PROJECT EVIDENCE for Treatment of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[6] Standard Treatment

a) Outpatient psychotherapies, medication and procedures
b) Inpatient psychotherapies, medication and procedures
c) Ancillary support services

[6 b] Inpatient psychotherapies, medication and procedures

Normal child development within a family involves attachments to caregivers that provide appropriate role models, shape behaviour in socially appropriate ways and help build appropriate skills and internal controls. When this is not progressing normally, an assessment and appropriate treatment is indicated.

The process of assessment is described in PE4a. Ordinarily, this will occur with the child in its own family environment, but there are occasions when this is not feasible and must take place in an inpatient setting. However, inpatient management is never isolated but always only a phase of the overall treatment process. Inpatient admission separates the child from usual attachments and is a temporary abnormal situation that should only be undertaken for specifiable goals in a setting that is best able to meet those goals. The settings range from specialist hospital wards to community-based milieu, with varying lengths of stay and varying degrees of containment. Rural settings may need innovative residential settings to reduce the need for distant accommodation.

The wide-ranging goals include:

- highly technological hospital investigations of neuropsychiatric disorders,
- multidisciplinary evaluations that could not be done on an outpatient basis,
- intensive treatment not feasible at home (such as severe anorexia),
- stabilisation of treatment approaches (such as psychoses),
- milieu of containment, structure, behaviour modification unsuccessful elsewhere,
- assessment in a protected environment (eg. Suspected sexual abuse).

As there is a wide range of needs and a wide range of settings, and the needs will also vary over time, coordination is very important. Ordinarily, assessment would begin in a community setting with inpatient admission arranged electively to meet specific assessment or treatment objectives, followed by post-discharge management. Crisis management may require inpatient admission for protection and containment before the community-based elements can be put in place. However, community management must be central to planning from the outset.

Family involvement is the norm. For this reason, whole family admissions may be more effective and ultimately less costly than a separate admission of a child and prolonged outpatient treatment. Conversely, in the case of an irreparably dysfunctional family, the assessment may be quicker than community assessment.

Use of medication and undertaking of procedures require stringent ethical and informed consent constraints in inpatient settings.

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