

Policy Statement

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Pediatric Mental Health Emergencies in the Emergency Department

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ABSTRACT

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Emergency departments (EDs) are vital in the management of pediatric patients with mental health emergencies. Pediatric mental health emergencies are an increasing part of emergency medical practice. In their capacity as a safety net resource for many health care problems, EDs are increasingly used for mental health visits. A fragmented mental health infrastructure that is critically low in resources and staffing within all sectors significantly contributes to this problem. EDs are tasked to safely and humanely manage children with known mental illness and those with an acute behavioral crisis while using a culturally and developmentally appropriate approach. The ED is tasked to provide initial management and stabilization of patients within the entire spectrum of mental health, from suicidality, maltreatment, and posttraumatic stress to violence, aggression, autistic spectrum disorder, and substance abuse. It is critical that EDs address not only the physical but also the mental health needs of patients during and after mass casualty incidents and disasters. Yet many ED providers often believe that they do not have the required training and expertise to serve beyond the capacity of a frontline resource or provide crisis management for mental health emergencies. Robust coordination with the mental health community is therefore essential for the management of

these patients across the continuum from crisis management to ongoing care. The American College of Emergency Physicians (ACEP) supports the following actions: advocacy for increased community mental health resources and linking them to the medical home, EDs, and inpatient psychiatric hospitals, as well as improved pediatric mental health tools for the ED, increased mental health insurance coverage, and adequate reimbursement at all levels; acknowledgment of the importance of the child's medical home and its role in managing crisis events; development of community paramedicine programs for accurate assessment and triage of behavioral health crises; and promotion of education and research for mental health emergencies.

INTRODUCTION

Pediatric mental health emergencies constitute a large and increasing segment of pediatric emergency department (ED) volume. The ED therefore plays a critical role in the evaluation and management of children and adolescent patients with mental health emergencies. Community mental health resources have become diminished and, in some regions, disappeared entirely through inpatient bed shortages, private and public health insurance changes, reorganization of state mental health programs,¹ and shortages of providers who specialize in pediatric mental health.² These changes have resulted in critical shortages for both inpatient and outpatient mental health services for children.³ The ED has increasingly become the safety net for a fragmented mental health infrastructure in which the

needs of children and adolescents, among the most vulnerable populations, have not been sufficiently addressed.

EDs should safely, humanely, and in a culturally sensitive manner manage patients with exacerbations of known diagnosed mental illnesses, as well as those with developmental delay, autistic spectrum disorders, and attention-deficit hyperactivity disorder, or those in behavioral crisis. EDs also should identify and manage patients with previously undiagnosed, undetected, or emerging mental health–related conditions such as suicidal ideation, depression, escalating aggression, substance abuse, and posttraumatic stress disorder. Given the broad scope of mental health emergencies, EDs need to also consider and be able to treat mental health manifestations of trauma, physical and sexual maltreatment, and community and domestic violence. Violence-related situations may involve pediatric victims, pediatric-aged perpetrators of violence, or both. In many states, adolescents can seek and receive care for mental health issues and drug or alcohol use without parental involvement, and EDs should maintain confidentiality unless the child is at risk of harming himself or herself or others. The ED must also recognize the primary support role of the family and caregivers in all phases of pediatric mental illness.

EDs also play a critical role in mass casualty occurrences and disasters and must address the unique mental health needs of children during and after these events. A strong and increasing body of evidence indicates that emotional and physical trauma to children can cause neurochemical and structural brain changes, resulting in posttraumatic stress disorder, and this can affect some children into their adult lives.^{3–14} Emotional trauma may be ameliorated by timely, culturally appropriate, pediatric-specific stress intervention that may be implemented in the initial hours after the trauma.^{15,16}

The epidemiologic and outcome data on pediatric mental health emergencies are insufficient, but there is evidence that pediatric mental health concerns are commonly unaddressed.^{17,18} Pediatric mental health emergencies are frequently not recognized as such, presenting initially as trauma or somatic complaints, and are therefore underrepresented in the existing data.^{19–22} The challenges to an already overburdened ED “safety net” are to provide safe, humane, and culturally and developmentally sensitive triage, diagnosis, stabilization, initial management, and treatment and referral for a broad spectrum of mental health emergencies, working within a mental health infrastructure in crisis.

Early identification and intervention can aid in preventing the emergency behavioral health crisis. This in turn has been shown in some community-based programs to effectively decrease admission rates and decrease the length of ED stays.²³ Some emergency medical services agencies have developed community paramedicine programs to more accurately assess and triage behavioral health crises to effect optimal delivery of care.^{24,25} In this regard, the patient may access the medical home for direct behavioral health referral, thus avoiding the ED as a needed intervention.²⁶ Such efforts would alleviate an already strained emergency system that currently experiences excess boarding rates for behavioral health patients when the skilled mental health team is not available.

Pediatric mental health emergencies are best managed by a skilled, multidisciplinary team approach, including specialized screening tools,²⁷ pediatric-trained mental health consultants, the availability of pediatric psychiatric facilities when hospitalization is necessary, and an outpatient infrastructure that supports pediatric mental health care, including communication with the primary care physician and timely and appropriate ED referrals to mental health professionals.²⁸

The American College of Emergency Physicians (ACEP) supports the following actions:

1. Advocacy for adequate pediatric mental health resources in both inpatient and outpatient settings, including the availability of prompt psychiatric consultation for ED psychiatric patients, as well as school and community mental health services, including adequate mental health screening.
2. Development of mechanisms for the ED to train all ED staff in dealing with unique pediatric mental health issues and to properly recognize and respond to cases, including violence in the community, physical trauma, domestic violence, child maltreatment, mass casualty incidents and disasters, suicides, and suicide attempts.
3. Appropriate reimbursement for both inpatient and outpatient pediatric mental health services.
4. Development of cross-institutional transfer agreements with specific mental health facilities to simplify the process of bed search and placement for patients requiring inpatient mental health care. Such efforts should be directed toward limiting ED length of stay and boarding.
5. Acknowledgment of the importance of the child’s medical home to his or her continued well-being.

including prevention, screening, crisis intervention, and treatment of mental health issues.²²

6. Advocacy for comprehensive insurance coverage for pediatric mental health to include provision of services for the uninsured, as well as expansion of coverage to include mental health services for individuals who are insured.
7. Advocacy for community-based behavioral services using a patient-centered approach to identify and manage behavioral health concerns before development of an emergency condition. This includes efforts directed toward ED screening to identify suicide risk and methods of suicide prevention.
8. Advocacy for additional research funding dedicated to pediatric emergency mental health issues.

Promotion of education and research for mental health emergencies, specifically:

- To expand the data on epidemiology, best practices, treatment outcomes, and cost-effectiveness of management of pediatric mental health emergencies in the ED
- To evaluate the adequacy of patient access to pediatric mental health services
- To evaluate children with behavioral crisis and to understand gaps in primary care and community resources
- To develop mental health support networks that minimize reliance on acute crisis management
- To develop and validate accurate pediatric mental health screening tools for use in various settings and best practices for follow-up programs for pediatric mental health patients
- To acknowledge and support community-based integration of services using tools such as telemedicine and paramedicine programs, with personnel adequately trained to identify and assess crisis events for appropriate triage and transport of patients to behavioral health crisis facilities as an alternative to emergency medical care facilities
- To enhance the pediatric mental health educational needs of practicing emergency physicians and the curriculum for emergency medicine and pediatric residency training programs and pediatric emergency medicine fellowships

An earlier version of this policy statement has been approved by the American College of Emergency Physicians Board of Directors and the American Academy of Pediatrics Board of Directors.²⁹

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