Irish Medical Journal
Established 1867

Issue: Ir Med J; January 2022; Vol 115; No. 1; P522

Covid-19, Child & Adolescent Mental Health Services (CAMHS) and Crises

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Abstract

Despite low rates of Covid-19 infection and mortality, children and adolescents have experienced disproportionate restrictions on their personal, social and academic life. Among youth in Ireland, reports of increased attendances by primary care counselling services have been mirrored by increased presentations to emergency departments and specialist mental health services, most notably self-harm and eating disorders. Following an immediate post lock down reduction, emergency department presentations by children for acute mental health care and referrals to child and adolescent mental health services (CAMHS) showed a sustained increase throughout 2020. Urgent action is needed to invest in CAMHS post pandemic to prevent any further increase in psychiatric illness among youth. We all share this collective responsibility to insist of government commitment to our youth.

Keywords: Covid-19; Child & Adolescent Mental Health Services (CAMHS); Funding

We are now entering the 23rd month living with the COVID-19 pandemic and restrictions have now become commonplace. The government's initial response driven by anxiety and fear of the unknown saw significant deprivations of personal and societal liberties in an effort to contain the spread and impact of the virus. These measures were necessary to curtail infection and associated morbidity and mortality, especially as Ireland was recognised to have one of the lowest pre-pandemic numbers of intensive care unit (ICU) beds in Europe[1]. Relative to other countries, Ireland has managed this well, but the restrictions imposed have been recognised as the most severe and longest lasting[1].

The fear that our health care system would become overwhelmed did not materialise and early on the public conversation shifted to the adverse mental health (MH) consequences and a recognition that disaster-induced psychological impacts are often delayed but outlive the immediate medical effects[2]. In recognition of this, in April, 2020, the Minister for Health pledged a €1.1 million investment for online MH supports.

Evidence about the specific risk of individuals with prior psychiatric illness, on psychotropic medication, or in residential settings came to light, highlighting direct and indirect effects of the virus[3]. Members of the College of Psychiatry Ireland, when surveyed, predicted higher levels of urgent and routine MH presentations, with social isolation and reduced face-to-face MH supports listed as main contributory factors[4]. Empirical data confirmed this, reporting an increase of emergency psychiatry presentations in adults with self-harm[5].

Youth under 18, have a much lower susceptibility to symptomatic infection and death, and by Oct 11th represented 17% of all Covid-19 cases6. However, the effect on their MH has not been so benign and repeatedly thrown into the spotlight with severe restrictions placed on social gatherings and closure of schools, universities and sporting venues. Concerns regarding equity in access to online learning, examination assessments were raised, along with a recognition that Ireland was one of only six EU countries to shut both primary and secondary schools from March to September 2020, and restrictions imposed were viewed as the most severe and longest lasting[1].

During this time, a large collaborative study with the Department of Health and SpunOut.ie of over 2,000 young people (15-24), chronicled the impact of COVID-19 on their lives[7]. Worry, anxiety, depression and concerns related to missing friends and school were reported. High rates of psychological distress were evident as individuals, parents and teachers turned to other non-specialist community support services.

Large scale studies in UK extended these findings, reporting an increase in 'probable MH disorders' (using self/parent and teacher reports) from 10.8% to 16.0%. between 2017 and 20208 In another longitudinal study with youth with prior MH difficulties (N>2,000), many reported decreasing levels of MH wellbeing as the pandemic progressed, a deterioration linked to school return, and difficulty accessing specialist services[9].

Notwithstanding an initial reduction in presentations following the 'stay at home' orders, health services in many countries reported a subsequent and disproportionate rise in cases with MH concerns. In one multi-country study, the proportion of youth presenting with self-harm significantly increased from 50% in 2019 to 57% in 2020, but with children from more deprived neighbourhoods less likely to present when lockdown became more stringent, implying concerns of widening inequalities of healthcare access[10]. A similar pattern emerged in Ireland with regard to rates of paediatric emergency attendances and over a longer period of study[20].

Attendances at a Dublin paediatric hospital, showed a continued increase in MH presentation despite overall attendances for other reasons being lower[11]. Referrals to specialist child and adolescent MH services (CAMHS) showed a consistent rise post summer; with referrals peaking at a 180% increase by November[12]. Clinical activity increased during the same months; with a 50% increase in monthly outpatients offered and lowered non-attendance rates. Anecdotal reports from clinicians suggested an increase in referral complexity with more youth presenting with suicidal ideation, concurring with international data[11, 12] There was a 66% increase in eating disorder admission to paediatric hospitals[13] and a 51% increase of admissions to child psychiatry units between 2019 and 2020[14]. There has been a corresponding increased demand for all Bodywhys services compared to previous years[15]. It is difficult to disentangle the various components that might have led to a specific surge in eating psychopathology, which might include pre-morbid vulnerability, heightened health promotion or cooking discussions in the media, restrictions affecting frequency and availability of grocery shopping, increased parental vigilance during lockdowns, reduced sporting and training events and difficulty accessing care. Many qualitative reports and case studies have been published offering insights into some of the difficulties brought about by the restrictions

Prior to Covid-19, referrals to CAMHS in Ireland were already increasing. The increased demand attributable to Covid-19 and associated restrictions on an already over-stretched services will create a new crisis. Funding and resourcing for CAMHS in ROI remains well below that set out in the nation's MH policy document, A Vision for Change, with clinical staffing levels at 58.1% nationally. In Ireland, psychiatry has the highest consultant vacancy rate of all medical specialities, with 32% currently vacant, 20% being vacant for longer than 3 years, and many filled on an agency basis. The new medical consultant contract within "Sláintecare" does little to address these potential difficulties; with 93.7% of the 1070 higher trainees surveyed indicating a preference to work abroad than accept the proposed terms[16]. High rates of burnout and turnover intention alongside high levels of dissatisfaction with government investment commitment and management have already been reported among CAMHS consultants nationally[17].

Despite the public discourse and government stated acknowledgement of needing to prioritise MH, MH services remain sceptical as to the extent and speed of any planned reform. Dedicated MH funding was absent from the HSE winter plan 2020, which focussed on reducing acute hospital care, little detail is given with regard to any planned developments in the National Development Plan 2021-2030, leaving Budget 2021 nervously anticipated. Mental Health reform, the national coalition on MH, believes that Covid-19 has had a detrimental impact on the nation's MH and exposed serious gaps in services. In their pre-budget submission, they argue that 'Mental health needs to be absolutely central to all COVID-19 planning' and have called on the government to invest €85 million in new and existing MH services, making a strong economic argument why to do so is both necessary and advantageous.

The pandemic has brought about some benefits, such as a rapid adoption and efficacious use of tele-psychiatry, created a public discourse about the importance of MH to personal and societal well-being, prioritizing family and friendships, creating a better work-life balance and an opportunity for prioritizing a sustainable economic growth. Let us hope that another silver lining will be a true commitment to investment in equitable and accessible MH services from cradle to grave, enshrined in Sláintecare, and a budget which plans for it. Let us also hope that the unique needs of the young are no longer neglected. We all share a collective responsibility for this 'neglected' cohort, as individual members of the public and within our professional bodies to advocate for nothing less than a full and meaningful commitment to a broad spectrum of child and adolescent MH services.

Declaration of Conflicts of Interest:
The authors declare that they have no conflicts of interest.

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