considerations in developing community children’s mental health emergency service protocols

strategies for system change in children’s mental health: a chapter action kit

Emergency mental health services are a critical component of a comprehensive children’s mental health system. These services typically are provided to children younger than 18 years whose mental or emotional state (1) poses a significant threat to self, (2) poses a significant threat to the safety of others, or (3) poses a significant risk of substantial deterioration in the child’s condition. Within the public mental health system, community mental health agencies are required to establish 24-hour, 7-days-a-week, emergency/crisis care services for all children and adults, regardless of their ability to pay.¹

Protocols for the provision of children’s emergency mental health services can provide important guidance to primary care clinicians and other professionals who serve children and their families. Because numerous systems serve children and their families, these protocols are best developed by and among the multiple systems that serve this population (eg, primary care clinicians, schools, mental health agencies, public health agencies, child welfare agencies, and juvenile justice systems). Chapters could provide a significant service to their members by providing information on strategies for establishing and strengthening children’s mental health emergency service protocols. This template provides general guidance on key considerations in the development of these protocols.

Assess the Existing Policy Environment for Children’s Mental Health Emergency Services

- Consult with representatives in the child and adolescent services program of the state mental health agency regarding state rules, regulations, and/or requirements for provision of children’s mental health emergency services in general and in community mental health agencies.
- Consult with representatives in the state mental health agency regarding any programs, policies, and/or guidelines related to emergency mental health services (eg, pre-screening policies and services and efforts to promote access to services in the least restrictive environment and to minimize or prevent hospitalizations).
- Review state mental health code regarding regulations for development of children’s mental health emergency services.
- Contact community mental health agencies, emergency departments, and emergency medical services agencies to obtain information and a copy of agency protocols for emergency mental health services.
- Review state confidentiality statutes for information on state minor consent laws and their relevance for children’s mental health emergency services.

¹ The Community Mental Health Services Block Grant, administered by the Substance Abuse and Mental Health Services Administration, requires that states agree to provide a core set of community mental health services, including 24-hour emergency care.
- Engage in dialogue with mental health professionals about professional and ethical standards for provision of emergency mental health services to children and adolescents.

**Identify and Develop Core Components of the Emergency Mental Health Services Protocol**

- Educate chapter members about the epidemiology of psychiatric emergencies (e.g., suicide rates, homicides involving youth as victims or perpetrators, psychiatric hospitalization rates, and emergency room utilization), clinical guidelines, and service algorithms (e.g., suicide prevention) related to the provision of emergency children’s mental health services.
- Guide members in convening regional task forces of stakeholders to develop the protocol or offer a statewide conference, inviting teams of stakeholders from each region. Regions may be defined by the mental health system’s state, regional and/or community administrative units, emergency room catchment areas, or a combination of the two. Stakeholders include representatives of child-serving systems and agencies, including, but not limited to, mental health (especially the medical director and those involved in screening, triage, and referral services and mobile crisis response), public health, juvenile justice, child welfare, law enforcement, education, hospitals (especially emergency room staff), mental health professional groups, child advocates, primary care physicians, and consumers. Involvement of an Area Health Education Center may facilitate meeting logistics and, ultimately, dissemination of the protocol.
- Identify a common mission and set of core values for the system.
- Establish program goals (e.g., timeliness, cost-effectiveness, provision of services in least restrictive environment, and minimize hospitalization) for development of the system.
- Identify and address ethical standards, confidentiality statutes, and other federal and state laws regarding provision of emergency mental health services.
- Specify the target population who will receive mental health emergency services.
- Identify points of access to emergency children’s mental health services (e.g., where, when, and how services are accessed) and by whom (e.g., self-referral, parent referral, third-party referrals).
- Identify an emergency/crisis intervention model outlining steps to be taken in an emergency or crisis situation.
- Establish the continuum of children’s mental health services (e.g., hotline, education on warning signs, mobile crisis response) and/or identify needs and a systematic plan to address them.
- Develop administrative procedures, including forms for exchange of information between primary care physicians and sources of emergency services.
- Disseminate the protocol to members and other interested groups and offer continuing medication education on its use.

**References**


Resources for Further Information

AAP Policy Statement
Pediatric Mental Health Emergencies in the Emergency Medical Services System
http://pediatrics.aappublications.org/content/118/4/1764.abstract

AAP Technical Report
Pediatric Mental Health Emergencies in the Emergency Medical Services System
http://pediatrics.aappublications.org/content/early/2011/04/25/peds.2011-0522.abstract