

Concept of Health Care Counseling for Pediatricians

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Health care counseling (HCC) is a relatively new concept that amalgamates human biology, human psychology and medical sociology principles, and applies the same in real-time clinical situations. In India, there is a real paucity of trained mental health personnel, and hence counseling services are restricted to few departments. HCC is especially important for the child population, as the pediatricians need to partner the parenting responsibilities in different illness care settings covering the period from newborn to adolescence. This paper proposes steps for further development of the concept, expertise and systematic training program for health personnel, as an activity of Centre for Health Care Counseling Studies under Kerala University of Health Sciences. Once the process is documented, we hope that the same would be made available to other states in India.

Keywords: *Healthcare counseling, Healthcare delivery.*

The term 'Health Care Counseling' denotes introduction of the science and practice of counseling at all healthcare delivery points, apart from the existing mental health settings. Introduction of healthcare counseling is expected to bring about palpable changes in the existing communication gap between health care professionals and their clients, particularly the parents of the young ones. There is ample opportunities for introducing health care counseling in the life-cycle approach to child care and development, a philosophy that encompasses all actions essential for preparing for future motherhood, joyful pregnancy, safe delivery, and optimal growth and development till 18 years of age [1]. Establishing health care counseling services in the healthcare sector would involve: (i) a formal need assessment, (ii) identification of research priorities, (iii) development of human resources, (iv) identification of services for all specialized healthcare situations across the entire pediatric age group – birth to 18 years, (v) development of service models, (vi) formal evaluation, and (vii) seeking policy support. This article intends to highlight the relatively new concept of Health Care Counseling (HCC), particularly relevant to practicing pediatricians, in terms of; (i) system approach to counseling, (ii) the conceptualization of HCC, (iii) the need for HCC, (iv) capacity building for HCC, (v) description of HCC, and (vi) plan of action.

SYSTEM APPROACH TO COUNSELING

In India, one of the major problems that healthcare services face is related to demand and supply. Every day the number of persons seeking services of healthcare

institutions is increasing, but there is no proportionate increase in the personnel and infrastructure facilities due to financial constraints. There is a wide variety of health systems around the world, with varying histories and organizational structures [2]. Healthcare delivery system is like any other system and is governed by some basic principles of system operation. The basic principles of system approach to counseling have been originally developed in physical sciences and later social sciences, where an individual is taken as part of the system, and an intervention for betterment of individual would be effective only if it can bring about change at a systemic level [3]. Many biological and non-biological phenomena share the attributes of a system: (i) all systems are based on a set of rules, for example in the context of healthcare system, all major activities are to follow a 'standard operating procedure', (ii) there is a lifecycle for a system – stages of formation, growth, retraction and disintegration, *e.g.*, lifecycle approach to child care and development, (iii) every system has a predictable and unpredictable style of operation, for example a routine children's hospital casualty activities *versus* response to an unpredictable calamity like food poisoning in the neighbourhood school or school van accident that may upset the efficiency of the system, (iv) a unified whole can be identified from the sum of its parts and any change in one part affects the system, *e.g.*, poor front-office management would affect reputation of an otherwise competent hospital, (v) functioning systems tend to be homeostatic in operation, meaning once a system is established, it maintains a stable state by regulating the system through feedback information, *e.g.*, monitoring

routine immunization service in the community, and (v) finally, report of a lacuna in one part of the system may need changes at the systemic level, for example complaint of poor communication skill of a child health nurse, need system correction not only at the supervisory level, but also at the primary training level.

CONCEPTUALIZATION OF HCC

Traditionally body and mind were considered separate, and this had led to lot of scientific advances both in biological science and human psychology [4]. For example, psychotherapy that may be categorized into five fuzzy-bordered groups: (i) psychoanalysis, (ii) behavioral therapy, (iii) cognitive therapy, (iv) mindfulness-based therapy, and (v) body psychotherapy, with each one having many branches and extensive literature [5]. All these in turn have resulted in professional partnership in the mental health domain between medicine and clinical psychology, later supported by psychiatric social work professionals. The same may be true in case of childhood disability management – a fruitful partnership between pediatrician, child psychologist, physiotherapist, speech therapist and community health worker, as envisaged in the Rashtriya Bal Swasthya Karyakram (RBSK) of Government of India.

HCC is an integral part of medical care. Traditionally, counseling was the forte of Psychology postgraduates and later Masters in Social Work, both lacking adequate exposure to human biology. Psychological/mental health problems occur in the backdrop of biological and sociological processes. For example, ‘premenstrual syndrome’ among adolescent girls; a condition with recurrent moderate physical and psychological symptoms that resolve with onset of menstruation [6]. Although menstruation is a normal biological process, the premenstrual syndrome is more related to the psychological makeup of the girl and the comfort with which the family members handle this simple biological process. Again the bio-psycho-social model of depression [7] necessitates deeper understanding of biological and psychological backdrop and the social context of the adolescent. This then necessitate that HCC should integrate basic knowledge in human biology, human behavior and social milieu of the adolescent, amply supported by elements from communication, philosophy, and spirituality.

