

Better systems needed to care for kids with mental health problems

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Credit: Monkey Business Images

A complete shake-up of the Australian health system is needed to better care for children and young people with mental health issues like anxiety, depression and self-harm, new research has found.

Three new studies, led by the Murdoch Children's Research Institute (MCRI) and published in *Emergency Medicine Australasia* and *The Journal of Paediatrics and Child Health*, identified solutions to ease demand on emergency departments.

These included:

- Increased Medicare funding for [family therapy](#);
- Additional out-of-hours services;
- Respite care and peer support for more complex [mental health problems](#);
- School-based services offering onsite, bulk billing psychologists and teachers trained to identify 'at risk' students

Researchers examined those aged 17 and under who visited four emergency departments across Victoria who had been discharged with a diagnosis of anxiety or depression. They asked parents why they had brought their child to the ED and what would have helped them seek treatment in the community instead.

They also measured repeat visits to one [emergency department](#) in Victoria for self-harm in children up to 18 years old. Almost one in four patients re-presented for self-harm within 12 months and 82 percent of all self-harm presentations were by girls.

In Victoria, mental health related emergency department visits increased by about 6.5 percent each year for those aged 0-19 years between 2008/09 and 2014/15, with a sharp rise in anxiety and depression in those aged 10 years and older.

This growth rate was three times faster than physical health presentations, was not related to population growth and came despite a significant increase in investment across adolescent mental health

services.

MCRI Professor Harriet Hiscock, who led the research, said many Australian children with mental health problems do not receive enough mental healthcare in the community such as from school counselors, psychologists and paediatricians, which could be behind the increase in emergency presentations.

Parents reported barriers to accessing help for their child, which included service shortages and long wait lists, under-resourced schools, lack of child mental health expertise by their usual doctor and financial constraints. There was also dissatisfaction with inpatient and outpatient services for child mental health, finding them to be in scarce supply, especially after hours or during school holidays.

Professor Hiscock said a large majority of parents felt strongly that basic mental health care should be made publicly available for all children and [young people](#), without service limitations.

"For many families, capping of the Medicare-subsidised mental health care rebates to 10 sessions per year severely limited their child's access to ongoing care," she said.

Professor Hiscock said policy makers, managers, and clinicians must now work together with parents to develop alternative approaches that provide families with community based support for those with mental [health](#) concerns.

"There is a big gap in services for kids aged 12 and under, especially if a [family](#) cannot afford to pay for a private specialist," she said. "Most services also shut down over school holidays, leading some parents to seek support from emergency departments."

Professor Hiscock said to help keep children who repeatedly [self-harm](#) out of emergency would likely require a team-based strategy comprising coordinated 'wrap around care' for the child and their family in their community setting.

"This intensive [service](#) model would see the young person assigned a case manager who with the young person, their family and other experts, devise, implement and evaluate a treatment plan over time," she said.

Professor Hiscock said the research found key reasons families presented to EDs was listening to trusted professionals, feelings of desperation and having no alternative, respecting their child's need to feel safe and to rule out a potentially serious medical condition.

"While about half of the families were referred to an emergency department by a healthcare provider, school or emergency services officer, only a quarter had physical symptoms which were deemed as urgent," she said.

More information: Peter Summers et al. Repeated presentation of children and adolescents to the emergency department following self-harm: A retrospective audit of hospital data, *Emergency Medicine Australasia* (2020). [DOI: 10.1111/1742-6723.13485](https://doi.org/10.1111/1742-6723.13485)

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