

## C 5.3. COMMUNICATION – FULL ARTICLE

# Child and Adolescent Psychiatric Emergency Service in Oporto: Historical and Contemporary Perspectives

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**ABSTRACT: Background and Aim:** Child and Adolescent Psychiatric Emergencies have undergone substantial transformation, mirroring the growing recognition of childhood psychopathology and its societal implications. This work examines the historical development, organization, and contemporary relevance of Child and Adolescent Psychiatric Emergency Services, focusing on the Oporto service as a model. The aim is to contextualize its emergence, delineate its core functions, and reflect on its clinical and public health significance. **Material and Methods:** Sources include historical and legislative records, national mental health policy documents, scientific publications on Portuguese Child and Adolescent Psychiatric emergencies, and expert interview data from the leadership of the Department of Child and Adolescent Psychiatry of Oporto. International guidelines (IACAPAP) and epidemiological data on emergency presentations were also reviewed to frame the evolution of Portuguese Child and Adolescent Psychiatric emergencies within broader global trends. **Results:** The analysis reveals a progressive consolidation of Portuguese Child and Adolescent Psychiatric emergencies in Portugal, beginning with mid-20th-century acknowledgment of childhood mental disorders and followed by the creation of specialized services in Lisbon, Coimbra, and Oporto. The Oporto service exemplifies this trajectory, evolving from an open, community-oriented model to a structured referral-based system integrated within the pediatric hospital network. Across documents, a marked increase in crisis presentations was observed — particularly behavioral dysregulation, acute emotional distress, and safety-related episodes. The COVID-19 pandemic notably intensified demand, highlighting systemic vulnerabilities and reinforcing the necessity of specialized child and adolescent emergency mental health care. **Conclusions:** Child and Adolescent Psychiatric emergency services are pivotal for acute risk management, diagnostic clarification, and early intervention. Strengthening these services through increased resources, multidisciplinary training, and coordinated care pathways is essential to ensuring timely, equitable, and developmentally informed mental health support for children and adolescents.

**KEYWORDS:** History of Medicine; Child and Adolescent Psychiatry; Child and Adolescent Psychiatric Emergencies

## INTRODUCTION

The recognition of psychopathology in childhood and adolescence is relatively recent in the history of medicine. Until the mid-20th century, emotional and behavioral problems in children and adolescents were often understood as transient manifestations of development, sometimes interpreted as moral issues or viewed through the lens of adult psychopathology, without a specific nosological framework. It was mainly during and after the Second World War that greater scientific and social concern regarding the mental health of children and young people emerged, driven by the need – and perhaps curiosity – to understand the emotional impact of trauma, family disruption, and profound social transformations, which were predictable consequences of the war.

In this context, a new specialty focused on child and adolescent psychopathology began to emerge, initially designated Child Neuropsychiatry, gradually evolving into Child and Adolescent Psychiatry as an autonomous specialty with its own models of assessment, intervention, and organization of care. Internationally, the field progressed from informal and fragmented responses to structured systems integrated into hospital and community networks, encompassing inpatient, outpatient, and emergency services. In Portugal, this process was consolidated with the formal establishment of the specialty in 1983 and the founding of the Portuguese Association of Child and Adolescent Psychiatry in 1989, both representing decisive milestones in the organization of differentiated care [1,2].

Recent data indicate that more than one third of mental health disorders begin before the age of 18 [3,4], currently representing one of the leading causes of morbidity in childhood and adolescence and frequently giving rise to crisis situations requiring urgent assessment and intervention [4]. According to the World Health Organization, suicide is among the three leading causes of death in adolescence [5]. Child and Adolescent Psychiatric Emergency Services thus emerged in response to the need for rapid risk assessment, initial diagnostic clarification, crisis containment, and safe therapeutic orientation, within contexts often marked by intense distress experienced by the child or adolescent and their family. Internationally, a sustained increase in demand for these services has been observed, particularly among adolescents, reflecting not only greater visibility of psychological distress in this age group but also increased social and

institutional awareness of the importance of mental health [6].

The Child and Adolescent Psychiatric Emergency Service of Oporto is part of this broader historical movement. Established in 1992 within a reference pediatric hospital, it was the first structured Child and Adolescent Psychiatric Emergency Service in Portugal and has played a central role for more than three decades in responding to psychiatric crises among the child and adolescent population of the Northern region of Portugal [6–8]. Its evolution has accompanied institutional, organizational, and even conceptual transformations within the specialty.

The aim of the present article is to analyze the historical development of the Child and Adolescent Psychiatric Emergency Service of Oporto, contextualizing its emergence, describing its organization and evolution since its inception, and reflecting on its current clinical and public health relevance.

## MATERIALS AND METHODS

A historical-descriptive and reflective study was conducted, based on the review and analysis of multiple documentary and bibliographic sources related to Child and Adolescent Psychiatric Emergency Services in Portugal, with particular emphasis on the Child and Adolescent Psychiatric Emergency Service of Oporto.

