

Bertolazzi, Giordano
Bonifacio Vitale, Tiziana
Bordin, Elena
De Lajonquière, Leandro
Del Col, Lara
Ferruzza, Emilia
Gatta, Michela
Gavagnin, Tiziana
Ghiliani, Giulia
Giliberto, Massimo
Hautfenne, Sylvie
Heim, Abigaël
Legaki, Lucia
Matot, Jean-Paul
Salandin, Chiara
Soquay, Anne
Viandante, Luigi
Vier Machado, Leticia
Willox, Nathalie
Zanato, Silvia

N.º 65 (2)
1º semestre

2018

Número especial
XVIII Congreso AEPEA y
XXX Congreso Nacional
de SEPYPNA

Cuadernos de Psiquiatría y Psicoterapia del Niño y del Adolescente

SEPYPNA

SOCIEDAD ESPAÑOLA DE PSIQUIATRÍA Y
PSICOTERAPIA DEL NIÑO Y DEL ADOLESCENTE

ISSN: 1575-5967

Miembro de la International Association Child and Adolescent Psychiatry and Allied Professions
de la European Federation for Psychoanalytic Psychotherapy in the Public Sector y
de la Federación Española de Asociaciones de Psicoterapeutas (F.E.A.P.)

Cuadernos de Psiquiatría
y Psicoterapia del Niño
y del Adolescente

La Revista Cuadernos de Psiquiatría y Psicoterapia del Niño y del Adolescente es una publicación semestral dirigida a profesionales de la Salud Mental de la Infancia y la Adolescencia. Está especializada en las temáticas relacionadas con la psicología clínica, la psiquiatría y la psicoterapia de niños y adolescentes desde un punto de vista psicoanalítico.

La revista admite publicaciones presentadas en los Congresos anuales de la Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (S.E.P.Y.P.N.A.) así como las comunicaciones libres seleccionadas para su presentación en dichos congresos. También admite conferencias y aportaciones libres.

Su publicación es en castellano aunque permite la contribución original de trabajos en inglés.

Los editores no se hacen responsables de las opiniones vertidas en los artículos publicados.

DIRECTOR DE PUBLICACIONES

Manuel Hernanz Ruiz (Bilbao)

CONSEJO DIRECCIÓN

Directora: Leire Iriarte Elejalde (Bilbao)

Director Adjunto: Francisco Vaccari Remolina (Bilbao)

COMITÉ EDITORIAL

Daniel Cruz Martínez (Barcelona)
Margarita Alcamí Pertejo (Madrid)
Ángeles Torner Hernández (Madrid)
Alicia Sánchez Suárez (Madrid)
Aurelio J. Alvarez Fernández (Asturias)

Ainara González Villanueva (Bilbao)
Fernando González Serrano (Bilbao)
Agustín Béjar Trancón (Badajoz)
María Dolores Gómez García (Sevilla)
Encarnación Mollejo Aparicio (Madrid)

COMITÉ ASESOR

Jaume Baró Universidad de Lleida (Lleida)
Michel Botbol Universidad de Bretaña Occidental (París)
Alain Braconnier Centro Alfre Binet (París)
M^a Luisa Castillo Asociación Psicoanalítica Madrid (Bilbao)
Miguel Cherro Aguerre Universidad del Desarrollo Montevideo
Ana Estevez Universidad de Deusto (Bilbao)
Graziela Fava Vizziello. Universidad Padova (Padova)
Marian Fernández Galindo (Madrid)
Osvaldo Frizzera Universidad UCES (Buenos Aires)
Pablo García Túnez (Granada)
Bernard Golse Universidad Paris Descartes (París)
Carmen González Noguera (Las Palmas)
Susana Gorbeña Etxebarria Universidad Deusto (Bilbao)
Leticia Escario Rodríguez (Barcelona)
Philippe Jeammet Universidad Paris VI (Francia)
Beatriz Janin Universidad UCES (Buenos Aires)
Paulina F. Kernberg University Cornell (Nueva York) †
Otto Kernberg University Cornell (Nueva York)
Cristina Molins Garrido (Madrid)

