

Specialist networking in child and adolescent psychiatry in Finland

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- Three inpatient wards; two for latency aged (emergent and long term treatment) and one for adolescents
- Day care ward for those under school age
- Outpatient clinic with different sub-units: "ordinary", neuropsychiatric, forensic, infant, and "distant" outpatient clinic consulting the local, municipal, multiprofessional teams for child psychiatric problems
- (In the adult psychiatric clinic two more adolescent psychiatric wards and outpatient clinic)

Typical Child Psychiatric team

- Child Psychiatrist, chair of the team, responsible for diagnostics and medical matters, e.g. medication
- Psychologist, responsible for psychological tevaluation
- Social worker, responsible for communication with local social workers, child protection and family matters
- Psychotherapists: e.g.individual psychodynamic or cognitive therapy, family therapy, group therapy; needs 3-5 years postgraduate training + often own individual therapy, for child psychiatrist, psychologist or social worker, to be a full trained therapist
- Occupational and speech therapists
- Nurses at different levels and tasks

Referral practices

- The team decides together the needed examinations and responsibilities
 - E.g. child psychiatrist for medical history and diagnostics, clinical psychologist for psychological examinations (e.g. cognitive level and projective tests et al.), occupational therapist for sensory difficulties, speech therapist for speech and language difficulties, social worker in family difficulties and child protection matters..)
- Typically in the first visit, the whole family is together with the responsible professionals, then 2-3 visits for the examinations, after which team collects all data together for treatment plan, which will be presented to the family at the fifth visit.
 - E.g. Suggestions for individual psychotherapy, family therapy, occupational therapy, contacts to school or local social workers, follow-up

Examples of working models

- Home visits (usually own nurse and/or social worker); new aspects arise for diagnostics and treatment
- Inpatient treatment
 - Collaboration between all professionals, child psychiatrist, psychologist, social worker, therapist(s), own nurse(s).
 - Cognitive-behavioural principles help the child to understand and develop his behaviour (causes and consequences)
 - Family weekends; whole family in the ward; interaction noticed, in difficult interactions the help is near

Networking

- Examines the difficulties and strengths of the child and the family in all levels (individual, family, larger social) of life, and considers how each expert in these levels can best help the child and/or the family
- Early diagnosis needs often cognitive, psychiatric and family examination plus larger social network (school, day care, important others) -> treatments in time
- Decides together, what actions will be done by whom
- Regular follow-ups together: which works and which not; how to change those actions which do not help
- Helps to analyse the whole combination of treatments
- Not ***instead of*** individual therapy or inpatient care when needed, but ***in addition to, and for coordinating*** them

Additional usefulness of networking

- Children and families with multiple problems need multiple specialists
- Different specialists' expertise can thus be combined
- We can decide each one's responsibility area and also avoid projective attitudes, if difficulties come: "we cannot succeed, because they.."
- Working together helps to formulate our speech and to understand different views

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Net working in the hospital

- Location within Pediatric Hospital enables collaboration with pediatrics: for somatic, neurological and surgical (traumatic) cases
- Location near the Emergency Unit helps in urgent cases e.g. Suicidal or intoxication
- Location near Obstetrics: Maternal problems or depression, parents' support when the baby needs intensive care or is handicapped
- Location near Adult Psychiatry helps to collaborate when the parent(s) (and the child) have mental health problems

Somatic disorders and child psychiatry, common problems

- Being different may lower self-esteem
- Being dependent on adults' help and control may hinder normal development of independence
- Some symptoms seem to be more difficult for the family, more difficult to understand and accept
- Parent education and special courses for children and families help, and include child psychiatric lectures and discussion

Somatic disorder or a handicap of the child, examples

- Diabetes
 - Control on eating, exercise and insulin injections tend to disturb the gradual development of independence, especially in adolescence.
 - Often the first contact between child psychiatric team and the family is arranged in the beginning of the disease, to have contact already before possible difficulties. Even subtle difficulties can be noticed and taken into account
 - As a rule, one-week camp is arranged for adolescents with diabetes, in order to bear responsibility themselves

Somatic disorder or a handicap of the child, examples continue

- Rheumatoid arthritis
 - Diagnostic phase may be prolonged, exhausting
 - Challenging treatments can increase stress in the family
 - Often those patients whose pains and handicap are **not** visible suffer more than those, whose difficulties are seen, understood and arouse empathy
 - the weekly visiting of the child psychiatrist in the pediatric ward may help in noticing the difficulties

