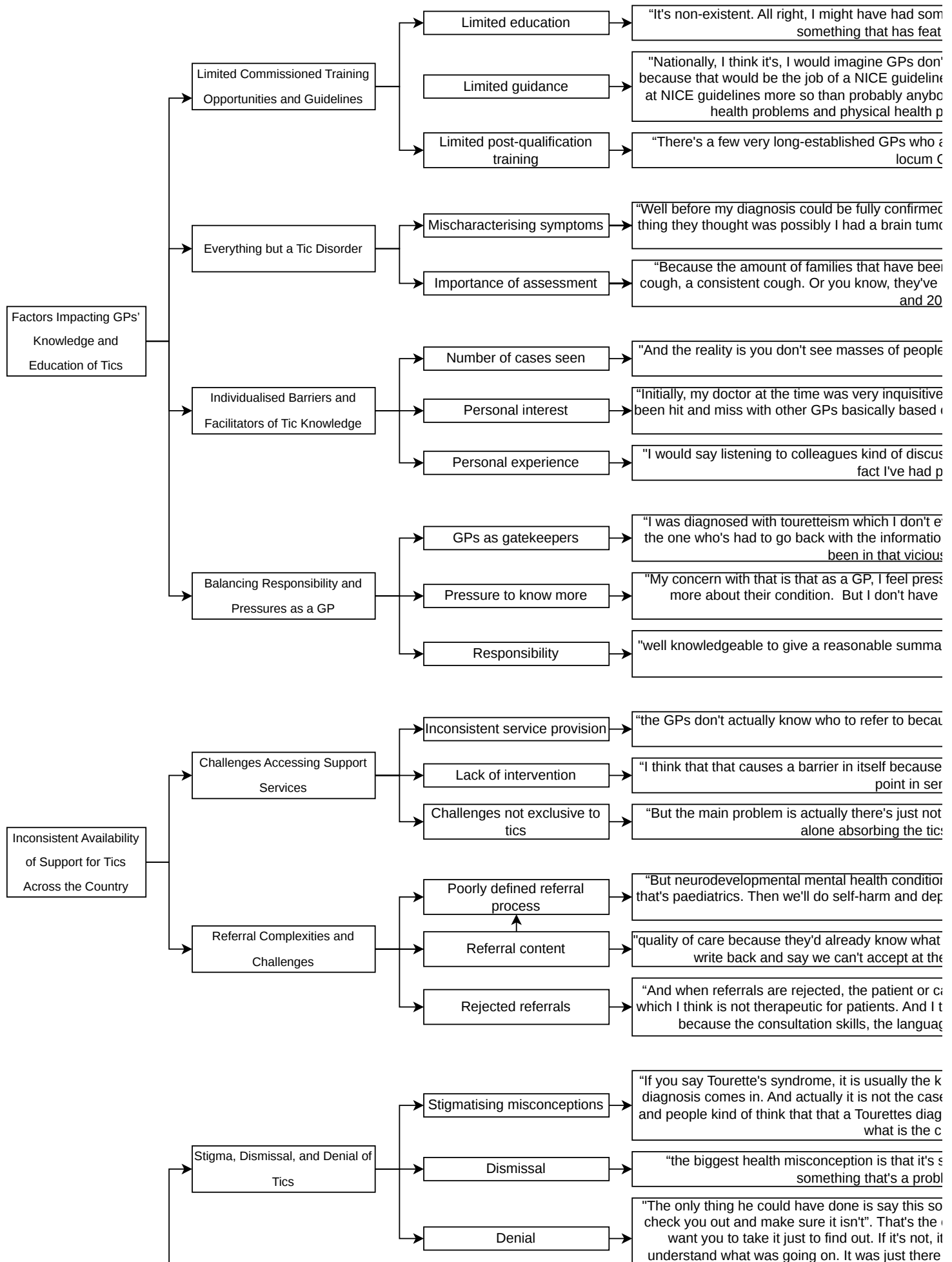




he tiny, you know, a line on it or something in my years ago medical school. But it's, yeah, definitely not cured in my initial training or many of my updates that I've had over the years."

I don't know always what to do with it, where it should go because it hasn't been agreed where it should go. We don't have one... We need proper NICE guidelines doing these, telling GPs what to do. GPs look at anybody else you know. We follow them to a letter but the kids I see have got multiple diagnosis and mental problems at the same time. There isn't a NICE guideline that encapsulates what they suffer."

are very sensible through experience, but the difficulty is that a lot of primary care is now delivered by GPs who are not as familiar with any disorders, let alone tics."

ed, I had to go through a process of elimination of what it is not, "let's rule out it's not this". Initially the first hour to explain the movements and different things, so it was just a very, very anxious time and uncertain time."

in referred to ophthalmology because of eye tics or they've been referred to allergy clinics because of food allergies. They had all their allergy tests done for lactose intolerance and whatever. The assumption is not that it's a tic. 90% of kids have got tics, you know, at some point in their life."

are coming through with Tourettes. I think I was looking at the numbers in [county], it's probably about 200 children in the county."

3. He was curious. He was very pro-wanting to know more and I found that, you know, the treatment has been on the fact of their interest in it. You know if they're like... if they want to do more about it, they'll educate themselves a lot more about it."

