The State of Emergency Child and Adolescent Psychiatry: Raising the Bar

Megan M. Mroczkowski, MD[a,*], Jennifer Havens, MD[b,c]

KEYWORDS

- Emergency child and adolescent psychiatry • Systems of care
- Pediatric emergency departments • Telepsychiatry programs
- Child psychiatric evaluation and treatment planning

KEY POINTS

- There are several innovative systems of care in place to care for children and adolescents in psychiatric crisis.
- This article outlines innovations in the pediatric emergency department, specialized child and adolescent psychiatry emergency programs, telepsychiatry programs, and community-based mobile crisis programs.
- These models may serve as inspiration and blueprints for systems-based improvements in child and adolescent psychiatric emergency care throughout North America.

INTRODUCTION

Emergency departments (EDs) struggle with growing numbers of young people presenting in psychiatric crisis that continue to climb, with striking increases in children of younger and younger ages.[1] More specifically, from 2006 to 2011, although all-cause hospitalizations did not increase for children ages 10 to 14, ED visits for mental health conditions increased by 21% and hospitalizations for mental health conditions increased by approximately 50%.[1] Suicide is now the second leading cause of death in adolescents[2] and suicidal ideation and behavior have significantly increased in children and early adolescents presenting to EDs.[1] Coupled with the shrinking capacity for inpatient psychiatric hospitalization, EDs are challenged to safely and effectively manage children in psychiatric crisis, and boarding in EDs and on pediatrics units is

Financial Disclosures: Dr J. Havens serves on the Clinician Advisory Board of Mindyra.

[a] Columbia University Medical Center, 3959 Broadway, MSCH 619C, New York, NY 10032, USA; [b] Department of Child and Adolescent Psychiatry, NYU Langone Health, One Park Avenue, 7th Floor, New York, NY 10016, USA; [c] Department of Child and Adolescent Psychiatry, Bellevue Hospital Center, 562 First Avenue, 21st Floor, New York, NY 10016, USA
* Corresponding author.
E-mail address: mmm2323@cumc.columbia.edu

Child Adolesc Psychiatric Clin N Am ■ (2018) ■–■
https://doi.org/10.1016/j.chc.2018.02.001 **childpsych.theclinics.com**
1056-4993/18/© 2018 Elsevier Inc. All rights reserved.

a common occurrence and represents a tremendous burden for children, families, and health care providers.[3–7] Myriad problems underlie the current state of affairs, including reimbursement, work force and parity enforcement limitations, widespread tolerance of substandard care for this population, and the lack of best practices and guidelines.

Historically, the usual model of ED care for young people was evaluation and disposition from a medical emergency room or psychiatric emergency programs serving primarily adults. Although the latter represents a significant advance in adult psychiatric care driven by high volumes of behavioral health patients clogging adult medical EDs, these programs fail to meet the needs of young patients because psychiatric and nursing staff commonly lack child and adolescent expertise and these programs also expose young people to frightening and unsafe environments. Pediatric EDs provide a more child-friendly environment but they lack safe facilities for the management of psychiatric patients, and the medical and nursing staff generally lack sufficient competencies in behavioral health. The challenges of serving young patients in psychiatric crisis in these settings has been well documented.[3,4,6,8] A study in California reports that more than 50% of young people presenting to EDs for self-injurious behavior left without a mental health evaluation.[9]

Fortunately, child and adolescent psychiatrists, health care systems, and state and local governments across North America have begun to mobilize to address the lack of capacity for high-quality psychiatric emergency care for children and adolescents. In 2016, an emergency psychiatry committee was established at the American Academy of Child and Adolescent Psychiatry, which links and supports ED providers across the United States and Canada as they work to improve services in their communities. This is an important development because shared expertise and advocacy are important in moving health care systems to invest resources to develop appropriate services for youth in psychiatric crisis. The delivery of mental health services is associated with low rates of reimbursement relative to medical and surgical services, which presents a barrier to enhancement and expansion in health care systems increasingly motivated by the bottom line. In addition, ED services are generally associated with low collection rates and are justified by the need to fill hospital beds. In an era when contraction or elimination of child psychiatry beds in general hospital settings is the norm, there is little motivation other than quality concerns to invest in these services. Behavioral health disorders, however, are the major morbidity and mortality in an otherwise generally healthy population, children and adolescents. The public health crisis of youth suicidal and self-injurious behavior necessitates pushing health care systems beyond financial calculations and holding them to quality and safety standards that are so central to their mission.[10]

Over the past 5 years, service developments improving the quality of child psychiatric emergency care have been implemented in a variety of arenas, providing a strong framework for dissemination to additional sites. These include adaptations and enhancements to psychiatric emergency care delivered in pediatric EDs, with the development of dedicated space and behavioral health staff as well as the implementation of clinical pathways standardizing assessment, intervention and disposition. This is a basic and first step, acknowledging that the management of behavioral health disorders is part of the central role of pediatric EDs. As volumes and acuity increase, relying on the historically inadequate systems of care must become an aberration rather than the norm. Considerable effort must be made to demand and develop structural reimbursement systems that adequately support emergency psychiatry care in EDs.

Download English Version:

https://daneshyari.com/en/article/8809389

Download Persian Version:

https://daneshyari.com/article/8809389

Daneshyari.com