Juan Larbán ADISAMEF (Ibiza)
Alberto Lasa Zulueta Universidad del País Vasco (Bilbao)
Ana Jiménez Pascual Unidad USMIJ(Alcázar de San Juan)
Mercè Mabres Fundación Eulàlia Torras (Barcelona)
Roger Misés (París)
Marie Rose Moro Univesidad Paris Descartes (París)
Francisco Palacio Espasa Universidad de Ginebra (Suiza)
Fátima Pegenaute Universitat Ramon LLull (Barcelona)
María Cristina Rojas Universidad UCES (Buenos Aires)
Rosa Silver (Universidad de Buenos Aires)
Mario Speranza Centro Hospitalario Versalles (Francia)
Remei Tarragò Riverola Fundación Eulàlia Torras (Barcelona)
Jorge Tizón García (Barcelona)
Xabier Tapia Lizeaga (San Sebastián)
Koldo Totorika Pagaldai Universidad del País Vasco (Bilbao)
Eulalia Torras Fundación Eulàlia Torras (Barcelona)
Mercedes Valle Trapero Hospital Clínica San Carlos (Madrid)
Francisco José Vaz Leal (Universidad de Extremadura)
Juan Manzano Garrido (Ginebra)

INDICE:

L'autisme comme idéal d'enfance: quel enfant idéal? <i>Leticia Vier Machado et Leandro de Lajonquière</i>	9
L'action du service de la santé mentale pour les enfants et adolescents de l'université psychiatrique d'athènes aux îles elloignées de la mer égée <i>Lucia Legaki</i>	13
Digérer le non digestible: comment "mordre" dans le sens de l'échec <i>Chiara Salandin, Tiziana Bonifacio Vitale et Tiziana Gavagnin</i>	17
Urgence et urgence dans la psychopathologie du developpement: analyse du rapport des cas contesant un service neuropsychiatrique des enfants et des adolescents <i>Michela Gatta, Giulia Ghiani, Emilia Ferruzza, Lara Del Col et Silvia Zanato</i>	21
Décontenancement et position phobique à l'adolescence <i>Jean-Paul Matot</i>	27
Comprendre la violence et surmonter le traumatisme - réflexion sur la violence <i>Chiara Salandin</i>	31
À fleur de peau... <i>Sylvie Hautfenne et Nathalie Willox</i>	35
Modèle d'évaluation des enfants en mal d'apprentissage : l'abord pacida (psycho-affectivo-contextuel intégré des apprentissages) <i>Abigaël Heim et Luigi Viandante</i>	39
Le mouvement, reflet des mouvements à l'intérieur de soi, situation clinique d'une enfant "autiste" <i>Anne Soquay</i>	47
Adolescents' risk-taking behaviours in sexuality: a danger or an elaborative choice? <i>Elena Bordin and Giordano Bertolazzi</i>	51
Kaleidoscopic process: the construction of adolescence from teenagers' and parents' point of view <i>Elena Bordin and Massimo Giliberto</i>	55

Edición: Selene Editorial, S.L. C/ Jerez, 21 (28231) Las Rozas, Madrid. www.editorialselene.com

Impresión: Sorles, Leon

E-mail de información y envío de artículos: publicaciones@seypna.com

Página Web: <http://www.seypna.com/revista-seypna/>

Depósito Legal: M-35677-1985 / ISSN: 1575-5967

Periodicidad: semestral

Suscripción anual: 60 €

Precio por ejemplar: 35 €

La Revista **Cuadernos de Psiquiatría y Psicoterapia del Niño y del Adolescente** está incluida en los siguientes índices y bases de datos:

- LATINDEX: Sistema Regional de Información en línea para Revistas Científicas de América Latina, el Caribe, España y Portugal. <http://www.latindex.unam.mx>
- PSICODOC: Colegio Oficial de Psicólogos de Madrid. <http://www.psicodoc.org/acerca.htm>
- DIALNET: Portal bibliográfico sobre literatura científica hispana. Categoría B según los criterios de evaluación de revistas de CIRC (Clasificación Integrada de Revistas Científicas). <http://dialnet.unirioja.es/servlet/revista?codigo=16139>
- ISOC: Base de datos de sumarios ISOC-CSIC. <http://www.cindoc.csic.es/servicios/isocinf.html>
- DULCINEA: Acceso abierto a la producción científica en España. <http://www.accesoabierto.net/dulcinea/consulta.php?directorio=ulcinea&campo=ID&texto=1980>
- FEAP: Anuario de publicaciones de Psicoterapia en Lengua Española. <http://www.feap.es/anuarios/2010/html/RevSP13.html>
- IBECS: Índice Bibliográfico Español de Ciencias de la Salud. <http://ibecs.isciii.es/cgi-bin/wxislind.exe/iah/online/?IisScript=iah/iah.xis&base=IBECS&lang=e>
- EBSCO: Base de datos que ofrece textos completos, índices y publicaciones periódicas académicas que cubren diferentes áreas de las ciencias y humanidades. <http://www.ebsco.com/>

