

INTER AND INTRA-INSTITUTIONAL NETWORK OF COOPERATION BETWEEN CHILD CARE INSTITUTIONS AND PSYCHIATRIC SERVICES

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Abstract: *The child and adolescent psychiatric²⁴ services in Romania have a “strange” and a long history. The psychiatric services (especially the psychiatric hospital for children) were a long time regarded with a certain suspicion and considered a sort of “the last solution” for the institutionalised children.*

This paper aimed to scrutinize and evaluate the attitudes for an improved cooperation between child and adolescent psychiatry and the specific child care services and to describe a possible model of creating and improving a network of cooperation between the psychiatric and social services for children, respectively to develop services at tertiary level for children in residential care.

Key words: *medical network, psychiatric network, psychiatric counselling services, intra and inter-institutional cooperation, socio-psychological care, psychiatric assistance of the institutionalised children.*

Premises

Despite the fact that the medical network altogether and the psychiatric network new a strong development in the last decades and despite the positive evolution of the child care system, the cooperation between psychiatry and the child care system remains challenging. The development of a good functioning network of psychiatric and social services for children still need time.

On one side, identifying and diagnosing mental health conditions in children and adolescents is one of the toughest jobs in health careⁱ. Sometimes symptoms overlap with other conditions.

²⁴ *Child and Adolescent Psychiatry*, - <http://www.stonybrookchildrens.org/specialties-services/pediatric-specialties/psychiatry>

On the other side, the cooperation between the existing psychiatric services and the child care centres (institutions, units) is still influenced by some specific factors and circumstances:

a) The psycho-social problem is mostly reduced to a social problem, that has to be solved immediately. In such cases, after a rapid initial social assessment, a placement decision is taken (for residential care or a foster family). This decision, together with some welfare measures is an almost automatic reflex for the social services.

b) Various forms of services such as contact and counselling centres, additional earnings opportunities, day care centres and other forms of care, are frequently located in the urban areas and the access to the psychiatric services is restricted (sometimes simply because of a poor transportation infrastructure).

c) Research data showed that responsibilities of different professionals (doctors psychiatrists, psychologists and social workers) are clearly understood and separated. But lack of communication, organizational restrictions, imperfection of health care system and personal factors were identified as the main obstacles for a good practice.²⁵

d) Mental health services and social services seemed not to be well informed about the implications of the social context of a situation and insufficiently prepared to understand whatever appears as social distress. At the same time they appeared to ignore each other's work and thus reproduce rejections and splitting.

e) Some reports indicate, that there is

- no real psychological assessment of the child or the family,
- no real evaluation of the needs of the child (pedagogical diagnosis),
- less follow up of the future development of the child (social assessment)²⁶.

f) The staff working in the care institutions has often the tendency to underestimate the behavioural dominant characteristics of some children and

²⁵ Petrauskienė, A., Pivorienė, J., Misiukaitė, M., - Mental Health Services at tertiary level for children from residential care: professionals' point of view, ISSN 1648-4789 (print), ISSN 2029-2775 (online), <http://social-work.mruni.eu>

²⁶ G. Abatzoglou, E. Eleftheriou, E. Athanassopoulou, S. Kamalaidou & N. Zilikis - *A Network of Psychiatric and Social Services for Children* – in *Social Work in Europe*, Volume 7 Number 3, p. 52 - 55

to try to “solve the occurred problems” with the traditional “pedagogical (care) methods”. The psychological components, eventually the psychiatric aspects are ignored or underestimated. The institutions present themselves to child psychiatric services mostly in crisis situations, in urgent need of help. Very often the situation has developed to an authentic psychiatric emergency.

g) There is a serious need for a screening, a complete child psychiatric assessment in most of the care institutions in Romania.. Some studies show the more than 50% of the institutionalised children present a mental health problem or were abused.

h) The institutionalised children could often be considered to be living in their families of origin in high-risk situations for their mental health.

i) Considering the quality of parental care, in many cases the parental care is considered to be insufficient. The original families are confronted with serious problems:

- mental health problems of the parents (in most of the cases unknown and not treated)
- important social problems, sometimes unsolvable
- the absence of a larger supportive family
- There are also indications of child abuse. In many cases the children were neglected or abandoned.

Institutionalising the children without supporting the families and without implementing a adequate setting of pedagogical and medical (psychiatric) measures is nor a solution

j) The interventions of various services (social services, child protection services, mental health services) are not sufficiently coordinated and seem to reinforce the splitting between different institutions, official bodies and NGOs working in the field of child welfare.

Creating and maintaining a functioning network of cooperation is an indispensable component of each modernising process of the child care system.

Children visiting paediatric institutions may have psychosocial problems.²⁷ A consultation and liaison work between the child psychiatric department and the pedagogical and paediatric disciplines and the care practices could be a help for these children and their parents.

²⁷ M. Nisell, P.A. Rydellius - *Cooperation between Pediatrics and Child and Adolescent Psychiatry* in Nordic Journal of Nursing Research, December 2007 vol. 27 no. 4 44-4 p. 44

Structures of cooperation. A network of cooperation between the psychiatric and social services for children.

