British Society for Paediatric and Adolescent Dermatology assessment and support of mental health in children and young people with skin conditions: a multidisciplinary expert consensus statement and recommendations

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Abstract

Background Psychological and mental health difficulties are common in children and young people (CYP) living with skin conditions and can have a profound impact on wellbeing. There is limited guidance on how best to assess and support the mental health of this population, who are at risk of poor health outcomes.

Objectives To provide consensus-based recommendations on the assessment and monitoring of and support for mental health difficulties in CYP with skin conditions (affecting the skin, hair and nails); to address practical clinical implementation questions relating to consensus guidance; and to provide audit and research recommendations.

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Methods  This set of recommendations was developed with reference to the AGREE II instrument. A systematic review and literature appraisal was carried out. A multidisciplinary consensus group was convened, with two virtual panel meetings held: an initial meeting to discuss the scope of the study, to review the current evidence and to identify areas for development; and a second meeting to agree on the content and wording of the recommendations. Recommendations were then circulated to stakeholders, following which amendments were made and agreed by email.

Results  The expert panel achieved consensus on 11 recommendations for healthcare workers managing CYP with skin conditions. A new patient-completed history-taking aid ('You and Your Skin') was developed and is being piloted.

Conclusions  The recommendations focus on improved mental health assessments for CYP presenting with a skin condition, with clinical guidance and suggested screening measures included. Information on accessing psychological support for CYP, when required, is given, and recommendations for staff training in mental health and neurodiversity provided. Embedding a psychosocial approach within services treating CYP with skin disease should ensure that CYP with psychological needs are able to be identified, listened to, supported and treated. This is likely to improve health outcomes.

What is already known about this topic?
- Skin and hair conditions of all types can have short- and long-term emotional impacts on children and young people (CYP).
- There is a lack of psychological services for CYP with skin problems.

What does this study add?
- These consensus recommendations focus on improved mental health assessments for CYP presenting with a skin condition, and suggest screening methods and clinical recommendations for support.
- Embedding a psychosocial approach within all services treating CYP with skin disease is likely to improve health outcomes.

In 2019, the British Society for Paediatric and Adolescent Dermatology (BSPAD) formed a working group to address the mental health needs of children and young people (CYP) with skin conditions, including hair and nails. It was already known that mental health difficulties are common and increasing in the child and adolescent population generally. There is good evidence, reported in a recent All Party Parliamentary Group review, that skin and hair conditions of all types can have both short- and long-term emotional and psychological impacts that are likely to be a particular problem in those with chronic, ongoing skin problems. However, these problems remain poorly addressed, with a demonstrable lack of specific psychological services for CYP living with skin conditions. CYP services benefit from embedded psychological support, but this is limited to only a few centres.

This work aimed to answer the following health questions: (i) What are the best methods to assess mental health in CYP presenting to healthcare professionals in the UK with skin conditions? (ii) Which mental health screening tools can be recommended in this population? (iii) How can CYP best be supported when psychological concerns are identified?

Materials and methods
This set of recommendations was developed through multidisciplinary discussion with background supporting evidence, with reference to the AGREE II instrument. These recommendations have been developed for implementation by all healthcare workers seeing CYP in the UK National Health Service.

The following work was undertaken to inform the consensus recommendation development process: (i) a systematic literature review to identify which patient-reported outcome measures (PROMs) of mental health have been validated in this population; (ii) a literature search for existing guidance on assessing or supporting mental health in this population; and (iii) a survey of the current practices of clinicians managing CYP with skin conditions, including the PROMs they use, barriers to assessment of mental health and whether they would find specific guidance helpful.

The systematic literature review has already been published in full. The literature search was conducted within PubMed and PsycINFO, combining search terms for paediatric populations, dermatology, screening and assessment tools, and psychological and psychiatric conditions, to identify PROMs that screened or assessed for mental health symptoms in young people with skin disease (Appendix S1; see Supporting Information). The initial search was carried out in October 2019 and updated in October 2021. PROMs that had undergone validation within this population were assessed for quality and an evidence base, using the COSMIN risk-of-bias tool. In total, 111 PROMs used to assess mental health symptoms in studies of young people with skin disease were identified, including generic mental health scales that have been extensively validated in different populations. Only one PROM (the Skin Picking Scale – Revised) had undergone specific validation in young people with skin disease. It had a poor quality of evidence for content validity and therefore could not be recommended. The review highlighted the current lack of consensus around the best way to assess patients, and that more work is required to examine the utility, feasibility and acceptability of existing generic, validated mental health screening tools in young people with skin disease. In the meantime, it was felt that existing generic mental health methods and PROMS, which have been extensively validated in other somatic health conditions, could be used appropriately.