Sistema de selección de los originales:

- Publicación de ponencias presentadas en los Congresos anuales de la Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (S.E.P.Y.P.N.A.)
- Selección de comunicaciones presentadas en los Congresos de S.E.P.Y.P.N.A.
- Conferencias.
- Aportaciones libres

Los Editores no se hacen responsables de las opiniones vertidas en los artículos publicados.

JUNTA DIRECTIVA DE SEPYRNA

Presidente:	Fernando González Serrano (Bilbao)
Vicepresidente-tesorera	Encarnación Mollejo Aparicio (Madrid)
Vicetesorero:	Margarita Alcamí Pertejo (Madrid)
Secretaria:	Alicia Sánchez Suárez (Madrid)
Vicesecretaria:	Angeles Torner Hernández (Madrid)
Vocales:	Aurelio J. Alvarez Fernández (Asturias)
	Agustín Bejar Trancón (Badajoz)
	Daniel Cruz Martínez (Barcelona)
	María Dolores Gómez Garcia (Sevilla)
	Leire Iriarte Elejalde (Bilbao)
Responsable de publicaciones:	Manuel Hernanz Ruiz (Bilbao)

Página web: www.sepypna.com

INDEX:

Autism as childhood ideal: which child is ideal? <i>Leticia Vier Machado and Leandro de Lajonquière</i>	9
Meeting the mental health needs of children and adolescents in the outlining aegean islands in Greece <i>Lucia Legaki</i>	13
Digest the not digestible: how to “bite into” the sense of failure <i>Chiara Salandin, Tiziana Bonifacio Vitale and Tiziana Gavagnin</i>	17
Urgency and emergency in developmental psychopathology: analysys of cases’ report attending a child and adolescent neuropsychiatric service <i>Michela Gatta, Giulia Ghiani, Emilia Ferruzza, Lara Del Col and Silvia Zanato</i>	21
Discontent and phobic position in adolescence <i>Jean-Paul Matot</i>	27
Understanding violence and moving past the trauma - reflection of violence <i>Chiara Salandin</i>	31
On edge... <i>Sylvie Hautfenne and Nathalie Willox</i>	35
Evaluation model of children with learning disabilities: the pacida approach (psychological, affective, contextual and integrated approach) <i>Abigaël Heim and Luigi Viandante</i>	39
Le mouvement, reflet des mouvements à l'intérieur de soi, situation clinique d'une enfant "autiste" <i>Anne Soquay</i>	47
Adolescents’ risk-taking behaviours in sexuality: a danger or an elaborative choice? <i>Elena Bordin and Giordano Bertolazzi</i>	51
Kaleidoscopic process: the construction of adolescence from teenagers' and parents' point of view <i>Elena Bordin and Massimo Giliberto</i>	55

URGENCY AND EMERGENCY IN DEVELOPMENTAL PSYCHOPATHOLOGY: ANALYSIS OF CASES' REPORT ATTENDING A CHILD AND ADOLESCENT NEUROPSYCHIATRIC SERVICE*

URGENCE ET URGENCE DANS LA PSYCHOPATHOLOGIE DU DEVELOPPEMENT: ANALYSE DU RAPPORT DES CAS CONTESTANT UN SERVICE NEUROPSYCHIATRIQUE DES ENFANTS ET DES ADOLESCENTS

Michela Gatta**, Giulia Ghiani***, Emilia Ferruzza****, Lara Del Col***** and Silvia Zanato*****

ABSTRACT

Psychiatric emergencies have steadily increased in recent years, but they are still poorly defined and studied, especially in developmental age and outside the Emergency Department context.

This retrospective cross-sectional study aims to analyse characteristics of a clinical sample under the light of psychiatric urgency and emergency concepts.

Both the "urgency" and "emergency" concepts and the Rosenn & Gail's severity classification were applied to 399 first inspection forms to describe different conditions at the arrival.

About half of the cases corresponded to urgency/emergency conditions, with a male gender prevalence and an average age of 10 y. Emergency was associated to Behavioural Disorders mainly, while urgency conditions

were associated to Somatic sphere Disorders, Self-injured Behaviours, Anxious -Affective Disorders.

