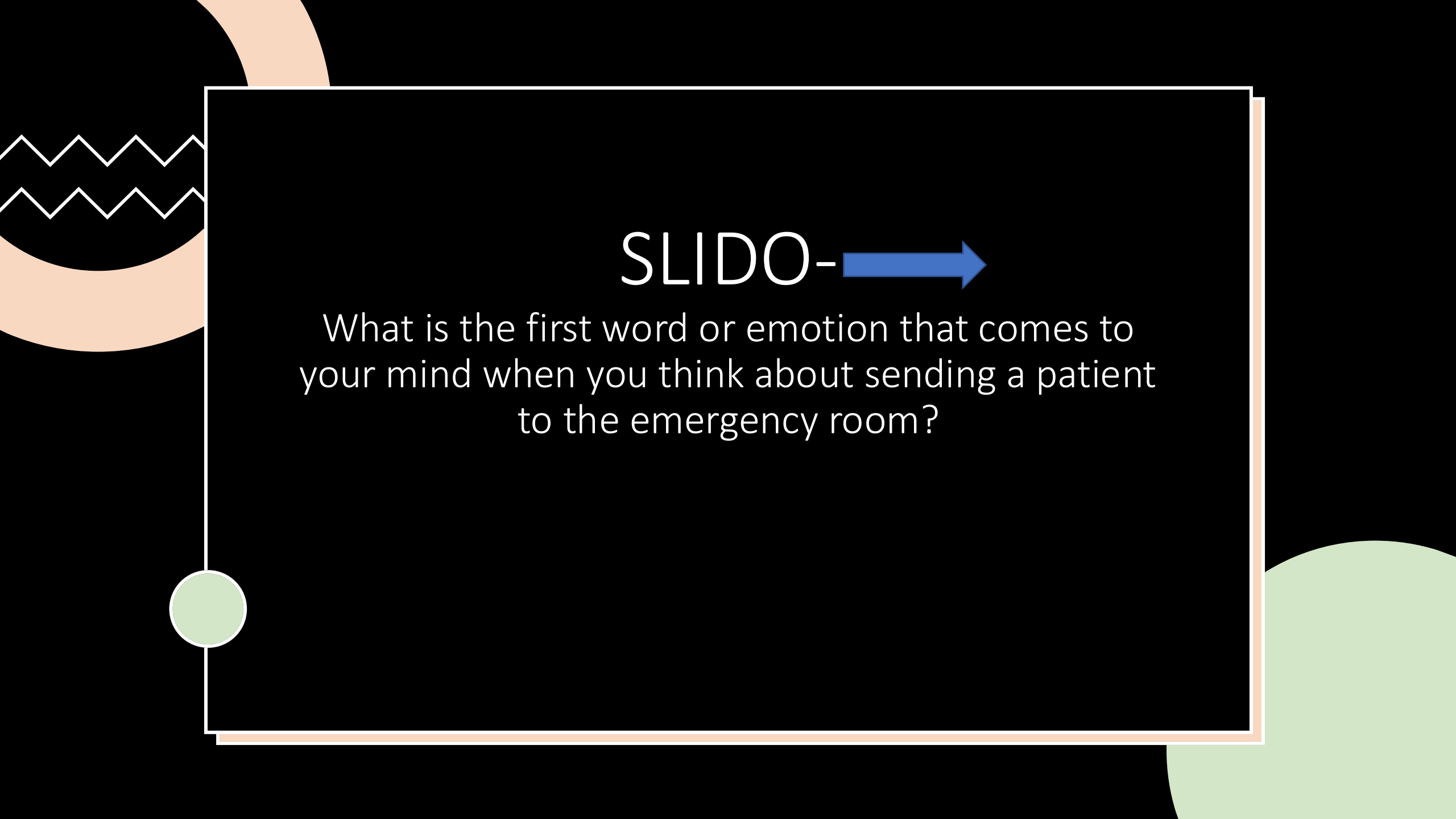



# Friday Night in the Emergency Department

Making sense of Mental Health  
Crises in ED settings

Maryland Behavioral Health Integration in Pediatric  
Primary Care (MD BHIPP)





SLIDO- 

What is the first word or emotion that comes to your mind when you think about sending a patient to the emergency room?

