Child and adolescent psychiatry in Ireland

P. McCarthy

1. Definition, historical development, and current situation

Definition

“Child Psychiatry” in Ireland is understood to be that medical speciality that responds to the needs for prevention, treatment, and rehabilitation of children and adolescents who suffer from those psychiatric disorders that are relatively adequately described in both the ICD and DSM classification systems. This response is in a manner consistent with the standards of treatment of the Royal College of Psychiatrists.

Historical development

Child psychiatry in Ireland started in the late 1950's, when a number of Irish psychiatrists, having trained in child psychiatry in England, Scotland, and the United States, returned to develop services under the auspices of religious orders who had traditionally been involved in general hospital management, adult psychiatric hospitals, and services for the mentally handicapped. Their training had been a combination of very pragmatic dynamic and also psychoanalytically oriented psychotherapies.

The social services of the state, which were by the early 1970s beginning to accept more and more responsibility for children and families in the community at large, then commenced the development of child psychiatric services throughout the county. The numbers of consultant (specialist) child psychiatrists has risen from a figure of 5 in 1968 to that of 47 in 1998. The first 15 specialists received their training abroad, but many of the more recently appointed specialists have been Irish trained; the training scheme being under the direction of the Irish Psychiatric Training Committee, and being accredited by the Royal College of Psychiatrists (the College whose Membership embraces almost 100 % of all psychiatrists in both the United Kingdom and the Republic of Ireland).

Recent advances

The first university chair in child and adolescent psychiatry was established in Dublin University Trinity Medical School in 1997, and a second chair has been
established in University College Dublin Medical School this present year (1998).
These chairs come after (rather than before) the development of quite an active
teaching and research involvement over the past 20 years. However, it is anticipated
that they will catalyse much greater academic activities.

**Current situation**

The population of Ireland is 3.62 million in the Irish Republic and 1.65 million in
the North of Ireland. Roughly 22% of the population is aged under 14 years; but
in certain areas of Dublin (which contains one third of the total population of the
country) there are pockets of 140,000 total population where 31% is under age 14.
These variations have significant implications for service planning.

Twenty-six percent of the population (1,375,000) is below 16 years old. There is
one child psychiatrist per 30,000 children under 16. Older adolescents (16 to 20
years of age) are largely served by the general adult psychiatric services; although
significant numbers inevitably find themselves in the outpatient care of specialist
child and adolescent psychiatrists.

For administrative purposes Ireland has always been divided into 32 counties.
Of these 32 counties, 26 comprise the sovereign Republic of Ireland and the remain­
ning 6 are Northern Ireland. For child psychiatrists, however, all are members of the
same Royal College of Psychiatrists, and share the same post-graduate training and
Continuing Medical Education (CME). The child and adolescent psychiatric
trainees from all the major training schemes in the country, whether it be Cork,
Galway, Belfast or Dublin, share many of the special training programmes, and
colleagues in both jurisdictions are actively involved in the “Irish Division” of the
Association of Child Psychology and Psychiatry (ACPP).

Everybody in Ireland is entitled to free state provided psychiatric treatment;
but there is a medical insurance scheme which covers the cost of private inpatient
treatment for those who wish. However, only one of the private hospitals provides
a young adolescent inpatient unit (12 beds). All other inpatient needs for children
and adolescents of less than 16 years are catered for in small state funded inpatient
units; 2 in Dublin (14 and 8 beds), and 1 in Galway (15 beds). At the moment in
Ireland it is pointless to differentiate between private and public (or state spon­
sored) child psychiatric services, as private facilities and resources are negligible.
There is no private inpatient setting for children under the age of 14.

Private insurance provides only the most meagre cover for consultation and out­
patient work. The result is that 95% of specialists are in state sponsored salaried
positions, and at least 95% of all child psychiatric treatment is performed by these
salaried state employed specialists. Newly trained specialists must apply for one of
the state funded posts that becomes available.

The objectives of service provision tend to be categorised as follows:

- Treatment and rehabilitation programmes for those youngsters who develop
  mental illnesses such as schizophrenia, manic depression, Tourette syndrome,
  anorexia nervosa, etc.
- Services for children with autism, Asperger syndrome, and other pervasive
devvelopmental disorders.