



## Management of Children and Youth with Mental and Behavioral Health Emergencies

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### **Blog: Family Connections with *Pediatrics***

The mental and behavioral health crisis among children and youth in the US is sadly not new. As families, you have been trying to help your children through it each day since the COVID-19 pandemic turned our world upside down. Growing numbers of children and youth are going to the emergency department (ED) for evaluation of a range of mental and behavioral health (MBH) emergencies, from depression and suicide to disruptive and aggressive behavior.

Sometimes you may not understand what type of care is being offered and why when urgency of a mental health concern requires your child needing to be seen in an ED rather than by their primary care doctor or mental health specialist (if one is involved). Doctors use information and guidance from many sources to decide how to provide care. Not only do they get information from you, your child, and other members of the care team, but they also provide care based on articles and reports. The American Academy of Pediatrics (AAP) Committee on Emergency Medicine has published two reports in this month's *Pediatrics*, an AAP Policy Statement ([10.1542/peds.2023-063255](#)) and an AAP Technical Report ([10.1542/peds.2023-063256](#)), to guide doctors, nurses, physician assistants, and others working in the ED to manage MBH emergencies. The two reports work together to provide an approach to care in the ED, and across all settings, for each child.

### **What is in the technical report?**

The technical report reviews the current evidence and best practices to assess and manage children and

youth with MBH conditions in the ED. It begins by looking at the data and evidence about the type and range of MBH emergencies in the community, as well as many aspects of care in the ED from assessment, testing, and discharge to home. The report is careful to call out special considerations for MBH emergencies – for example, with youth who are incarcerated or those with disabilities, for example. The report closes by pulling out strategies that can be used to address some of the challenges, as well as areas for future research.

### **What is in the policy statement?**

This policy statement lays out ideas for policies and processes that can improve access, care, and remove barriers. Some recommendations call for more funding, while others build on practices in the technical report, and suggest new or improved ideas.

Here is how they are organized and examples for each:

- **Pre-hospital or in the Community:** activate mobile crisis units to go to schools, doctor's offices, and homes
- **Emergency Department:** provide 24-hour professional interpreter services including American Sign Language and interpreters trained in crisis management
- **Community:** advocate for culturally-sensitive and patient-centered community behavioral health services
- **Systems of Care:** create transfer agreements between facilities to prevent a child from waiting in the ED until a place, program or treatment is secured
- **Research:** increase funding to research best practices for screening
- **Future Directions:** create ways to measure quality and access to standard of care for all children and youth

### **What can I do with these reports?**

1. Read them all or look for sections that apply to your child.
2. Use these reports as a way to start talking to your child's doctor, or if need be an emergency doctor, about concerns you have about your child or teen's mental and behavioral health. You can also use it to share about experiences you have had.
3. If you are looking to connect with other families or find out about advocacy, reach out to [The National Federation of Families for Children's Mental Health](#) to find a local chapter near you.