

Working Group on Child and Adolescent Psychiatric Services

*SECOND REPORT
JUNE, 2003.*

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Introduction

Background

The Minister for Health and Children established a Working Group on Child and Adolescent Psychiatry in June 2000 with the following terms of reference:

- To examine the current state of child and adolescent psychiatric services in the country;
- To carry out a needs analysis of the population aged 0-18 years for such services and to identify shortcomings in meeting such needs;
- To make recommendations on how child and adolescent psychiatric services should be developed in the short, medium and long term to meet identified needs.

The First Report of the Working Group on Child and Adolescent Psychiatry was presented to the Minister for Health and Children on 1st March, 2001. It made recommendations regarding two areas in need of immediate attention:

- (1) The organisation of services for the treatment and management of Attention Deficit Hyperactivity Disorder/Hyperkinetic Disorder (ADHD/HKD) and
- (2) The provision of child and adolescent psychiatric in-patient units.

The recommendations in the Report were endorsed by the Government in the Health Strategy *Quality and Fairness – A Health System for You*, published in September, 2001.

Establishment of Sub-Group

The Working Group re-convened in May, 2001 and identified the service needs of 16 -18 year olds as a priority. It was agreed that the most appropriate way to examine the needs of this age group was to establish a Sub-Group, to include representatives of the adult mental health services. It was agreed that representatives of both adult and child and adolescent psychiatry should be drawn from urban and rural health services and represent consultant, nursing and paramedic staff.

A nominee representing adult psychiatry was sought from the Irish College of Psychiatrists. The Irish College of Psychiatrists published a position statement on psychiatric services for adolescents which was submitted to the Sub-Group for consideration. The Sub-Group under the chairmanship of Dr. Paul McCarthy held its first meeting on 17th October, 2001 and met on 6 occasions.

Terms of Reference

At the first meeting of the Sub-Group, the following terms of reference were agreed:

- To outline the current state of services for 16-18 year olds;
- To examine the needs of this age group;
- To make recommendations for the development and treatment of 16-18 year olds in the short, medium and long term.

Membership

The membership of the Sub Group was:

- Dr. Paul McCarthy, Consultant Child Psychiatrist, Adviser to the Department on Child and Adolescent Psychiatric Services (Chairman)
- Ms. Margaret Costello, Child Psychiatric Social Worker, St. Mary's Hospital, North Eastern Health Board
- Mr. Paul Howard, Assistant Principal, Department of Health and Children
- Dr. Colette Halpin, Consultant Child Psychiatrist, Midland Health Board (Representing the Irish College of Psychiatrists)
- Dr. Geraldine Lyster, Consultant Psychiatrist, St. Brigid's Hospital, North-Eastern Health Board
- Ms. Chris Montague, Director of Nursing, St. Anne's, Taylor's Hill, Galway
- Ms. Bairbre Nic Aongusa, Principal Officer, Department of Health and Children
- Dr. Freda O'Connell, Consultant Adult Psychiatrist (Representing the Irish College of Psychiatrists)
- Ms. Angela Reidy, Chief Nursing Officer, St. Stephen's Hospital, Southern Health Board
- Ms. Claire Tuohy, Social Worker, St. Loman's Hospital, Eastern Regional Health Authority

- Dr. Dermot Walsh, Inspector of Mental Hospitals
- Ms. Aishling Cronin*, Administrative Officer, Department of Health and Children (Secretary)

NOTE

*Ms. Aishling Cronin replaced Mr. Aidan O'Reilly, Higher Executive Officer, Department of Health and Children as Secretary in June 2002

Consideration of the Sub-Group's report by the Working Group on Child and Adolescent Psychiatric Services

Following completion of its report, the Sub-Group presented it to the Working Group on Child and Adolescent Psychiatric Services. The Working Group met on two occasions to consider the report and agreed to present it to the Minister as a basis for policy on this area.

