

# Current Pediatric Emergency Department Innovative Programs to Improve the Care of Psychiatric Patients

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## KEYWORDS

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## KEY POINTS

- For many families, emergency departments (EDs) are the first point of entry into the mental health (MH) system.
- The ED is a suboptimal environment for many children/adolescents in MH crisis.
- Establishing multidisciplinary teams within EDs to manage children with MH conditions creates opportunities for early identification, symptom recognition, and appropriate interventions, while supporting and ensuring appropriate care transitions.

The Centers for Disease Control and Prevention recognized the significance of mental health (MH) disorders among children and estimate that 22% of children have or have had a serious mental health disorder.<sup>1–3</sup> Although the numbers of children and adolescents with MH conditions continue to increase, only 36% receive MH services and only 40% with severe impairment receive care.<sup>4</sup> MH treatment of the pediatric population is often fragmented and difficult to access because of insufficient outpatient and inpatient treatment options.<sup>5,6</sup> Years of substandard funding has also contributed to a deficiency in qualified MH providers.<sup>6</sup> Barriers to accessing MH care services have resulted in inadequate provision of MH services for both adults and children in the community and often leads them to seek care in emergency departments (EDs).<sup>7</sup>

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Approximately 6 to 9 million children are diagnosed with a significant emotional disorder, with more than half a million children presenting to the ED for treatment/stabilization of their MH condition.<sup>8</sup>

Child and adolescent psychiatric emergencies have been described as a national crisis.<sup>9</sup> The number of youth visits to EDs for MH conditions has steadily increased across the United States. Pediatric Health Information System data confirms that visits for MH conditions increased by 40% between 2009 and 2013, from an initial rate of 9.3 visits per 1000 to 13.7 visits per 1000 in 2013.<sup>10</sup>

As described earlier, EDs have become the safety net for a growing number of children and adolescents presenting with MH conditions. Families with children in crisis often seek treatment from EDs as their first point of entry into the MH system.<sup>11</sup> These patients often require care and resources beyond the capacity of most EDs.<sup>12</sup> In addition, EDs are highly stimulating environments that can lead to deterioration and exacerbation of symptoms, especially for patients with complicated mental illness. For most patients with MH, the ED is a suboptimal environment during times of crisis.<sup>13</sup>

The American Academy of Pediatrics recently published 2 clinical reports offering guidance to pediatric ED (PED) clinicians caring for children in MH crisis. The guidelines (part I and II) provide educational support in addressing common clinical challenges and emphasizes the importance of discharge planning and specifically suggests coordinating care with the medical home on discharge.<sup>14,15</sup> Although many clinical reports and guidelines address the issues of provider competency in caring for children with MH conditions, there is limited evidence-based practices to address the increasing numbers of children/adolescents presenting to the ED in crisis. Most of these children/adolescents are discharged from the ED, but return visits are common. Recidivism rates ( $\approx 45\%$ ) can be attributed to a variety of known risk factors, including female sex, mood disturbances, use of psychotropic medications, past and present utilization of MH services, the social determinants of health, and involvement in the child welfare system.<sup>16,17</sup> However, less is known about the difficulty in accessing and securing follow-up MH services and its impact on ED utilization and recidivism. EDs that can facilitate early interventions and linkages to MH services and community resources may potentially reduce subsequent crisis, reduce recidivism rates, and most importantly have a profound influence on short- and long-term behavioral health outcomes.<sup>6</sup>

It is recommended that EDs develop feasible, site-based interventions for MH patients that will improve linkage to community services and resources. Collaboration among ED providers, public health agencies, MH providers, and other stakeholders is critical to generating a body of best practices for ED-based acute psychiatric care.<sup>18</sup>

Establishing multidisciplinary teams within the ED to manage children with MH conditions creates opportunities for early identification, symptom recognition, and appropriate interventions, while supporting appropriate care transitions.<sup>19</sup> Increasing linkages to MH services following ED discharge is crucial for children, especially those presenting with suicidality.<sup>20,21</sup>

In an effort to address MH access and improve quality and efficient management of children/adolescents burdened with MH conditions, the authors describe ED projects that target this vulnerable population. Five North American hospitals/health care systems volunteered to feature ED projects that address postdischarge follow-up for pediatric MH emergencies: Allina Health, Nationwide Children's Hospital, Children's Hospital of Eastern Ontario, Connecticut Children's Medical Center, and Rhode Island Hospital. The authors surveyed each site on the following: project descriptions/histories, goals, data/results, and lessons learned. The authors think that this information will help stimulate discussions and inspire innovations that will inform the design of

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