The search for existing guidance on assessing or supporting mental health in CYP with skin conditions comprised a...
search of UK and international (USA, Europe, Australia, New Zealand, Asia) dermatology, paediatric and general practice national society guidelines. Paediatric societies, including the UK’s Royal College of Paediatrics and Child Health (RCPCH), recommend including mental health assessment and support as part of the secondary care management of all CYP, but do not address the specific needs of CYP with skin problems, who are generally seen by dermatologists rather than paediatricians.

The survey of dermatologists seeing CYP in the UK has been previously published as an abstract. Forty-five responses to an online survey sent to all members of the British Association of Dermatologists and paediatric dermatologists were received (estimated response rate 5%). Only eight respondents reported that they routinely asked about mental health. Fifty-one per cent used a PROM, but these were more commonly quality-of-life PROMs and only few used a specific mental health PROM. Ninety-five per cent of respondents felt guidance would be helpful. Free-text comments included the need for guidance to be in collaboration with psychologists and psychiatrists, to be pragmatic and practical, and to include advice on tools for specific situations and guidance on onward referral.

A multidisciplinary panel of key stakeholders [Consensus Recommendation Development Group (CRDG)] was therefore formed to create a set of consensus-based recommendations to address urgently the mental health needs of CYP living with skin conditions.

The CRDG was formed through targeted emails and open invitation to key stakeholders. The CRDG consisted of 11 consultant dermatologists with expertise in paediatric dermatology and/or psychodermatology, 3 dermatology registrars, 2 consultant paediatricians, 4 consultant child and adolescent psychiatrists, 4 clinical psychologists, 2 general practitioners (GPs), 3 specialist nurses and 3 patient representatives.

Two consensus group meetings were organized. The first was to discuss the scope, review the background work and identify areas for development to inform the second meeting. After the meeting, the BSPAD working group drafted consensus recommendations and developed patient (for children aged ≥ 8 years) and parent questionnaires (for children aged 3–7 years) named ‘You and Your skin’, which were circulated to the CRDG. Recommendations were informed by the available evidence and informal multidisciplinary expert consensus from a good practice point perspective. At the second meeting each proposed a recommendation and the rationale behind it was, in turn, presented to the group. Consideration was given to balancing the risks and benefits of proposed recommendations for patients, health professionals and services. All members gave their comments and the recommendation was revised until unanimous agreement was reached regarding the content and wording. Discussion of the rationale and evidence, where available, is provided in the ‘Background to recommendations’ section. The provisional consensus recommendations were circulated to key stakeholder groups for comment, inviting critical review; 11 provided comments, which were considered and incorporated into the recommendations, where appropriate. The final agreed-upon recommendations are presented in Table 1.

Stakeholders who contributed to the recommendations

The following stakeholders contributed to the recommendations: BSPAD membership; British Association of Dermatologists (BAD) membership; BAD Clinical Standards Unit; dermatology patient support groups (including the British Skin Foundation, Caring Matters Now, Alopecia UK, Changing Faces, DEBRA, Ichthyosis Support Group, National Eczema Society (NES), Eczema Outreach Support (EOS), Nottingham Support Group for Carers of Children with Eczema, Xeroderma Pigmentosa Support Group, Lipoedema UK and the Psoriasis Association); Young People’s Health Special Interest Group membership; EOS Youth Panel; Division of Clinical Psychology at the British Psychological Society; and the Primary Care Dermatology Society.

Background to recommendations

The expert CRDG identified the need to raise awareness among healthcare workers of the interaction between mental health and the skin. CYP, including those represented within the consensus group, feel strongly that the emotional impact of skin conditions should be addressed because (i) mental health difficulties and skin conditions are common in CYP; (ii) there is often a close link between skin and psychological wellbeing; (iii) both are best addressed together to optimize outcomes; and (iv) a holistic approach to assessing and treating all CYP will ensure that the full impact of their condition and any comorbidities are appreciated and identified. This approach needs to be regarded as key to training programmes for all healthcare professionals.

