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submitted to the Public Accounts Committee

Children and adolescents' right to psychiatric assess- ment in the psychiatric system

1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns whether the regions ensure that the statutory rights of children and adolescents to psychiatric assessment is observed in the Danish psychiatric system.

2. In 2022, 19,308 children and adolescents were referred for psychiatric assessment. This is an increase of 3,379 referrals compared to 2020. Children and adolescents who are referred by their municipality or GP (general practitioner) to the hospital sector for psychiatric assessment have many different symptoms of psychiatric disorders and problems like, for instance, anxiety, that can lead to refusal to go to school.

A child or adolescent that is referred to a hospital for psychiatric assessment has various statutory rights as a patient. These rights are referred to as the right to psychiatric assessment and gives the patient the right to psychiatric assessment within 30 days if professionally possible. If the assessment cannot be carried out within 30 days, the patient has the right to a psychiatric assessment plan within the same 30 days. This is intended to inform the patients of scheduled examinations and tests and how long it might take to complete the assessment. If shortage of resources is the reason why a psychiatric assessment cannot be carried out within 30 days, the patients also have an extended right to choose another hospital for the psychiatric assessment. The extended free choice of hospital means that the patients can choose to be referred to one of the private hospitals with which the Danish Regions have an agreement.

The right to psychiatric assessment is intended to ensure that the children and adolescents – and their parents – are informed of what the problem is and offered treatment as quickly as possible to allow them to return to their family and school, and hobbies.

3. The five Danish regions are responsible for the hospital sector. Thus, the regions are responsible for ensuring that the hospitals provide the psychiatric assessment of children and adolescents in compliance with the rules governing the area. In 2022 the regions provided funding of approx. DKK 1.7 billion to the child and adolescent psychiatry.

Child and adolescent psychiatry

Child and adolescent psychiatry is a branch of psychiatry that focuses on the diagnosis, treatment, follow-up and rehabilitation of mental and behavioural disorders in children and adolescents.

The child and adolescent psychiatric wards at the hospitals take care of the most complicated disorders, including cross-disciplinary diagnosis and treatment. Less complicated disorders are treated in the GP sector and in local psychiatric centres.

Right to psychiatric assessment

This right includes the right to early psychiatric assessment, a psychiatric assessment plan and an extended free choice of hospital.

The right to psychiatric assessment implies that the patient should be fully psychiatrically assessed within 30 days, if this is professionally possible. If this time limit cannot be observed for professional reasons, or because the patient wishes to postpone the assessment beyond 30 days, the right to early psychiatric assessment has been observed.

The patient's right to a psychiatric assessment plan applies irrespective of the cause of the failure to observe the 30-day time limit. If the failure to observe the time limit is caused by a shortage of resources, the patient has an extended right to free choice of hospital.

Emergency patients and forensic patients, among others, do not have the right to early psychiatric assessment.

4. The Danish Public Accounts Committee and Rigsrevisionen have previously, in the report on patients' right to psychiatric assessment from 2018, criticized that the regions often did not act in accordance with the legislation when patients were referred for psychiatric assessment. Also, the fact that the regulations on the right to psychiatric assessment were interpreted and reported differently by the regions with respect to whether the patients' right to psychiatric assessment had been observed was criticized in the report. The regions and the then Ministry of Health and Senior Citizens subsequently informed Rigsrevisionen that steps would be taken to develop a shared definition of what compliance with the regulations implied and how compliance should be reported to the Danish Health Data Authority.

The purpose of the study is to assess whether the regions have ensured that children and adolescents are informed of their rights and referred to psychiatric assessment of a mental health disorders in compliance with the regulations.

Rigsrevisionen took the initiative to the study in January 2023.



Conclusion

The regions have not ensured that children and adolescents are referred to psychiatric assessment and informed of their rights in compliance with the Danish Health Care Act. This is considered very unsatisfactory by Rigsrevisionen. The majority of children and adolescents are not fully psychiatrically assessed for a mental health disorder within the statutory 30 days, nor are most of the children and adolescents informed of their rights, when the time limit of 30 days has been exceeded. In the course of the period examined, the reports submitted by three of the regions have consistently underestimated the time the patients have waited for a psychiatric assessment. This means that the Ministry of Interior and Health's national monitoring of the regions' compliance with the right to early psychiatric assessment is not true and fair. Rigsrevisionen finds it unsatisfactory that the Ministry of Interior and Health has failed to support the regions in submitting uniform and correct reports on the patients' waiting time for psychiatric assessment.

The study shows that approx. 70% of the patients in the child and adolescent psychiatric system are not offered psychiatric assessment within 30 days. This means that in the period from 2019 to 2022, more than 27,000 children and adolescents were not psychiatrically assessed within 30 days. Rigsrevisionen assesses that there are valid reasons why 3% of these patients were not psychiatrically assessed within the statutory limit of 30 days. In the period from 2019 to 2022, the waiting time for psychiatric assessment increased from an average of 76 days to 115 days. Thus, it took four times longer than the statutory 30 days to be psychiatrically assessed in 2022. It should be noted that the reliability of the numbers reported above is affected by the fact that the available data in this field is unreliable.

In 52% of the cases reviewed, the regions did not develop the psychiatric assessment plan that children and adolescents are entitled to receive, if they have not been psychiatrically assessed within 30 days. Additionally, the regions failed to inform the patients of their extended right to free choice of hospital in 63% of the cases reviewed. This means that the children and adolescents are not presented with the opportunity to be referred to another hospital for faster psychiatric assessment. The study also shows that the waiting time for psychiatric assessment of children and adolescents with parents with few resources was estimated to be longer in the period from 2019 to 2022.

Last, the study shows that the Region Zealand, the Capital Region of Denmark and the Region of Southern Denmark have consistently reported that the psychiatric assessment has been concluded after the patients' first appointment, despite the fact that the assessment of many of these patients continues subsequently. This practice implies that the national monitoring is not presenting a true and fair picture of the extent to which the regions observe the right to psychiatric assessment in the child and adolescent psychiatry.

Rigsrevisionen noted that the practice of reporting followed by the regions in the child and adolescent psychiatry has neither become uniform nor correct since Rigsrevisionen criticized the practice in a report in 2018. Moreover, Rigsrevisionen noted that the Ministry of Interior and Health did not until January 2024 update the guideline that the ministry had promised the Public Accounts Committee to update after publication of the report back in 2018. The purpose of updating the guideline was to ensure that patient rights were interpreted in the same way by the regions and that the regions adhered to a uniform practice of reporting the extent to which the patients' rights were observed.

Rigsrevisionen recommends that the Ministry of Interior and Health ensures that the regions' reports are true and fair. This must be achieved to allow the public to determine whether children and adolescents' right to psychiatric assessment is observed, and to allow the Danish parliament to consider the effectiveness of the regulations.