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GP159

CHILDREN BROUGHT TO THE EMERGENCY DEPARTMENT UNDER SECTION 12: A TEN-YEAR REVIEW

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Background Under Section 12 of the Child Care Act (1991) a child may be removed from the care of their family where a member of an Garda Síochána believes 'there is an immediate and serious risk to the health or welfare of a child'. In these circumstances where a foster placement is not readily available the hospital may become a *de facto* place of safety to which children are brought.

Aim We carried out a retrospective review of all children, under the age of 18, attending the Emergency Department (ED) at University Hospital Limerick (UHL) over a 10-year period, from January 2008 to December 2017, to evaluate the demand placed on the service and to look at any changes in the demographics of this population.

Results There were 174 cases where a child was brought to the ED, under a Section 12, in this period. This included a total of 165 children, from 135 families. There was approximately an even distribution of ages, <1 year 20%, 1–5 years 24%, 5–12 years 22%, 12–16 years 26% and >16 years 8%. There was no significant pattern of change in age distribution over time (figure 1).

Abstract GP159 Figure 1 Graph of annual number with age distribution per year

Conclusion This report shows that there is a significant burden placed on the ED by children brought under Section 12 for a place of safety. In most cases the children were in good health and the hospital was not an appropriate environment for them. In this study there were higher numbers of children requiring a place of safety during the economic recession. The fall in numbers may reflect the

recent improvement in the economy. A prospective study is planned to look at all section 12s in our department with a view to appropriate planning of services and provision of care.

GP161

COST ANALYSIS OF ACUTE MENTAL HEALTH PRESENTATIONS TO PEDIATRIC EMERGENCY DEPARTMENTS IN 2016–2018

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Inadequate out of hours CAMHS has meant youth with mental health (MH) crisis increasingly present to Emergency Departments of pediatric hospitals. Many are admitted to allow for a MH assessment the next working day. Lack of access to a specialist MH in-patient beds also means that those identified with serious mental illness may have to remain in a pediatric hospital bed for many days until an appropriate bed becomes available. This may place the young person, other patients and staff at risk, as most pediatric hospitals do not have appropriately trained staff to carry out this function, and most have not been architecturally designed to ensure they meet the required safety standards applied to MH units. Furthermore, frequent and prolonged admissions have cost implications to the hospital, and have often not been included in year on year planning.

This study looks at the cost implications for youth presenting to a pediatric hospital and examines trends over time.

All emergency MH admissions were identified over a 6 month period (Jan-June) in 2018. Costs associated with length of stay (LOS) were calculated and compared with data in 2016. Pattern of presentation over time and presentation type was examined.

In 2018, 87 cases presented to the Emergency Department, 59 were female (68%) with a mean age of 13 (6–15). 42 (48%) arrived outside of normal working hours, and the majority (66, 76%) were admitted. The typical presentation was with either Suicidal ideation, present in 58 (67%) or active deliberate self harm (45, 52%). The average LOS was 8.7 days, with a mode of 5 (range 0–74) amounting to a total of 574 bed days.

In the 12 months of 2016, there were 105 admissions following acute MH presentation, with an average LOS of 6 days, a total of 615 bed days, giving a year long cost of €1,216,470, an average cost/patient of €12,684. Using the same cost price (€1,978 inclusive of pay and non-pay expenses), rates for the first 6 months of 2018 already exceed 2016 full year figures, with €1,135,372 or €17,203 per youth admitted.

Despite an increasing number of dedicated MH beds, demand outweighs availability, and immediate access is problematic, the default often being a pediatric admission. Appropriate use and adequate funding of these scarce and costly resources must be part of national MH policy planning, especially with ongoing planning for the National Children's Hospital.