NEED FOR HCC

Before the onset of the 19th century, the medical practitioner was a learned person, philosopher, counselor, spiritual leader, and faith-healer; all in one. In the first

half of the 20th century, medicine was practiced more as an art and less of a science. But the second half of 20th century has witnessed unimaginable progress in science of medicine and large scale incorporation of technology into medical science. Major medical schools have become centers of excellence in medical technology and healthcare management. The personal communication between the physician and the patient has been compromised and the same is often reflected in the training of new medical graduates. Avoiding communication pitfalls and sharpening the basic communication skills can help strengthen the patient-physician bond that many patients and physicians believe is lacking [8].

CAPACITY-BUILDING FOR HCC

In India, with inadequate trained mental health professionals, there is an acute need for capacity-building of existing health care professionals in the art and science of counseling, especially for the young. Healthcare needs in each setting can differ greatly in different healthcare settings – primary, secondary and tertiary, and hence we need to create health care professionals with basic training in counseling principles in general and guided counseling training on specific issues related to their field of work. Newcomers require to become familiar not only with new practices and procedures but also the art of communicating with the children and their parents. Qualified practitioners who have learned by experience need to be sensitized to the diverse situations they might face in a variety of healthcare settings – busy out-patient, crowded inpatient and suboptimal intensive care units, both neonatal and pediatric. There is practically no healthcare facility or service without a professional nurse in station. The nurses have an advantage as they already have exposure and training in human biology, human psychology, and medical sociology, even during their graduate training, further reinforced in post-graduate training.

DESCRIPTION OF HCC

HCC should be viewed as an add-on service by existing specially trained healthcare professionals in their areas of service delivery and as appropriate to the needs of their pediatric patients and their parents. This should not be considered a stand-alone or referral service and should in no way interfere with the existing mental health services locally available. In fact, it is a fruitful amalgamation of expertise of consultant subspecialists in pediatric medicine and surgery and the counseling and communication skills of other supportive staff for the optimal benefit of the child population. Hence, it is a percolation of counseling services to all nodal areas of healthcare delivery without additional financial burden

for the provider. The areas to be included are still evolving, yet would involve the following priority areas needing counseling services namely: (i) neonatal/pediatric intensive care, (ii) lactation management (iii) young child feeding/nutrition, (iv) childhood disability management, (v) genetic counseling, (vi) problems of preschool child, (vii) scholastic backwardness, (viii) child rearing/parenting, (ix) adolescent reproductive health education, (x) psycho-social/mental health supportive care, (xi) substance abuse management, (xii) premarital and relationship education, (xiii) sexual abuse counseling, (xiv) disfigurement and cosmetic dentistry, (xv) lifestyle related diseases prevention, (xvi) wellness counseling, (xvii) childhood cancer care, (xviii) crisis management, and (xix) bereavement counseling.

PLAN OF ACTION

With the introduction of the Reproductive, Maternal, Neonatal, Child Health + Adolescent (RMNCH+A) program in India [9], and a strategic approach developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages, there is a huge demand for counseling services at every stage, especially during adolescence [10]. In the Kerala context, the proposed strategy, based on the concept of having a trained healthcare counselor at every point of delivery of child health service and using existing healthcare personnel would involve the following steps: (i) Kerala University of Health Sciences (KUHS) take the lead position through development of the Centre for Health Care Counselling Studies at KUHS, (ii) further development of the child HCC areas mentioned earlier including conceptualization, research and clinic models through advanced masters/research program, (iii) preparation of modules on each of the suggested HCC areas, (iv) training of trainers program for faculty of KUHS with masters degree in any discipline of health sciences, (v) training programs for all healthcare service personnel in Kerala both public and private sector, and (vi) simultaneous process evaluation. Subsequently, other Health Science Universities may emulate the same for both the pediatric and adult population.

CONCLUSION

In India, with limited availability of clinical

psychologists/psychiatrists, their expertise should be optimally used for mental health services. We need to create a pool of qualified trained and certified healthcare counselors as resource persons for training existing health care staff at every point of health care service delivery and for every medical specialty. The suggested HCC approach by trained healthcare staff could be a solution for the existing vacuum in the area of supportive care and effective communication between health care providers and patients. This is especially important for the child population, as the pediatricians and pediatric nurses need to partner the parenting responsibilities in different illness-care settings, covering newborn to adolescence period. Once developed and evaluated, the same could be replicated in other states of the country.

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