This research, operating a differentiation between urgency and emergency, allows a clearer identification and a tailored therapeutic plan about cases that are similar on a symptomatic side but different by a psychopathological perspective.

Keywords: Urgency, Emergency, Rosenn and Gail's classification, Psychiatric Disorders, Children, Adolescents.

INTRODUCTION

With regard to developmental psychopathology, the number of cases who referred to services in conditions of psychiatric urgency or emergency has risen steadily in recent years. Looking at previous studies, an increase of

* Communication presented at the 8th European Congress on Child and Adolescent Psychopathology and XXX Congress of SEPYPNA, which under the title "Psychological development, psychopathology and human relations today: interaction between the biological and the social aspects" took place in Bilbao on April 26, 27 and 28, 2018.

** Children Psychiatrist University and Hospital of Padua - Woman and Child Health Department Padua - ULSS 6 Euganea Childhood Adolescence Family Unit, Padua (ITALY). E-mail: Mail: michela.gatta@unipd.it

*** Psychology Student ULSS 6 Euganea Childhood Adolescence Family Unit - University of Padua, Padua (ITALY)

**** Psychologist University of Padua – Developmental and Socialisation Psychology Department Padua (ITALY)

***** Professional Educator ULSS 6 Euganea Childhood Adolescence Family Unit, Padua (ITALY)

***** Child Psychiatrist University and Hospital of Padua - Woman and Child Health Department Padua (ITALY)

150% between 1971 and 1984 is recorded; between 1995 and 2000 literature references showed an increase of 59% (Edelson et al., 2003). Newton et al. conducted a study which reported an increase of 15% between 2002 and 2006, and a constant increase for the following decade was estimated. A French study (Chatagner et al., 2013) showed how the acceptance of patients who referred as urgency/emergency cases has tripled during the last 25 years.

A clearer differentiation of psychiatric situations at the referral can help both baseline triage and a better use of resources in order to plan an effective intervention. Low planning and organization in care process within children and adolescents' Neuropsychiatric services, linked to an inadequate differentiation of demand, can lead to a use of resources which is not appropriate to the complexity of patients' needs.

The main criticisms just consist in problems of identifying baseline indicators which may predict patients' pathways to care within the territorial service (Organizzazione Mondiale della Sanità, 2013), considering that the efficiency of responses to child and adolescent complex needs must be based on the integration of clinical and organizational aspects, as well sanitary and social ones (Gatta et al, 2006; S.I.N.P.I.A., 2007; Chatagner et al., 2013;).

First, it is important to define the concepts of urgency and emergency that are often influenced by cultural tendencies of the operating and social context within which they happen: previous studies showed how these terms have been indeed used as interchangeable (Speranza et al., 2002; Marcelli et al., 2003; Boncompagni, 2004; Chatagner et al., 2013).

"Urgency" is defined as an acute and serious situation in which psychic suffering and related behaviours, due to any psychopathology, need an immediate intervention for the risks to themselves or to others (Baillon, 1990; Marcelli et al., 2003; Chatagner et al., 2013). On the other side, "emergency" is a situation mainly characterized by a breakup within the environment, which is often related to uneasiness and maladaptive social symptoms. Therefore, the psychopathology covers a secondary role and the intervention could potentially be postponed (Baillon, 1990; Marcelli et al., 2003; Chatagner et al., 2013).

This study planned to use the above definitions separately in order to identify two different clinical situations and analyse related clinical characteristics.

In addition, we decided to use the severity classification conceived by Rosenn (1984) and re-adapted by Gail

(2006) so that these clinical situations can be better recognised (S.I.N.P.I.A., 2007). The authors offered some criteria to estimate the severity of clinical conditions through 4 classes, which amount to standard situations that are possible to observe (Table 1).

CLASS	DESCRIPTION
Class I	Urgency situations such as: suicide attempt (TS), self-harming acts, acute confusion, acute violence (aggressive behaviours, psychotic agitation, panic, impulses uncontrol), serious physical abuse and extreme neglect, dysfunctional eating behaviours with serious decline of general clinical condition.
Class II	Urgency situations such as: distress/ serious panic attacks, conversion and somatization symptoms, victims of serious physical and psychic trauma.
Class III	Emergency situations such as: school phobia, reactive manifestations to social or family uneasiness, which don't present risks to themselves or to others.
Class IV	Situations perceived by patients as urgency/emergency, which require not an urgent psychiatric intervention. Therefore, in these cases the urgency/emergency is subjective and presented as a keen demand to the services ("false alarm").

