



# Child psychiatry services and the impact on paediatric services

Liaison Experience & Presentations

Historical Background

Present Crisis

Adequate service delivery



# My Background

- ◆ St Anne's Adolescent Unit in St John of God Hospital Stillorgan
- ◆ Various Health Board Child Psychiatry Services
- ◆ MCU, Great Ormond Street Hospital, London.
- ◆ YPU In-pt Unit, Royal Edinburgh Hospital.
- ◆ OIHSC CNS for Child Psychiatry
- ◆ Dunfillan YPU Day Prog. Lucena Clinic Rathgar



# Overview

- ◆ What is Child Psychiatry?
- ◆ Differing opinions/ approaches!
- ◆ Who looks after child psychiatry cases?
- ◆ Assessment of child and family.
- ◆ Presentations.



# Most Common Presentations

- ◆ Affective Disorders and Self-Harm and suicidal behaviours.
- ◆ Pervasive Developmental Disorders.
- ◆ Emotional and Anxiety based neuroses.
- ◆ Psychosomatic disorders
- ◆ Eating disorders
- ◆ A.D.H.D.
- ◆ Psychosis.
- ◆ Substance Misuse.



# Treatment of these difficulties

Most problems require early detection and intervention

Most interventions will have a holding effect.

More intensive intervention can take place in a Day Programme.

Some disorders are too acute to be managed on an out-patient basis and deteriorate to necessitate in-patient treatment.

# Historical Perspective.

## In-patient Units

- ◆ St Anne's Galway
- ◆ St Anne's SJOG
- ◆ St Richards SJOG
- ◆ Courthall SWAB
- ◆ Warrenstown House Blanchardstown  
SWAB





# Recommended Capacity

- ◆ According to the Working Group on Child and Adolescent Mental Health and International Guidelines there should be 7 x 20 bed units to cover us nationally in Southern Ireland.



# Presently

- ◆ St Anne's in Galway
- ◆ One Residential Unit.
- ◆ No acute admission facility
- ◆ Total acute admission beds (west of Ireland)  
**NO ACUTE SERVICE FOR THE REST  
OF THE COUNTRY!!!**

# Service Closures



- ◆ St Richards 1996
- ◆ St Anne's SJOG 2000
- ◆ Courthall 2002



# Impact on services

- ◆ Out –patient waiting lists are lengthy!
- ◆ Young people are not seen quickly enough and mental state deteriorates!
- ◆ Young people in crisis are admitted to paediatric hospitals via A&E!
- ◆ Paediatric beds are occupied by psychiatry patients with no in-patient service to refer to?
- ◆ Treatment takes longer due to the absence of milieu and expert staff!



# Impact on services

- ◆ Paediatric Hospital staff become overwhelmed and anxious treating this client group.
- ◆ Discharges occur prematurely due to pressures from paediatric services for beds!
- ◆ Untold risks are taken both whilst in-patients and in discharge!
- ◆ Employment of unskilled untrained carers and 1:1 nurses costs thousands, to ineffectively manage risk!



# Future fears

- ◆ With severely underweight anorexics and highly suicidal young people on paediatric wards, the risks of fatalities is unfortunately a real concern!
- ◆ More patchy responses to young people in crisis, e.g. Care homes, 1:1 specialing, transfers to the UK for treatment.
- ◆ Drought of CAMH Nurses having no opportunities to gain grassroots experience.



# Adequate Services

- ◆ Proper use of the paediatric hospital for medical stabilization and referral onwards.
- ◆ In-patient CAMH Units to treat these young people using group work, individual therapy, family work and providing a safe and containing environment.
- ◆ Evidence of Primary, Secondary and Tertiary Care.
- ◆ Not using Adult psychiatry services.



# Future of Child Psychiatry

- ◆ I feel it is based in the paediatric Hospital, with a dedicated team and unit facilities that is self sufficient.
- ◆ GOSH model, Mildred Creak Unit.
- ◆ Clear evidence of Primary – tertiary Service,
- ◆ Step Up- Step Down Service.



# Role of Paediatric Psychiatry

- ◆ Psychosomatic disorders will always present to the Paediatric Hospital, early detection and sessional consultancy service should be available.
- ◆ Medical Stabilization available to Self-Harm and suicidal behaviours and refeeding of anorexia nervosa patients.
- ◆ Offer support and increase awareness of CAMH in Paediatric Hospitals
- ◆ Combined services dedicated to mental health.



# The Reality

Child Psychiatry is a grossly neglected service!

Any attempts thus far to promote it have been haphazard and unsuccessful!

Lack of service means a lack of service providers, lack of expertise means a fear and reluctance to accept them!

To Adult Psychiatry and Paediatrics CAMHS are the hot potatoes.

But children and families are the ones that hit the floor and in turn suffer the most!



# Scotland Example:

- ◆ Recommended similar service.
- ◆ Healthy relationship with S.C Hosp
- ◆ Edinburgh YPU. In-pt unit 16 beds
  - ◆ Day Programme 24 places
  - ◆ EPPS 20 places
  - ◆ Full Com teams
  - ◆ Forteviot pre adolescent day prog
  - ◆
- ◆ Glasgow Gartnavel In-pt 14 beds
  - ◆ 2 x Day programme
- ◆ York hill In-pt wing of paed hosp
- ◆ Dundee and Aberdeen – the same