

# BEHAVIORAL HEALTH EMERGENCIES

**Author:** Patricia A. Normandin, DNP, RN, CEN, CPN, CPEN, Boston, MA

**Section Editors:** Joyce Foresman-Capuzzi, MSN, RN, CCNS, CEN, CPN, CTRN, CCRN, CPEN, AFN-BC, SANE-A, EMT-P, and Patricia A. Normandin, DNP, RN, CEN, CPN, CPEN

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An 8-year-old boy is brought to the emergency department by his mother after he threatens her with scissors. Another young child is brought to the emergency department because her teacher noted scratch marks on the child's arm and the child stated that these marks were intentional. Later in the afternoon, a teenage boy is brought in by the police after he was caught shoplifting and then expressed suicidal thoughts. Yet a different mother brings her 6-year-old son to the emergency department because of behavior problems related to kicking, attempting to bite her, and running away.

The emergency department is an access point for many children in acute mental health crises. A complete medical examination needs to be performed for children arriving with behavioral health emergencies. A psychiatric evaluation should be conducted after a medical cause for their behavior has been eliminated. Families of children with behavioral health emergencies need support from emergency nurses so they are included in their child's plan of care, treatment, and referral. ED nurses are caring for a higher volume of pediatric behavior health emergencies because of their escalating incidence. Pediatric patients with behavioral emergencies tax emergency nurses' time and hospital resources because of the additional complexities involved in safe family care.

Many emergency nurses are faced with caring for children, teenagers, and young adults who are sent to the emergency department for evaluation after behavioral health emergencies. The Centers for Disease Control and Prevention (CDC) has found that millions of American children aged 3 to 17 years live with depression, attention

deficit hyperactivity disorder (ADHD), anxiety, autism spectrum disorders, Tourette syndrome, and other mental health disorders.<sup>1</sup> Pediatric behavioral health ED visits have increased in the United States from 4.4% in 2001 to 7.2% in 2011.<sup>2</sup> Caring for a pediatric behavioral health emergency patient can be stressful for some emergency nurses. The rise in pediatric behavioral health emergencies increases the volume and stress in an already taxed emergency department. Safety for patients and staff is of utmost concern during these behavior health emergencies. Emergency nurses need to have heightened awareness, education, and resources to care for these patients.

Mental health conditions and substance abuse disorders have recently been referred to as mental, emotional, or behavioral disorders.<sup>3</sup> The CDC recently completed a Mental Health Surveillance Among Children to understand the mental health of children in the United States from 2005 to 2011.<sup>3</sup> The CDC reported that children who have achieved developmental and emotional milestones and have healthy social development, effective coping skills, and positive quality of life and can function well at home, in school, and in the community are considered mentally healthy. Emergency nurses need to be aware that behavioral health emergencies have a cost of \$247 billion annually, which is a significant public health concern because of the prevalence, early onset, and impact on the child, family, and community. Suicide was found to be the leading cause of death in children aged 12 to 17 years old in 2010. Suicide is multifaceted but can be caused by behavioral health disorders.<sup>3</sup>

Children are diagnosed with many mental health conditions. Parents of children aged 3 to 17 years report ADHD, behavioral or conduct problems, anxiety diagnosis, depression, autism spectrum disorders, and Tourette syndrome.<sup>3</sup> Many adolescents aged 12 to 17 years reported illegal drug usage, alcohol abuse disorder, and nicotine dependence in the past month. In 2010, persons aged 10 to 19 years had a suicide rate of 4.5 suicides per 100,000 persons. An estimated 8% of adolescents aged 12 to 17 years reported more than 14 mentally unhealthy days in the past month.<sup>3</sup>

Emergency nurses may encounter children brought in by their parents, teachers, social workers, or police because of behavioral/mental health problems. Some children as young as 6 years have been brought to the emergency

Patricia A. Normandin, *Member, Massachusetts ENA Beacon Chapter*, is ED Staff Nurse, Tufts Medical Center, Boston, MA; Adjunct Nursing Faculty, Northeastern University, Boston, MA; and Term Lecturer, Site Clinical Instructor, Massachusetts General Hospital Institute of Health Professions, Boston, MA.

For correspondence, write: Patricia A. Normandin, DNP, RN, CEN, CPN, CPEN, Tufts Medical Center, 800 Washington St, Boston, MA 02111; E-mail: [pnormandinrn@aol.com](mailto:pnormandinrn@aol.com).