THE CLINICAL STUDY

Aim

This is a retrospective cross-sectional study in patients under 18 years attending a Public Mental Health Service for Children and Adolescents in Padua (Veneto, Italy). We compared data about first inspection forms of people for whom a neuropsychiatric consultation was required. The aim of this study is to describe and analyse clinical characteristics of our sample and to establish the presence of any remarkable associations among categorical variables linked to psychiatric emergency features.

Sample

The sample consisted of 399 patients referred to the Developmental Psychopathology Outpatients' Service for a neuropsychiatric consultation from January 2015 to August 2016.

They were aged between 1 and 18 years ($M= 10.030$; $DS= 4.6109$), males (66%) and females (34 %).

Methodology

First inspection forms, filled out during the first visit to the service, were analysed and ten categorical variables were devised (Table 2): gender, age (divided in three bands: 0-6 y, 7-12 y, 13-19 y), referral (spontaneous or on dispatch), first appointment requester (mother, father, other), agreement of both parents, history of previous visits, sent to (same Unit, different district in Padua, other), main reasons for consultation (7 symptoms' macro categories, Table 3), psychiatric conditions (urgency, emergency or deferrable), Rosenn & Gail's classes.

“Referral - on dispatch” variable shows 4 possibilities: doctor or specialist, hospital/territorial service, family or acquaintance, other.

The main reasons for neuropsychiatric consultation were clustered into 7 clinical macro categories, based on literature references (Crespo et al., 2006; Scivoletto et al., 2010; Mantoan Padilha et al. 2013; Porter et al., 2016; Holder et al., 2017), as shown in Table 3.

Category	Description
BEHAVIOURAL DISORDERS	Aggressive behaviours to others, impulses uncontrol, oppositional behaviours, other dysfunctional patterns.
ADHD	Attention-Deficit/Hyperactivity Disorder, similar patterns.
DEVELOPMENTAL DISORDERS	Learning specific difficulties, developmental disorders, autism or Asperger syndrome, speech disorders, similar patterns.
SOMATIC SPHERE AND EATING DISORDERS	Somatic complaints, conversion and somatization symptoms, dysfunctional eating behaviours (with possible decline of general clinical condition).
SELF-INJURING BEHAVIOURS	Self-harm, suicide attempt, suicide ideation, other auto-directed aggressive patterns.
RELATIONAL AND SCHOLASTIC DISORDERS	Difficulties in engaging and managing relationships, family difficulties, scholastic problems.
ANXIOUS AND AFFECTIVE DISORDERS	Anxiety, panic, distress, mood deflection and other emotional symptoms, psychotic traits.

The “Psychiatric condition” variable relates to the patients’ condition at the referral: urgency, emergency, deferrable (distinction based on definitions described above).

VARIABLE	%
Gender	
Males	65.7%
Females	34.3%
Age	
0-6 y	25%
7-12 y	37%
13-18 y	38%
Referral	
(1) Spontaneous	15. %
(2) On dispatch (cumulative %):	84.6%
Doctor/specialist (2.1)	50.7%
Hospital/territorial service (2.2)	14.9%
Family or acquaintance (2.3)	6.4%
Other (2.4)	12.6%
First appointment requester	
Mother	79.6%
Father	15.5%
Other	4.8%
Agreement of both parents	
Yes	89.5%
No	10.5%
History of previous visits	
Yes	61%
No	39%
Sent to	
Same Unit	36.5%
Different district	40.1%
Other	23.4%
Reasons for consultation	
(1) Behavioural Disorders	14.6 %
(2) ADHD	6%
(3) Developmental Disorders	34%
(4) Somatic sphere and Eating Disorders	9.8%
(5) Self-injured Behaviours	5%
(6) Relational and Scholastic Disorders	13.1%
(7) Anxious and Affective Disorders	17.3%
Psychiatric condition	
Urgency	27.8%
Emergency	23.6%
Deferrable	48.6%
Rosenn & Gail's classes	
Class I	11.5%
Class II	16.3%
Class III	23.6%
Class IV	48.6%

The clinical evaluation at the referral included the arrangement of clinical situations through the classes Rosenn & Gail's used: the severity of psychiatric condition was established looking at these four classes in decreasing order (from the most serious to the least).