# Flow & Goals of the Webinar

## Introduction and overview

## Case based discussion

- Sharing perspectives
- Sharing expertise

## Identify barriers and opportunities

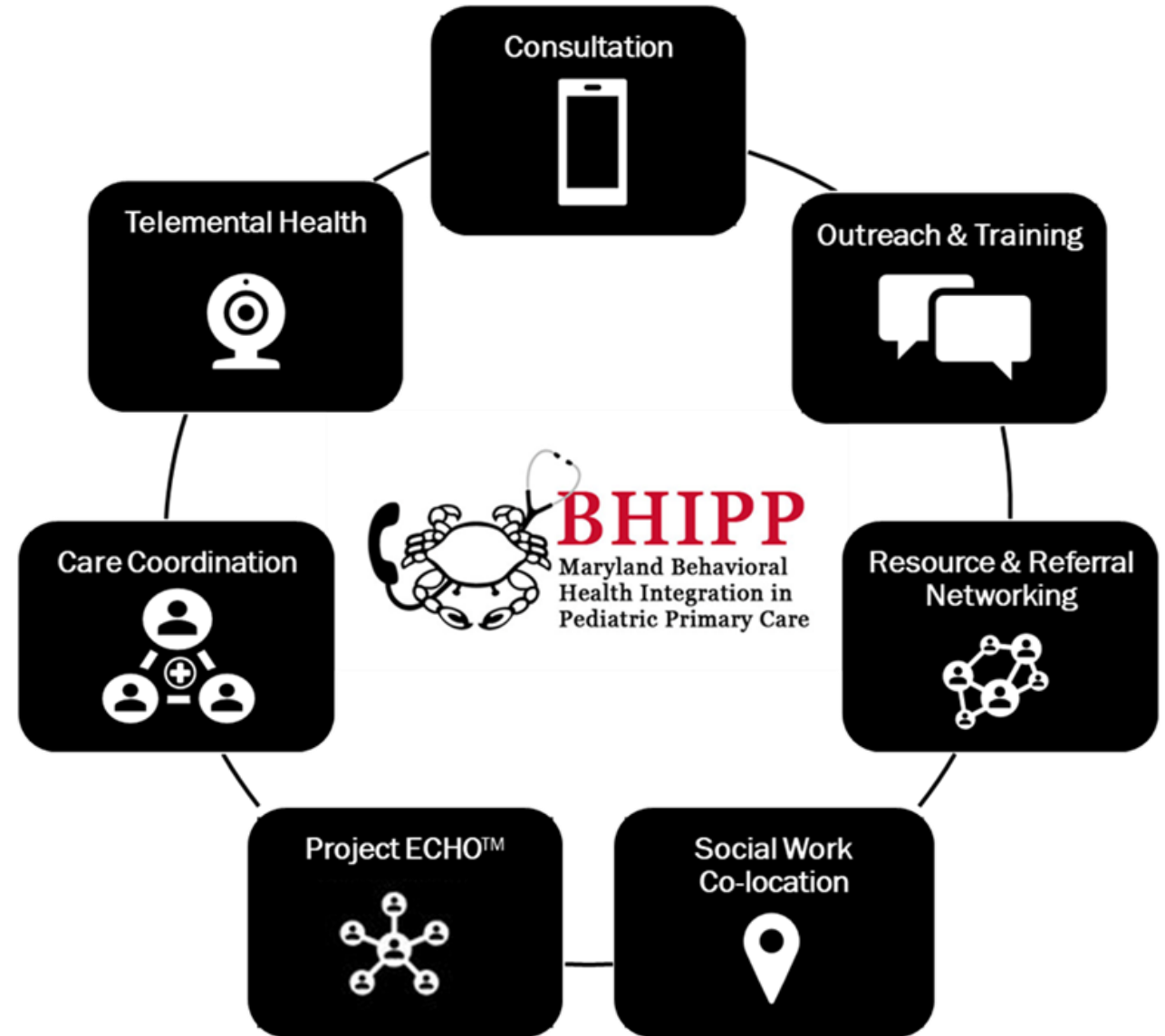
- Facilitating cross talk
- Identifying shared goals

# Learning Objectives

- Learn strategies for addressing a pediatric mental health crisis.
- Understand the importance of a team approach in responding to crisis situations.
- Identify the advantages of collaborating with informal and formal supports that a patient may have in the community.