The membership of the Working Group is:

- Dr. Paul McCarthy, Consultant Child Psychiatrist, Adviser to the Department on Child and Adolescent Psychiatric Services (Chairman)
- Dr. Yvonne Begley, Consultant Child Psychiatrist, Mid-Western Health Board
- Ms.. Margaret Costello, Child Psychiatric Social Worker, St. Mary's Hospital, North Eastern Health Board
- Mr. Colman Duggan, Child Care Manager, Northern Area Health Board
- Professor Michael Fitzgerald^, Child Psychiatrist, Ballyfermot Child and Family Centre, South Western Area Health Board
- Mr. Paul Howard, Assistant Principal, Department of Health and Children
- Dr. Colette Halpin, Consultant Child Psychiatrist, Midland Health Board
(Representing the Royal College of Psychiatrists)
- Dr. Deirdre McIntyre^, Principal Clinical Psychologist, Regional Manager Child and Adolescent Psychology, E.R.H.A.
- Ms. Chris Montague, Matron, St. Anne's, Taylor's Hill, Galway
- Ms. Bairbre Nic Aongusa, Principal Officer, Department of Health and Children

- Mr. Paddy O'Dwyer, Senior Psychologist, National Education Psychological Services Agency
- Mr. David Smith, Assistant Principal, Department of Health and Children
- Ms. Aishling Cronin*, Administrative Officer, Department of Health and Children (Secretary)

NOTE

*Ms. Aishling Cronin replaced Mr. Aidan O'Reilly, Higher Executive Officer, Department of Health and Children as Secretary in June 2002.

^Professor Michael Fitzgerald and Dr. Deirdre McIntyre are no longer members of the Working Group.

Proposals for the development of services for 16-18 year olds

Background

In the Health Strategy *Quality and Fairness – A Health System for You*, a commitment has been given to the development of mental health services to meet the needs of children aged between 16 and 18.

Adolescence is a time of rapid developmental change. In addition to physical, intellectual, emotional and social development, adolescents are also managing the transition from the world of the child and family to that of the independence of adulthood. Adolescents, because of their developmental stage, are often reluctant to approach adults with their problems. Many others simply do not know who or how to approach services for help with psychological and psychiatric problems.

Major psychiatric illnesses increase in incidence and prevalence during the later adolescent years. The incidence and prevalence of deliberate self-harm and attempted suicide also increase with age throughout the adolescent phase.

The child and adolescent psychiatric service currently provides treatment for children up to 16 years of age, however treatment in the adult setting is generally considered inappropriate for most under 18s. The implementation of the Mental Health Act, 2001 raises the age of a child from 16 to 18 and brings the legislation into conformity with the provisions of the Child Care Act, 1991. Although this in itself will not require any changes to the current service provision, there will be new legal procedures for the detaining persons aged 16 – 18. The legislative change has accelerated the debate on the service needs of the 16 –18 years and how they can best be met.

Current Service Provision

Child and Adolescent Psychiatric Services

Child Psychiatry provides services for children up to the age of 16 years. On occasion, a person who attends the child psychiatric services may remain with the service after the 16th birthday.

At present, Child and Adolescent Psychiatric services are provided almost exclusively in out-patient settings. There are no in-patient beds available for over 16s within the Child and Adolescent service and only one day hospital. Existing Child and Adolescent Psychiatric services are currently not in a position to deal with the older adolescent age group because of the significant increase in major psychiatric illnesses (Schizophrenia, Maniac Depression etc.,) which occurs in this age group. Because of the changing profile of problems with age, child psychiatry services tend to find that, already, the mid-adolescent age group, i.e., the 13-15 year-olds have a propensity to take priority over younger clients. This is primarily due to their high rate of emergency presentations with acute illness and suicide attempts etc.

In-patient treatment for children under 16 years of age is provided in the three Childrens' Centres at St. Anne's Taylors Hill, Galway, and in the Dublin area at Warrenstown and Court Hall (Details of admissions etc. are supplied in Table 4A-C). Outside the Eastern Regional Health Authority and the Western Health Board, there are no in-patient facilities for children under 16 at present.

Adult Psychiatric Services

Existing adult services are not resourced to deal with adolescents. They lack appropriate multidisciplinary input which would centre around family, school and social interventions. Adult services have acute psychiatric units and psychiatric hospitals and admit adolescents to these in-patient facilities. These facilities are not considered appropriate for the admission of adolescents. Adult out-patient clinics, day hospitals and mental health centres are generally not appropriate for adolescents and there tends to be a high number of referrals who do not keep their clinic appointments.

