tics, behaviours, co-morbid psychiatric conditions, impulse control problems and sleep. Hence, they try to manage the child's presentation in a broad manner rather than compartmentalizing it to managing one condition or the other or managing tics in isolation of mental health issues or vice-versa. In practice however many health care services are designed in a way which restricts what support clinicians can offer – for instance a child psychiatrist or a paediatrician working in an ADHD service may be able to offer only ADHD support to a child who has tics and therefore this child will need to go elsewhere for Tic support. In the same way many local CAMHS (child and adolescent mental health services) in the UK are happy to support young people with OCD and anxiety but are not commissioned to provide treatment for Tics. This creates artificial separation in the treatments children receive.

How do people get referred to a Child and Adolescent Psychiatrist?

Young people can get referred to a child and adolescent psychiatrist in various ways: their GP, school or local paediatrician can refer them to a child psychiatrist in their local CAMHS or neurodevelopmental service, or children can be referred to child psychiatrists embedded in specialist tics services (such as one at Great Ormond Street Hospital or at Evelina London Children's Hospital). If they are already know a CAMHS clinician who is not a psychiatrist, then they can ask the psychiatrist in the team to get involved. Child and adolescent psychiatrist are also based in specialist hospitals in paediatric liaison departments and work closely with Paediatric neurologists – who can refer to child psychiatrists.

About Osman Malik

Dr Malik trained in General Psychiatry at Imperial College/ Charing Cross Training Scheme in London and received membership of the Royal College of Psychiatrists (MRCPsych 2008). Following that he worked as a specialty doctor at the Centre for Interventional Paediatric Psychopharmacology at Great Ormond Street Hospital. He completed higher training in Child and Adolescent Psychiatry in the Great Ormond Street and The Royal London Training Programme (2009-2012). Currently he is a Consultant Child and Adolescent Psychiatrist at The Department of Paediatric Neurosciences at Evelina London Children's Hospital (working across several teams within Neurosciences) and at Children's Psychological Medicine at St Thomas' Hospital.

Dr Malik is actively involved in research in Tics, Tourette Syndrome and motor stereotypies. He is a clinical supervisor / trainer for higher trainees in child psychiatry and teaches at the South London and Maudsley as well as Great Ormond Street training schemes in Child and Adolescent Psychiatry.

Tourettes Action would like to thank Osman Malik for his very helpful explanations to our questions

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