Pediatric Mental Health Issues on the Rise in ED

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Objectives

- To review the incidence/prevalence of MH issues among youth
- To outline the rise in pediatric mental health concerns in ED
- To discuss the role of Psychiatric RN in Janeway ED
- To provide a forum for an open discussion

Facts and Statistics

- 70% of mental health problems have their onset during childhood or adolescence.
- 10-20% of Canadian youth are affected by a mental disorder – the single most disabling group of disorders worldwide.
- Suicide is the second leading cause of death among youth and young adults.
  Suicide accounts for about 12% of deaths among youth aged 10 to 14 and 23% of deaths among youth aged 15 to 24.
- Just 50% of Canadians would tell friends and co-workers that they have a family member with a mental illness, compared to 72% who would discuss a diagnosis of cancer and 68% who would talk about a family member having diabetes.

Reference: Centre for Addiction and Mental Health (CAMH) and Canadian Mental Health Association (CMHA)

MH Visits in Canadian ED

- Rates of ED visits for mental health disorders among children and youth have increased 45% between 2006-2007 and 2013-2014
- The greatest increases in rates of hospital service use for MH visits are:
  among youth 10-17 years old,
  those with mood and anxiety disorders,
  those living in urban areas
- The number of ED visits for intentional self harm among 10-17 year olds increased 45% between 2009-2010 and 2013-2014
- An increase in ED visits for mental d/o among 10-17 year olds during the school calendar year

Reference: Canadian Institute for Health Information

MH visits in United States ED

- From 2001 – 2010 pediatric psychiatric visits in ED in US increased by an estimated 26%

Reference: Society for Academic Emergency Medicine

Janeway ED Mental Health Visits

	2011/2012	2012/2013	2013/2014	2014/2015
Depression/ Suicide/Self Harm	66	319	443	554
Anxiety/ Situational Crisis	16	25	42	64
Mental Health Total Visits	120	397	533	656

Janeway ED Mental Health Visits Past 11 months

- October 2014 – August 2015: 705 patients presented with MH needs
- Average: 64 per month

Research

- There is an ongoing evaluation of the Janeway ED Psychiatric RN Pilot Project by the Applied Health Research Division in the Department of Research, Eastern Health.

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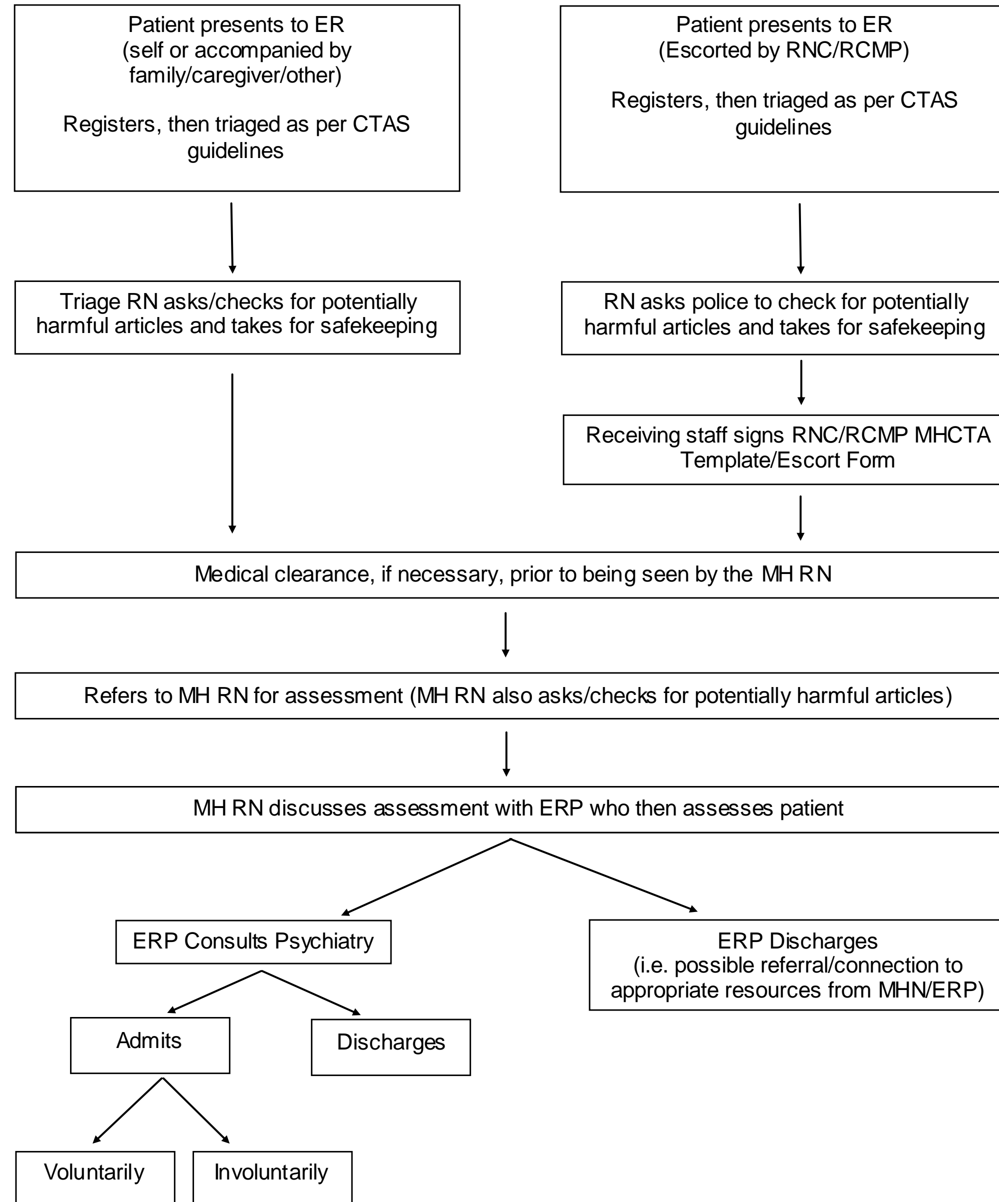
Common Presenting MH Concerns in ED