The sources included institutional and regulatory documents concerning the organization of Child and Adolescent Psychiatry Emergency Services, national mental health legislation and policy documents, national publications on child and adolescent psychiatric emergencies – namely studies conducted in Oporto over recent decades (1997, 2008, 2019) – as well as studies examining the impact of the COVID-19 pandemic on this service. International standards and guidelines, particularly those issued by the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), were also reviewed, along with historical and organizational information derived from clinical testimonies obtained through interviews and institutional communications.

The methodology consisted of documentary analysis, with chronological organization of historical data and synthesis of key milestones in the development of the service under study. Published epidemiological and clinical data were analyzed descriptively, allowing identification of the main reasons for emergency presentations and changes in patient profiles over time.

Interpretation of the findings was framed within the broader evolution of the specialty and associated social and institutional transformations, integrating a clinically grounded reflection supported by existing literature.

This study did not involve the collection of individual clinical data nor access to confidential or identifiable patient information; therefore, formal informed consent procedures or ethics committee approval were not required.

## RESULTS

### Historical development of the Child and Adolescent Psychiatric Emergency Service of Oporto

The Child and Adolescent Psychiatric Emergency Service of Oporto began its activity in March 1992 at Hospital Maria Pia, several months after the closure of all Child and Adolescent Mental Health Centers in the country, which were subsequently integrated into pediatric hospitals. At the time of its creation, the Department of Child and Adolescent Psychiatry in Oporto was under the direction of Dr. Jorge Mira Coelho. Initially, the service operated on weekdays, following the pediatric emergency department schedule (8:00 a.m.–24:00 p.m.), with on-call psychiatric coverage from 4:00 p.m. onward, and direct access to the Child and Adolescent Psychiatric Emergency Service was permitted.

In the early years, psychiatric assessments of children and adolescents in crisis were conducted within the same physical space as the general pediatric emergency department. Only in March 1997 did the service acquire a dedicated consultation room, representing a first step toward functional autonomy and improved conditions for specialized clinical assessment. Despite early structural limitations, the establishment of the emergency service enabled the development of an organized and differentiated response to psychiatric crises in the population, which until then had often been managed in a fragmented manner within outpatient settings<sup>[7]</sup>.

### Organizational and functional evolution of the service

Between 1992 and 2006, the Child and Adolescent Psychiatric Emergency Service functioned as part of the pediatric emergency department at Hospital Maria Pia, operating under an open-access model for the community. In October 2006, following the integration

of Hospital Maria Pia into the Oporto Hospital Center, the Urgent Care Unit (Unidade de Atendimento Urgente – UAU) was created, marking a significant structural change: the service transitioned to a referral-based model. Under this model, only patients referred by physicians from pediatric emergency departments, primary care services, or other public or private medical settings are seen.

Between 2006 and 2015, the UAU operated at Hospital Magalhães Lemos, physically separated from other pediatric specialties – a situation described as unfavorable from the perspective of care integration. Nonetheless, it became established as the only Child and Adolescent Psychiatric Emergency Service in the Northern region of Portugal, providing urgent care to children and adolescents up to 18 years of age from that geographical area, operating daily between 8:00 a.m. and 8:00 p.m.<sup>[6]</sup>.

On July 1, 2015, the UAU was transferred to the Northern Mother and Child Center (Centro Materno Infantil do Norte – CMIN), where it continues to operate. This integration strengthened collaboration with Pediatrics and contributed to increased safety and continuity of care, while maintaining the service as a regional reference within the National Network of Child and Adolescent Psychiatry Emergency Services.

### Caseload over time

Analysis of studies published over recent decades demonstrates a progressive increase in demand for Child and Adolescent Psychiatric Emergency Service in Oporto, particularly among adolescents. Between July 1996 and July 1997, 573 emergency episodes were analyzed; during this period, 57.4% of patients were aged between 11 and 18 years, with a slight predominance of females after puberty<sup>[7]</sup>.

In 2008, analysis of 975 emergency episodes revealed an increase of nearly 50% compared to the 1997 study, maintaining the predominance of adolescents, particularly females aged 14 to 17 years. The most frequent reasons for emergency presentation were suicidal behaviors and behavioral disturbances, which together accounted for approximately half of all observed episodes<sup>[8]</sup>.

In 2016, a total of 1,136 emergency episodes were recorded, corresponding to 926 patients, of whom 81.1% were adolescents, again with female predominance. The most frequent referral reasons were behavioral disturbances and anxiety symptoms, together



accounting for approximately 49.6% of episodes. During this period, a reduction in hospitalization rates was observed, suggesting improved effectiveness of outpatient responses and continuity of support through crisis consultations<sup>[6]</sup>.

Across studies, the emergency service consistently functioned as an entry point into the National Health Service for children and adolescents experiencing psychological distress, playing a role in regulating referrals to Child and Adolescent Psychiatry outpatient care while simultaneously providing a timely response in crisis situations.

### **Impact of the COVID-19 pandemic on Child and Adolescent Psychiatric Emergencies**

The COVID-19 pandemic represented a significant milestone in demand for child and adolescent psychiatric emergency care. A recent study analyzing emergency episodes at the UAU between March 2019 and May 2021 showed that during the first lockdown period (March to May 2020), there was an approximately 48% reduction in admissions compared to the same period in 2019. This phenomenon, also described internationally, has been attributed to fear of contagion and consequent avoidance of healthcare services<sup>[9]</sup>.