# Who is BHIPP?

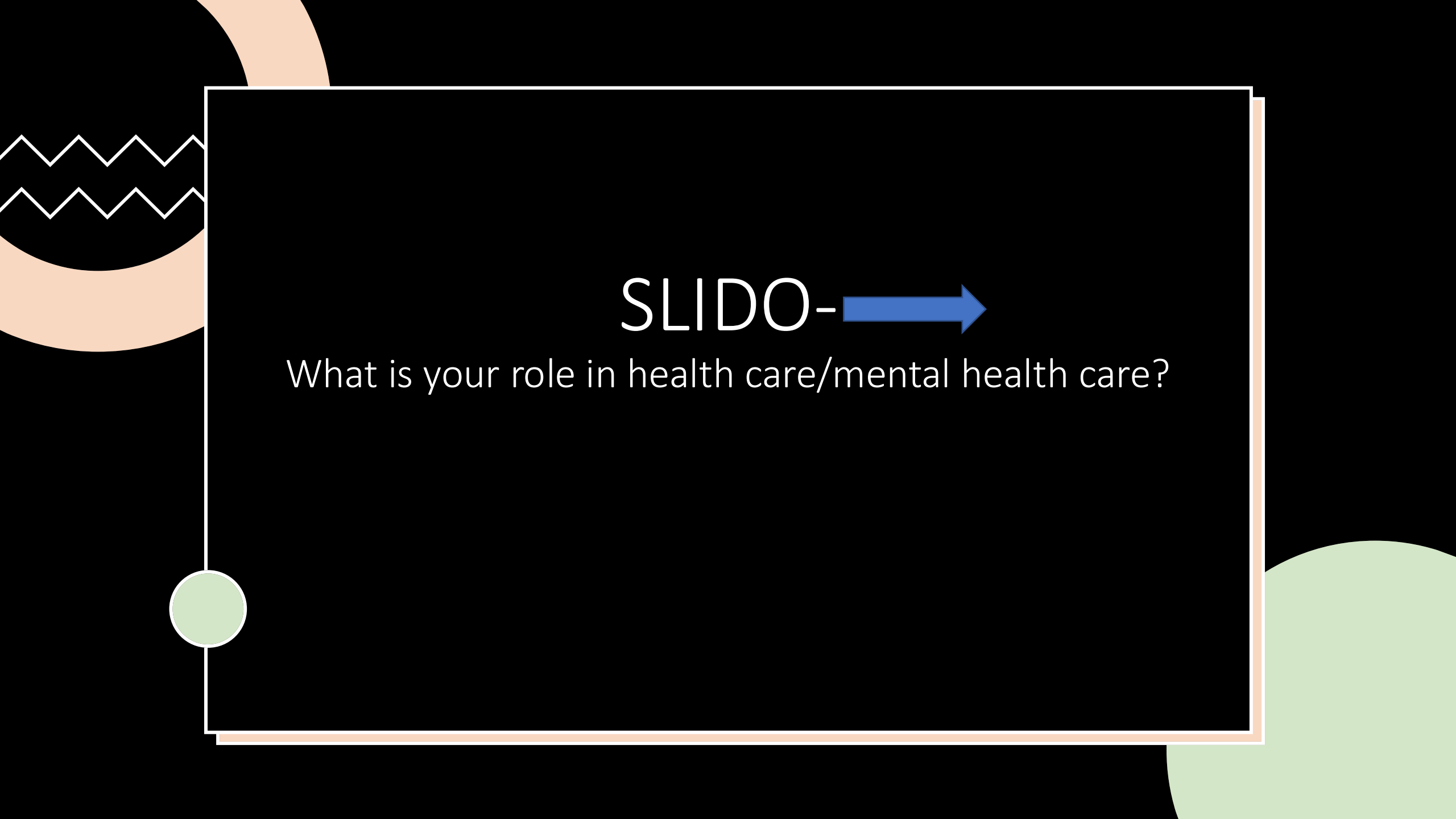
- Offering support to pediatric primary care providers through free:
- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®
- Direct Telespsychiatry & Telecounseling Services
- Care coordination






## Panelists

- Dr. Babalola, Emergency Department Physician
- Joyce Blevins, NP Primary Care, Salisbury
- Alan King, LCPC, Shore Regional
- Dr. Pezor, Child and Adolescent Psychiatrist, Shore Regional



SLIDO- 

What is your role in health care/mental health care?

# Disclosures

Sarah Edwards, DO

- No financial relationship with or interest in an ineligible company

Emily Frosch, MD

- No financial relationship with or interest in an ineligible company

Mark Riddle, MD

- Honorarium from American Academy of Pediatrics for book, *Pediatric Psychopharmacology for Primary Care*

Kathlene Babalola, MD

Joyce Blevins, NP

- No financial relationship with or interest in an ineligible company

Alan King, LCPC

- No financial relationship with or interest in an ineligible company

Laurence Pezor, MD

- Speaker's Bureau with Supernus on the topic of ADHD



# Where are we now

Steady increase in number of youth in mental health crisis

Limited access to providers, services, systems of care

- Location, type of service needed, payment systems

Multiple stakeholders

- Youth/families, Mental Health clinicians
- Primary Care clinicians
- Crisis/ED clinicians, school staff, social service agency staff

Multiple perspectives

- Today's session: outpatient MHCs, PCCs, ED staff, others

# Setting the stage: any given Friday, 3pm...



- ED is hectic
  - Schools are open again
  - Flu, RSV is on the rise
  - Falls, lacerations, MVCs and other acute issues are in full swing
- There are 2 dedicated behavioral health rooms
- There is 1 dedicated mental health clinician 9-5p, M-F
- There is no inpatient or outpatient specific mental health programming at this setting

