

**CHILD CARE WITH  
NEUROPSYCHIATRIC DISORDERS IN  
LOMBARDY**

## Which problems?

**intellectual disabilities, cerebral palsy, impaired motor coordination, specific language impairment and learning disabilities, autism spectrum disorders, epilepsy, rare genetic syndromes, neuromuscular and neurodegenerative diseases, transmissible acquired, brain tumors, complex disabilities, attention deficit disorder with hyperactivity disorder, conduct disorder, psychosis, bipolar disorder, depression and many others.**

*Neurology, Neuropsychology, psychiatry and rehabilitation of children and adolescents*

## How many potential users?

- 1 child/adolescent out of 5
- 200,000 children/adolescents, and their families
- 30,000 students with disabilities
- 8,000 children with complex and significant limitations of the autonomy for life

***timely and appropriate treatments change the course and diminish the emotional, social and economic costs***

# Which answers?

## 1. Child and adolescent psychiatry services 35, only 14 RU Complex

- 92 territorial poles
- 17 hospital poles
- 5 departments
- 20 private accredited

## 2. Outpatient facilities:

- 100.000 users for year, 6 % of the population
- 50% performance rehabilitation
- from 2008 to 2013: + 43% users but - 30% performance for user
- regional innovation projects for emerging needs

## 3. Inpatient admissions:

### • hospitalizations for psychiatric disorders:

- 1500 users per year, +28% from 2011
- only 33% NPIA department
- 31% in paediatrics
- 17% in psychiatry

## 4. hospitalizations for neurological disorders

- 8860 users per year,
- 16% in NPIA
- 59% in paediatrics

## 5. Therapeutic residential entering:

- around 500 users
- + 10 % per year
- 20 % of total expenditure

# What critical issues?

- **insufficient resources to ensure appropriate responses to reviewers and families**
  - *1 user on 2 cannot access UONPIA*
  - *2 users on 3 not receiving the interventions they need*
  - *2 users on 3 are admitted to inappropriate wards*
  - *months or years of waiting list for non-priority situations and for therapeutic interventions*
- **absence of an adequate system of monitoring activities and outcomes**
- **financial arrangements to provide that make it difficult to schedule**
- **lack of involvement of rehabilitation in the NPIA network**
- **difficulty transition to adulthood**
- **insufficient attention to the neurological area**

## Points of attention in the reform

- OU integrated hospital-territory
- continuum of care, zoning and redistribution of staff
- functional area afference mental health, child and adolescent psychiatry, addiction and psychological well

# Possible scenarios for the future

## **interventions for optimizing existing resources**

- strengthening the coordinating body of the NPIA in AST
- family Pediatrics and the Pediatric area
- integration between UONPIA and developmental
- integration with rehabilitation Psychiatry, addictions and psychological area

## **measures for the adaptation of services and resources**

- an OU for each complex NPIA ASST
- a hospital centre for each NPIA ASST
- a residential structure for each ASST
- reinforcement of beds of NPIA

## **interventions for specific information**

- system innovation and health budget
- regional Neuropsychiatry projects
- telemedicine