Appreciating the emotional impact of skin conditions as part of the clinical consultation

R1–R3 Assessing emotional difficulties should be part of any consultation involving a CYP with a skin condition. Considering the wider impact of the skin disorder optimizes engagement and facilitates support. Patients stress the importance of healthcare workers appreciating the emotional impact of skin disease. Qualitative analysis of interviews for the website https://healthtalk.org showed that young people’s top messages for healthcare workers are to ‘give more information’ and ‘appreciate the emotional impact’. This was confirmed by NES and EOS patient feedback prior to the meeting. A large proportion (38%) of 1038 young people surveyed by the charity Changing Faces, representing a diverse group with visible differences, wanted support with confidence and self-esteem, and almost as many (34%) wanted support for their mental health and wellbeing. [Changing Faces study commissioned by Savanta ComRes who, between 24 September and 3 October 2021, interviewed 1038 people with a mark, scar or condition that makes them look ‘different’. Data were weighted by age and gender to be representative of those with a mark, scar or condition that makes them look different. Full datasets have not been published; some data are referenced on the Changing Faces website (www.changingfaces.org.uk). The full datasets and report are available on request.]
Appreciating the emotional impact of skin conditions as part of the clinical consultation: recommendations 1–3

R1  Ask all CYP living with a skin condition about the emotional impact of their skin condition and about their general mental health, in whichever healthcare setting they are seen. Provide the opportunity for them to be seen alone. Consider using specific questions and clinical tools to facilitate discussion, such as:
- • Question: How does your skin affect how you feel?
- • History-taking aid: ‘You and Your Skin’ patient questionnaire (Appendix S1)

R2  Be alert to nonverbal signals throughout the clinical consultation including low affect, concerns about being examined and signs of self-harm.

R3  Seek information from parents/carers about the emotional wellbeing and impact of skin disease on the CYP and their family; enquire about their ability to meet the needs of the CYP; and involve them in decisions about support and onward referral where possible.

Screening for impact on quality of life (QoL): recommendation 4

R4  Document impact on QoL in all CYP with a skin condition attending intermediate or secondary care dermatology services. Consider using an appropriate PROM (many of which have questions overlapping with the ‘You and Your Skin’ questionnaire), such as:
- • CDLQI (10-item questionnaire)
- • T-QoL (18-item questionnaire asking about self-image; physical wellbeing and future aspirations; and psychological impact and relationships)
- • PedsQL (23-item scale with subscales on physical, emotional, social and school functioning)

Screening for mental health conditions that may be impacting on the skin condition: recommendations 5–7

R5  Document current and previous mental health needs, including contact with GP, school provision, voluntary/third-sector and CAMHS, in all CYP with a skin condition; include relevant information on any referral letters and communications

R6  Offer assessment for depression and anxiety in CYP with a skin condition where psychological concerns arise. Consider using an appropriate PROM, such as:
- • PHQ-9, PHQ-A
- • GAD-7
- • MFQ, including the short MFQ
- • RCADS – Child, Parent and RCADS-11 versions

PROMS available on CORC website (https://www.corc.uk.net)

R7  Be aware that coexisting neurodiversity, neurodevelopmental disorders, or mental illness (e.g. ASD, ADHD, mood disorder, eating disorder and BDD) can affect the presentation and lived experience of skin conditions.

Offering support within the clinical service, signposting to appropriate resources and identifying referral pathways: recommendations 8–10

R8  Offer CYP with skin conditions advice on support when there are psychological concerns, including consideration of the following:
- • School pastoral support teams, including school counsellors/psychologists, visiting mental health support teams and third-sector organizations working in schools
- • Primary care services
- • Directory of local self-referral services, including online, charitable and private organizations. Local CAMHS should have an up-to-date list of recommended services that secondary care dermatology services could access
- • Directory of national skin disease-specific and visible-difference charities and support (www.skinhealthinfo.org.uk)
- • Local mental health referral pathways for behavioural, emotional and neurodevelopmental difficulties, including pathways to access CAMHS
- • Pathway for crisis support in the event of identifying a CYP at immediate suicidal risk. This may be via their GP or a local CAMHS crisis support number

R9  Refer CYP with psychocutaneous conditions or where psychodermatology issues are affecting disease treatment/progress to a regional, comprehensive psychodermatology service, or refer for discussion at a psychodermatology regional or national MDT

R10 Communicate with relevant health, education and social services when psychological concerns arise in CYP with skin disease, with due consideration of safeguarding and consent. Include the GP in all correspondence.

Training healthcare professionals: recommendation 11

R11 Ensure that training opportunities are available for all members of staff on the recognition and support of mental health conditions and neurodevelopmental conditions in this population.

