Child Psychiatric Emergencies

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Historically, a major difficulty in providing quality psychiatric care for children has been poor recognition of their special needs. The purpose of this chapter will be to underscore the uniqueness of child psychiatric emergencies. Much of crisis theory has been based on work with adults. Children present special needs and difficulties. Demographic data will be presented in order to familiarize the reader with the field. Clinical data from the author's study at the University of Colorado Medical Center will be presented. A theoretical formulation of child psychiatric emergencies also will be presented.

INCIDENCE OF CHILD PSYCHIATRIC EMERGENCIES

In 1977 five hundred and one hospitals in the United States offered psychiatric services. Forty three percent of these offered emergency psychiatric care for adults. Only a few offered specific child and adolescent emergency care. Errera et al [1] surveyed the psychiatric referrals from the Yale-New Haven Medical Center Emergency Room, and found that 11% of their patients were under 21 years of age, but less than 1% were children under the age of 15 years. Ungerleider [2] reported three hundred eighty seven psychiatric emergencies seen at the University of Cleveland Hospital during a six-month period. They found that less than 7% were under the age of 19, none were under the age of 10 years. Mattsson et al [3] reported that child and adolescent psychiatric emergencies were 0.6% of all emergency room visits as compared to adult psychiatric visits of 3% of the emergency population. Schowalter and Solnit [4] confirmed these figures in their study.
Bristol et al [5] also reviewed the psychiatric emergency room utilization of the Yale-New Haven Hospital, seventeen years after the original emergency study. They found that 20% of the psychiatric emergencies were under 21 years of age, but did not break down the ages further. Shafti et al [6] reported that nine hundred ninety four child psychiatric emergencies were seen over a five year period. However, they do not compare their population to the adult population. Thus, these studies confirm that child psychiatric emergencies do occur but indicate that they are infrequent compared to adult emergencies. It is unclear whether this is a result of the lack of the need or the lack of service provided.

As Visotsky [7] concluded in a progress report on the Task Force of the Joint Commission on Mental Health of Children, the mental health service system “tends to be oriented to the needs of professionals providing services rather than to the needs of the children being served.”

DEMOGRAPHIC DATA

There have been four major studies in the literature reporting demographic data. Comparisons among the studies are difficult since they studied different patient populations, were in different types of clinical settings, used different administration routines to screen patients, and had varying visibility in the community. In addition, each study had its own purpose and therefore individual reporting criteria.

Study I Mattsson, Hawkins, Seese [3]. This study was done in a university teaching hospital where the child psychiatric emergency service was integrated with the pediatrics department. In this study the authors were interested in comparing child psychiatric emergencies to an intake control group from a child guidance clinic.

Study II Morrison & Smith [8]. This study was done in a large metropolitan community psychiatry clinic with a specific children’s emergency service, which took referrals from Cincinnati General Hospital. This study focused on comparing child psychiatric emergencies from this clinic population with those of a private practice population.

Study III Shaffii, Whittinghill, Healy [6]. This study was the most comprehensive, with nine hundred ninety four cases over a five year period. It took place in a child guidance clinic strongly affiliated with a medical school.

Study IV Tarnow & Glenn [9]. This study took place in a child psychiatry clinic in a state university teaching hospital. This study had fewer patients; however, the focus of the study was on the process of emergencies and their resolution.