The evaluation of clinical cases according to the two different approaches has been operated in double-blind procedure from different operators, with a 90% agreement.

Statistical data analysis was performed using the SPSS software (Statistical Package for Social Science, IBM® SPSS® Statistics 22.0 for Windows; International Business Machines Corp., Armonk, New York, USA).

In order to analyse specific clinical characteristics of our sample which are linked to psychiatric urgency/emergency features, frequencies and associations between the categorical variables were established with a Chi-Square test, observing significant values for $p < .05$.

RESULTS

Among 399 analysed forms, 205 corresponded to urgency/emergency cases, with a male gender prevalence and an average age of 11.23 y (SD = 4.25).

Most of the cases were referred to the service by an external dispatch: there is a prevalence of patients sent by a doctor or specialist (50.7%) and less referrals from hospital/territorial services (14.9%), family or acquaintance (6.4%) and others (12.6%).

There is a significant prevalence of cases for which the first visit is booked by the patient's mother (79.6%), rather than by father (15.5%). In the 89.5% of cases, parents agreed about requesting the neuropsychiatric consultation.

Most of the patients presented a history of previous visits before this referral (61%). There is no significant difference between cases sent to other services within the same Unit (36.5%) and cases sent to other district in Padua (40.1%) or other places such as Hospital or social services (23.4%).

In addition, a significant prevalence of deferrable cases (48.6%) is shown, concerning those children and adolescents who referred to our service neither in urgency nor in emergency condition. Psychiatric urgency cases (24.4%) are slightly more prevalent than emergency ones (22.2%), however, not

significantly.

The variables of "clinical clusters", "psychiatric condition", and "Rosenn & Gail's classes" are distributed in relation to bands of age.

We found a significant association between adolescent age (band of age 13 to 19 y) and referrals for Anxious, Affective Disorders, and for Self-injury Behaviours, whilst there is a prevalence of pre-pubertal patients' (band of age 7 to 12 y) referrals associated to ADHD [χ^2 (12; 398) = 118,416 $p < .01$].

Most of the referrals to the service in the urgency condition were adolescents, whilst pre-pubertal patients were mainly associated with the emergency condition [χ^2 (4; 399) = 54,943 $p < .01$]. We also found an association between adolescents and Rosenn & Gail's severity classes I e II (psychiatric conditions more urgent) [χ^2 (6; 399) = 58,531 $p < .01$].

Regarding gender, we found an association between males and Behavioural Disorders, ADHD, Developmental Disorder, Relational and Scholastic Disorders, whilst females were mainly associated to Self-injury Behaviours [χ^2 (6; 398) = 48,292 $p < .01$].

Male gender prevalence in emergency cases and deferrable case is significant too [χ^2 (2; 399) = 24,300 $p < .01$]. Rosenn & Gail's class III e IV are significantly associated with males [χ^2 (3; 399) = 24,696 $p < .01$].

In figure 1, associations between "psychiatric condition" (urgency, emergency, deferrable) and "clinical clusters" are reported: it shows a strong association between Anxious, Affective Disorders and urgency condition. The same association applies to Self-injury Behaviours, Somatic sphere and Eating Disorders. On the other side, Behavioural Disorders are associated to emergency cases. [χ^2 (12; 398) = 296,970 $p < .01$].

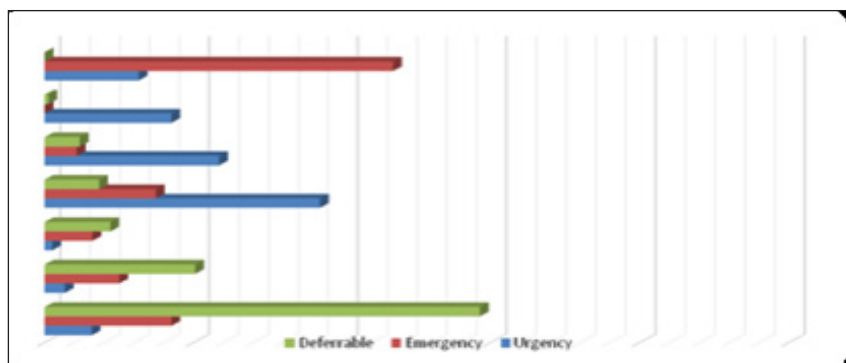


Figure 1. Reasons for consultation and Psychiatric conditions

In figure 2, “clinical clusters” in relation to “Rosenn e Gail’s severity classes” are reported: it shows how Self-injury Behaviours are associated to urgency cases of primary severity (R&G class I), while Anxious, Affective Disorders, Somatic sphere and Eating Disorders are associated to secondary urgency cases (R&G class II). [$\chi^2(18; 398) = 444,584 p < .01$].