# Case 1...

Patient is a 15-year-old cis-gender male, prior dxs of ADHD, ODD

- Father died at age 4, lives with mother and 3 younger half sibs.
- Has not been attending school and is smoking marijuana daily.
- Sneaks out during the night, argues with mother, mutual verbal escalation
- Mother has personal hx of MDD
- Prior hx of in-home therapy services, prior hx of stimulant prescription, none currently, family fell out of care over a year ago
- Telehealth visit with PCP, mother requests restarting stimulant, during call, provider witnessing a physical and verbal altercation between pt and mother leading PCP to call for an emergency petition

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Invite PCC's  
views

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# Also Happening in the ED...

## 2 patients held for > 24 hours

- *14yo non-verbal youth with ASD who has been intermittently aggressive with mother, required IM medication on arrival, pacing and easily agitated, Parents present but afraid to take him home*
- *16yo s/p serious ingestion awaiting medical clearance for psychiatric admission, family angry at this 3<sup>rd</sup> attempt*

## 2 additional patients arrived this morning

- *9yo with low IQ and disruptive behavior sent for 3<sup>rd</sup> time this month from foster home, foster parents have left the ED*
- *13yo with chronic self harm (cutting) who burned arm (2<sup>nd</sup> degree burn) during argument with bf*

This patient is calm and cooperative as long as in separate room from parent



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# Invite ED provider views

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# Identify Overlaps/Shared Issues and Concerns

## Critical Components of ED Care

- Concern for any other ingestions, intoxications, withdrawal
- Any acute psychiatric illness that requires inpatient care?

## Critical Components for PCC

- Support for difficulty of tele-visit
- Identify what PCP needs going forward
- Clarify role of stimulant vs other services
- Clarify sequencing of interventions

## Critical Components for Patient/Family

- Separate (if possible) in ED initially, with goal of calmer bringing together
- Clarify concerns for each person
- Identify possible next steps
- Home? Family member's home?
- Clinical resources?

- Safety for patient
- Concern for any physical or sexual assault
- Ensure aftercare plan in place
- Share info re: prior care, family situation, concerns

# Identify Different/Opposing Tensions

Need for inpatient care?

Safety for discharge home?

Who will be responsible for next steps in MH care?

Who will ensure follow up happens?

Other?



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# Potential resolutions

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## Case 2...

- 16 yo transgender girl with 2 prior inpatient stays for affective instability, last >12 months ago, carries diagnoses of Mood NOS, Bipolar Disorder, and MDD according to old records
  - Last seen in outpatient therapy 6 weeks ago, last prescription filled 3 months ago, not taken any medication in 2 months (Lithium, sertraline, methylphenidate)
  - Reported missing by mother 3 days ago after an argument about appearance
  - Has not gone to school or been seen by friends per mother's report
  - Came arrived home looking disheveled and sounding disorganized and mother called 911 who brought to ED

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Invite outpatient  
MH Clinician's  
perspective

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## Plus the patient discussed in Case 1



# Identify Overlaps/Shared Issues and Concerns

## Critical Components of ED Care

- Agency involvement of any kind (e.g. DJS, DSS, CPS...)

## Critical Components for PCC

- Family acceptance of gender identity

## Critical Components for Patient/Family

- Clarify history
- Clarify goals, expectations, concerns re: next steps
- May need acute intervention
  - Inpatient? Options, insurance, voluntary, etc.

- Safety for patient
- Acute psychiatric illness that requires inpatient care
- Evidence of acute intoxication or withdrawal
- Evidence of assault or trauma of any kind
- Clarify prior engagement in treatment

# Identify Different/Opposing Tensions

Need for inpatient care?

Safety for discharge home?

Who will be responsible for reconnecting to MH care?

Will outpatient care setting accept back?

Identifying a support system for youth and family?

Other?

# Potential resolutions?



# BHIPP Crisis

Child mental health specialists will be available Monday - Friday, 9am-5pm (except major holidays) to provide telephone consultation to ED providers and offer the following services:

- Treatment Recommendations
- Medication Review and Management
- Ongoing case review as needed for patients awaiting admission/disposition
- Behavioral and Emotional Support Options and Guidance
- Road Map/Plan for Care
- Care Coordination will connect back to Primary Care Provider of record





# Thank you

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Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

**1-855-MD-BHIPP** (632-4477)

[www.mdbhipp.org](http://www.mdbhipp.org)

Follow us on Facebook, LinkedIn, and Twitter! @MDBHIPP

*For resources related to the COVID-19 pandemic,  
please visit us at [BHIPP Covid-19 Resources](#).*