

Correspondence

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Letter to the Editor

The Journal is to be congratulated on devoting its March 2015 issue to the important issue of youth mental health. Child and adolescent psychiatry must, however, be careful of the current escalation of medicine towards over investigation, over diagnosis and over treatment. Did I detect a slight flavour of this in this issue? The information provided by Harley *et al.* (2015) that one in every five school children aged 12–15 years in an Irish population sample suffered from a current, and over 50% a lifetime, mental disorder may raise eyebrows as to definitions, classifications and diagnostic instruments. More frightening is the editorial assertion that ‘rates of mental disorder are increasing year after year’ and that ‘we are facing an epidemic of mental disorder in the coming decades, unless we rapidly refocus our attention on young people’ (Lyne & Cannon, 2015). I know of no evidence to indicate the validity of these statements given that admission rates for adult mental disorder have been declining for years during a time when today’s adults had far less of CAMHS than the children of today. It has become fashionable for specialists and the media to progress their own interests by the use of the word ‘epidemic’, which, originally used, applied to communicable diseases. Such scare mongering scarcely serves the interests of target populations. Moreover I note, too, the contribution on

Jigsaw provision for mild and ‘emerging’ mental health ‘difficulties’ for young persons ‘who do not require a formal referral to engage with the service’ (O’Keefe *et al.* 2015). This article alleges that CAMHS in Ireland ‘are under resourced and considerable waiting lists have accrued’ composed of those with moderate to severe mental health problems. Taking a global view of scarce governmental resources one may ask where priorities lie as between those with severe difficulties on waiting lists and ‘beyond the scope of Jigsaw’ and those less afflicted.

References

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