What to Expect When Taking a Child to the Emergency Room (ER)

Taking a child to the ER for mental health concerns can be a difficult experience for both you and your loved one. It can be an emotional event that results in feelings of fear and self-doubt, or even a sense of failure. Although these feelings are not uncommon, they are in no way an indication of failure or reason for blame. Bringing your child to the ER was the right thing to do. Emergency rooms are safe and filled with professionals ready to care for your child.

The process of receiving care in the ER for emotional/mental health issues can be different than receiving care for physical illness or injuries such as severe abdominal pain and broken bones. With physical illness or injuries, testing and lab work are often followed by a diagnosis and emergency treatment. Frequently, there is a quick fix in this circumstance, with some sense of relief and wellbeing. Please know that the process for emotional/mental health are often more time consuming.

Although lab work may be completed to determine if physical issues contribute to your child's difficulty, there are no specific tests to quickly diagnose the emotional/mental health problem your child may be experiencing. What can happen, however, is that you will receive the help you need to better understand your child's current mental health concern(s); you will receive guidance in managing the current crisis and in assuring your child's safety; and you will receive a referral for services meant to enhance your child's mental wellness post ER visit.

"A better future begins when we guide a child forward today"

The referral will likely be for outpatient services that best meet your child's/family's needs. While you may leave the ER without a diagnosis or medication, hopefully you will have a better understanding of the severity of your child's situation, what actions may be necessary going forward, and how to best keep your child safe.

The primary service provided in the ER is assessing your child's safety. Most often the person meeting with you and your child will be a mental health professional designated by the ER physician and the on-call psychiatrist. The mental health professional will conduct psychiatric evaluation/assessment, which will be reviewed by the ER physician and the on-call psychiatrist and used to determine the best treatment course. The key question this team of professionals will try to answer with the assessment is whether or not your child is an imminent danger to self or others. The assessment centers on three main issues—*thoughts*, *plans*, and *intent*—that may result in the following actions:

- OUTPATIENT REFERRAL: If your child has intrusive *thoughts* about dying or about doing harm and is upset but doesn't intend to do anything, he requires ongoing care, probably on an outpatient basis. Many teens who cut themselves fall in this category (cutting, while a profoundly disturbing behavior, is not necessarily an indicator of suicidal intent). Kids who are depressed but not actively suicidal, and those who are verbally explosive, often fall in this category as well. You will most likely be going home with a recommendation for follow-up care with a therapist.

If your child wants to harm themselves or others yet doesn't have specific *plans*, that's a step higher on the worry scale that could lead to safety planning. Risk factors when gauging the best course of action include how impulsive your child is, recent patterns of behavior, and any known triggers in the home or school environment that could lead to a crisis.

- SAFETY PLANNING: If your child has ideas about harming themselves or others but no firm *plans* to put those plans into action, this is more concerning. If you are sent home, be sure you have been part of developing a written Safety Plan with your child and ER care provider to help in assuring your child's safety going forward and avoiding future events similar to what brought you to the ER today

- HOSPITALIZATION: If your child has a *plan* for suicide or to harm others, has made an attempt or is acting in a highly impulsive manner that makes an attempt likely, hospitalization is almost always required. Hospitalization occurs because everyone's priority is to keep your child safe.

At some point during the assessment process you may be asked to step out of the room so that a private conversation with your child can happen. It is not uncommon for a child to reveal a suicide plan that the parent knows nothing about. Do not feel guilty if your child tells a stranger something you didn't know. Your child loves you. Often children hide their deepest pains out of fear of hurting a loved one's feelings. Your child may be trying to protect you from the truth.

Should you hear that your child has a suicide plan, be sure to speak with the mental health provider about how you can best be with, speak with, and support your child in the current moment as well as how to best play an active role in assuring your child's safety going forward. This may include:

- Bringing your child back to the hospital if he/she exhibits dangerous behavior
- Locking up sharp objects, firearms, and medications at home
- Blocking "how-to" sites on suicide from the child's computer and phone.

When Outpatient Services are recommended: If your child doesn't already have an outpatient team, try to have the hospital set up a follow-up appointment with a provider before you leave. Also ask for some suggestions and advice on how to support and communicate with your child and manage life at home better between when you leave the hospital and when you walk into your child's first therapy appointment.

If Inpatient Treatment is recommended: In most cases, the bed will be in a different facility. Discuss options with the treatment team in the ER. It may take a day or two or even more for a bed to become available for inpatient admission. Where your child goes to receive inpatient services may depend on which unit has bed availability first. Older teens may be eligible for either adolescent or adult units. When possible, opt for admission to an adolescent unit. The severity of illnesses on an adult unit is likely to be more extreme.

Remember, you do not have to travel this road alone. We are here to help. Our Mobile Crisis Response Team is a phone call away 24/7/365. **Call (800) 688-3544** **www.mhcgm.org**

Attaway, J. J. (n.d.). Taking a Child to the Emergency Room. from https://childmind.org/article/taking-a-child-to-the-emergency-room/