PSYCHOSOCIAL ISSUES IN PICU

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MISSING LINK

- Critical Illness Traumatic to Child and Family
- Morbidity Outcomes now important
- Include Medical and Mental Health outcomes
- ICU Patients include
  - Very Young
  - Very Sick
  - Long Stays – multiple procedures / surgery
  - Multi specialty involvement
- Uncertain Outcomes
- Medical Errors

Managing Distress and Promoting Coping

The Patient

- Critically Ill Child suddenly separated from parents
- Physically and Emotionally challenging environment
- All need support and understanding
- Developmental stage and temperament of the child
- Repeated admissions and long stay

Inability to cope results in psychosocial issues during and after PICU stay

Development Considerations

Infants and Toddlers

- Self worth and some amount of autonomy
- Newly acquired personal control
- Some control over environment
- Coping depends on sensory inputs and motor activity

Everything is under threat

- Separation anxiety
- Altered sleep habit, sucking and diet
- Painful stimuli
- Unfamiliar human contact
- Exhibit irritability → loud protest, clinging, regression, social, physical and emotional withdrawal

LOVE, UNDERSTANDING AND COMFORT

Pre schoolers 2-6 years

- Egocentric, at the centre of the world
- Pre operational stage of thinking
- Cannot process abstract concepts
- Magical Thinking and Punishment
- Separation from parents
- Confused, fearful, strong protests, verbal aggressiveness, verbalised frustration, regressive behaviour, withdrawal

LOVE, UNDERSTANDING AND FRIENDSHIP

School Age Children 7 to 12 years

- Cognitive capability to reason inductively
- Limited understanding of their disease
- Understand the concept of hospitalisation
- Adjustment depends on coping skills
- Ask questions, handle equipment, take interest in surroundings
- Accept limited contact with parent
- Accept stay in PICU
- Friendly with staff
- Phases of adjustment and maladjustment
- Aggressive, strong protestors, denial and withdrawn

LOVE, UNDERSTANDING AND FRIENDSHIP

Adolescents

- Ability to use deductive reasoning
- Can conceptualise ideas and abstract thinking
- Cognitively master the environment by asking questions, intellectualisation and rationalisation
- Lost independence, privacy is threatened
- Communication with friends is hampered
- Loss of control over everything
- Altered body image
- Phases of acceptance and non acceptance

LOVE, UNDERSTANDING AND FRIENDSHIP

MISSING LINK

The Parents

- Crisis for the family
- Temporary disruption of family and work
- Interrupts parent child relationship
- Environment unfamiliar, lack of trust
- Child's changed appearance
- Limited access to child
- Shock, disbelief, guilt, anticipatory waiting, mourning
- ANXIETY, WORRY AND LOSS OF CONTROL

ASSESSMENT, INTERVENTION FOR ADAPTATION, AND UNDERSTANDING

- Coping abilities are individualised and unique
- Intellectual and educational background
- Family and Friends
- Cultural and Religious Beliefs
- Very young or single parents
- Alcohol, HIV, Chronic Illness
- Social and Financial support systems

HEIGHTENED ANXIETY

Intervention Strategies

- Questions answered honestly
- Time frame and prognosis of the disease
- Orientation to physical environment
- PICU Staff, other specialists, and procedures
- PICU guidelines, schedule, visiting policies, technical set up

Communication

- Most vital to keep hope and optimism alive
- Daily discussion of plan
- Team approach and trust building
- Take help from parents to manage the child inside PICU
- Help in raising money
- Support groups in waiting area
- Difficult parents – over reactive, hostile, distrustful, uncooperative or mentally ill

SOCIAL WORKER, COUNSELLOR, PSYCHIATRIST

PICU Staff

- Complex case mix – infants to adolescents
- Potentially life threatening procedures
- Mastering complex technology
- Multi speciality interactions
- Facing Death of Patients
- Long Hours of work, sleep deprivation, physical and mental exhaustion
- Limited space, noisy environment, shortage of staff
- Facing super anxious parents

Constant Vigilance, Quick Decisions, Judgement Errors costly

CRISIS – STABILISATION – NEW CRISIS

Coping with Death

- Truthful information with compassion
- Futility of further aggressive intervention
- Freedom from pain and suffering
- Social and religious demands
- Facilitate administrative issues
- Transplant possibilities

CONTACT WITH SOCIAL WORKER AND MENTAL HEALTH PROFESSIONAL

Psychiatric Case Mix in PICU

- Substance abuse, drug overdose, poisoning
- Attempted Suicide
- Violent Behaviour
- Anxiety Panic Attacks
- Depression
- Child abuse
- Sexual Abuse and rape
- Delirium

Delirium

- Like an organ system dysfunction
- Much for us to learn in paediatric delirium
- Assessment scales
- Disorganised thinking, restlessness, incoherence, irrationality, wild and excited behaviour

NON PHARMACOLOGICAL STRATEGIES

Toys, objects of habit, parental company, familiar music, Television, Friends, early mobilisation

PHARMACOLOGICAL STRATEGIES

Post PICU

- Persistent psychological and behavioural difficulties after discharge
- Incidence is 25% in the first year
- Data for 1 to 6 year olds is lacking
- Sleep Disturbances, Fearfulness, Insecurity, Clinging, Delusional memories, hallucinations, medical fears, depression

LOWERED SELF ESTEEM AND CONFIDENCE

CHANGES IN FRIENDSHIP

PSYCHIATRIC SYNDROME – PTSD

ROLE FOR MENTAL HEALTH PROFESSIONAL