ROLE OF THE CHILD PSYCHIATRY TEAM

A R Nicol

The child psychiatry team may consist of various professionals in different districts but commonly includes a clinical psychologist, social worker, community nurse, occupational therapist, specialist teacher, and non-medical psychotherapist as well as a consultant child psychiatrist.

Why should child psychiatrists be concerned with child abuse?

As the long term damage resulting from child abuse is overwhelmingly on the child's emotional development the relevance of child psychiatry and psychology is obvious.

Below is a simplified table of some of the adverse emotional and behavioural effects associated with child abuse together with their potential outcomes in later childhood and adult life. It should be emphasised that these outcomes are not inevitable, many can probably be modified by favourable later experience or by specific treatment.

It should be the task of the team managing child abuse, particularly the child psychiatrist, to try to prevent these damaging long term consequences.

How and when should child psychiatrists become active in child abuse?

There are several points in the management of child abuse at which child psychiatry should be considered. A child psychiatrist is particularly likely to be helpful when he or she has extensive experience of this particularly difficult and sometimes unpleasant type of work.

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Childhood experience	Possible outcome
Repeated separations	Problems in making and sustaining intimate personal relationships Reactive depression
Neglect and understimulation	Developmental delays
Excessive punitiveness	Passive, "frozen" behaviour Disorganised aggressiveness
Inadequate discipline and family disorganisation	Delinquency, immaturity, poor habit training—for example, encopresis
Family discord and distorted family relationships	Manipulativeness, conduct disorder
Sexual exploitation	Sexual dysfunction, low self esteem

Assessment

The broad range of experience that is built into the training of a child psychiatrist is relevant to the assessment of a family when child abuse is suspected or has occurred. A child psychiatrist may be particularly helpful when both the following circumstances are true. Firstly, the child or other children in the family show signs of emotional problems, behavioural difficulties, or developmental delays; one or both parents seem to show evidence of personality disorder (very common) or of mental illness (less common, about 10% of cases); or there are questions about the quality of family relationships. Secondly, the professionals concerned with the case are puzzled about aspects of the diagnosis or they require guidance on how to proceed in the face of uncertainty.

Court work

The training of psychiatrists in assessing psychological problems and describing the intangibles of emotional life should equip them to provide a formulation of a problem of child abuse that will be well adapted to presenting evidence in court as either a material or an expert witness.

General management

Child psychiatrists are familiar with the principles of child care. These principles include the fact that decisions about child care should be made quickly and plan for the long term and that the psychological parent need not be the same person as the biological parent.

These principles should be imprinted on the consciousness of all those who try to help children in distress. Child psychiatrists, however, will have long and many faceted experience of their implications in practice. They may be able to complement or support social workers and other staff, partly through their long experience in practice but also because of their independence from the local authority hierarchy. Child psychiatrists should play a part in case conferences and planning the management of any cases in which he or she has become involved. This will include taking part in decisions about whether the child should return to the family or be brought up in an alternative family and also about specific management and treatment.

Specific management

Several specific treatments are relevant to problems that may arise in child abuse.

- Specific treatment may be needed for a parent with a mental illness. In this case a child psychiatrist may call on the help of a colleague who is an adult psychiatrist, but the child psychiatrist may have a deeper appreciation of the impact on the family of mental illness in parents and a greater experience of child abuse.
- Specific focused psychological intervention using behaviour modification principles may be useful when the abuse is associated with an extremely poor quality of parenting in the family. This may be undertaken by the social worker, clinical psychologist, or child psychiatrist but a support team is helpful in planning treatment and providing continuity.
- Anger management programmes are a way of helping people who have difficulty controlling their aggressive impulses. They can be useful when the abuser is, for example, an impulsive young man who is horrified at what he has done and thus well motivated to change. This is not an uncommon finding.
- Sexual abuse gives rise to some of the greatest psychological problems. Well run groups for older children or adolescent victims or play therapy for younger children may be a great help; counselling for other family members may also be helpful, and self help groups have been described but little used in this country.
- Family approaches can be useful in both physical and sexual abuse but need to be used with caution and when the aim of the treatment is clear. Abusive families are families full of fear and mistrust. The indiscriminate use of conjoint family approaches—that is, those in which the whole family is seen together—is naive and silly. There is no place for it.

