

P-351 - EVIDENCE OF SYSTEM-BASED STIGMA IN THE HOSPITAL TREATMENT OF PHYSICAL DISORDERS OF CHILDREN AND ADOLESCENTS WITH PSYCHIATRIC DISORDERS

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Objective: In this study we examine, across physician billing, ambulatory and inpatient/emergency data sets, the relationship between physical health and mental health costs among those with and without psychiatric disorders under the age of 18 years on their index visit.

Methods: Visit data for all cases receiving specialized ambulatory, emergency or inpatient (tertiary) mental health services was constructed and subsequently matched on age and sex with comparisons in a final ratio of 1:8. Comparisons were health care users who did not receive treatment in the specialized tertiary public mental health system). Based on approximately 10 Million billing records, we compared the average number of visits and average costs per unique individual for “physical diagnoses” (non-psychiatric) and psychiatric diagnoses over the 16 year study period across case and comparison groups.

Results: We report among those with and without psychiatric disorders that physical disorders are significantly greater for those with any psychiatric disorder over the 16 year study period in both physician billing and ambulatory datasets. This result differs in the inpatient / emergency dataset in that cases have about 1/3 the number of admissions for physical diagnoses.

Discussion: It was unexpected that cases with a psychiatric diagnosis in the physician billing dataset had fewer physical disorder inpatient and emergency admissions. We suggest that this finding represents a form of system-based stigma.