Estimated Needs

According to the 1996 Census figures, there are 140,816 persons aged 16 and 17 in this country (Table 1). International and Irish epidemiological studies indicate that psychological disturbances of varying intensity exist in up to 20% of adolescents (Table 2). However, only 2% of the total adolescent population has moderate to severe disabling conditions such as major psychiatric disorders. This would equate to 2,815 (Table 2) persons in Ireland in this specific target group, i.e. 16-18 year olds who require an adolescent psychiatric service. Milder psychological problems could be dealt with by a primary care type service, for example, a community care psychology service.

The Sub Group experienced great difficulty in establishing the number of 16-18 year olds currently attending the adult services. Figures are available (Tables 3A-3F) on the number of admissions to adult in-patient facilities. There is however, a lack of information relating to the number of referrals and non-attendees to out patient clinics. This lack of information made it difficult for the Sub Group to establish how many 16-18 year olds within the estimated 2% severe mental illness category are currently in receipt of psychiatric service input.

Service Principles

All members of the Sub-Group were in agreement that the services for 16-18 year olds should be equitable, accessible, user-friendly and flexible, taking into consideration the developmental level of the persons involved.

Psychiatric services for adolescents should include the following:

1. **Multidisciplinary teams** headed by a Consultant Child and Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence. These teams should ideally consist of a Consultant Psychiatrist, Senior Registrar, Registrar, Psychologist, Social Worker, Psychiatric Nurses, Occupational Therapist, Speech and Language Therapist and Child Care Worker.

2. **Day hospital services** to include a mix of occupational therapy, various treatment programmes, such as group therapy, social skills etc. and an educational focus. This day hospital service would cater for those who require more in depth assessment and a more comprehensive treatment than can be offered in the general out-patient setting, but do not require in-patient treatment. They will also provide rehabilitation after hospital admission.

3. **Assertive outreach** services to provide nursing and supportive services in the home, school etc.

4. **In-patient services;** acute same day in-patient admission should be available to adolescents with major psychiatric illnesses who require it. It is acknowledged that the number of such admissions would be small. In this age group, it is preferable to keep numbers of admissions to a minimum. The in-patient team should also have access to nursing staff to provide an intensive care community based treatment service in order to minimise the need for beds. There should also be a flexible system when under-occupancy in the in-patient unit would allow the flexibility for the staff to work in intensive out-patient community care or the day hospital facility.

5. **Liaison to General Hospitals.** Adolescents, who overdose, attempt self-harm or have acute psychiatric illness often present to general hospitals as their first point of contact. Hospitals likely to encounter adolescents in these circumstances should have access to liaison adolescent psychiatric services.

6. **Rehabilitation services.** There should be a rehabilitative approach to the care of adolescents who present with major psychiatric disorders. In some cases it may be necessary to provide step down services such as community residences for the recovery and early rehabilitation phases of treatment.

Flexible, co-ordinated and integrated services

The Sub-Group considers that, in the treatment of adolescents, flexibility is required between all of the different services. While it is agreed that 16-17 year olds (up to eighteenth birthday) are a suitable target age group, there should be leeway for flexibility between child, adolescent and adult psychiatrists, whereby children or adolescents whose treatment would be more appropriately provided in a different setting could be facilitated.

Continuity of treatment across services should be made a priority for adolescents who need to transfer from adolescent to adult services. To facilitate this, an input is required from both the adolescent and adult service and this needs to be incorporated into any new services. Arrangements should be put in place to allow for the needs of individual cases to be taken into account.

A structure with input from both adolescent and adult psychiatric teams should be established in each sector whereby transitions can be smoothly negotiated and planned e.g., dedicated time to meet regularly to discuss relevant cases. Good practice would dictate that there should be forward planning and seamless transfer of these cases both in terms of their psychosocial need and in terms of their physical treatments e.g., medication. This highlights the need for multi-disciplinary teams in both services.

The numbers of cases needing transfer across services is likely to be significant, given the nature of psychiatric illnesses with onset in mid-late adolescence. (See Table 3E).

Health Board structures

At present, responsibility for the child and adolescent and adult services falls into different care programmes in several health board areas. In order to facilitate the level of co-operation required for smooth transition from one service to another, it is desirable that one care programme has responsibility for all psychiatric services, whether the person is aged under or over 18 years of age. The Sub-Group therefore recommends that all mental health services should be managed under the one management structure within the health boards.

Discussion

There is no capacity in the Child & Adolescent Psychiatric Service at present to cater for the needs of 16-18 year olds. However, there would be willingness on the part of the Child and Adolescent Psychiatric Service to take on responsibility for this group of patients if adequate additional resources required could be made available over the next few years.