Somatic disorder or a handicap of the child, examples continue

- Bronchial disorders, e.g. Asthma
 - Recurrent difficulties in breathing may bring up fears (even of death) in both the child and the parents, which may tighten the bond and hinder development of independence.
Difficulties between sisters and brothers
 - Sufficient parent education and discussions about anxiety will help

Childhood traumas (accidents)

- Parental self-accusations common
- Child's sudden frightening, pain and unsafety feelings
- Uncertainty of future, of recovery or permanent handicap
- Child psychiatrist present weekly in the round, and available also other times. Special therapies to relieve traumatic experience may be needed. Debriefing when wanted

Specialist networking in child neurological disorders, examples

- Especially important in Autism Spectrum Disorders (ASD), in difficulties of social interaction, communication and stereotypes
 - Pediatric neurologists are needed especially in etiological examinations, while child psychiatrists are higher experts in various therapeutic actions
 - Typical teams include MD, psychologist, social worker and occupational and speech therapists, for diagnostics and plans for treatment
 - Networking with family, day care and school for carrying out treatments: concrete daily program, helping executive functions, development of communication with visual aid (PECS), sensory integration therapy when needed, and adjusting schooling plans according to the child's abilities: computer aid, personal assistant, smaller group in attentional difficulties etc

Occupational/speech therapist and school Development of communication with visual aid



- On the desk, the pupil can see the daily program at school in pictures: Name (Teemu), lessons of native language, math, singing, skating, eating, outdoor activities, needlework, getting home by taxi

Specialist networking in ADHD

- Basic, municipal level is recommended to be in their multiprofessional team responsible for **noticing** the symptoms (inattention IA , hyperactivity-impulsivity HI) as early as possible, for beginning of **therapeutic support** (even before Dg), for diagnostics and for possible medication. Collaboration with family, day care and school. Other disorders must be excluded or noticed
 - Municipal level can **consult** central hospital's child psychiatrist and/or child neurologist – or **refer** the family to these, depending on symptoms, co-morbidity and family interaction

Networking in ADHD, continues

- In diagnostics
 - Comprehensive evaluation of symptoms (IA, HI) and impairment in different contexts, of cognitive ability and learning difficulties, speech, motor and sensory difficulties and co-morbidity
- In treatment
 - Psychoeducation, parent training, day care and school arrangements (clearly organised situations, clear rules, consistent and concrete feedback, picture exchange when needed), behavioural treatment at home, day care and school, psychotherapy, speech, occupational or physiotherapy when needed, neuropsychological rehabilitation, coaching, peer support and social support (support person or family, family work..)
- Individual, written rehabilitation plan including treatment, aims, methods, time table with follow-ups and responsible persons of each action

Networking in conduct disorders

- Multiprofessional, comprehensive examination including symptom report (ADHD?), psychological evaluation, cognitive abilities, learning difficulties, relationships with adults and peers, family interaction
- Comprehensive treatment includes help for the family, clear family rules, individual cognitive-behavioural treatment and intensive collaboration with day care and school, often child protection agency.
- Consistent rules, "monitoring".
- Later possibly individual psychotherapy to overcome previous traumas

Specialist networking in emergency units, children and adolescents

- Suicidal attempts: we never let them go home before child psychiatric consultation. Treatment must be begun during hospitalisation
- Intoxication: we always contact the family, and most often prepare written, confidential information to child protection organisation
- Maltreatment: usually taken to inpatient ward and written, confidential information to child protection organisation is sent

Specialist networking with obstetrics and neonatal unit

- Maternal depression, puerperal psychosis: both adult psychiatrist and child psychiatrist are consulted
- Neonatal intensive care or other problems need child psychiatric consultation, in order to evaluate and enhance the parental abilities

