



THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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Name: Dr Kathryn Russell (Clinical Psychologist) and Dr Paul Vroegop (Pain Specialist, Psychiatrist), Madonna Dasler (Clinical Nurse Specialist) – From Counties Manukau Health Paediatric Consult Liaison Team. Bronny Trewin, (Clinical Psychologist) – Canterbury District Health Board. Members of the Paediatric Society “Pain in Children and Adolescents SIG”

1. *What are the key values that you would want to underpin our future public health and disability system?*

Children's pain can be difficult to recognize, and traditionally has not been prioritised across the health system. A key value to underpin all future healthcare is to acknowledge that infants and children feel pain, and that their experience of pain is real. All children and young people should have a right to quality acute pain management, procedural pain management, and management of persistent pain, delivered in a manner which values the child and whanau perspectives.

Children's pain must become a priority for all health care professionals. Health professionals must be trained in pain measurement and management techniques that are specific for infants and children, and youth people. There also needs to be consistency and equity in access to care across New Zealand, with larger and more remote areas gaining access to care.

2. *If you imagined the ideal health and disability system for New Zealand in 2030, how would people's experiences differ from today?*

- A system that is able to offer culturally appropriate and accessible services. In particular, recognising specific needs for Maori and Pacific children and young people in pain and that can adapt and support improved health outcomes related.
- A system that promotes education about pain to the community and health professionals, as it is experienced by children and young people
- A system that recognises the impact of persistent pain and resulting disability for children and young people
- A system that enables children and young people to access appropriate services for management of persistent pain
- A system that trains health professionals to access and treat children's pain.
- A system that advances our ability to alleviate children's and young people's pain from an interdisciplinary perspective
- A system that allows for equity in access to pain services across New Zealand.



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3. *What system level changes would you recommend to improve equity of health outcomes and wellbeing? What impact would you expect these changes to make?*

Tertiary services: Auckland (currently the only Tertiary service at Starship), Wellington, Christchurch – Well funded regional hubs, with increased focus on Maori and Pacific health informed care.

Secondary services - A greater focus on pain in General Paediatrics, with training and links to the tertiary hubs. An integrated team approach supported and coordinated by a CNS at each DHB and access to rehabilitation outpatient Physiotherapy, OT and Psychology. Links with Maori and Pacific service providers and NGO's to make these services accessible and relatable.

Primary services – greater education and focus on Paediatric pain across the board in healthcare in NZ. Providing appropriate education for families and collaboration with support groups in the community

As it is currently a vastly underserved area of healthcare, there are currently at least 40,000 children and young people who could have their health improved by introducing the above systemic changes.

4. *What system level changes would have the most impact on improving health outcomes for Māori?*

Statistics Canada say the highest incidence of chronic pain is in Indigenous communities. Canada's First Nations Regional health Survey (2012) say first nation children and youth have higher rates of a range of pain conditions but are **less likely to be treated**. First nation children are reported as having the **HIGHEST** rates of pain related conditions (Latimer, 2014). Van der Woerd et al (2005) reported **45% of first nation youth** said pain issues kept them from school, sports and other activities. Suitability of pain assessment in indigenous communities has been questioned (CADTH, 2015). Higher rates of body pain are reported in First Nation children with PTSD than other children (Buchwald et al, 2000). First Nation health care users perceive providers are uninterested in their pain (Jimenez et al, 2011).

In Australia, Health provider attitudes may block access due to myths such as 'pain has less impact on Aboriginal people', and 'Aboriginal people don't want access to care' (Lin & Coffin, 2017).

In NZ, we know about health inequity generally. But we have no idea about Maori child and youth pain at a population level although we may get some form the northern region youth health survey – which will have a persistent pain question included.

There are extremely limited services in general (one specialist chronic pain service in Starship). All populations are underserved, however it is likely that Maori children and young people are greatly underserved.



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5 *What system level changes would have the most impact on improving health outcomes for Pacific peoples?*

There are no services which provide a focus on child and adolescent pain management for Pacific people. There is not even any consumer or community input into current services. At all levels primary, secondary and tertiary healthcare – no group has an overall approach to child and adolescent pain that would meet the needs of Pacific people or improve outcomes for Pacific people. There should be research into the current needs and outcomes for Paediatric Pain of Pacific and Maori.

6. *What system level changes would have the most impact on ensuring that disabled people have equal opportunities to achieve their goals and aspirations?*

Pain is one of the largest causes of disability in children and adolescents in NZ, with children missing school and leisure activities. Yet is it almost entirely overlooked in terms of health funding and treatment programs.

“One in five Canadian children have weekly or more frequent chronic pains (most commonly headaches, stomach aches, and muscle/joint/back pain), with an estimated 5---8% of children or teenagers suffering from chronic pain severe enough that it interferes with schoolwork, social development and physical activity (Huguet and Miro 2008, Stanford, Chambers et al. 2008, Ramage---Morin and Gilmore 2010, King, Chambers et al. 2011, von Baeyer 2011)” (Canadian Pain Society, 2014)

Children with disabilities experience pain as a barrier to achieving goals and aspirations. “Children with intellectual and developmental disabilities suffer more often from pain than their typically developing peers. Their pain can be difficult to manage, and assessment is often complicated by their limited communication skills, multiple complex pain problems and the presence of maladaptive behaviours” (Breau et al, 2009)

7. *What existing or previous initiatives have best delivered improved and equitable health outcomes and wellbeing in New Zealand or overseas? Why have these approaches worked, and what is their potential to deliver further improvement?*

In terms of managing pain in hospital settings, most children who are in hospital experience pain. Given other international studies it is likely that Paediatric inpatient pain is under recognized and undertreated. Various studies looking at improving pain management in Paediatric settings discuss education, pain champions, clear guidelines and policies, and a quality program to monitor improvements. Pain management in Paediatrics must become a key quality indicator (Harrison et al 2014; Friedrichsdorf et al, 2017).

A web-based international survey of 136 pediatric pain experts representing different specialties from 12 countries indicated that ideal chronic pain programs would have a multidisciplinary staff; provide a wide range of treatments for different chronic pain problems; integrate research, formal clinical training of specialists, and public education and advocacy into their activities; and be an accredited part of the public health system (Miró et al, 2017).



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8. *What are the top priorities for system level change that would make the biggest difference to New Zealanders?*

Each DHB committing to providing child and adolescent specific pain services at a secondary level:

- This should include CNS, funded time to a pediatrician to oversee, Physiotherapy and Occupational Therapy dedicated time, Psychology and Mental Health clinician dedicated time
- Ability to provide liaison assistance to primary care providers for those young people who require treatment, but are not so disabled by their symptoms
- And contribute to 3 well-funded regional tertiary services. Those services should be funded to provide culturally accessible and supported programs, inpatient and day programs.

9. *Is there anything else you wish to add?*

If there are 800,000 people in NZ between the ages of 5-18. And 5% of them are significantly disabled by pain; that means 40,000 children will need health and disability services to improve their pain related functioning. Currently this is not managed in a co-ordinated or joined up way.

Chronic pain is often not accepted as referral criteria for Child and Adolescent Mental Health Services in NZ. This is despite chronic pain increasing suicidal thoughts and behaviours even without the presence of depression (Van Tilburg et al, 2011).

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