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department because of suicidal thoughts and homicidal gestures toward parents or teachers. These situations are stressful for emergency nurses because children are generally thought of as innocent, carefree, and living in supportive and safe households. Emergency nurses need to be vigilant in assessing children for mental disorders because these disorders may result in grave problems at home, in school, and with peer interactions. Mental health disorders are associated with substance abuse, risk-taking behavior, and criminal behavior. It has also been found that 40% of children with one mental health disorder were found to have at least one other mental health disorder—for example, depression and anxiety. Further, it has been found that children with chronic medical conditions may have mental health disorders. Emergency nurses should assess for mental health disorders in children with chronic health conditions such as asthma, diabetes, and epilepsy. It is important for emergency nurses to identify children at risk or who are displaying mental health disorders to provide appropriate treatment and referral to mental health professionals.<sup>2</sup>

The CDC is conducting ongoing surveillance of mental health conditions such as ADHD, oppositional defiant disorder, disruptive behavior disorders, conduct disorders, autism spectrum disorders, depression, anxiety, mood disorders, substance abuse disorders, eating disorders, elimination disorders, and tic disorders.<sup>2</sup> A federal surveillance system on mental health disorders and mental health indicators found that children with ADHD have a higher number of ED visits and unintentional injuries and a higher incidence of alcohol use, tobacco use, and illicit substance abuse.<sup>2</sup>

### **The Role of Emergency Nurses in Emergency Health Care of Children**

The 2007 Institute of Medicine report on pediatric emergency services describes an escalating crisis situation of pediatric mental health problems in emergency medical services.<sup>4</sup> This situation will affect emergency nurses, who will notice a significant increase in the volume of children with behavioral health problems. When assessing a child's behavior, ED nurses must always consider the child's age and developmental stage. Evaluation of a child's behavior includes collateral data on the child's usual temperament, personality, emotional state, defense mechanisms, and family function. Information from family, friends, and teachers can assist the ED nurse during this evaluation. Emergency nurses need to understand that the growth and development of children who have chronic diseases or who have parents with affective disorders can be adversely affected. Incorporating family-centered care is vital to successfully intervening during pediatric behavioral health emergencies.<sup>5</sup>

ED patients should receive a thorough medical and psychiatric diagnostic evaluation for all chief complaints related to behavioral health issues. Although it has been found that children with psychiatric conditions arrive at the emergency department with somatic complaints such as abdominal pain and headaches, each child should receive a complete medical evaluation to exclude a medical condition. Some chronic medical conditions, such as asthma and diabetes, can be made worse with stress and anxiety, which should be considered after medical stabilization.<sup>4</sup> ED nurses need to understand the importance of the child's family and caregivers when caring for children with psychiatric illness. When dealing with adolescents, ED nurses should encourage the family to be involved in the adolescent's plan of care to the extent feasible.

Effective relationships with pediatric mental health consultants are critical for ED staff to appropriately treat pediatric patients who are having a psychiatric crisis. Emergency nurses should encourage psychiatric evaluations and referral for all pediatric patients at risk for a potential acute mental health crisis. Developing a good relationship with each child's family is crucial to appropriately treat children in crisis. In addition, all emergency nurses should incorporate suicide screening for all pediatric patients. If a child arrives with alcohol or drug ingestions, appropriate medical interventions/resuscitative protocols should be initiated first. After the child is stabilized in the emergency department, collaboration should take place with psychiatric services, medical staff, security, and social workers to address behavioral health issues. ED nurses should demonstrate trusting, open, nonjudgmental, and caring behaviors with their pediatric patients. Each nurse must be aware of and comply with reporting laws mandated by their state and local child protective services. If possible, children in psychiatric crisis should have a private room with monitoring equipment that is out of reach. Children expressing suicidal ideation or poor impulse control should have a one-to-one monitor per institution protocol. All children in psychiatric crisis should be assessed to ensure that objects that may cause self-harm are not available. Depending on institution policy, children who arrive in psychiatric crisis are usually allowed to stay in their own clothing after assessment for safety.

### **Age and Developmental Considerations During Pediatric Behavior Health Assessments**

Developmental considerations for infants and toddlers are to maintain the quality of attachment between parent and child. Inadequate parent attachment can be caused by parental affective disorders such as postpartum depression, depression, anxiety disorders, character pathology,

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