- Aggression/Disruptive Behavior
- Anxiety
- Decrease in Mood/Depression
- Ingestion/Overdose
- Self-Harm
- Situational Crisis
- Substance Use/Abuse
- Suicide Ideation

Possible Reasons for Increase MH Issues in ED

- Increase prevalence of mental d/o - little evidence to support significant increase
- Increase awareness
- Decrease in stigma - increase willingness of young people and families/caregivers seeking help
- Lack of available of community based supports
- Client not connected with G.P.
- Wait times for MH Counselling and Psychiatry
- Client not taking prescribed medication(s)
- Client not keeping appointments with outpatient MH care provider
- Clients in residential care – policies of organization
- G.P./Guidance Counsellor/M.H. Counsellor recommend client to go to ED
- Increase stressors coupled with decrease coping skills

Algorithm



Four Questions to Consider with MH Assessments in ED

- Why is the child/youth presenting now?
- Is this a true emergency or a caregiver or child/youth defined crisis?
- What are the helpful/unhelpful environmental factors that impact child/youth function?
- Can the child/youth be managed safely and effectively in an outpatient setting?

The Therapeutic Approach - Assessment Process

- Establish Therapeutic Relationship

- Complete Biopsychosocial Assessment includes Assessment of Risk Factors

- Provide Crisis Stabilization/Therapeutic Intervention

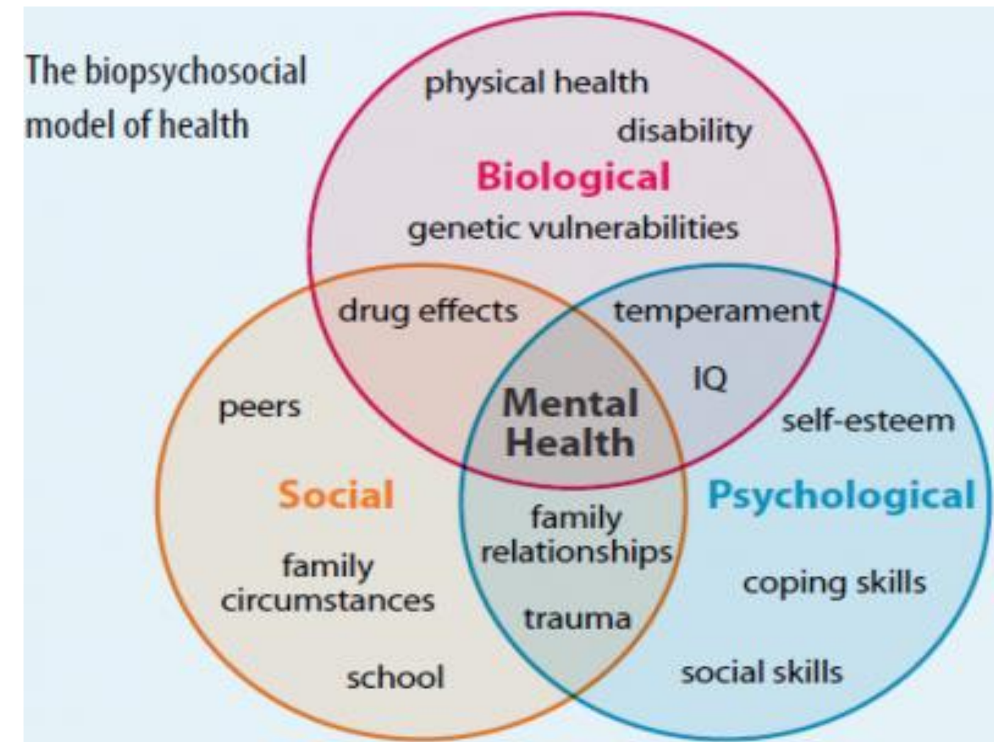
- Refer/Connect to Appropriate Resources

Establish Therapeutic Relationship – the Core of Psychiatric Nursing Practice

- provide basic comfort needs e.g. food
- be self aware
- actively listen
- use observational skills
- use non judgmental approach
- validate feelings

