

## **Supporting Paediatric Mental Health in Paediatric Hospitals, Paediatric Wards and Beyond**

C. O'Hagan<sup>1</sup>, C. S. O'Gorman<sup>1,2</sup>, E.P Barrett<sup>3,4</sup>.

1. Department of Paediatrics, The Children's Ark, University Hospital, Limerick.
2. Department of Paediatrics, School of Medicine, University of Limerick.
3. Consultation/Liaison Psychiatry at Children's Health Ireland at Temple St.
4. Child and Adolescent Psychiatry, School of Medicine, University College Dublin.

Children and Adolescent mental health services (CAMHS) in Ireland currently face multiple significant challenges, including underfunding, high demand and insufficient resources across primary, secondary and tertiary services. The prevalence and debilitating nature of mental health difficulties among our children and adolescents cannot be ignored, with approximately 20% of the total childhood population affected.<sup>1</sup> Despite the end of the COVID-19 pandemic, the demand for mental health services has continued to surge unabated. This critical situation has created a significant gap in meeting the mental health needs of our children and adolescents, potentially leading to severe consequences for their well-being. The Maskey<sup>2</sup> report serves as a striking example of the detrimental outcomes resulting from an underfunded and under-resourced CAMHS. In this article, we explore the current challenges faced by CAMHS and propose necessary steps to establish robust mental health services that effectively protect our young people.

Mental health presentations in children have been rising in Ireland, even before the pandemic. CAMHS referrals increased by 24% between 2012-2018<sup>3</sup> while a paediatric ED reported a 520% increase in paediatric mental health presentations over a 10-year period.<sup>4</sup> This was before the genie was let out of the bottle by COVID-19; with CAMHS referrals six months into the pandemic increasing by 50% compared to previous years.<sup>5</sup> Hospital admissions of paediatric patients with the most prevalent MHI increased during the first year of the pandemic, with the average inpatient stays for psychiatric conditions doubling to over 4 days.<sup>6</sup> Temple-Street Hospital saw a disconcerting 66% rise in eating disorders between 2019 and 2020 reflecting global trends.<sup>7</sup> While post-pandemic data continue to emerge, CAMHS demand has not abated. The WHO reports depression and anxiety have increased by

25% post-pandemic, with CYP among those affected most.<sup>8</sup> This global data confirms our fears: the genie's bottle is lying shattered on the ground, and we are now dealing with a mental health epidemic in our paediatric population.

It is hardly surprising that the pandemic exacerbated demand for already overstretched CAMHS services. Lockdowns, social distancing, school closures, constraints on outdoor activities- The pandemic exacerbated stressors and diminished coping strategies, with those who had pre-existing mental health issues most affected.<sup>9</sup> While we could lay blame on the unforeseen pandemic, we must remember investment in CAMHS services was entirely insufficient to meet demand even before 2019. At roughly 5.1% of the Irish health budget, Ireland's investment in mental health services is grossly inadequate, approximately half that of most Northern European Countries.<sup>10</sup> Even with clear evidence of increasing MHI demands during the pandemic, minimal extra funding was provided.<sup>11</sup>

We propose that the issues can be solved by looking at 5 key and interlinked areas:

1. ***There is no health without mental health* - Prioritising mental health training for paediatric trainees:**

The RCPCH position statement in 2020 recommended that all paediatric trainees should have the training to manage common mental health issues. It also suggested that paediatricians, such as neurologists, are more likely to encounter complex mental health issues and require more extensive training and support. Despite these recommendations, a study in 2019 revealed 84% of Irish paediatric trainees were involved in the management of a child with a mental health disorder, with only 8% feeling adequately trained.<sup>12</sup> Paediatricians, GPs and other health professionals are firefighting without adequate training or support- because there are no other options. Rather than responding to crises on an ongoing basis, we need to anticipate future demand by incorporating mental health services into paediatric practice and providing adequate mental health training for all paediatricians, especially as we face extreme staffing shortages which will not be fixed overnight. Adopting these strategies is imperative given the prediction by Sawyer et al.<sup>13</sup> that psychiatry services alone will never be enough to deal with the paediatric mental health epidemic.

## **2. Emergency Provision: resourcing of crisis care in the community:**

We welcome the recent publications that highlight the massive deficits in CAMHS, and we suggest that funding for acute crisis services must become a national priority. While some children may need admission to paediatric beds, others need urgent support within community services. In the absence of urgent out-of-hours services, these children are admitted to acute inpatient beds. Here, paediatric and liaison psychiatry teams (if they exist) must attempt to meet the needs of these children in suboptimal environments with insufficient support, while the patient will take on all the exposure risks of staying in an acute hospital. Additionally, there are often unsafe and unacceptably long waits to be seen in community services once ready for discharge.<sup>14</sup> Better options exist, including the creation of community-based crisis hubs and integrated emergency psychiatry care from within the ED which has been shown to majorly improve outcomes including reduced length of hospital stays and readmissions.<sup>15</sup> We need to develop infrastructure to keep these children out of acute medical beds and greatly improve funding for emergency crisis services in the community.