In contrast, following the lifting of the first lockdown measures, a marked increase in demand for child and adolescent psychiatric emergency care was observed. Between March and May 2021, the number of emergency episodes increased by approximately 98% compared to the same pre-pandemic period in 2019. During this phase, there was an increase in episodes related to suicidal ideation, non-suicidal self-injury, and eating disorder behaviors<sup>[9]</sup>.

## **DISCUSSION**

The results presented demonstrate a consistent and progressive evolution of the Child and Adolescent Psychiatric Emergency Service of Oporto, closely aligned with the development of the specialty itself and with broader social, institutional, and epidemiological transformations over recent decades. Since its establishment in 1992, this service has responded to a growing need for structured assessment and intervention in psychiatric crises during childhood and adolescence.

Historical analysis shows that the implementation of child and adolescent psychiatric emergency care in Oporto occurred at a time when recognition of child and adolescent psychopathology was still consolidating

within the national context. The transition from an initial open-access model integrated within pediatric emergency services to a specialized referral-based system reflects progressive clarification of emergency criteria and improved articulation across levels of care. This evolution enabled optimization of resources, enhanced clinical safety, and improved continuity of care, without compromising access for situations requiring timely intervention.

Caseload analyses over time reveal a sustained increase in emergency episodes, particularly among adolescents. This trend is consistent with national and international literature and does not appear to directly reflect a proportional increase in severe psychopathology, but rather a convergence of factors including greater awareness among families and healthcare professionals regarding mental health problems, lower tolerance for emotional distress, and persistent difficulties in timely access to specialized outpatient care. The progressive reduction in hospitalization rates following emergency episodes observed in more recent studies suggests improved capacity for crisis containment and therapeutic guidance within emergency settings, as well as reinforcement of intermediate responses such as crisis consultations.

The predominance of referrals related to behavioral disturbances, anxiety symptoms, and suicidal or self-injurious behaviors underscores the clinical complexity of cases seen in child and adolescent psychiatric emergencies. These presentations often reflect prolonged emotional distress that becomes exacerbated at specific developmental stages or in response to precipitating factors, requiring specialized assessment capable of integrating individual, familial, and contextual dimensions. In this regard, Child and Adolescent Psychiatric Emergency Services play a central role in risk assessment, diagnostic clarification, and implementation of appropriate care plans, including referral within the mental health care network<sup>[10]</sup>.

The COVID-19 pandemic unequivocally reinforced the relevance of these services. The initial decrease in emergency utilization followed by a sharp increase after the lifting of lockdown measures<sup>[9]</sup> suggests a worsening of emotional distress among children and adolescents following prolonged social isolation, disruption of routines, and limited access to outpatient mental health care.

Overall, these findings support Child and Adolescent Psychiatric Emergency Services as a

structural component of the child and adolescent mental health care network. Beyond immediate crisis response, these services facilitate specialized assessment, risk management, and appropriate referral, contributing to the reduction of unnecessary hospitalizations and promotion of earlier, more effective interventions.

### LIMITATIONS

This study has several limitations that should be considered when interpreting its findings. Its historical-descriptive and reflective design, based primarily on documentary analysis and previously published data, does not allow for causal inferences or hypothesis testing. The caseload analysis relies on studies conducted in different time periods with varying methodologies and organizational contexts, limiting direct comparability over time.

Some historical information is derived from clinical testimonies and institutional communications, which may be subject to recall or interpretative bias. Additionally, the study focuses on a single service, without systematic comparison with other child and adolescent psychiatric emergency services in Portugal or integration of multicenter data, thereby limiting generalizability and comparative analysis of different organizational models.

Finally, the assessment of the impact of the COVID-19 pandemic reflects a relatively recent period, precluding comprehensive evaluation of its long-term consequences on demand and organization of pediatric mental health emergency care.

### CONCLUSION

The Child and Adolescent Psychiatric Emergency Service of Oporto represents a paradigmatic example of the evolution of child and adolescent mental health care in Portugal. Its history reflects the progressive recognition of childhood and adolescent psychopathology and the need for structured responses to psychiatric crises, integrated within hospital and community care networks.

The analyzed data demonstrate a sustained increase in demand for these services. Accumulated experience over more than three decades highlights the essential role of Child and Adolescent Psychiatric Emergency Services in risk assessment, therapeutic orientation, and articulation with outpatient and

community care, functioning as a true safety net for children, adolescents, and their families.

The impact of the COVID-19 pandemic further reinforced the need for robust, accessible, and well-integrated Child and Adolescent Psychiatric Emergency Services capable of responding to abrupt fluctuations in demand and contexts of heightened emotional vulnerability. Maintaining and strengthening these services through specialized human resources, continuous training, and clear referral pathways constitutes a clinical and public health imperative.

This history is not confined to the past; it asserts itself as a living present and a challenge for the future, underscoring the importance of ensuring urgent, safe, and humane mental health care for children and adolescents. Investment in mental health at early stages of life remains a fundamental pillar in promoting long-term well-being.

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