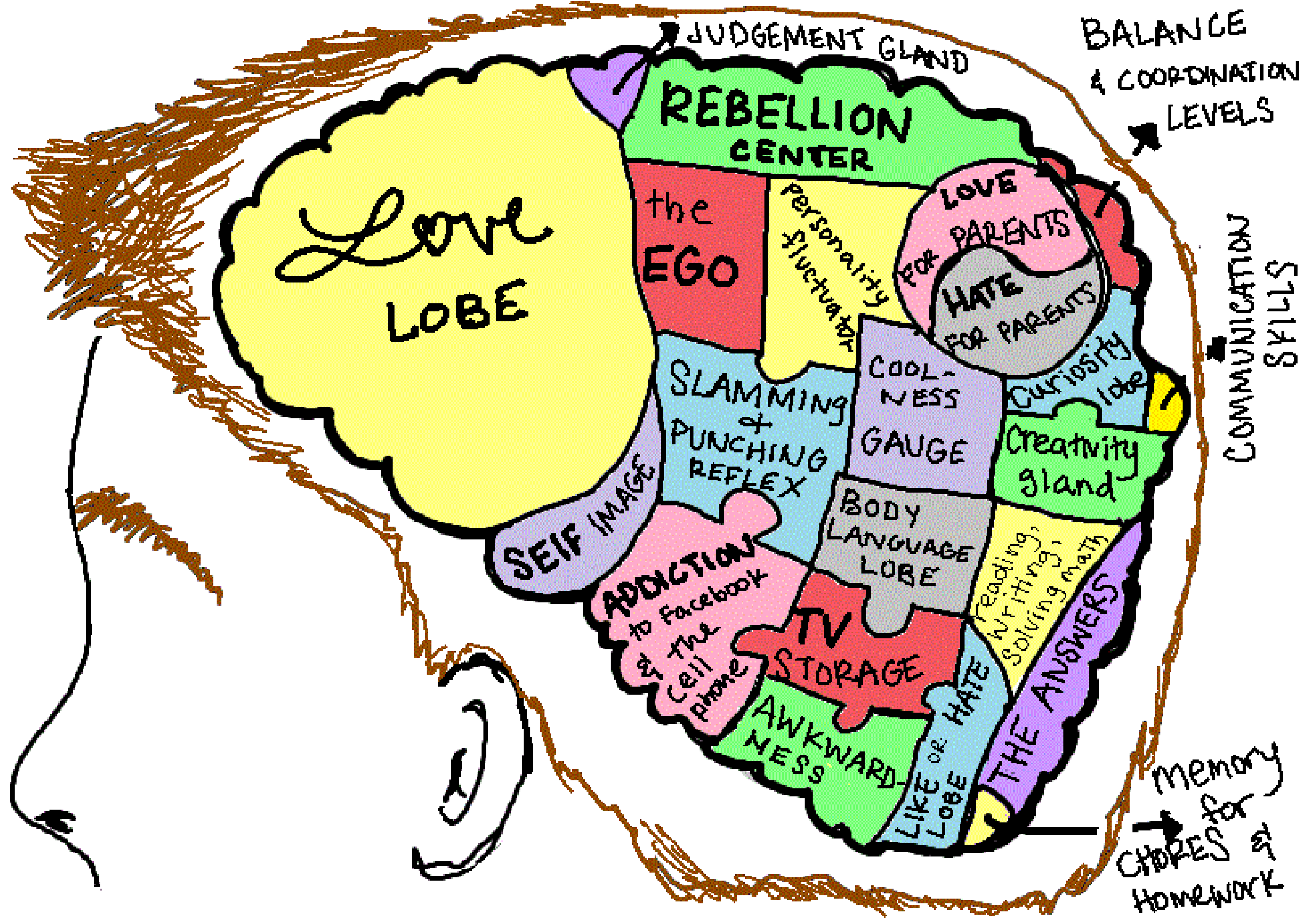
Assess Biopsychosocial Factors

- Interview child/youth
- Collect collateral information from family/caregiver, RNC, SW
- Uncover the acute precipitant of presentation to ED



http://www.physio-pedia.com/Biopsychosocial_Model

THE AVERAGE TEENAGE BRAIN



http://iesin-3eso.blogspot.ca/2015/04/adolescent-brain-development.hltml

Psychiatric Nursing Assessment Form

- General Information – includes Limits of Confidentiality
- Mental Status Assessment
- Suicide Assessment
- Psychological
- Child Protection
- Addictions
- Current Medications
- Systems – Physical/Medical Concerns/Illnesses
- Advance Health Care Directive (over the age of 16 years)
- MHCTA
- Patient/Parent's Expectation of Hospitalization

Assess Suicidal Risk

Are you having thoughts of suicide?
CURRENT FACTORS
Current Suicide Plan
How? How prepared? How soon?
Pain (*Psych-ache)*
Do you have pain that at times feels unbearable?
Resources
Do you feel you have few, if any, resources?
BACKGROUND FACTORS
+ Prior Suicidal Behavior
Have you ever attempted suicide before?
+ Mental Health
Are you receiving or have you received mental health care?

Reference: ASIST Applied Suicide Intervention Skills Training

Provide Crisis Stabilization/Therapeutic Intervention

- Discharge Planning – begins upon arrival in ED
- Validate, Counsel, Educate youth and family
- Discuss safety plan
- Discuss youth/family strengths – Empower youth/family – Promote well-being – Instill hope

http://naturalhealthkids.wordpress.com

Refer/Connect to Appropriate Resources

- Identify resources currently/previously accessed
- Provide resource materials
