

Beyond Mental Health Crisis Stabilization in Emergency Departments and Acute Care Hospitals

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A 15-year-old boy with a previous traumatic brain injury arrives in the emergency department (ED) with aggressive behavior. During his ED visit and admission to the inpatient unit, the boy initially requires physical restraints and medications to treat his aggression. A thorough medical evaluation reveals that his behavior is a symptom of constipation. After medical treatment, along with mental health counseling and adjustment of his psychiatric medications, he is discharged from the hospital with outpatient rehabilitation, regular pediatrician visits, and community mental health services. The health care team was able to identify effective physical and mental health treatments using a collaborative multidisciplinary approach.

At least 1 in 5 children experiences a mental health condition during childhood or adolescence,¹ and more children with mental health concerns than ever before require ED and acute hospital care.² Improvements in preventing and treating children's mental health conditions have not kept pace with the remarkable progress in preventing and treating other pediatric illnesses. To illustrate, over the past 2 decades, childhood cancer deaths have declined by 20%,³ and infant mortality rates have reached historic lows.³ During the same time period, adolescent suicide deaths have increased by 1% to 2% each year, and deaths from opioid overdose in young adults have quadrupled.³

Journal:

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