Case 4: AO, 14 years old, recurring presentations to the emergency department with stuporous state, collapse, weakness, dizziness, headache, nausea. Perceived pressure to achieve academic excellence seems the psychological stressor. There followed exclusion from school for some months, on health and safety grounds.

Case 5: CM, 13 years old, presented with general malaise, arthralgia, headache and dizziness, with ataxic gait. Difficult transition to secondary school, and involvement in road collision 6 months previous noted. Repeated presentations with worsening symptoms. Objective difficulty eliciting lower limb deep tendon reflexes. Diagnostic lumbar puncture, 3rd admission, demonstrated elevated CSF protein. Subsequent development of symmetrical lower limb paraesthesia. Confirmed diagnosis, Guillain Barre syndrome, responsive to immunoglobulin therapy.

Conversion disorder is a diagnosis of exclusion and careful systematic approach should be applied, ensuring all organic causes of symptoms have been explored, before attributing symptoms to a psychogenic disorder.2,3

REFERENCES

Hse, Cavan, Ireland

Background 1 in 10 children and adolescent suffer from mental illness associated with considerable distress, this audit is done to focus on CAMHS inpatient admissions having suicidal ideation, eating disorder (anorexia nervosa/bulimia nervosa), anxiety disorder prevailing in Ireland in Cavan Monaghan community over 5 years and lack of dedicated pediatric liaison psychiatric team nationally that should be considered to be more active due to increasing ratio of CAMHS inpatient admissions in pediatric wards in local hospitals.

Study by National suicide Research Foundation shows deliberative self harm rose by 22% over 10 yrs to the end of 2016, more pronounced in female of age 10 to 14 yrs, 70 children of school going age died by suicide in 2017

Aims Over many years pediatric services has supported Cavan and Monaghan community based CAMHS services in the inpatient care of patients with various mental illness, this audit aims to assess the resources given to the care of these patients and the changes of workload over recent years

Standards National model of care in pediatric health care services in Ireland.

Survey of inpatient admission of children and adolescent with mental health RCPSYCH 2015

Quality Improvement network for multi agency CAMHS (QINMAC)

Method A retrospective descriptive case note study was completed. Subjects were defined as young people aged 12 years and under who were referred to the Psychiatric Liaison Service between July 2008 to June 2018. Data was anonymised and entered into a secure database for analysis.

Results 290 presentations of 241 children (0–12 years) were identified during the study period. 52% were male, 48% were female. The median age was 11 years. Children accounted for 7% of total referrals to the Psychiatric Liaison Service in 2008, however this figure had risen to 19% in 2018. 30% more children were referred in 2017 compared to 2016.

Overall, the three most common primary presenting complaints were emotional dysregulation (25%), conduct/oppositional defiant disorder (19%) and anxiety disorder (17.5%).

Long waiting lists should be eliminated, should provide supportive and comfortable environment to patients with mental illness by trained staff.

Methodology Literature review of most recent Irish or International consensus guidelines on inpatient care of CAMHS patient.

Audit of number of patients under CAMHS admitted over 5 yrs (2013 till 2017)

Pull charts Data collection:
Name
D.O.B
MRN Age at admission
Date of admission
Diagnosis Length of inpatient stay
Result of 2018 audit.

Recommendation for improvement
Results 125 inpatient admission with the diagnosis of suicidal ideation, eating and anxiety disorder (jan 2013 till dec 2017)
49 female (68%) and 23 male (32%)
Average age 14 yrs.
Average Length of stay 6 days, median 3 days
Over 5 yrs 54% diagnosed suicidal ideation, 24% eating disorder, 15.16% anxiety disorder.

Conclusion 2017 peak of new admissions of all the three mental illness.
Female predominance in suicidal ideation and eating disorder
Male predominance in anxiety disorder

Recommendation To assess number of beds need for future.
Meet CAMHS for future service planning.
Re audit.
safeguarding .
Additional staff training.