- Refer to appropriate resources

*Wait time for services via Child and Adolescent Central Intake does not automatically decrease because of visit to ED. Priority is based on symptoms, urgency, impact on ADL, current connection to resources etc. P1-Urgent, P2-Semi-Urgent, P3-Regular

Potential Consult to Psychiatry:

- Serious risk of threat of harm to self or others arising from a mental illness
- Nature and severity of mental illness E.g. Psychosis, acute/persistent SI or HI, initiation/adjustment of medication
- No longer able to be safely/effectively managed as outpatient because of an acute mental illness or exacerbation of a chronic disorder

Benefits of Psych. RN in ED

- Thorough biopsychosocial assessment – benefits patient/family, circle of care
- Therapeutic Intervention for youth/family/caregiver
- Link to appropriate resources
- Provide resource folders, information on websites, apps e.g. www.bridgethegAPP.ca
- Decrease wait time, decrease visit time
- Decrease disruption to therapeutic milieu on inpatient unit
- Resource for ED staff
- Provide support to parents and patients coping with trauma, grief, special procedures

Summary

- Pediatric mental health issues have significantly increased in ED throughout North America

- These clients require a thorough assessment

https://www.cartoons.ac.uk/record/98786/zoom

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ASIST Applied Suicide Intervention Skills Training

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Centre for Addiction and Mental Health (CAMH)

Canadian Institute for Health Information www.cihi.ca

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Questions? Comments?