## **3. Resourcing of crisis care for specific vulnerable groups:**

10% of Irish children self-harm<sup>16</sup> and suicide is a leading cause of death. Yet, no crisis support is available in most CAMHS services for this specific cohort of young people. We mentioned previously about worrying spikes in cases of eating disorders, while parents of children with autism desperately seek admission in the absence of the respite care and support these families depend upon.

Resourcing crisis care for these specific vulnerable groups is imperative. A promising development is the National Eating Disorder Programme<sup>17</sup>, with specialist community-based teams offering a range of critical interventions. These National programmes identify pitfalls when transitioning from paediatric to adult services and the requirement for adolescent health and Mental health education and training. We need to fund inpatient and community-based services that can deliver most of the care and implement interventions early. Likewise, we must implement similar national programs for paediatric self-harm, suicidal thoughts and non-suicidal self-harm. To successfully implement this, we require a new specialised funding stream to support tiered care for specific cohorts of young people with high needs.

#### **4. Supporting and growing liaison psychiatry teams in paediatric hospitals:**

Young people with medical illnesses experience significant psychological and psychiatric comorbidity with rates higher than 30% and up to 80% in conditions such as epilepsy.<sup>18</sup> Liaison psychiatrists can be an invaluable resource for paediatricians, together providing optimum care for their patients, and recognising the interplay of mental and physical health. 'A Vision for Change' envisioned 13 liaison teams in paediatric hospitals. Only four exist, and based on population increases, this number should now be 15.<sup>19</sup>

We must recognise the importance of liaison psychiatrists in planning the National Children's Hospital and the national hub-and-spoke model for the Paediatrics model of care.<sup>20</sup> These children need appropriate mental health care, close to their homes when appropriate, and support for both physical and mental health needs. There are no child psychiatry academic units outside Dublin, thus there is limited capacity to support teaching, training and patient outcomes research. It is not equitable that clinical care as well as access to specialist services differs greatly across Ireland, but the patient outcomes data to measure the impact of this is lacking.

#### **5. Assessing trends in mental health over time and providing support from the communities:**

The pandemic has exposed the vulnerability of our young people, with evidence of increased youth psychiatric presentations.<sup>21</sup> It is crucial to analyse these trends along with evaluating the long-term impacts on mental health.<sup>22 23</sup> This will require collaboration with primary, secondary and tertiary medical and social services, as well as schools to help understand the effects of the crisis on young people's mental health, including changes in self-harm or suicidal behaviour.<sup>24</sup>

Nationally, no data is collected on paediatric hospital admissions and bed days utilised by children and adolescents requiring mental health admissions. Much treatment is probably uncounted. Undoubtedly, acute inpatient beds are not the optimal setting for these children. Urgent action is required to address this issue as we face increasing delays and challenges in accessing inpatient CAMHS beds or day hospitals. Given the alarming lack of available data, a national research program is required to adequately assess trends and demands on resources.

There are many issues with the current mental health services for Ireland's youth. The pandemic acutely heightened the demand, with evidence emerging that the epidemiology is changing, and the demand is not going away. Rather than responding to crises on an ongoing basis, we need to anticipate future demand by incorporating mental health services into paediatric practice. The first step is to map bed use and current epidemiological mental health presentations among CYP.<sup>25</sup> We must urgently increase funding to resource necessary changes and improvements. We need to expand mental health training for all paediatricians and expand liaison psychiatry teams within all hospitals. We need to develop infrastructure to keep these children out of acute medical beds and greatly improve funding for emergency crisis services. We need to learn from what the pandemic has taught us and fund these improvements in our CAMHS services to protect our children and adolescents.

**Declarations of Conflicts of Interest:**

None declared.

**Corresponding author:**

Claire O'Hagan,

E-Mail: [claireanneohagan@gmail.com](mailto:claireanneohagan@gmail.com).

**References:**

1. Davie M. Doing More For Mental Health. Archives Of Disease In Childhood - Education And Practice [Internet]. 2016 Apr 1
2. Report of the look-back review into child and adolescent mental health services county MHS area A [Internet]. 2022. Available from: <https://www.hse.ie/eng/services/news/newsfeatures/south-kerry-camhs-review/report-on-the-look-back-review-into-camhs-area-a.pdf>
3. Irish Examiner: Psychiatrists Report Increased Levels Of Burnout And Stress [Internet]. The College Of Psychiatrists Of Ireland. 2021 [Cited 2023 Feb 5]. Available From: <https://www.irishpsychiatry.ie/Blog/Irish-Examiner-Psychiatrists-Report-Increased-Levels-Of-Burnout-And-Stress/>
4. Fitzgerald E, Foley D, McNamara R, Barrett E, Boylan C, Butler J, Et Al. Trends In Mental Health Presentations To A Paediatric Emergency Department. Irish Medical Journal [Internet]. 2020 Feb 13