A developmentally appropriate approach putting the CYP at the centre of the consultation is important for all age groups, whatever the clinical setting. Appropriate confidentiality should be assured. The consensus process resulted in a dermatology-specific questionnaire on emotional impact, ‘You and Your skin’ (YAYS). This has been trialled in skin clinics at St Thomas’ Hospital, Oxford and Nottingham, and has been found to be suitable and acceptable for patients to complete prior to their appointment; it was also felt to improve the consultation for both patients and clinicians. It can be used alongside other CYP psychosocial history tools such as HEADDSS, and impact questionnaires (see below). Some simple measures can improve communication with CYP. Greet the CYP first and let them introduce others. Ensure you are using their preferred name and personal pronoun, and try to avoid jargon. Consider whether there are language barriers to communication and ensure an independent interpreter is available, if required. Minimize the number of people in the room and – especially for adolescents – consider seeing them without their parents, as this may encourage more open discussion and gives an opportunity to screen for any abuse. However, parents/carers may also be affected emotionally, and they can provide valuable information and usually want to be part of the
solution. Include them in discussions, where possible, and with consent from the patient, when appropriate. This can take the form of a catch-up with parents/carers after a separate consultation with the patient.

The emotional impact of the skin condition should be addressed explicitly. Starting with closed questions may facilitate engagement and rapport. They might include: Who do you live with? Which year are you in? Do you have a favourite subject at school/college? What do you do when you are not at school? Do you have good friends?

Then you can move on to more open questions such as: How are things at home? Is your skin problem stopping you doing anything you would like to do? How is your skin condition making you feel? Does your skin affect your sexual relationships? Do you ever feel like life is not worth living? Do you feel comfortable talking to anyone about this?

Practice talking about things that you may find embarrassing or difficult, and ensure you allow CYP to express their concerns. Listen carefully to their responses and demonstrate active listening (e.g., nonverbal cues such as nodding, eye contact, summarizing/reflecting back, seeking clarification or further detail where needed). These questions could be informed by what the young person might have responded to in any of the self-report measures recommended above (such as the YAYS). Be aware of barriers such as culture, safeguarding issues or deprivation, which may impact on the ability or willingness of the CYP to communicate mental health information.

Examination should start in the waiting room. Be alert to nonverbal clues of low mood, for example appearing withdrawn, not wanting to talk and/or reluctance to be examined. On clinical examination, look out for skin lesions suggestive of cutting or self-harm that might not have been disclosed. Any such observations offer an opportunity to open a conversation about current emotional state.

Screening for impact on quality of life

R4 Ideally, a dermatology-specific quality of life (QoL) questionnaire should be completed before the appointment (by the CYP and not the parent). Several QoL measures have been validated in this age group, including the Children’s Dermatology Life Quality Index and Teenagers’ Quality of Life Index (T-QoL).16,18 PROMs for QoL are not the same as PROMs for psychological morbidity, but some QoL measures (e.g., T-QoL) do have some questions about emotional wellbeing, and many can be used to start a conversation about emotional issues.

Any completed questionnaire should be looked at and discussed. As well as documenting overall score, any high-scoring questions should be addressed specifically. Patients report that these often feel like ‘tick-box’ exercises, which are then not addressed in clinic.

Screening for mental health conditions that may be impacting on the skin condition

R5–R7 Any previous or current engagement with mental health services should inform the consultation and be documented in notes and letters. Furthermore, any consultation with a CYP is an opportunity to detect previously undiagnosed mental illness, which might be significant. However, the CRDG agreed that a dermatological consultation might not be the best environment for routine or complex screening for mental health disorders. The focus should remain on managing the skin condition, its impact and any factors influencing its management.

Anxiety and depression are generally common in children and young people, particularly in those with skin conditions.20–22 Screening for and addressing anxiety, depression and self-harm were highly valued by all stakeholders. A survey by EOS found that 90% would like to be asked about mental health, the majority (67%) preferring face to face and 33% a questionnaire (unpublished data). The clinical consultation was felt by all members to be the most important part of the assessment. Asking questions about impact and mood is recommended for all patients. However, this should be developmentally appropriate and is likely not to be needed for infants or preschool children. If necessary, further age-appropriate screening should be undertaken. The YAYS questionnaires for CYP and parents have proved useful for starting conversations about the emotional impact of living with a skin condition (Appendices S2, S3; see Supporting Information).

