Recommendations



Ukom



ADOLESCENTS WITH MENTAL HEALTH ISSUES

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According to the Convention on the Rights of the Child, it is the responsibility of the authorities to ensure that the best interests of the child are safeguarded. In order for this to happen, the adults who are supposed to help children must listen to the experiences of children and adolescents and take into account that services must be adapted to children and adolescents' special need for flexible services.

The services must always ensure that they, together with children and adolescents, develop a shared understanding of the issue and how to support the patient. In order to succeed, it is crucial that the adolescent develops trust and experiences genuine interest on the part of the person who will be providing support. It can be hard for adolescents to talk about their difficulties. Adolescents must not feel like a baton being passed around – from school to CP and between various people within the system. Furthermore, it is also important that children and adolescents receive the correct help at an early stage. This requires that those working with children and adolescents identify needs and adapt services to the individual (50). The authorities must then ensure that services are designed in such a way that this can take place.

We have three specific recommendations. These are predominantly aimed at authority level. We have also included some specific suggestions for how the services could work on systematic improvements linked to the risk areas highlighted in the report. The undertakings could use these suggestions to assess their own risk areas as part of continuous improvement work.

Difficulties with learning can develop into health problems. The municipalities must strengthen the overall services for children and adolescents who experience difficulties. We have not formulated any specific recommendations for municipalities, but guidelines must ensure that children receive adapted support. The municipality must have a clear responsibility for ensuring that adolescents do not fall through the gaps between the educational and psychological counselling service, school and the health service.

It is not necessarily the case that a CAP assessment would resolve the issues experienced by adolescents. But when the adolescent, parents and municipal service providers find that the primary health service is unable to help with functional impairment, CAP must make an assessment and assist in further follow-up. The municipality must ensure that someone is always assigned the primary responsibility for the adolescent.

Healthcare must be ensured for children and adolescents who are refused healthcare from CAP

In reality, refusal of healthcare is, in and of itself, a patient safety risk for adolescents who are experiencing difficulties. The first recommendation is that CAP and the municipalities must establish measures to ensure interaction

Recommendation 1:

> **When children and adolescents are referred to CAP, it is crucial to ensure that they receive further assessment and follow-up, including when treatment is refused. A referral must trigger a duty of cooperation between CAP and the municipality. Such a right and duty should be clarified in regulations.**

CAP must establish such a cooperation within the current ten-day deadline for assessing a referral.

It must always be clear who holds the primary responsibility for healthcare and whether this instance requires any guidance. Follow-up of children and adolescents who are referred must take place through a cooperation between the primary health service and the specialist health service.

When CAP refuses a referral for healthcare, CAP must also ensure that the responsibility for providing further support lies with someone other than the patient. Through cooperation with the primary health service, it must be ensured that children and adolescents who need help do not fall through the net.

Input to this report raises questions as to whether this is an appropriate prioritisation of capacity in CAP. Such a cooperation requirement may result in some outpatient clinics ending up with additional duties. At the same time, we know that children and adolescents will receive better support when service providers cooperate. There are also reasons to believe that referrals will improve when cooperation has been established.

Interaction should be stimulated through the use of customised incentives. We recommend that the Ministry ensures that activities linked to interaction and instruction be included in the funding system, including when patients are not entitled to healthcare from the specialist health service.



Reduce unfounded variations

Current health legislation is based on the principle of equal access and availability in the health and social care services.

Recommendation 2:

HIB recommends that the Ministry of Health and Care Services implement measures to reduce the large unfounded variation in services within mental healthcare for children and adolescents. The proportion of refusals should be used as a quality and governance indicator in the same way as waiting time.

In this context, we would like to highlight variations linked to

- the availability of the specialist health service, including
- refusal percentage and the large geographical differences
- the major difference between somatic and mental healthcare for children and adolescents
- the large differences in forms of cooperation between the municipalities and the specialist health service/CAP
- the large differences in forms of cooperation and organisation of the services for children and adolescents internally in the municipalities

Ensure that children and adolescents' right to healthcare is assessed through audits following serious events

Audits should focus in particular on how the health service is organised in order to provide comprehensive services to children and adolescents who experience difficulties. The audit should emphasise the fact that children and adolescents must not be passed back and forth between the different services.

Recommendation 3:

An audit should always include an assessment of whether children and adolescents' patient rights have been met by the health and social care services as a whole. Additionally, audits following serious events should, by default, involve contacting the patient concerned or their next of kin to learn how they experienced the services, thereby revealing their story while providing information for the case.

This is particularly important in connection with audits following serious events in which multiple undertakings have been involved.



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