Child and Adolescent Psychiatry: the view from the UEMS Section of Child and Adolescent Psychiatry

Terminology

Child and Adolescent Psychiatry, in a narrow sense, is the application of specialist medical practice to mental illnesses and psychological disorders in children and young people up to the age of about 18 years. The term refers specifically to what child and adolescent psychiatrists do but is also sometimes used in a wider sense to describe mental health care approaches to children and adolescents generally.

For the sake of simplicity, when the word 'child' is used in this document, it refers to young people who are not yet adults. It includes adolescents. Some countries have separate child mental health services and adolescent mental health services.

There are contributions to child mental health care from other, non-medical specialists such as psychologists and psychotherapists. Because of this, the term *child mental health* is increasingly preferred to describe the contribution of various mental health professionals, including child and adolescent psychiatrists, to the mental welfare of children.

Child practice and adult practice

There are important differences between child and adult mental health practice. Compared with adult practice, child mental health

- includes a different range of disorders (as in the International Classification of Diseases)
- has referral pathways to services that emphasise family and school
- uses more psychological than physical treatments
- uses less in-patient care
- emphasises a multi-disciplinary approach
- has a different legal framework
- relies on an approach that refers to the child's developmental status and an emphasis on family functioning as well as traditional disease/disorder diagnoses.

The specialist medical contribution: child and adolescent psychiatry

Child and adolescent psychiatrists are physicians who have pursued an extensive postgraduate training specifically in the psychiatry of childhood and adolescence. They will also have training in adult psychiatry though the extent of this varies from country to country. In addition they will usually, though not universally, have had training in paediatrics, and in some countries a substantial training in paediatric neurology. Specialist training is long, thorough and to a high standard. This is reflected in the *child and adolescent training logbook* prepared by the UEMS child and adolescent psychiatry and psychotherapy section.

Specialist child and adolescent psychiatrists will have received training in psychology[p1] and psychotherapy. Some child and adolescent psychiatrists will have expert level knowledge of psychotherapy with children, particularly

- psychodynamic psychotherapy with individuals or groups
- cognitive-behavioural therapy
- family therapy.

In most countries other non-medical disciplines will also have expertise in these therapies. The psychotherapeutic contribution that is made specifically by child and adolescent psychiatrists is covered in a separate paper.

Because of their medical training, child and adolescent psychiatrists have:

- special knowledge of physical factors relevant to mental disorder in children
- the ability to examine their patients medically
- the power to prescribe medication or dietary treatments
- an ethical basis for clinical practice shared with the rest of the medical profession.

In many countries, child and adolescent psychiatrists will also have legal powers and responsibilities, particularly relating to child protection, compulsory admission to hospital, and young offenders with mental health problems.

Not all the work carried out by child and adolescent psychiatrists is directly with children and their families. Some is consultative, providing advice and information to other agencies. There is considerable demand for teaching and training for all levels of medical training and for non-medical disciplines. Clinical research into children's mental health problems and disorders is carried out and studied. There is a separate scientific base and specialist publications for child and adolescent psychiatry, compared with adult psychiatry though there is, of course, some overlap.

The contribution from other disciplines

Nevertheless, child mental health practice cannot be carried out by psychiatrists alone. The prevalence of child psychiatric disorder is too great for this to be possible and other disciplines and specialties make important contributions. Among medical practitioners, *general practitioners* will see and manage milder conditions themselves or make appropriate specialist referrals. *Paediatricians* (especially community paediatricians and paediatric neurologists) make significant medical contributions to many cases, especially those in which there is physical disorder as well as psychiatric difficulties.

Similarly, *psychologists* with a postgraduate training in children's problems, educational and clinical, play a particularly significant role in both assessment and psychotherapeutic practice.

Nurses, social workers, pedagogues and psychotherapists with specialist training in child mental health also make important contributions, often within multi-disciplinary teams which can thus provide a breadth and depth of assessment beyond the capacity of a single practitioner. This is particularly true for in-patient practice.

The importance of a focus on children

Children are not simply small adults. Their life circumstances, developmental status and different pattern of illnesses are qualitatively different from adults. This also applies to treatments so that some (such as electro-convulsive therapy) are rarely used in childhood and conversely, others (such as family therapy) are rarely used with adults. It is becoming increasingly considered important to provide specialist health care for children, separate from adult clinical services. This applies to where they are treated, who they are to be treated by, and with what human rights. [p2]

Adequate clinical practice in child and adolescent mental health requires professionals specifically trained in children's and adolescent's mental health. It cannot be done safely or effectively by those whose training has mainly been in adult practice.

This applies both to professions and services. In medicine this requires recognition of child and adolescent psychiatry separately from adult psychiatry; something already evident in UEMS where the two specialties are separate. In nearly all EU countries this also applies to the provision of mental health services so that clinics and hospital in-patient units for children are separated from those for adults. Children should not be admitted to adult wards and need physical premises that are sympathetic to children and their families.

Effectiveness and significance

There is an increasing *body of evidence for clinical effectiveness* in child and adolescent psychiatry and, indeed, for child mental health practice generally. This is important not just for the relief of suffering and impaired functioning but for the subsequent prevention of adult psychiatric disorder and social dysfunction.

Yet in many countries, referrals to specialist services are made late, when conditions have become entrenched and chronic. In such circumstances, the power of services to improve the mental health of children is diminished. Sometimes such delays arise because of stigma but low volume of services is commonly an issue too.

Summary points

- child and adolescent psychiatry is a medical specialty, distinct from adult psychiatry
- it is the specialist medical contribution to child and adolescent[p3] mental health services
- [p4]the training of child and adolescent psychiatrists is particularly extensive
- child and adolescent mental disorders and their treatments differ from those in adult mental health practice
- child and adolescent mental health disorders should only be provided by professionals specifically trained in children's mental health
- when this is done there is good evidence for effectiveness but the impact of treatment can be lessened by late referral and low volume of service