It is important to ask about suicidal ideation, for example ‘Do you ever feel that life is not worth living?’, and to ask these questions when alone with the young person. There is evidence that suicide risk is higher in CYP with skin conditions, and clinical experience suggests that many young people have such thoughts.9 Asking does not make suicidal thoughts more likely to be acted on, but will help to make the CYP feel supported, particularly if there is a plan for managing the risk.21 If risk factors for self-harm or suicidal ideation emerge at any time, they should always be addressed. Information about safety-netting and local resources should be available to dermatology health professionals, including pathways for referral to specialist mental health teams [Child and Adolescent Mental Health Services (CAMHS)].

Neurodevelopmental disorder, neurodiversity or mental health disorders (e.g., autism spectrum disorders, attention deficit/hyperactivity disorder, developmental delay, mood disorders, eating disorders and body dysmorphic disorder) can affect the presentation and lived experience of the skin condition, including comprehension and completion of PROMs.24,26 Additionally, certain skin conditions such as neurocutaneous conditions may be intrinsically linked with neurodevelopmental conditions.26,27 While it is important to recognize the impact of these conditions on the dermatological presentation and care of CYP, these conditions usually need the input of specialist services alongside dermatology.

The systematic review revealed no PROMs for mental health that can be specifically recommended for CYP with skin conditions. However, the review and expert group identified several useful PROMs validated for somatic health conditions that could be appropriate for use in CYP with skin conditions. PROMs may be used to assess the impact of the skin condition on psychological wellbeing, to assess the impact of psychological factors on the skin condition or for research purposes. A ‘toolkit’ approach may be the most pragmatic way to approach use of PROMs – for example, a service might decide to use the CDLQI or YAYS with all new referrals and then ask a young person to complete the 11-item version of the Revised Child Anxiety and Depression Scale (RCADS-11) or other appropriate PROM if
the responses raise concerns. Further guidance on PROMs can be found at https://www.corc.uk.net.

Offering support within clinical service, signposting to appropriate resources and identifying referral pathways

R8–R10 Managing the skin condition is usually the priority for patients, and clinical improvement is likely to improve QoL and psychological wellbeing. At the same time, this might be an important opportunity to support mental health. Clinicians should listen to patients, appreciate the emotional impact of skin disease and show empathy. They should acknowledge and validate the feelings and experience of the CYP, making clear that having a skin condition commonly affects how people feel about themselves. Distress about a skin condition may not correlate with objective severity, emphasizing the need to address both aspects. Consideration of body dysmorphic disorder (BDD) should be considered in CYP where distress is disproportionate as clinical BDD symptoms are significantly associated with skin conditions. Dermatologists and other healthcare workers should ask screening questions and consider what support is needed and whether referral is indicated. There is also evidence that embedding psychological support within the service benefits patients and families.

Mental health support can be offered in primary or secondary care. Dermatology services (rather than individual healthcare professionals) would benefit from better awareness of resources available; a list of national and local mental health resources – ideally made in collaboration with their local CAMHS team – would be helpful. One size does not fit all, but information on available resources and support should be shared with those identified as needing more support. Patients with specific conditions may benefit from accessing disease-specific psychological support through disease-specific support groups, charities and national services. Social media may offer sources of support to young people in various ways. Patients (and other family members) may find useful information regarding skin conditions and other patients’ lived experiences, and use it as a platform to represent their experience – all of which can be empowering. Some patients and parents responding to a social media post by NES reported that self-help tools such as mindfulness and online apps were particularly appreciated. However, larger studies have demonstrated that CYP may not utilize online or digital mental health interventions and are more likely to seek informal support from friends and family at times of mental health crisis.

Referral to a formal mental health service is sometimes necessary and should be considered for any patient who might benefit, particularly those with probable comorbid mental illness – especially as these might be easily overlooked as discussions focus on the complexities of managing the skin condition. Referral to or discussion with a multidisciplinary psychodermatology service (see www.psychodermatology.co.uk) should be considered for conditions such as delusions of infestation or external or unexplained skin lesions (sometimes referred to as dermatitis artefacta). Provision of both CAMHS and psychodermatology services can be limited, but referrals should still be made alongside advocating for future service development. It is essential to communicate with the GP who may be best placed to arrange onward referral. All clinicians should know who to contact if a child is experiencing acute mental health difficulties.

Training healthcare professionals

R11 Dermatology teams should receive ongoing training in relevant mental health conditions and the psychological impact of skin disorders. The current dermatology curriculum states that trainees should ‘Understand and take into account psychological impact and mental health issues relating to dermatological disease in paediatric dermatology’. Training must also cover neurodiversity, which is possibly more common in CYP attending skin clinics, and teams should have knowledge of resources and referral pathways. Local and national training resources should be developed in line with current RCPCH guidance.

