

**Letter in Response to Article “Increased Mental Health Presentations by Children Aged 5-15 at Emergency Departments during the first 12 months of COVID-19”**

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Dear Sir,

I am writing in response to the recent article “Increased Mental Health Presentations by Children Aged 5-15 at Emergency Departments during the first 12 months of COVID-19” by McDonnell, T et al.<sup>1</sup>

We read with interest the observation that there has been an 8.6% increase in children attending paediatric emergency departments with mental health presentation during the first 12 months of the COVID-19 pandemic.

We would like to continue the discussion on the growing demand for acute Child and Adolescent Mental Health Services (CAMHS) by highlighting that psychiatry liaison teams within adult emergency departments are also feeling the increased burden of those under eighteen seeking acute mental health (MH) services. The “cut off” age for attending paediatric services in Ireland is sixteen years old but for CAMHS services is eighteen years. With no CAMHS out of hours services, those aged 16 and over in need of urgent MH care, have little choice but to present to an adult emergency department most often with no access to CAMHS specialist input on call.

Patients under the age of eighteen, seeking crisis MH support, accounted for 6% of all MH presentations in our adult emergency department (n=285/4732 2017-2019 incl.); well before the acute COVID -19 pandemic surge.

In the 18 months to June 30<sup>th</sup> 2021, patients under eighteen, presenting for MH assessment to our service accounted for 8.7% of all MH presentations. This represents a 45% increase from pre COVID-19 times. This worrisome trend could go unaccounted for, as highlighted in a recent Irish Times article observing that the Mental Health Commission only log admissions to approved child and adolescent centers and not medical admissions or acute presentations<sup>3</sup>.

In 2020 2.5% of patients under eighteen presenting to our service required psychiatric admission. The majority are referred back to specialist CAMHS teams for outpatient care, which echoes the consensus that these children are presenting to “the wrong place”<sup>3</sup>. For the same year, the average length of stay for a distressed child and their families presenting to our adult emergency department seeking help was 7 hours.

The increasing numbers of children and adolescents presenting to all emergency departments in MH crisis need to be taken into consideration, in order to fully appreciate the urgency in which appropriate resourcing and investment is needed in child and adolescent mental health services (CAMHS), with particular focus on acute “out of hours” services.

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