

Children and adolescents in outpatient treatment

Mental disorders are often referred to as young people's disease, and in most cases, the disorder manifests itself before the patient turns 25. A high proportion of boys are referred to mental healthcare services at primary school age. Developmental and behavioural disorders are the most common conditions among boys, and 'suspected hyperkinetic disorder' (Attention Deficit Hyperactivity Disorder, ADHD) is a common reason for referral. Among the girls, the majority of patients are referred at lower secondary school age. Common reasons for referral include 'suspected depression' or 'suspected anxiety disorder'. From puberty, adjustment disorders and eating disorders also become common among girls. Outpatient contacts for the youngest children could be due to postnatal depression in the mother, in which case the parents receive follow-up for the first year, or they could be services aimed at children with autism, premature children, disorders caused by exposure to intoxicating substances or complex child welfare cases. 95% of patients are treated in outpatient treatment, and most of the stays in day treatment are voluntary.

Sample and definitions

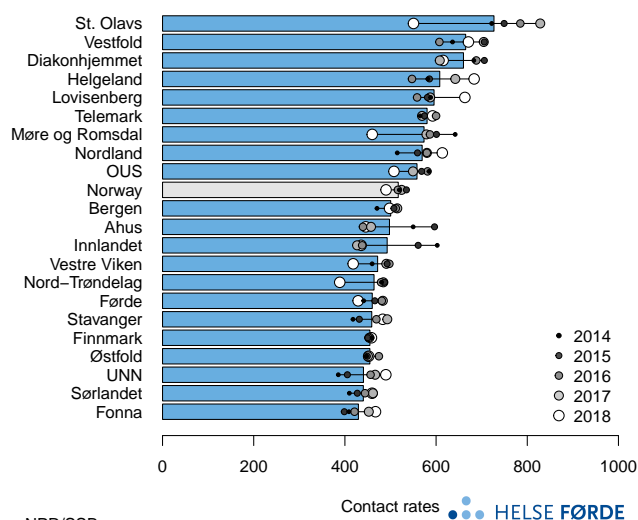
Children and adolescents aged 0 to 17 years who were in contact with the sectors mental healthcare, interdisciplinary specialised addiction treatment and mental healthcare specialists in private practice under public funding contracts during the period 2014-2018 were included in the sample.

Outpatient contacts are defined as contacts where a patient (or next of kin) was physically present, and was admitted and discharged on the same day (includes both outpatient contacts as well as day care). Indirect outpatient contacts are not included here.

Results

Each year, an average of 49,000 children and adolescents had one or more outpatient contacts in mental healthcare, interdisciplinary specialised addiction treatment and mental healthcare specialists – 584,000 outpatient contacts in Norway in total. The patient rate varied from 36 to 58 children and adolescents in outpatient treatment per 1,000 population a year across the hospital referral areas. The contact rate varied from 429 to 726 contacts per 1,000 population, with a yearly average of 517. For Norway as a whole, the average number was 12 outpatient contacts per child or adolescent patient each year, varying from 8 to 16 outpatient contacts across the hospital referral areas.

Hospital referral area	Number of contacts	Number of patients	Contacts per patient
St. Olavs	48,121	3,113	15.5
Vestfold	32,916	2,342	14.1
Diakonhjemmet	14,949	1,074	13.9
OUS	29,198	2,124	13.7
Ahus	60,537	4,413	13.7
Møre og Romsdal	34,131	2,653	12.9
Vestre Viken	51,565	4,157	12.4
Lovisenberg	9,340	803	11.6
Nordland	16,895	1,491	11.3
Telemark	21,138	1,909	11.1
Innlandet	38,810	3,529	11.0
Bergen	48,306	4,457	10.8
Stavanger	39,040	3,613	10.8
Sørlandet	30,315	2,847	10.6
Østfold	28,836	2,722	10.6
Helgeland	10,375	989	10.5
Fonna	18,324	1,758	10.4
UNN	17,735	1,786	9.9
Nord-Trøndelag	14,191	1,573	9.0
Finnmark	7,581	859	8.8
Førde	11,690	1,401	8.3
Norway	583,992	49,094	11.9



Source: NPR/SSB

Contact rates for outpatient treatment of children and adolescents (0–17 years) in mental healthcare and interdisciplinary specialised addiction services: Number of contacts per 1,000 population, broken down by hospital referral area and for Norway as a whole. The bars show the average values per year for the period 2014–2018, and the dots represent the rates for each year. The rates have been adjusted for age and gender.

Comments

Children and adolescents make up one of the major groups in mental healthcare. The smaller hospital referral areas, in terms of population size, tend to have a higher patient to population ratio. However, the variation across hospital referral areas is small for contact rates as well as for patient rates. The decline in outpatient contact rates for Norway in 2018 may be affected by the implementation of the new patient record system in a number of areas, as well as service increases of general practitioners in the municipalities.