5. McNicholas F, Kelleher I, Hedderman E, Lynch F, Healy E, Thornton T, Et Al. Referral Patterns For Specialist Child And Adolescent Mental Health Services In The Republic Of Ireland During The Covid-19 Pandemic Compared With 2019 And 2018. *BJPsych Open*. 2021 May;7(3).
6. Ibeziako P, Kaufman K, Scheer KN, Sideridis G. Paediatric Mental Health Presentations and Boarding: First Year Of The Covid-19 Pandemic. *Hosp Pediatr*. 2022 Sep 1;12(9):751-760. Doi: 10.1542/Hpeds.2022-006555. PMID: 35578918.
7. Barrett E, Richardson S. Eating Disorders During The Covid-19 Pandemic. *Ir Med J [Internet]*. 114(1):233
8. World Health Organization. Mental Health And Covid-19: Early Evidence Of The Pandemic's Impact: Scientific Brief, 2 March 2022 [Internet]. [www.who.int](http://www.who.int). 2022.
9. Ougrin D, Wong BH, Vaezinejad M, Plener PI, Mehdi T, Romaniuk L, Et Al. Pandemic-Related Emergency Psychiatric Presentations For Self-Harm Of Children And Adolescents In 10 Countries (Prep-Kids): A Retrospective International Cohort Study. *European Child & Adolescent Psychiatry [Internet]*. 2021 Mar 7 [Cited 2022 Jan 21];1–13. Available From: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7937052/>
10. Budget 22 [Internet]. Mental Health Reform. Available From: <https://www.mentalhealthreform.ie/budget-22/>
11. Budget 2021: €4 Billion To Protect, Reform and Expand Health and Social Care Services and Implement Universal Healthcare [Internet]. [www.gov.ie](http://www.gov.ie)
12. Sewell V, Barrett E P248 '99 Voices, One Story – Supporting Mental Health In Paediatric Patients' A National Survey Of Paediatric Trainees *Archives Of Disease In Childhood* 2019;104:A256
13. Sawyer Mg, Reece Ce, Sawyer Ac, Hiscock H, Lawrence D. Adequacy of Treatment for Child and Adolescent Mental Disorders In Australia: A National Study. *Australian & New Zealand Journal of Psychiatry*. 2018 Nov 2;53(4): 326–35
14. Mental Health Commission Publishes Interim Report on Child And Adolescent Mental Health Services Independent Interim Report Authored By The Inspector Of Mental Health Services [Internet]. Available From: <https://www.mhcirl.ie/sites/default/files/2023-01/camhs%20intrim%20report%20official%20mhc%20statement.pdf>
15. Otis M, Barber S, Amet M, Nicholls D. Models of Integrated Care For Young People Experiencing Medical Emergencies Related To Mental Illness: A Realist Systematic Review. *European Child & Adolescent Psychiatry [Internet]*. 2022
16. Morey, C, Corcoran, P, Arensman, E, Perry, Ij (2008). The Prevalence of Self-Reported Deliberate Self Harm In Irish Adolescents. *Bmc Public Health* 8, 1–7
17. Eating Disorders: National Clinical Programme - Hse.ie. Eating Disorders: National Clinical Programme - Hse.ie [Internet]. Hse.ie. 2011

18. Glazebrook C, Hollis C, Heussler H, Goodman R, Coates L. Detecting Emotional and Behavioural Problems in Paediatric Clinics. *Child: Care, Health & Development* 29: 141-149. 2003
19. A Vision for Change Report Of The Expert Group On Mental Health Policy. Available From: <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health--a-vision-for-change>
20. Ansari, H. A., Santiago-Jiménez, M., Saab, H., & Claire M De Souza. (2018). 4.2 Comorbidities and Service Utilization In Paediatric Consultation-Liaison Psychiatry In-Patients. *Journal Of The American Academy Of Child And Adolescent Psychiatry*, 57(10), S205. Doi: 10.1016/J.Jaac.2018.09.228
21. McDonnell T, Barrett M, McNicholas F, Barrett E, Conlon C, Cummins F, et al. Increased Mental Health Presentations by Children Aged 5-15 at Emergency Departments during the first 12 months of COVID-19. *Irish Medical Journal* (5):356
22. McDonnell T, Barrett M, McNicholas F, Barrett E, Conlon C, Cummins F, et al. Increased Mental Health Presentations by Children Aged 5-15 at Emergency Departments during the first 12 months of COVID-19. *Irish Medical Journal* (5):356
23. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L Et Al (2020) Multidisciplinary Research Priorities for the Covid-19 Pandemic: A call for action for mental health science. *Lancet Psychiatry* 7(6):547–560
24. Holmes EA, O'Connor RC, Perry VH, Et Al. Multidisciplinary Research Priorities For The Covid-19 Pandemic: A Call For Action For Mental Health Science. *Lancet Psychiatry*. 2020;7(6):547-560. Doi:10.1016/S2215-0366(20)30168-1
25. McEnaney FB, Ojugbele O, Doherty JR, McLaren JL, Leyenaar JK. Pediatric Mental Health Boarding. *Paediatrics*. 2020 Sep 22;146(4):E20201174