These specific interventions should be subordinate to the overall treatment and management programme for the child and family. The process and results of treatment need to be carefully documented because apart from the specific benefits of the treatment they may contribute invaluable information about the capacity and motivation of the family for change and hence contribute to the major multidisciplinary decisions that need to be made about the family at case conferences.

Summary

In summary, a child psychiatrist can make an important contribution to the management of child abuse. At least one child psychiatrist in each district should take an interest in this work and should be given the time to do so. As for other professionals, child abuse is an aspect of the work of child psychiatrists that is particularly harrowing and time consuming.

MATERIA PARAMEDICA

The image of self: "Dorian Gray" in reverse

There are few occupations whose practitioners are privileged to know the ages of their clients. Among these are members of the medical profession and ancillary staff. Thus one may acquire a skill, if so inclined, at assessing a person's age with remarkable accuracy. What are the almost infinitesimally small facial and other physical changes that, occurring in the space of one year, enable one to assess that difference without reference to the notes? In a social context, "My dear, you haven't changed at all!" means, "You look one year older than when we last met." Whatever these changes may be, our eyes take them in, and within seconds the brain has computed an age assessment.

TRUSTEES OF THE IVEAGH BEQUEST, KENWOOD

But what image of our own age do we as individuals possess? It is my impression that many of us retain an image of a younger self, so long as we feel fit and well, and unless we have seen ourselves on motion picture. How else can one explain the appearance of the dear old ladies tottering along Western Road in Hove, surviving flappers of the "roaring" 1920s? Their thickly powdered cheeks and heavily applied lipstick, with garments en suite, advertise their self assessment.

Oscar Wilde, in *The Picture of Dorian Gray*, gave an unusual and ingenious twist to the problem of perception of one's own age. In this novel of the 1880s the hero-villain of the title is a young man whose appearance and character are of surpassing beauty. He is seduced by an aristocratic layabout into a life of irresponsible hedonism. Meanwhile he sits for his portrait. "Why," he protests, "why should it keep what I must lose? . . . Oh, if the picture could change, and I could always be what I am now!" The author waves his magic wand and the wish is granted. As the years pass, Dorian Gray retains the physical attributes of a 20 year old. The portrait meanwhile shows the progressive changes of aging. Dorian's unchanging youthfulness is a mystery to his friends. The picture is kept hidden in Dorian's attic, and he sneaks an occasional glimpse of his aging status. The author lends spice to the Victorian reader by introducing the idea that a sinful life shows malevolently in the face. This discarded concept was influenced by the theories of the criminologist, Cesare Lombroso. Dorian takes a final view of his portrait, stabs the canvas, and is found dead, wrinkled with age, from a mysteriously acquired stab wound. The novel sparkles with Wilde's epigrammatic comments on the mores of his contemporaries, but now one century later it is virtually unreadable, so redolent is it of the Aestheticism movement, of which Wilde was the leader in its declining stages, and so cluttered is it with the affected phraseology of Grand Guignol.

Let us not deride Oscar Wilde's fairly tale. I know from personal experience that the observation of a portrait over a period of years can reflect one's perception of aging. We all know that one definition of middle age is that period in your life when policemen begin to look like boys. And this brings me to the portrait of Mary, Countess Howe, wife of the admiral, by Thomas Gainsborough. In the 1920s the former Lord Iveagh, who had amassed great wealth from brewing and selling beer, purchased a large eighteenth century mansion, with extensive gardens and woodland, known as Kenwood House. It is situated in north London midway between the villages of Highgate and Hampstead, and lies in an enclave of Hampstead Heath. Lord Iveagh covered the walls of the rooms with old master paintings. He then gave the house, its priceless contents, and the grounds to the London County Council for the enjoyment of the public. It was a very generous and eloquent way of saying, "Thank you for drinking Guinness."

I was present on the public opening day in July 1928. I gazed at the portrait of Countess Howe in teenage admiration. There she stood, seemingly imperious and somewhat matronly. I live nearby and pay frequent visits. When we were the same age, about 25, her demeanour was one of quiet self confidence and she was certainly more youthful. With the passing decades she has appeared progressively younger, and, now that I am old, she is a mere slip of a girl—but with undiminished beauty. Because the image of Countess Howe has remained the same while I have changed, she has shown me how I have been aging. A kind of Dorian Gray in reverse.

BERNARD J FREEDMAN