



Episode 8. Paediatric Psychodermatology - Part 1: An introduction and practical approach



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In this episode we discuss...

What is psychodermatology?

- Skin disease which is impacting on psychological wellbeing
- Skin disease exacerbated by stress e.g. eczema / psoriasis
- Psychological/psychiatric conditions which present with skin signs to a dermatologist

Ways of establishing rapport and communicating effectively with children/young people (CYP) and their families.

Summary on history taking in paediatric psychodermatology

- When did the behaviour start? (Age of onset, family circumstances at that time, bullying/friendship issues, exam pressures.)
- Triggers for that behaviour (Does the behaviour get worse at particular times/days, is there a place or time when it usually happens, is it conscious or unconscious, or a hidden activity, do the parents see the behaviour?)
- Personal history (are they a worrier/perfectionist?)
- Is there a personal history of anxiety, also in other family members (mirrored behaviours)?
- OCD/ritualistic behaviours? – e.g. handwashing, also in other family members.
- When does the problem get better? (school holidays, Sundays, when doing other enjoyable activities)

Discussion around how to communicate with the CYP and parent/carer around introducing psychology and psychiatry input: terms to use, e.g. “a getting to know you session”. Framing the problem in the context of a mind-body link; “The body is like the tentacles of the mind”.

How to create a safe space for a CYP to talk openly: talk to them separately from their parent/carer, physical room set up, get down to their level/remove the power dynamic, activities in the background (e.g. drawing or playing with a fidget toy whilst answering questions), thinking outside the box, if a child does not want to talk, they might like to draw their feeling or experience.

Factors we need to keep in mind as potential drivers for a psychodermatology problem: contextualise by neurodevelopmental and cognitive stage, gender identity, sexuality, family issues, transition from primary to secondary school, bullying, cyber bullying, and technology.

The importance of communication with parents around acceptance of a child as they are, if they have a skin condition which has a visible difference. Open communication within the family about their skin condition. Empowering the child and de-shaming – re-frame the positives, e.g. resilience.

NB. Remember to fully examine and treat the skin.

References and further reading:

Changing faces: <https://www.changingfaces.org.uk/>

Kooth: <https://www.kooth.com/>

Young Minds: <https://www.youngminds.org.uk/>

Headspace app: <https://www.headspace.com/>

Baron S, Ali R, Baig B 2021. 'Psychodermatology in Children' in A Bewley, P Lepping. R Taylor (eds), *Psychodermatology in Clinical Practice*, Springer Nature Switzerland pp 363-382.
<https://link.springer.com/book/10.1007%2F978-3-030-54307-5>

McPherson T 2021. *Skin conditions in young people – a practical guide on how to be comfortable in your skin*, OUP Oxford. <https://global.oup.com/academic/product/skin-conditions-in-young-people-9780192895424>

De Vere Hunt I, Chapman K, Wali S, Bullus R, Fisher R, Matin RN, McPherson T (2019). Establishing and developing a teenage and young adult dermatology clinic with embedded specialist psychological support. *Clinical and Experimental Dermatology* 44; 8: 893-896.
<https://onlinelibrary.wiley.com/doi/full/10.1111/ced.13950>