In general, adult psychiatrists have no difficulty in treating persons aged 16-18 who are suffering from major mental illnesses. The particular concerns of the Adult Service in relation to 16-18 year olds relate to those young people who are deemed to be “out of control” and, typically, have a conduct disorder as opposed to a mental illness.

In this regard, capital investment of approximately €38.09m (£30m) is being made available by the Government to put in place additional high support and special care places for this particular group of children who need intensive intervention. The number of high support and special care places available nationally has increased from 17 in 1996 to a current total of over 120. These include the 12 place Rath na nÓg High Support Unit in Castleblaney and the 24 place Crannog Nua High Support Unit in Portrane, which are being opened on a phased basis. The increased availability of such places should eliminate the pressure on adult psychiatric units to accept troubled children who are not suffering from a mental illness.

The role of psychiatry in the high support child care setting is a consultative one. Psychiatrists do not provide in-patient treatment to patients in the high support/special care units because such units are not appropriate therapeutic environments for in-patient care. Therefore, if a resident of a special care unit develops a severe mental illness, admission to an acute psychiatric unit may be required.

Additional resources required to serve the mental health needs of 16-18 year olds would include the recruitment, ultimately in each health board area, of a Consultant Child Psychiatrist with a special interest in the psychiatric illnesses of later adolescence. This Consultant would form part of the Child & Adolescent Psychiatric Service in his/her health board area. However, he/she would also work closely with the Child

Care Services and in particular would provide a consultative psychiatric service to the local High Support / Special Care Unit. These developments are part of the wider development of child care services which aim to keep children where possible in their own families and communities, and where children are taken into care to keep them in a family environment and in as least restrictive a setting as possible and to prevent where possible the need for specialist residential placement. Appropriate support from members of a multidisciplinary psychiatric team to the child care service may in particular cases greatly facilitate these objectives. Ensuring adequate and appropriate linkages between all of these services would be the responsibility of health board management.

Each of these Consultants would require the support of a full multidisciplinary team and access to beds in an acute psychiatric unit. In the short to medium term, the in-patient needs would be accommodated in the adult psychiatric wards. This would be an interim solution only, however. Adult psychiatrists may require additional training to enable them to cater for the 16-18 year age group during this interim period, particularly regarding the requirements of the Mental Health Act, 2001, and there may be a role for the new Mental Health Commission in this regard. Urgent consideration must be given to the development of specialist adolescent units, particularly in the greater Dublin area.

Recommendations

Despite the lack of crucial information, as outlined earlier, the following recommendations are made:

- Mental health services should be developed to meet the specific needs of 16-18 year olds.
- In the further development of the Child & Adolescent Psychiatric Service, commencing in 2004 priority should be given to the recruitment in each health board area of a Consultant Child & Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence. This consultant should have the support of a full multi-disciplinary team.
- Arrangements should be made with the relevant Adult Psychiatric Services for the admission to acute psychiatric units of persons aged 16-18, under the care of the Consultant Child & Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence, where such a Consultant is available.
- The Consultant Child Psychiatrist and team with a special interest in the psychiatric illnesses of later adolescence would work closely with the Child Care Services and would provide a consultative psychiatric service to the local High Support / Special Care Unit.
- **The current arrangements, whereby the adult services provide a service to their catchment area, including the 16-18 age cohorts, should continue on an interim basis.**
- Following the establishment of the special interest posts, consideration must be given to the development of specialist in-patient adolescent units.

- A comprehensive database is required and should be established as soon as possible in order that the number of 16 and 17 years olds referred to and attending outpatient clinics and other psychiatric services be collected. This information is required in order to establish how many people with a severe mental illness are current users of the psychiatric services. It will also highlight any particular service deficiencies by area and facilitate the development of services for this age group in the future.
- It is recommended that all mental health services, child, adolescent and adult, should be managed under the one management structure within the health boards.

Review

It is proposed that the recommendations of this report be reviewed after five years.