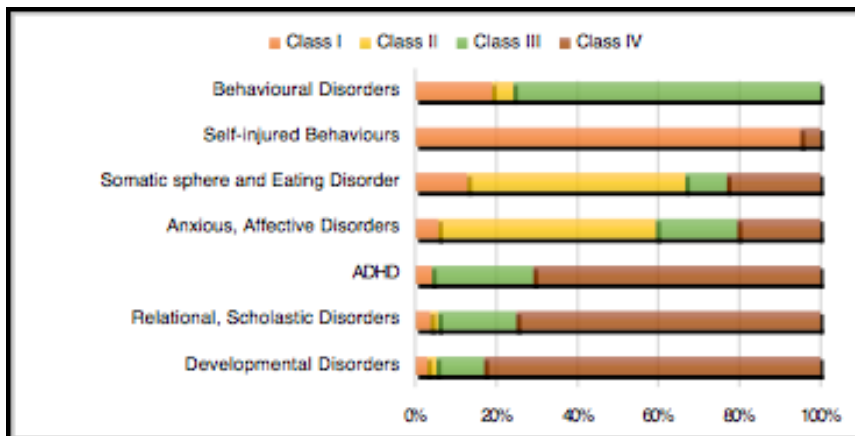


Figure 2. Reasons for consultation and Rosenn & Gail’s classes

DISCUSSION

In this study, the cases classified as urgency or emergency situations corresponded to 28% and 23% respectively of our sample and, considering them as aggregate as in previous studies, they correspond to about half of the cases.

The average age of these patients confirms predictions of previous studies (Chatagner et al., 2013), which mention a possible rejuvenation of paediatric population concerns, moving further away from adolescents’ band of age.

Looking at the referral access, our results show a homogenous prevalence of referrals by a doctor or specialist, without any distinctions for urgency or emergency cases. This result could be a consequence of specific characteristics of our service, which amounts to a context of second level neuropsychiatric care, as a joining link between children and adolescents’ neuropsychiatry first level care and hospital neuropsychiatry third level care: consequently, referrals are mainly by other services (Gatta et al., 2006).

Regarding analyses of clinical clusters, psychiatric condition, and Rosenn & Gail’s classes, a strong

association links Developmental Disorders to a deferrable condition which, most of the times, presents a subclinical/chronic symptoms onset. This result can also be a consequence of a subjective alarm situation perceived by parents, linked to apprehension or impotent feelings.

Considering, once again, urgency and emergency as aggregate, we found results consistent with previous studies ones: Behavioural Disorders are the most frequent, then Self-injury Disorders, Somatic sphere and Eating Disorders and, lastly, Anxious, Affective Disorders (Scivoletto et al., 2010; Porter et al., 2016; Holder et al., 2017).

However, in deciding to differentiate the conditions of urgency and emergency, we found a strong association between Behavioural Disorders and psychiatric emergency. From which we can deduce that these clinical situations are more often related to a state of social uneasiness and difficult relationships in their everyday environment, rather than to

an individual psychopathological deficiency.

On the other side, we can see how Self-injury Behaviours, Anxious, Affective Disorders, Somatic sphere and Eating Disorders are significantly associated to psychiatric urgency situations. Therefore, these cases suggest a psychic suffering which could potentially involve risks such as suicide attempts or eating disorders which could involve serious physical decline.

Rosenn & Gail’s classification allows us to move these considerations to a psychopathological point of view. Self-injury Behaviours, mainly associated to urgency cases, show a prevalence of primary urgency cases (R&G class I) and it reveals a match between the psychopathological side and the symptomatic one.

Anxious, Affective Disorders, Somatic sphere and Eating Disorder, instead, are significantly associated to secondary severity situations (R&G class II). So, these cases are likely supposed to be referred to our service in a state of intensive psychic suffering, but without involving risks to themselves or others, as such it has been possible to consider them both a psychopathological and symptomatic point of view.