The psychiatric care can take place in different forms:

a) Child and Adolescent Psychiatric Service, usually counselling centres assigned to the Health or Youth Department within the district government offices.

b) Social-psychiatric services, usually departments for social-psychiatric services, in some cases even at several locations in each district to make them easier to reach. The social psychiatric service workers (physicians, social workers, psychologists and administrative staff) offer mostly assistance and support to children with a mental illness, a substance abuse disorder or a mental disability.

c) Counselling centres (for instance for alcohol and substance abuse)

d) Contact and counselling centres. They are open to all interested persons who are affected by a mental disorder. Their services range from recreational activities, for participation in group activities, to individual counselling sessions.

e) Child and adolescent clinical care or hospital order treatment (in that case the hospitalisation is ordered by the court and it is not part of the regional psychiatric care system)

f) Registered child and adolescent physicians and therapists, which includes a large range of specialists, mostly paediatricians, adolescent psychiatric specialists and therapists (psychological psychotherapists, child and adolescent psychotherapists)²⁸

The child psychiatric service presented in the paper was implemented under the name “*Konsiliarische Psychiatrische Beratung – KPB*” (Psychiatric Counselling Service) in four of the child care units of the Schottener Soziale Diensteg GmbH in Schotten – Germany as a pluri-disciplinary project, headed by a psychiatrist.

The main idea was to create a psychiatry service “inside” the institutions and to facilitate the medical treatment directly in the care centre. The construction of such a targeted project regarding any “psycho-social” case is based not on the visits of different care services located in the area or

²⁸ *Psychiatry in Berlin*, The State Representative for Mental Health Senate Administration of Health, Environment and Consumer Protection, 2th edition 2008, p. 5 – 8

in hospital (e.g. an abused child hospitalized in a paediatric or psychiatric service), but to bring the services directly to the child.

The service was designed for children with complex needs, respectively for children with multiple psychological problems (deficits), which were supposed to benefit of a multi-dimensional care setting. These involve the correlate interventions of different categories of specialists coming from different professional fields (psychologists, psychiatrists, pedagogues, social workers, child care takers, educators). The coherence of the pedagogical individualised settings depends on the capacity of the multi-professional team to coordinate and to focus their specific interventions.

The goal was to provide counselling, psychiatric treatment and care in crisis for children with complex needs not by using services outside the institution, but by using the existing human resources “inside” the institutions and to create an ad-hoc network of cooperation between different services, mainly between psychiatric and social care services provided “intra-muros”.

The system is based on the long-time cooperation with a psychiatrist, which visits the institutions one or twice a month. The activity has the following components:

- New cases are presented,
- The cases already in treatment are examined
- The basis of further intervention is planned.
- Usually a decision is also taken about the services to be implemented in the future and the nature of the involvement educators and other care staff.
- Regular meetings with the team of educators and care-takers working in the institution, the head of the institution and some other categories of specialists and staff and other services are held to discuss the progress and follow up of cases.
- The counselling of the staff was also an important part of the project. In addition, there was a specific “training on the job” program of pedagogical staff developed.
- The structure also offered preventive care to children.
- The psychiatrist assured also support and assistance in crisis interventions.

The perspectives of the network.

The creating of a network of psychiatric and social services for children in care and the systematic functioning of this kind of cooperative network within the care institutions, coordinated by a child psychiatric service, has proved to be efficient in attaining a better quality of the provided child care services.

It has achieved a satisfactory level of coordination among social services provided by the institutions in the handling of cases from a multi-disciplinary perspective. The provided child psychiatry service was, in most of the cases, considered as a 'neutral' service with scientific authority, it was not directly implicated in conflicts between the children living in each unit, and has been seen as promoting cooperation and even as an arbitrator.

It has put in place a system for the assessment and dynamic evaluation of the quality of the caretakers-child relationship, of the potential of pedagogical staff involved in the care measures initiated at the level of the institution (or the lack of them), and of the supportive role of the staff.

It played an important role in solving the doubts or the hesitating decisions of social services concerning the 'easy' solutions of placement of the child in a full or part-time care institution or in a foster family.

It has offered a specialised consultation to pedagogical staff on a long term basis, facilitating a work on the basis of the psychological needs of the child, a perspective that social services cannot always fulfil.

It has had direct or indirect effects on the admissions, the internal functioning and the 'views' of child care and protection institutions. Especially the institutions that have established a permanent collaboration with the psychiatric service had the opportunity to take the decisions concerning the admission and the pedagogical setting for the children based also on a competent clinical assessment of the child.

