



Critical Crossroads: Pediatric Mental Health Care in the Emergency Department

A Care Pathway Resource Toolkit

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Vision: Healthy Communities, Healthy People



Agenda

- Background
- Critical Crossroads
 - EMSC
 - Partners and Collaborators
 - Methods
 - Overview of Toolkit
- Key Take-a-ways



Health Resources and Services Administration (HRSA)

Mission: To improve health outcomes and address health disparities through access to quality services, a skilled health workforce, and innovative, high-value programs.



HRSA Maternal and Child Health Bureau (MCHB)

Mission: To improve the health and well-being of America's mothers, children, and families.



HRSA Background

- **Health Resource and Services Administration's agency-wide effort in Mental Health**
- **Collaboration:** HRSA MCHB and FORHP
- **Purpose:** Critical Crossroads: To improve emergency care for children in mental health crises.
- **Product:** Critical Crossroads Toolkit



Background/Need

- **One in five** youth experiences a mental disorder at some point during their lifetime.
- **One in 10 youth** will experience a serious emotional disorder (SED) that will significantly impact their ability to function at home, in school, or in the community.
- Suicide is the **second leading cause of death** for children 10-14 years old and adolescents 15-19 years old.



Background/Need

- ED child utilization for suicide attempts and ideation **doubled between 2007 and 2015**
- 2013 National Pediatric Readiness Assessment:
 - 47% of hospital EDs have a children's mental health policy, only 33% in rural areas.
 - > 50% of hospital EDs have designated transfer guidelines, only 38% in rural areas.
- Many not receiving needed comprehensive treatment for pediatric mental health visits
- **Often discharged without guided referrals** for mental health specific follow-up care.



Collaboration: Rural Health

- Partnership
- Across all contexts
- Gaps in best practices in rural setting
- Inclusion of case stories from hospitals throughout rural regions of US



Emergency Medical Services for Children (EMSC) Program

EMSC Legislative Mission

Improve and expand emergency medical services for children who need treatment for trauma or critical care



Formulation of Critical Crossroads Project

- Established to assure cross-department collaboration to improve emergency care for children in mental health crisis.
- A federal working group was formed.
- Expected outcomes:
 - Strengthened federal partnerships and stakeholder engagement to enhance alignment and coordination in efforts to improve emergency care for children in mental health crisis.
 - The creation and dissemination of a tool to help improve the quality of emergency medical care for children and youth experiencing mental health crisis.



Partners: Federal Working Group

U.S. Department of Health and Human Services

Health Resources and Services Administration:

- Christy Edwards, FORHP
- Lorah Ludwig
- Kristin Martinson, FORHP
- Theresa Morrison-Quinata
- Erin Reiney, MPH
- Alexander Ross, Sc.D, OPAE

Indian Health Service

- Pamela End of Horn, MSW, LICSW
- Chris Fore, PhD

National Institutes of Health

- Jeremy Brown, MD
- Lisa Horowitz, PhD, MPH
- Valerie Maholmes PhD, CAS

Administration of Children and Families

- Beth Claxton, MSW

Substance Abuse and Mental Health Administration

- Savannah Kidd, MFT
- Richard McKeon, PhD, MPH
- Elizabeth Sweet

Office of the Assistant Secretary for Planning and Evaluation

- Joel Dubenitz, PhD

Center for Disease Control and Prevention

- Rebecca Bitsko, PhD
- Jennifer Kaminski, PhD

Office of the Assistant Secretary of Preparedness and Response

- Daniel Dodgen, PhD

U.S. Department of Transportation

National Highway Traffic Safety Administration:

- Cathy Gotschall
- Katherine Elkins
- Jon Kromer, MD

U.S. Department of Justice

Office of Juvenile Justice

- Catherine Pierce



Partners: Expert Review Panel

- **Joan Asarnow, PhD, ABPP**, Professor of Psychiatry & Biobehavioral Sciences, Director, UCLA Youth Stress & Mood Program, Director, SAMHSA Center for Trauma Informed Adolescent Suicide, Self-Harm & Substance Abuse Treatment & Prevention
- **Thomas Chan, MD, MPH, FAAP**, Associate Professors, Departments of Emergency Medicine and Pediatrics, Associate Director of Clinical Research, Department of Emergency Medicine, Assistant Dean, Office of Admissions, The Alpert Medical School of Brown University, Attending Physician, Emergency Department, Hasbro Children's Hospital
- **Susan Duffy, MD, MPH**, Associate Professor, Emergency Medicine and Pediatrics, Alpert Medical School of Brown University, Director Pediatric Special projects, Department of Emergency Medicine, Attending Physician, Pediatric Emergency Medicine, Hasbro Children's Hospital
- **Kathleen Donohue, MD**, Director, Lifespan Child Emergency Psych Services
- **Vera Fesec, MD**, Pediatric Emergency Psychiatry | Cohen Children's Medical Center, Assistant Professor | Psychiatry and Emergency Medicine | Hofstra-NYSU School of Medicine, AACAP
- **Ken Gramyk, MD, FACEP**, President Lake Pend Oreille Emergency Medicine
- **Jacqueline Grupp-Pfeifer, MD**, UCSF Department of Emergency Medicine
- **Hilary Hewes, MD**, Pediatric Emergency Medicine, University of Utah
- **John Hoyle, MD, FACEP, FAAP**, Professor, Depts. of Emergency Medicine and Pediatrics and Adolescent Medicine, Western Michigan University, Homer Stryker, MD School of Medicine
- **Charles Macias, MD, MPH**, Executive Director, National EMS for Children Innovation and Improvement Center Chief Clinical Systems Integration Office, Texas Children's Hospital
- **Rachel Stanley, MD, MHA**, Division Chief, Emergency Medicine, Associate Professor of Pediatrics, The Ohio State University, Nationwide Children's Hospital