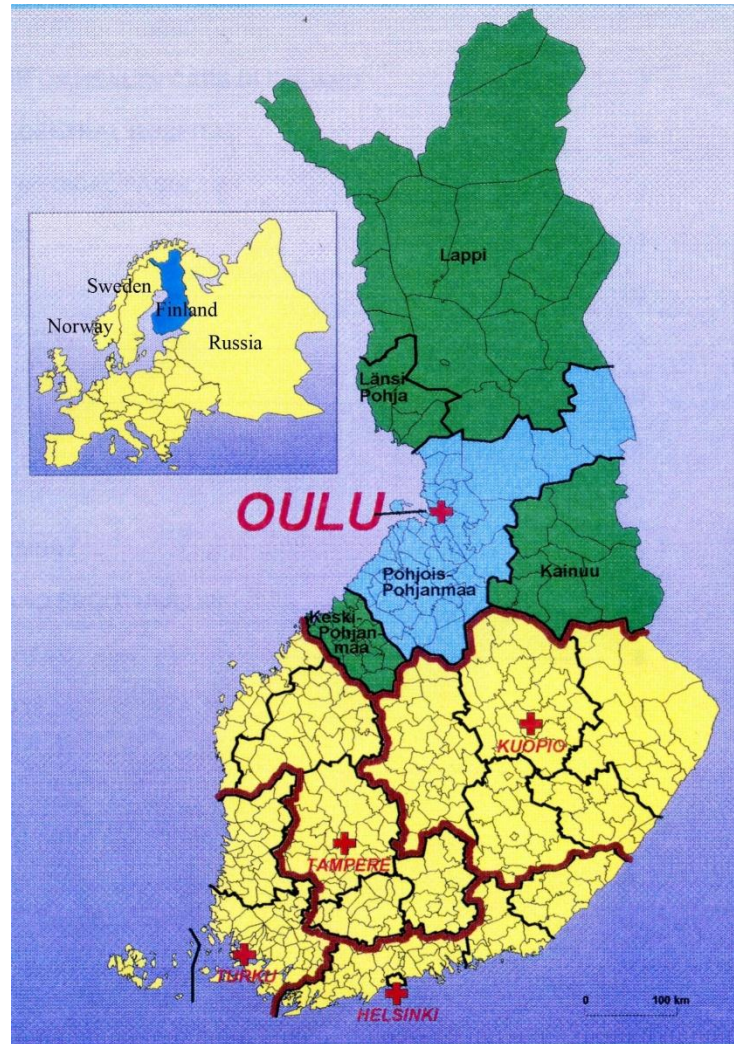
Specialist networking with adult psychiatry

- Parental mental health problems: adult patients are always asked by their psychiatrist if they have children, and how is their children's well-being
- Typically the whole family is met at least once: the child has the opportunity to get information of the parents' disorder, and support is organised when needed

Specialist networking with adult somatic units

- Parental somatic illness, especially life-threatening situations
 - Even preparation to parental death, helping the future single parent family
 - In the same family meeting the internist and the child psychiatrist; possibly therapy for the family, for the child; contact with municipal social worker e.g. household help

The five University Hospital Districts and 20 Central Hospitals



Responsibility areas

- Each University Hospital District has 2-5 Central Hospitals, which bear responsibility for specialist care in their area
- Municipalities have multiprofessional teams e.g. MD, psychologist, social worker and therapists for child psychiatric evaluation and treatment.
- Multiprofessional teams are usually chaired by MD, who can further consult central hospitals

Municipal Health Care Centres for Children

- Free of charge, attended by 100% of babies at 0-6 years and their families
- Recognition of developmental delay, social and communication problems, hyperactivity, internalising, externalising and regulatory problems
- Videoconferences are becoming popular, between municipal level (MD, other professionals, child and family in monitor) and specialist in central hospital

Municipal school health care

- The multi-professional team of the school includes the school doctor, the teacher(s), the school psychologist or curator and possibly other health care officials. If problems arise, the meeting will be organised and the parents are invited to participate.
- Share of responsibility areas as previously

Municipal Child Guidance Clinics

- Free of charge, no referral needed
- Multi-professional teams, typically including child psychiatrist, psychologist, social worker (family therapist), occupational therapist and speech therapist
- Have also special projects, like family school (10 times group therapy for parents and children with behavioural difficulties and/or ADHD): advice and tasks given to parents, in order to understand their children and respond adequately in difficult situations

Private organisations

- Often specialised to certain problems, like ASD or ADHD
- Can be contacted by the families straight, or families can be referred to them for certain causes, e.g. Family School project or individual, family or group therapies

Network meeting at home



In conclusion

- Early diagnostics and specialist networking can prevent later, bigger problems
- Even if it may look expensive, it in fact spares money, when preventing later marginalisation because of poor schooling, unemployment, criminality, broken human relationships, despair and adult psychiatric treatments
- Calculations: one child, who recovered, will bring in his adulthood to the society by paying taxes the amount of money, which is needed to maintain the whole psychiatric ward for one year.