Mental healthcare and substance abuse treatment 2014-2018

Children and adolescents in mental health-care. Indirect contacts

Helseatlas

Mental disorders are often referred to as young people's disease, and in most cases, the disorder manifests itself before the patient turns 25. A high proportion of boys are referred to mental healthcare services at primary school age. Developmental and behavioural disorders are the most common conditions among boys, and 'suspected hyperkinetic disorder' (Attention Deficit Hyperactivity Disorder, ADHD) is a common reason for referral. Among the girls, the majority of patients are referred at lower secondary school age. Common reasons for referral include 'suspected depression' or 'suspected anxiety disorder'. From puberty, adjustment disorders and eating disorders also become common among girls. Outpatient contacts for the youngest children could be due to postnatal depression in the mother, in which case the parents receive follow-up for the first year, or they could be services aimed at children with autism, premature children, disorders caused by exposure to intoxicating substances or complex child welfare cases. 95% of patients are treated in outpatient treatment, and most of the stays in day treatment are voluntary.

Sample and definitions

Children and adolescents aged 0 to 17 years with at least one indirect contact in the sectors mental healthcare, interdisciplinary specialised addiction treatment and mental healthcare specialists in private practice under public funding contracts during the period 2014-2018 were included in the sample. Indirect contacts are outpatient contacts without the patient or next of kin being physically present.

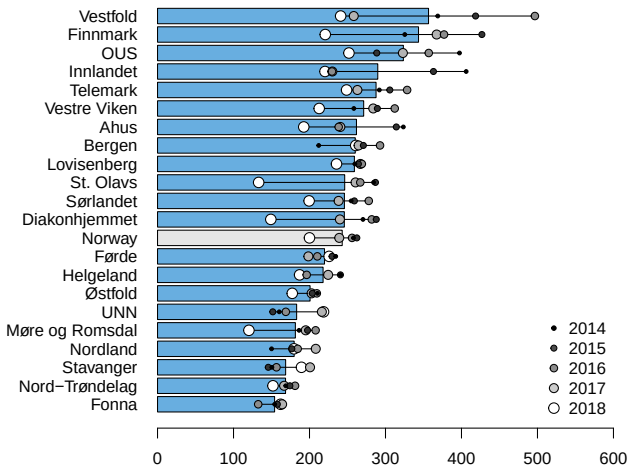
Indirect contacts are defined as episodes where the variable "contact type" has the value "Indirect patient contact", or where the variable "polIndir" has a value (is not empty). For mental healthcare and substance use disorders, the P-tariffs P13, P14, P23, P24, P31 as well as the special codes B0009, B0010, B0011, B0017 are included. For specialists in private practice under public funding contracts, the tariff codes 26, 31a-f, 33a-b, 60a-b, 70a-b, 80a-b are included.

Hospital referral area	All contacts	Percentage Direct	Percentage Indirect
Ahus	92,321	65.6	34.4
Diakonhjemmet	20,496	72.9	27.1
Helgeland	14,090	73.6	26.4
Bergen	73,414	65.8	34.2
Finnmark	13,319	56.9	43.1
Fonna	24,883	73.6	26.4
Førde	17,254	67.8	32.2
Nord-Trøndelag	19,301	73.5	26.5
Møre og Romsdal	44,804	76.0	24.0
Stavanger	53,428	73.1	26.9
Innlandet	61,569	63.0	37.0
Lovisenberg	13,377	69.8	30.2
Nordland	22,224	76.0	24.0
OUS	46,054	63.4	36.6
Østfold	41,594	69.3	30.7
Sørlandet	47,258	64.1	35.9
St. Olavs	64,367	74.7	25.3
Telemark	31,593	66.9	33.1
UNN	25,117	70.6	29.4
Vestfold	50,537	65.1	34.9
Vestre Viken	81,230	63.5	36.5
Norway	858,229	68.0	32.0

Contacts in outpatient treatment. Children and adolescents (0–17 years) in mental healthcare and interdisciplinary specialised addiction services. All contacts (including direct and indirect contacts, average numbers per year) and percentage for 2014-2018.

Results

An average of nearly 275,000 indirect contacts were registered per year for children and adolescents in outpatient treatment in mental healthcare, interdisciplinary specialised addiction treatment and mental healthcare specialists in private practice under public funding contracts in Norway. The rate for indirect contacts varied from 154 to 357 contacts per 1,000 population across hospital referral areas, with a yearly average of 243. Indirect contacts represented 32% of all outpatient contacts for children and adolescents at the national level, but varied between 24 to 43% across referral areas.



Source: NPR/SSB

Contact rates for indirect contacts in outpatient treatment of children and adolescents (0–17 years) in mental healthcare and interdisciplinary specialised addiction services: Number of contacts per 1,000 population, broken down by area and for Norway as a whole. The bars show the average values per year for the period 2014–2018, and the dots represent the rates for each year. The rates have been adjusted for age and gender.

Comments

Of the registered *types* of indirect contacts, there was an increase in the number of telephone calls *with* the patients as well as collaborative meetings *about* the patients. There was a distinct increase in the number of collaborative meetings with first-line services and other services *about* the patient during the three-year period, while few indirect telemedicine and tele/videoconference contacts were registered. These changes could be linked to the introduction of activity-based funding and a greater focus on coding of indirect contacts.