RESEARCH LIMITS AND STRENGTHS AND CONCLUSIONS

The main limitations of this study consist of the retrospective design and related quality of information available for data analysis, and on the lack of a follow-up phase.

However, the use of urgency and emergency concepts to shape two different psychiatric situations must be considered as a strength of the study. The same can be said for the use of Rosenn & Gail's classification, and arranging clinical situations which referred to a territorial Neuropsychiatric service (not hospital one).

This research, operating with a differentiation between urgency and emergency cases, allows a clearer identification and a more tailored therapeutic plan for cases that are similar on a symptomatic side but different from a psychopathological perspective.

BIBLIOGRAPHIC REFERENCES

- Baillon, G. (1990). *L'urgence en psychiatrie*, Paris: Masson.
- Boncompagni, G. (2004). *Definizioni di urgenza, emergenza e crisi in psichiatria*. Milano: Springer.
- Chatagner, A., e Raynaud, JP. (2013). Adolescents et urgences pédopsychiatriques: revue de la littérature et réflexion clinique. *Neuropsychiatrie de l'Enfance et de l'Adolescence*, 61, 8-16.
- Crespo Marcos, D., Solana García, MJ., Marañón Pardo, R., Gutiérrez Regidor, C., Crespo Medina, M., Miquez Navarro, C., et al. (2006). Psychiatric patients in the pediatric emergency department of a tertiary care center: review of a 6-month period. *An Pediatr (Barc)*, 64, 536-41.
- Edelson, GA., Braitman, LE., Rabinovich, H., Sheves, P., e Melendez, A. (2003). Predictors of urgency in a pediatric psychiatric emergency service. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 1197-202.
- Gail, A. (2006). Psychiatric Emergencies in Adolescents. *Adolescent Medicine*, 17, 183-204.
- Gatta, M., Perakis, E., Talamini, A., Testa, P., Salviato, C., Ramaglioni, E., Nigri, B., Conchini, A. (2006). Accoglimento dell'adolescente nell'urgenza psichiatrica, *Giornale Italiano di psicopatologia e psichiatria dell'infanzia e dell'adolescenza*, Vol.XIII, 3: 219-228.
- Holder, SM., Rogers, K., Peterson, E., Ochonma, C. (2017). Mental Health Visits: Examining Socio-demographic and Diagnosis Trends in the Emergency Department by the Pediatric Population. *Child Psychiatry Hum Dev*. doi: 10.1007/s10578-017-0719-y
- Marcelli, D., e Berthaut, E. (2003). Urgences psychiatriques à l'adolescence. *Rev. Prat.*, 53, 1191-1196.
- Mantoan Padilha, V., Said Schettini, CS., Santos, AJ., e Cruz Soares Azevedo, R. (2013). Profile of patients attended as psychiatric emergencies at a university general hospital. *Sao Paulo Med J.*, 131(6), 398-404.
- Newton, AS., Ali, S., Johnson DW., Haines, C., Rosychuk RJ., Keasuchuk RA., Jacobs P., e Klassen, TP. (2009). A 4-year review of pediatric mental health emergencies in Alberta. *CJEM*, 11, 447-54.
- Organizzazione Mondiale della Sanità. (2013). *Piano d'azione per la Salute Mentale 2013-2020*.
- Porter, M., Gracia, R., Oliva, JC., Pàmias, M., Garcia-Parés, G., e Cobo, J. (2016). Mental Health Emergencies in Paediatric Services: Characteristics, Diagnostic Stability and Gender differences. *Actas Esp Psiquiatr.*, 44(6), 203-11.
- Rosenn, DW. (1984). Psychiatric emergencies in children and adolescents. *Emergency psychiatry: concepts, methods and practice*, 303-49.
- Scivoletto, S., Boarati, MA., e Turkiewicz, G. (2010). Psychiatric emergencies in childhood and adolescence. *Rev Bras Psiquiatr.*, 32, 112-20.
- S.I.N.P.I.A. (2007). Proposta di Modello Organizzativo per la rete dei Servizi di Neuropsichiatria dell'Infanzia e dell'Adolescenza.
- Speranza, M., Laudrin, S., Guillemet, I., De Guillenchmidt, C., Jallade, C., e Epelbaum, C. (2002). Urgences et intervention de crise en psychiatrie infanto-juvénile. *Neuropsychiatrie de l'Enfance et de l'Adolescence*, 50, 562-567.