Discussion

There is an increasing awareness of the need to address mental health concerns in conjunction with physical health problems. This requires healthcare workers managing CYP to see them as individuals beyond their skin condition, and to consider the impact and influence of both mind and skin. Our consensus recommendation development process identified a lack of evidence relating to this specific population. To address this limitation, it was agreed that evidence could not only be usefully extrapolated from similar populations and expert opinion, but that it would also not be possible to use the GRADE criteria to attribute grades of evidence to each recommendation. A further limitation was that no formal voting took place or Delphi technique used. However, it was possible to obtain unanimous consensus within the group on the wording and content of recommendations. Pilot projects of the recommendations, carried out in Nottingham and Oxford, suggest they are feasible. Adoption of the recommendations will be facilitated through dissemination to relevant healthcare workers and organizations that support CYP with skin disease, and liaison with training organizations. The recommendations may be used to inform clinical decisions, policy and standards of care. Barriers are expected to be a perceived increased in the time required for a consultation and lack of support to manage identified problems. There are resource implications to providing clinical support within dermatology services, and of increased training requirements. These may be a further barrier to implementation of the recommendations. Information resources have been included to help address some of the barriers. The consensus recommendations will be reviewed after 5 years and updated if new evidence becomes available.

These consensus recommendations focus on improved mental health assessments for CYP presenting with a skin condition with clinical recommendations and suggested screening measures included. Embedding a psychosocial approach within services treating CYP with skin disease should ensure that CYP with psychological needs are able to be identified, listened to, supported and treated. This is likely to improve health outcomes.
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Conflicts of interest

T.McP. reported personal fees from Sanofi, AbbVie and L’Oreal outside the submitted work and is Trustee of Dipex Charity, being Lead Clinician on the Skins section of their patient experiences site Healthtalk.org and Expert Advisor to NICE and MHRA for matters relating to dermatology. J.R. is Expert Advisor to NICE and MHRA for matters relating to dermatology and Medical Advisor to Nottingham Eczema Support Group. R.A. reported personal fees from Pfizer, AbbVie and Sanofi outside the submitted work. R.B. reported personal fees from UCB outside the submitted work and is Chairperson for Action for XP and Trainee Representative for Psychodermatology UK. P.B. reported personal fees from AbbVie, Pfizer, Novartis and L’Oreal outside the submitted work. A.B. reported grants and personal fees from AbbVie, Almirall, Bayer, Bristol Myers Squibb, Galderma, Janssen, LEO Pharma, Lilly, Novartis, Pfizer, Sanofi and UCB outside the submitted work and was Editor of Practical Psychodermatology (Wiley, 2014) and Psychodermatology in Clinical Practice (Springer), and was Chair of Psychodermatology UK (2008–2020). T.B. is Clinical Director of NHS trust for outpatient transformation and past President of British Association of Dermatologists (2020–2022). S.C. reported personal fees from Galderma, LEO and Incyte UK outside the submitted work, and is the Chair of Dermatology Council for England and of Derma and is Trustee for the British Dermatological Nursing Group (2018–current). T.C. is Executive Chair and author of the Primary Care Dermatology Society website and has undertaken work with the MHRA on isotretinoin. E.H. is Trustee of Changing Faces Charity. A.L. is Head of Services of the National Eczema Society. P.M. is Committee Member of Psychodermatology UK. C.M. is on the medical advisory board for National Eczema Society and Ichthyosis Support Group. G.N. is cofounder of Anathem and reported no conflicts of interest related to this work. A.P. is Chief Executive of the National Eczema Society. C.R. is past Chief Executive Officer of Eczema Outreach Support. S.S. reported personal fees from Pfizer outside the submitted work. J.S. is Expert Advisor to NICE on matters relating to paediatric dermatology and Medical Advisor to Nottingham Eczema Support Group. S.B. reported personal fees from AbbVie, Sanofi and Pfizer outside the submitted work and is Expert Advisor to MHRA on Dermatology matters and Co-Chair of Psychodermatology UK. No other disclosures were reported.

Data availability

All data are incorporated in the article and the Supporting Information.

Ethics statement

Not applicable.

Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher’s website.

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We have a fundamental commitment to improving the lives of those living with psoriasis. We maintain deep connections with patient and scientific communities to drive innovation. We challenge accepted beliefs and boundaries to make a meaningful difference to people’s health.

Making a difference for psoriasis patients

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