Child Psychiatric Short-Term Inpatient Treatment: CGAS as Follow-Up Measure

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ABSTRACT: The present study reports the outcome and follow-up data of 50 children and pre-adolescents consecutively admitted to a short-term child psychiatric inpatient treatment programme. Children were evaluated with the CGAS on admission, at discharge, and at 5-month and one-year follow-up after discharge.

KEY WORDS: Child Psychiatric; Inpatient; Outcome; Short-Term Treatment.

Introduction

Few recent follow-up studies on child psychiatric short-term inpatient treatment have reported improvement in children's behaviour problems at follow-up. These studies rely on behavioural descriptions and on the use of behaviour rating scales. However, measures of outcome can be criticized because of the lack of demonstrated reliability. Child psychiatry lacks a satisfactory conceptualization of the purpose of hospitalization and a rational clinical process to support it. In general, there is still a need for systematic evaluation of treatment programmes in inpatient care.

The aim of this study was to investigate the outcome of children admitted to short-term inpatient treatment in Turku University Hospital. The outcome was evaluated with the Children's Global Assessment Scale (CGAS). Further, the purpose was to shed some light on the usefulness of the CGAS as a follow-up instrument in inpatient care.
settings. In contrast to the traditional approach of assessing groups of symptoms, a global assessment of the severity of psychopathology condenses the total knowledge about the psychiatric and social disturbances of a patient into a single significant index.

**Short-Term Inpatient Treatment Programme**

The Child psychiatric ward in the Turku University Hospital is an eleven-bed inpatient programme for severely dysfunctional children and pre-adolescents. It was the only child psychiatric ward in the area during the study period and there was no other child psychiatric inpatient treatment possibility. The number of child psychiatric beds in the catchment area is 1.3 per 10,000 children under 16 years. The staff is multidisciplinary and is headed by a child psychiatrist. The ward staff/patient ratio is 1.8. The child psychiatric department serves as a training unit for residents in child psychiatry and for medical and nursing students. Three beds are reserved for four-week short-term treatment programmes and eight beds for long-term treatment programmes with a length of stay of, on average, 9–18 months. The mean length of stay in short-term inpatient treatment for the study sample was 33 days; in the range from 7 to 61 days.

The major concerns of the referring agencies are children's disruptive behaviour problems as well as difficulties in the school environment and the family's insufficiency to cope with the problems. Child psychiatric hospitalization in Finland usually means the last link in a chain of different treatment agencies and modes involving the family, child and several educational, social and psychiatric agencies.

The philosophy of treatment in our unit is composed of psychodynamic understanding of the child's development, behavioural approaches to control disruptive behaviour and systemic family therapy oriented approach. The programme has been described more thoroughly elsewhere. Inpatient treatment is seen as a specific mode of treatment in its own right, rather than a convenient way of delivering other treatments, or as a form of substitute care. Apart from separation of the child from his or her parents and management of the child's behaviour, the extensive psychiatric, somatic and neuropsychological assessment and diagnosis of the child play important roles in the short-term treatment. Brief hospitalization permits crisis-focused treatment and allows time to evaluate the child, determine