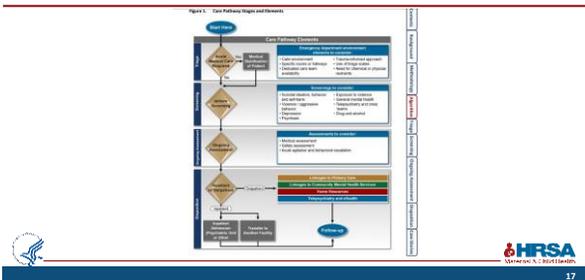


How to Navigate the Tool

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Care Pathway Algorithm



Triage: Page 8



Screening: Page 10



Table 1. Suicidal Ideation, Behavior, and Self-Harm Screening Tools

Screening Tool	Use and Questions	Availability	Additional Details
All Suicide Screening Questionnaire	4 questions about risk factors and 5 questions about suicidal ideation.	Free. Full booklet is available online.	Well-tested screening tool designed to assess major forms of established suicide risk factors, with three addressing suicidal ideation in a way targeted to youth with medical concerns (Ballard et al., 2012; Henricks et al., 2012). It is recommended for pediatric patients in the ED for any visit type (Blalock, Hagler & Auerwe, 2016; Henricks et al., 2015). Validated for use in adolescents in the ED setting (Fleer, Harker, Saggis & Adams, 2018).



Resources to Support Pre-Post Screening Actions: Page 19

- Crisis Support and Mobile Crisis Teams
- Team Based Provider Approach
- Tele-Behavioral Health

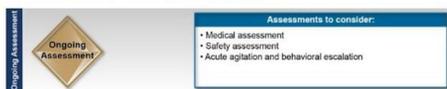
Table 8. Pediatric Mental Health Team Members, Roles, and Outcomes

Team	Members, Role and Outcome
Rapid Response Team (RRT)	Members: One pediatrician, one psychiatric nurse, and other health professionals (for example, a social worker, an educational specialist, or an art therapist). Role: Assess patient and family members for suicide youth within 72 hours of the ED visit and provide appropriate treatment and support and Outcome: No statistically different outcomes compared to a control group, but costs in the hospital and family were lower (Larson & Gierlach, 2016).
Child Guidance Model	Members: Master's level psychiatric social worker and a board-certified child psychiatrist. Role: One child psychiatrist, social worker, under the supervision of a child psychiatrist, evaluate all children with mental health needs and all children with visits for mental disorders were referred to the child guidance team Outcome: Reduced length of stay and ED costs (Mulligan et al., 2005).



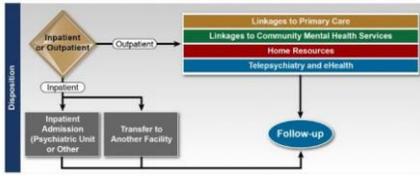
Ongoing Assessment: Page 23

Figure 4. Ongoing Assessment Stage of the Care Pathway



Disposition: Page 25

Figure 5. Disposition Stage of the Care Pathway



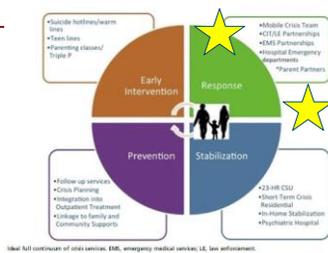
Case Stories: Rural Perspectives

- Emergency Department in the rural Pacific Northwest
- Emergency Department in rural New England
- Emergency Department in a Rural Midwestern State
- Emergency Department in a Regional Hospital in a Rural Midwestern State
- Emergency Department in a Regional Hospital in a Southwestern State
- Urgent Care Facility in Western State
- Emergency Department in a Rural Northwestern State



Key Take-Aways

- An unmet need
- Gaps in Research
- Disproportionate impact in rural, frontier, & native communities
- EMS in the broader continuum of care for children in mental health crisis



Ideal full continuum of care services: EMS, emergency medical services; LE, law enforcement.



Questions or Feedback?

Send to: CriticalCrossroads@hrsa.gov

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