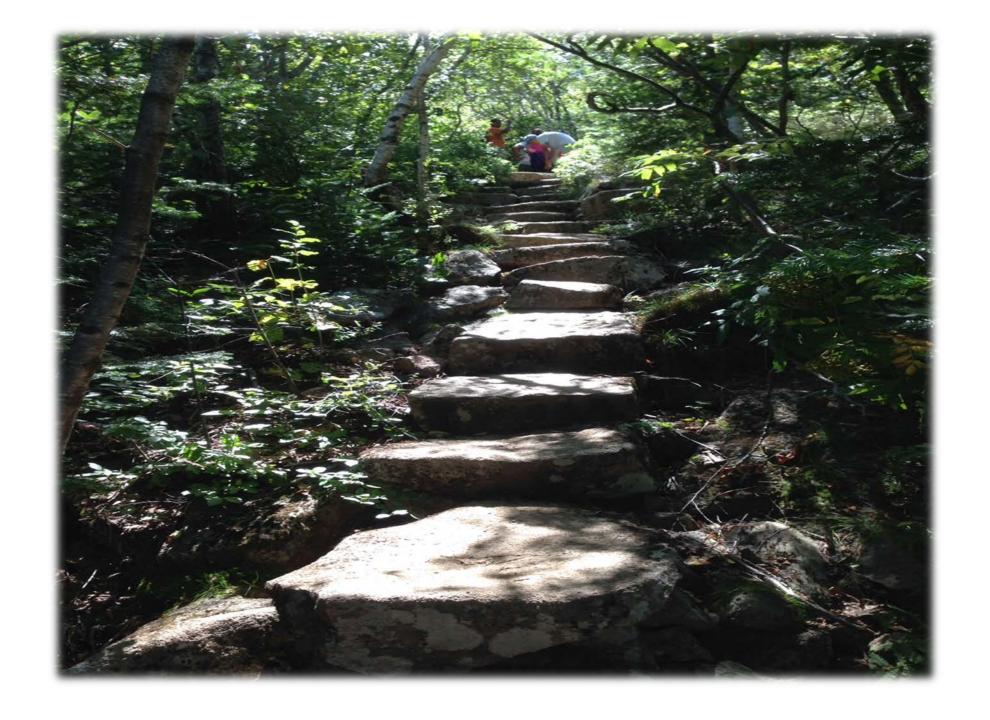# Crisis Services for Special Populations: Children and Adolescents

National Dialogues on Behavioral Health

Kenneth M. Rogers, MD, MSPH, MMM

State Director, South Carolina Department of Mental Health
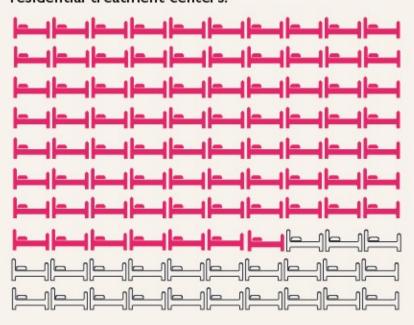
October 22, 2020

History of Crisis/Emergency Services

- Began in the 1960s with the rise of Emergency Psychiatry
- Triggered by deinstitutionalization
- Urbanism
- Social determinants: poverty, unemployment, homelessness
- Accessibility, convenience and anonymity
- 1980s rise of community policing meant that more people were coming into the ED with police rather than family
- Challenges related to the current political climate
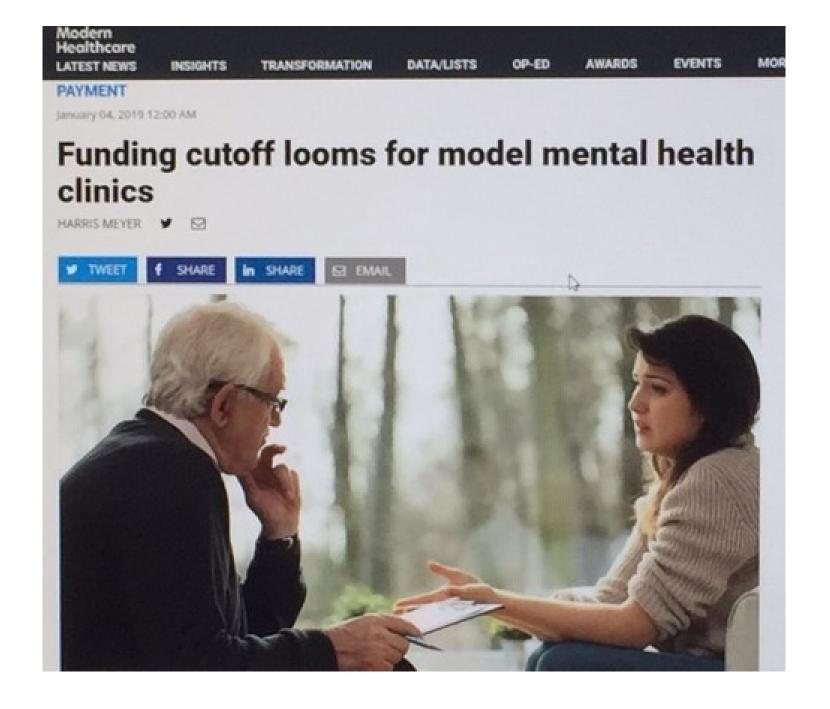 - 1837 Charleston Police Department founded

