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Descriptive study on continuity of care among a sample of children and youth treated at a Children's Mental Healthcare Unit

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Abstract:

In this paper we analyze a sample of 100 children and young adolescents treated in the USMI-J at Juan Ramón Jiménez Hospital in 1986 and its continuity twenty five years later in the USMC in the province of Huelva. The variables studied were distribution by sex, age at the first consult and established diagnoses. Results reveal that of the entire sample, almost 30% of cases consulted in the USMC, prevailing male consulting, unlike what happens in the child and adolescent population where there are no differences by sex. The higher healthcare continuity occurs on patients who receive a clinical diagnosis of Severe Mental Disorder (83.3%). The healthcare continuity is a priority of Servicio Andaluz de Salud (SAS), so studies on the variables that affect it would be necessary, especially for the child and adolescent population, to optimize treatments and resources, thereby improving the quality care.
Keywords: continuity of patient care, mental health, diagnosis.

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Introduction

A comprehensive approach to mental healthcare depends on highly complex processes of treatment and rehabilitation. The Integral Mental Healthcare Plan (Spanish Regional Health Ministry, 2009) of the Andalusian Health Service (SSPA, its Spanish acronym) attempts to respond to all of the healthcare needs of the residents of Andalusia. Continuity of care is included in the II Integral Healthcare Plan of Andalusia 2008-2012 (Spanish Regional Health Ministry, 2008) as a fundamental guideline, emphasizing the need for a reorientation of care services; greater coordination and cross-relations with the welfare-healthcare sphere; and a firmer commitment by professionals and citizens alike. All of these measures are aimed at making continuity of care a reality.

One of the definitions of continuity of care is "attention throughout a person's life, in their different spheres and under any circumstance," (Martín, 1997).

The concept that we will apply here has four fundamental dimensions (Hennen, 1997): chronological, which consists in care over the natural course of an illness; geographical, getting healthcare services to people; interdisciplinary, considering individuals as a group and in their surroundings; and interpersonal, which involves the relationship with the patient, relatives and among different professionals.

This work offers a descriptive longitudinal study on continuity of care—focusing on its chronological dimension starting in childhood—in the services offered by the mental healthcare department at Hospital Juan Ramón Jiménez in Huelva.

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Objectives

To study the continuity of care in the sample chosen for the study analyzing the following variables: age at the first consultation, gender and established diagnosis.

Method

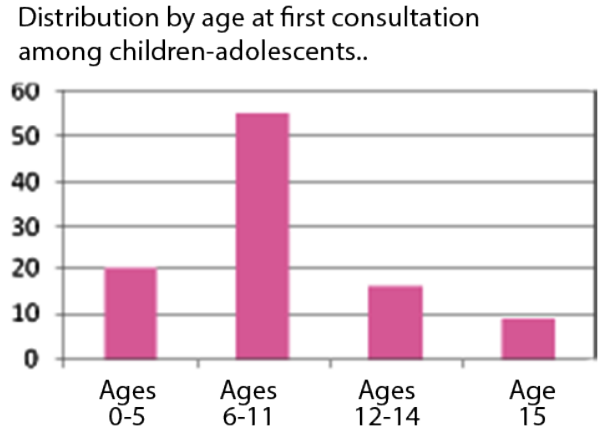
The sample for our student was comprised of the first 100 children and adolescents who received care at the children's mental healthcare unit in 1986. The procedure that we followed was a retrospective analysis 25 years later through the revision of medical case histories and phone calls to the different community mental healthcare units (USMC).

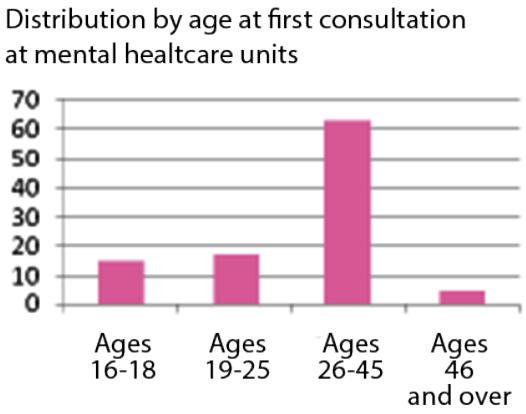
Results

The continuity of care in our study was 28%. When analyzing the selected variables, data in relation to gender reveal that men are more likely to return to healthcare as adults, considering that among the child population, the gender proportion was 1:1. With respect to the age at the first consultation, it is noteworthy that among children, the highest demand occurs during the elementary and middle-school years, while adults tend to make another consultation between the ages of 25-45 (Figure 1).

In terms of the third variable studied, our study noted higher continuity of care among patients who receive a clinical di-

Figure 1:





agnosis of a severe mental illness (SMI; 83%). Low continuity was observed for diagnosed cases of intellectual disability (37.5%) (Figure 2).

Discussion and conclusions

As demonstrated in the literature, continuity of care is a key element to improving the quality of healthcare. In our study, we noted that continuity of care is higher among people diagnosed with an SMI. These patients require priority care due to their clinical characteristics, comorbidity and higher mortality rate. We believe that the care provided at the mental healthcare units has been efficacious and ensured high continuity as it began during childhood; allowed child patients to be diagnosed with mental disorders; and provided preventive treatments.

On the other hand, patients with SMI are frequently men, which explains why there was a higher percentage of men among the adult population in our study.

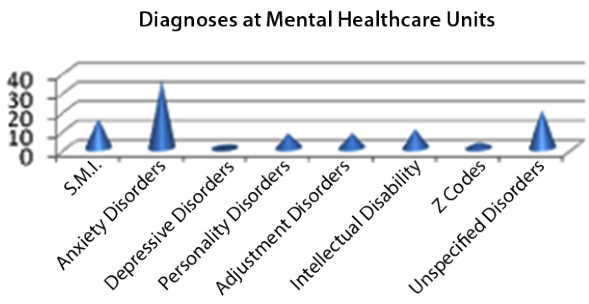
Another relevant question in the study is related to the low prevalence of hyperkinetic disorders in 1986 compared to today. According to current bibliography, hyperactivity and behavioral disorders are the mental healthcare problems which pose the greatest risk for children of both genders today.

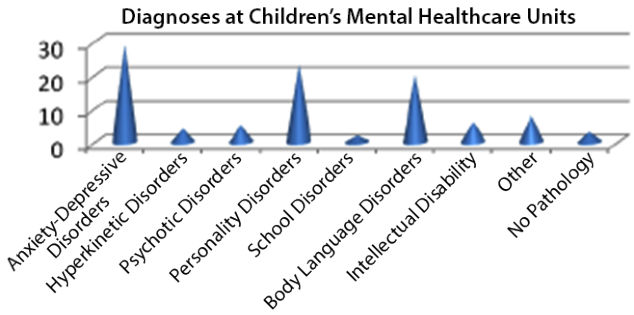
In the category of eating disorders that begin in childhood, no continuity was observed with adulthood, which could reveal qualitative differences between these disorders in children and in adults.

Finally, in terms of the established clinical diagnoses, most of the children diagnosed with intellectual disability did not continue visiting the mental healthcare units as adults. This could be explained by the use of other institutional, educational and social resources available for these patients. In future studies, it would be interesting to examine the continuity in other non-healthcare services for those diagnosed with intellectual disability. It would also be useful to take into account all of the dimensions of continuity of care.

Based on these results, we emphasize the need to conduct studies which focus on youth-adolescents in order to optimize treatments and resources and foster coordination in order to improve the quality of care for people with mental illnesses.

Figure 2:





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