Tables

Table 1

Census figures 1996* for 16 & 17 year olds

1996 Census Figures	Total	Males	Females
16 years old	71,884	37,068	34,816
17 years old	68,932	34,985	33,947
Total	140,816	72,053	68,763

Source: Central Statistics Office

Table 2

Estimated Number of 16 & 17 year olds with Mental Illness

Mental Health Problems 20%			
	Total	Male	Female
16 year old	14,376	7,188	6,963
17 year old	13,786	6,893	6,789
Total	28,162	14,081	13,752
Moderate-Severe Disorder requiring psychiatric treatment 10%			
	Total	Male	Female
16 year old	7,188	3,706	3,481
17 year old	6,893	3,498	3,394
Total	14,081	7,204	6,875
Severe Disabling 2%			
	Total	Male	Female
16 year old	1,437	741	696
17 year old	1,378	699	679
Total	2,815	1,440	1,375

Source: Estimates based on Census figures, 1996*.

***At the time of the publication of this report Census 2002 had not yet been broken down into age and therefore 1996 figures have been used.**

Admissions to In –Patient Adult Psychiatric Services in 2001.

Table 3A
By gender and age for 16, 17 & 18 year olds, Ireland 2001

	Male	Female	Total
16 yrs	20	38	58
17 yrs	63	80	143
18 yrs	108	112	220
Total	191	230	421

Source: Health Research Board

Table 3B
Age by Legal Status for 16, 17 and 18 year olds, Ireland 2001

	Voluntary	Involuntary	Total
16 yrs	52	6	58
17 yrs	119	24	143
18 yrs	188	32	220
Total	359	62	421

Source: Health Research Board

Table 3C
Age by Order of Admission for 16, 17 and 18 year olds, Ireland 2001

	First Ever	Readmission	Total
16 yrs	34	24	58
17 yrs	91	52	143
18 yrs	123	97	220
Total	248	173	421

Source: Health Research Board

Table 3D
Age by Health Board Area. Ireland 2001

	16 yrs	17 yrs	18 yrs	Total
East Coast Area Health Board	3	13	20	36
Northern Area Health Board	6	24	25	55
South Western Area Health Board	7	12	27	46
Midland Health Board	9	10	9	28
Mid Western Health Board	7	16	24	47
North Eastern Health Board	7	12	10	29
North Western Health Board	1	13	16	30
South Eastern Health Board	6	13	21	40
Southern Health Board	8	20	45	73
Western Health Board	4	10	23	37
Total	58	143	220	421

Source: Health Research Board

Table 3E
Age by Diagnosis. Ireland 2001

	16 yrs	17 yrs	18 yrs	Total
Organic Psychoses	2	2	3	7
Schizophrenia	7	15	32	54
Other Psychoses	0	3	17	20
Depressive Disorders	15	51	47	113
Mania	4	14	12	30
Neuroses	13	9	27	49
Personality Disorders	4	18	32	54
Alcoholic Disorders	5	9	22	36
Drug Dependence	6	17	20	43
Mental Handicap	0	3	1	4
Unspecified	2	2	7	11
Total	58	143	220	421

Source: Health Research Board

Table 3F
Age by Hospital type. Ireland 2001

	16 yrs	17 yrs	18 yrs	Total
Health Board Hospitals	17	49	86	152
General Hospital Psychiatric Units	25	69	109	203
Private Hospitals	16	25	25	66
Total	58	143	220	421

Source: Health Research Board

Table 4A
All, first and readmissions, Children's Centres, Ireland 2001.

	First Ever	Readmission	Total
Warrenstown	15	2	17
St. Anne's Children's Centre, Galway	24	7	31
Court Hall, Dublin	8	5	13
Total	47	14	61

Source: Health Research Board

Table 4B
Age and Gender: Children's Centres, Ireland 2001.

	Male	Female	Total
5 years	1	0	1
8 years	4	0	4
10 years	1	0	1
11 years	4	1	5
12 years	4	0	4
13 years	1	4	5
14 years	3	7	10
15 years	7	8	15
16 years	7	4	11
17 years	0	2	2
unspecified	1	2	3
Total	33	28	61

Source: Health Research Board

Table 4C
Diagnosis and Gender, Children's Centres. Ireland 2001

	Male	Female	Total
Organic Psychoses	5	1	6
Schizophrenia	5	0	5
Other Psychoses	5	0	5
Depressive Disorders	5	11	16
Mania	2	2	4
Neuroses	6	8	14
Conduct Disorders	3	6	9
Unspecified	2	0	2
Total	33	28	61

Source: Activities of Irish Psychiatric Services, 2001: Health Research Board