Discussing this case on Monday, I think my knowledge is probably greater, but perhaps that's by virtue of the personal experience. So obviously we kind of read quite a lot into it."

haven't even known as a word. But I think the main thing and the pattern all the way through this is that I've been researching it, and it's been up to me to research and educate myself about the condition. Otherwise, I would have been in a circle of just taking antipsychotics just to suppress and hold my tics in."

informed by many specialists and many condition groups, charities and people support conditions to learn a lot of capacity to learn a lot more stuff. But yes, definitely I acknowledge there will be gaps in my knowledge."

discussion of the issue at the start, but of course if things don't settle and don't get better, then you know I'll be looking for specialist input really."

use the paediatricians won't see, the neurologist won't see and CAMHS won't see, so they don't actually have anybody to refer to."

3. GPs, like us, are frustrated, they're feeling disillusioned. And so there is a sort of, you know, what's the point in sending off a referral because it's not going to make any difference"

3. Not enough doctors and specialists out there to cope with the volume of paediatric referrals altogether, let alone on top of it. So the main thing is actually we just don't have the resources."

3. They aren't even owned by mental health services because they see it as kind of like physical that "yeah, depression and anorexia and stuff like that". So this kind of middle ground that no one really knows what to do with it."

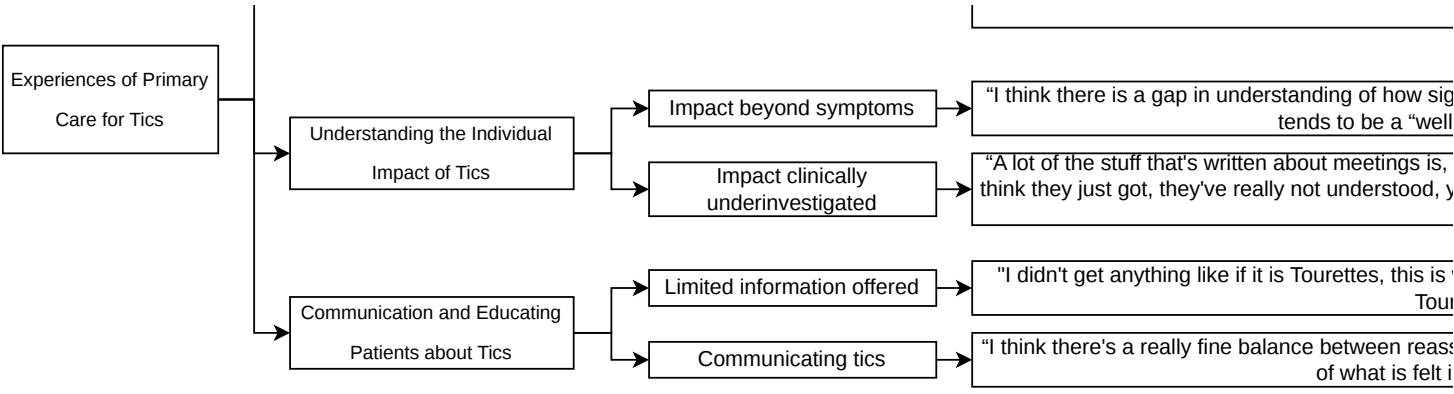
3. I don't know when to refer with, when to refer, and what to put in the referral. So it'll be much less likelihood of us having to refer at the moment because there's not enough information. So I think that would speed everything up."

3. The referral is not normally copied in this, thus leaving me with the liability... They talk about rejected referrals, but I think there's a lot of research to be done about the language we use in our consultations in primary care. The verbal and nonverbal communication are key to whether our interactions are therapeutic."

3. It's kind of very rare cases which are portrayed in media and sometimes families are quite worried when they see it. It's a very rare situation when there is coprolalia where they see where they say very obscene words. The diagnosis is it's, it's what they saw on the TV. And then we have to kind of dial it back a bit and tell them about the criteria and how that is quite rare to have such kind of presentation"

3. The severity and I have to wait until it's a severe problem to refer or I can only refer that. I can only refer that if it's severe, you know. It has how you judge impairment and how you judge severity."

3. Sounds like Tourette's, "Hey, I'm just going to make you an appointment, like with a Tourettes clinic just to see you. The only thing because in my head, I was like, "this isn't Tourettes"... If he has said "there's test for Tourettes, I don't know if it's not. If it is, it is". I would have taken it like, you know, I was in a pretty sort of desperate situation to see if it was, I don't know if there was. He didn't refer me to anywhere. He just left it as, "if it gets worse come back and we'll see what we can do."



back". And that was it."

significant tics can be in terms of pain, mental health difficulties and the impact on daily life. I think there's a lot of, there's little movement or a little sound. What's the concern about it?"

"oh, they're doing well", "they're fine", "they're OK", and "they're dealing well with their tics". And I often see you know, in that 15-20 minute or 10-minute GP appointment. It's not really understood what is going on for a family at all"

what you know will happen or this is what will be done or with or kind of any explanation really around tics? There was none of that. It was just, "I'll refer you".

surrounding people and people feeling not heard and dismissed. And I know in the Tourettes community, a lot of it is that they're being dismissed. And I can see there's a big disparity."