

Emergency Psychiatric Presentations Of Children and Adolescents With Neuro-developmental Disorders.

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INTRODUCTION

An emergency setting may further increase distress in children with neuro-developmental disorders particularly those functioning in the moderate to profound degree.

Understanding contributing factors to crisis presentations will likely assist disability services to better anticipate and manage crisis in the community.

This will reduce the risk of exposure to potential distress triggers in an acute clinical environment and minimise care burden for families and care givers.

METHODS

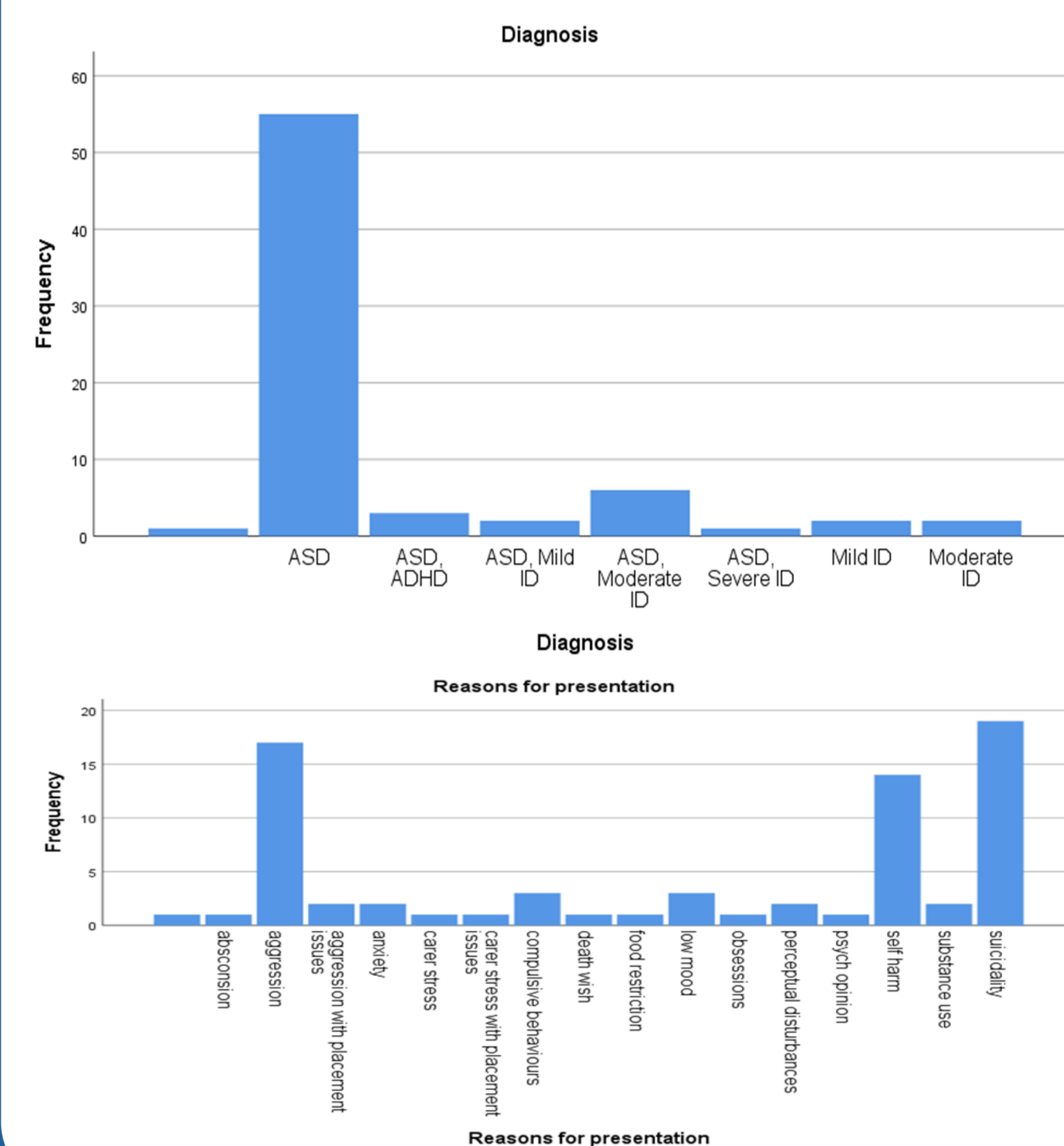
Identification of all cases with an Autism spectrum disorder and/or an Intellectual disability diagnosis presenting to the National Children's Hospital Emergency department and seen by the Child Psychiatry services over a six year period (Jan 2014 – December 2019). • Data collected and analysed as detailed below -

Age	Range: 6- 16 years. Highest frequency – 14 years (30.6%)
Gender	47 males (65%) 24 females (35%)
Catchment Area	Highest presentations: from Dublin 24 (29.2%).
Date of Presentation	Highest presentation: August 2019 (5.6%).
Diagnosis	93% of cases: Autism Spectrum Disorder (+/- Intellectual Disability) 4 cases: Mild ID, 8 cases – Moderate ID, 1 case – Severe ID
Reasons for presentation	Commonest: suicidal ideations and/or attempt - 26.4% Risk to others – 23.6% Self harm/SIBs – 19.4%
Follow – up	75 % of cases: CAMHS services. 2 cases: discharged to residential care services. 10 cases: MHID and disability MDT services. 1 case: Inpatient unit. 6 cases: GP.
Length of Hospital stay	70% of cases discharged same day Average 2-3 day inpatient stay
Repeat presentation	7 cases attended ED more than once.

AIMS & OBJECTIVES

- An understanding of the demographic and functional profile of children and adolescents with neuro-developmental disorders presenting to emergency psychiatric services.
- To inform care pathway planning for children and adolescents with a neuro-disability presenting in crisis to the emergency department.

EVALUATION (RESULTS)



DISCUSSION

Male gender, early adolescence, an autism spectrum disorder diagnosis and risk behaviours are common variables in children with neuro-disability presenting in crisis. Carer stress and placement breakdown contribute to increased length of hospital stay. Most cases were discharged home with recommendations for follow -up with community services.

An emergency care protocol has been developed to better inform emergency assessments and care planning for children with neuro-disability and their families/care givers.

OTHER INFORMATION

No sponsorship or any conflict of Interest to declare.

REFERENCES

Jones, N., and K. Horridge. "G/TUES/DIS1 Improving care for children with complex disabilities presenting to accident and emergency." *Archives Of Disease In Childhood* 92 (2007)

Mental Health Provision for Children with a Learning Disability Position Paper EAP03/2011, College of Psychiatrists of Ireland