TREATMENT OPTIONS DOWN

A 2017 study from the National Association of State Mental Health Program Directors looks at U.S. inpatient psychiatric beds, including state and county facilities, hospitals and residential treatment centers:

▼ **77.4%**
in inpatient psychiatric capacity

1970

2014

PAYMENT

January 04, 2019 12:00 AM

Funding cutoff looms for model mental health clinics

HARRIS MEYER ▾ ✉

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Emergency Department Visits

- Overall ED volume has been constant over the past decade, but mental health visits have increased by 60%

- Most low volume have pediatric policies and procedures in place. This is more than 50% of US EDs

- ED visits for suicidal thoughts have doubled in the past decade
  - 580,000 to 1.2 million
  - 4600 die each year as a result of suicide
  - Median age 13, but 43% were ages 5-10
  - Only 2.1% were hospitalized

- Increased disparities in rural areas

Crisis Services Defined

- **24-Hour crisis lines** are often the first point of contact. Telephone crisis services provide assessment, screening, triage, preliminary counseling, and information and referral services.

- **Walk-in crisis services**, such as clinics or psychiatric urgent care centers offer immediate attention. They focus on resolving the crisis in a less intensive setting than a hospital, though they may recommend hospitalization when appropriate.

- **Mobile crisis teams** intervene wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel. Mobile teams may act as gatekeepers for inpatient hospitalization and can also connect an individual with community-based programs and other services.

Independence

Adult Crisis vs Child Crisis

- **24-hour crisis lines** generally do not have child trained providers
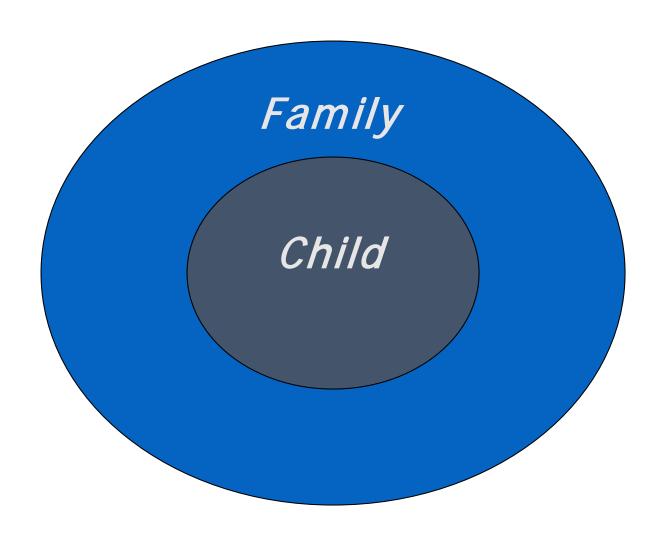
- **Walk in clinics** generally have daytime hours (8:30-5:00)

- **Mobile Crisis teams** may not have the expertise or range of services to address child and adolescent issues

Dependence

Community Systems

Family

Child

Interdependence

Community Systems

Families

Schools

Social Services

Juvenile Justice

Mental Health

Case 1

Mary is a 7-year-old girl who lives with her mother and father in substandard housing in a rural community. Her parents were both 17 years old at the time of her birth. Her mother completed high school, but father dropped out of school upon completion of the 11th grade. Mother has a history of depression that was first diagnosed at age 12. She has had several jobs but has not been able to sustain employment for greater than one year. Father has been working as a mechanic at a local garage, but recently lost his job due to lack of business. The family has struggled with food insecurity as a result of father's job loss.

The child's teacher notice that she was hungry and notified the school social worker who made a report to the local social services agency.

Challenges with Case 1

- The definition of crisis is frequently vague

- Rural vs Urban challenges

- Interface between 3-4 systems that have competing priorities

Case 2

Johnny is a 15-year-old male who was recently detained in a local juvenile justice facility for assault and battery. The incident occurred as the youth was walking home with his mother from the store. Several youth were making inappropriate comments to his mother and he attacked one of the young men in the group.

The youth's older brother, who was a member of a local gang, was shot and killed one year ago. The brother died in Johnny's arms. He did not receive care following the incident. He was was seen at a local juvenile justice facility 6 months ago and diagnosed with Major Depressive Disorder, PTSD, and Cannabis Use Disorder

A school resource officer is called to break up a fight between Johnny and another youth.

Challenges with Case 2

- Safety for others
- Re-experiencing trauma
  - 20% of youth have a mental health disorder
  - 50% of mental health disorder occur before 14 and 75% by age 24
  - 70% of these youth receive no care
  - The delay between symptom onset and treatment is 10 years
    - 37% drop out of school
    - 70% detained in juvenile justice
    - Suicide is the 3rd leading cause of death
- What is the role of law enforcement?
- Issues of race and ethnicity

The Transformation of Child Mental Health

Transformation

- Increasing the presence of telehealth services
- Availability of child trained providers on crisis lines
- Integrated (Whole Person) Care
- Logical funding model for crisis services
- Standardized approach to pediatric crisis services.