Debate: Quantity of impatent beds and quality of child psychiatric and psychotherapeutic care provision – a German perspective

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Introduction

Estimates of mental health disorder prevalence among children and adolescents range from 10% to 20% throughout the world. Up to 50% of adult mental health disorders have an onset before the age of 16 years. In Germany, the KIGGS study pointed out that every 5th child must deal with emotional and/or behavioural problems (Hölling, Schlack, Petermann, Ravens-Sieberer, & Mauz, 2014). This proportion increased even further during the COVID-19 pandemic. Ravens-Sieberer et al. (2020), who performed an ad hoc survey during the pandemic in German schoolchildren (COPSY study), showed that the number of children and adolescents with emotional and behavioural problems in Germany went up to about 30% during the year 2020 after school closure and other measures of contact restriction took place. As eight of the ten main causes of disability in young people are psychiatric and behavioural in nature, early intervention is essential to reduce severity and persistence of mental health problems.

Provision of care in Germany

Child and adolescent mental health services in different countries differ substantially in their availability, architecture and functioning. German provision of care ranges from intensive inpatient treatment to low-frequency outpatient treatment. Some issues have to be pointed out.

Over 2,300 doctors work in the field of child and adolescent psychiatry (996 of those being consultants for child and adolescent psychiatry). In addition, more than 10,000 psychologists, respective child and adolescent psychotherapists, are available for treatment. Problematic is that provision of care is not equally distributed nationwide. While certain catchment areas have high numbers of resident child and adolescent psychiatrists/psychotherapists, others lack a sufficient number of professionals. In some regions, the only provision of care for children and adolescents with ill mental health is found in outpatient departments of hospitals, reducing the reachability of professional help for certain families.

Nevertheless, Germany stands out in Europe, as it provides the largest number of beds per 100,000 young people for children and adolescents with ill mental health (64 per 100,000) (Signorini et al., 2017). 146 departments for child and adolescent psychiatry provide 6554 inpatient and 3375 day-patient beds. 59,870 inpatients and 26,442 day patients were admitted in 2018. Duration of inpatient stay was on average 35.6 days (Destatis; www.destatis.de, data accessed last 13 February 2021).

Even though the available resources for adequate provision of care are quite good, the BELLA study found that approximately 50% of children and adolescents with mental health problems, who are in need of psychiatric evaluation and treatment, do not present to the mental healthcare system (Hölling et al., 2014). Suspected barriers to care were lack of transportation in rural areas, especially in families with a low socioeconomic status, structural deficits, for example forgetting appointments or – in absence of intensive outreach programmes – a fear of low threshold admissions to inpatient units, once intensive treatment is needed.

However, while a greater number of available beds may facilitate enhanced access to intensive psychiatric care, inpatient admission comes with a range of drawbacks too. Inpatient treatment is often considered to be stigmatizing (Mulänger et al., 2018). Also, the disruption to daily life that accompanies an inpatient admission can be substantial and long term. Clinical inpatient units are not representative of everyday family life; therefore, the transfer of treatment gains made on inpatient units to home life can be difficult. But perhaps most dangerous is the fact that the fear of long-term inpatient admissions may deter families from bringing their child for early outpatient assessment.

Therefore, a ‘least restrictive setting’, especially in times of the COVID-19 pandemic with an increased incidence of mental health problems in children and adolescents due to lockdown restrictions, must be the aim in provision of care, as this enhances engagement of the child and family and, thereby, increases the effectiveness of mental health treatment.

Given the concerns outlined, alternatives to inpatient admission were needed. In the past decade, two models of home treatment have been reported on in Germany. BeZuHG ([Behandelt zu Hause gesund werden], German acronym for ‘Home treatment brings inpatient treatment outside’) (Boege, Copus, & Schepker, 2014) combines inpatient and outpatient elements in a home treatment setting, offering one to two home treatment sessions per week (either family therapy or individual therapy, in most cases a combination of both). These sessions are enhanced by the option to attend in addition single days of day hospital, group therapy, adventure therapy or occupational therapy on the hospital...
grounds. The second model is StÄB ([Stationsäquivalente Behandlung], German acronym for ‘(Home)treatment equivalent to inpatient care’) (Boege, Schepker, Grupp, & Fegert, 2020). In StÄB, the families receive daily treatment elements at home, 7 days a week, 1-2h a day. Usually, the treatment involves three to four individual sessions (based on elements of cognitive behavioural therapy, trauma therapy and dialectic behavioural therapy – depending on the patient’s needs), one to two sessions of family therapy, as well as one to two sessions of adventure, occupational or art therapy. Collaboration with school and social services is established where needed. Both treatment settings are provided by a multiprofessional team for a duration of 4 to 6 weeks. An increasing number of hospitals now offer different home treatment programmes, which do operate during the COVID-19 pandemic uninterrupted.

**Recommendations**

In sum, no matter what it takes, child and adolescent psychiatry should develop, implement and provide sufficient, differentiated and easily accessible pathways for provision of psychiatric care for children and adolescents with mental health problems on a continuum of care in respect of intensity and frequency. Chronicity of mental health disorders in young age should be prevented by all means. We are at a crucial turning point in the lives of the generation of children who will be most affected by COVID-19. Especially now, that children are exposed to an increased risk of developing mental health problems, as a consequence of social isolation, closed schools, increased domestic violence and Internet bullying we must do all that we can to ensure that early accessible, individual and low threshold treatment is available.

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