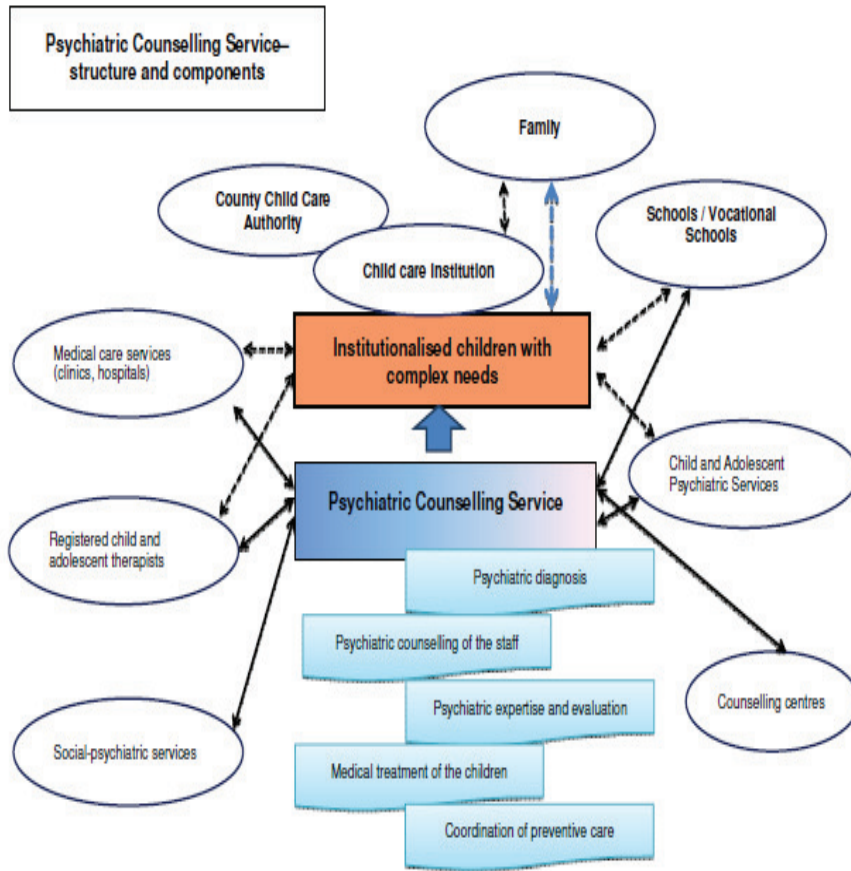
The process of working together with a psychiatrist directly in the child care centre (institution) gave the possibility to confront the ideas of different actors, their beliefs and developing new possibility of optimising the care interventions, of sharing of common projects and responsibilities. It was also relevant for the transfer of professional experience and information and for understanding of theory through practice and vice versa.

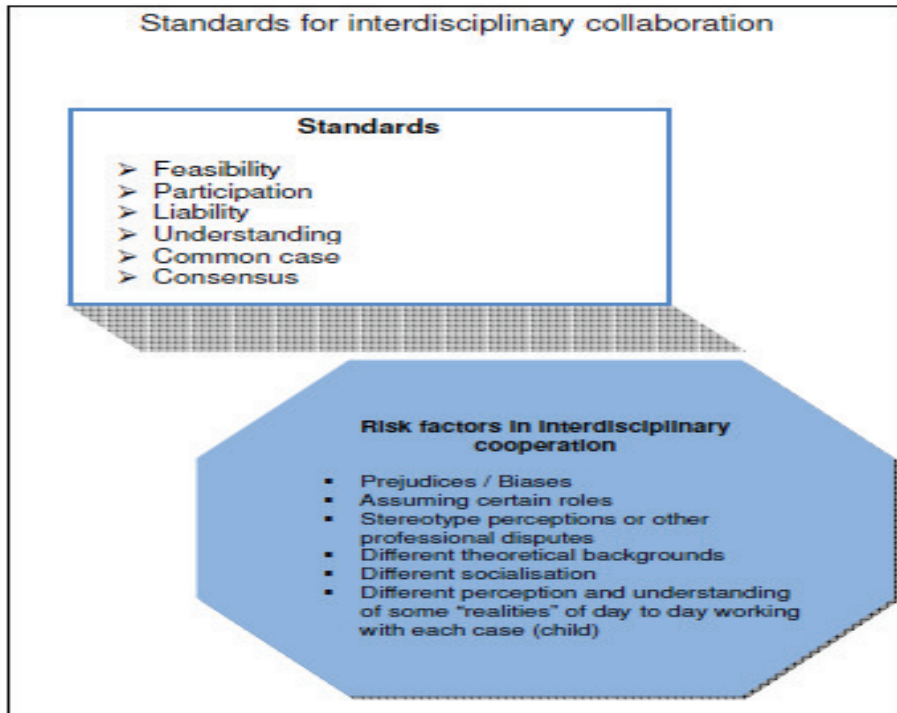
The network between child mental health (psychiatrists) and social services (child care institutions) allows the gain of a more professional experience. The inter-institutional cooperation is helpful for both parties, because they learn from each other and they have to rely on each other for the success of their projects.

In the condition of a still unsatisfactory network of psychiatric hospitals and a rather poor developed network of psychiatric services (especially in the

rural areas) the model of direct cooperation between psychiatrists and the care institutions can contribute basically to a better care setting for the institutionalised children, to an effective prevention work and to an adequate intervention at the level of the dynamic family – child, respectively to preventing early institutionalisation.

Appendix





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