

Original Research

Assessment of pattern of child psychiatric emergencies

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ABSTRACT:

Background: Child and adolescent mental health service (CAMHS) is an essential component of a tertiary care hospital. The present study was conducted to assess pattern of child psychiatric emergencies. **Materials & Methods:** 74 pediatric patients reported for psychiatric emergencies of both genders were enrolled. Parameters such as psychiatric diagnosis and stressors were recorded. **Results:** Out of 74 patients, males were 40 and females were 34. Common psychiatric disorders were psychosis in 24, mood disorders in 36, organic disorders in 10 and others in 4 cases. The difference was significant ($P < 0.05$). Stressors were conflicts in 32, medical problem in 20, academics in 12 and others in 10 cases. The difference was significant ($P < 0.05$). **Conclusion:** Child and Adolescent with mental health problems can present in a general medical setup with varying issues and stressors. Physicians who are expected to assess them at ED and other departments should be trained to identify and address common mental health problems including suicidal behaviors.

Key words: Child and adolescent, psychiatric disorders,

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INTRODUCTION

Child and adolescent mental health service (CAMHS) is an essential component of a tertiary care hospital.¹ Its domain ranges from outpatient & inpatient units, teaching, and to trained medical staff dealing with child and adolescent (C&A) and staff providing consultation liaison services across the hospital including emergency department (ED).² Prevalence of mental health problems in Child and Adolescent is on the rise across the globe. At present prevalence of mental health disorders in C&A is approximately 20%, of which around 4-6% requires clinical intervention.³

In accident and emergency department same psychiatric emergency rooms are shared by men and women and usually many persons are attending them. Both of these factors need to be considered while dealing with psychiatric patients.⁴ Therefore, collaboration between emergency physician and psychiatrist is mandatory and it is improving as both of these disciplines are progressing. Emergency

medicine is moving to identify and explore its clinical contents, and psychiatry destined to ward their biological convergence.⁵

According to research, approximately 200,000 to over 825,000 C&As visits ED annually in USA. Multiple studies report suicidal behavior as one of the most common presentations in ED.⁶ C&A also presents with depression, abuse, agitation, anxiety and psychotic episodes in ED.^{7,8} The present study was conducted to assess pattern of child psychiatric emergencies.

MATERIALS & METHODS

The present study consisted of 74 pediatric patients reported for psychiatric emergencies of both genders. Parental consent was obtained before starting the study.

Data such as name, age, gender etc. was recorded. Parameters such as psychiatric diagnosis and stressors were recorded. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Total- 74		
Gender	Male	Female
Number	40	34

Table I shows that out of 74 patients, males were 40 and females were 34.

Table II Psychiatric diagnosis

Psychiatric diagnosis	Number	P value
Psychosis	24	0.01
Mood disorders	36	
Organic Disorders	10	
Others	4	

Table II, graph I shows that common psychiatric disorders were psychosis in 24, mood disorders in 36, organic disorders in 10 and others in 4 cases. The difference was significant ($P < 0.05$).

Graph I Psychiatric diagnosis

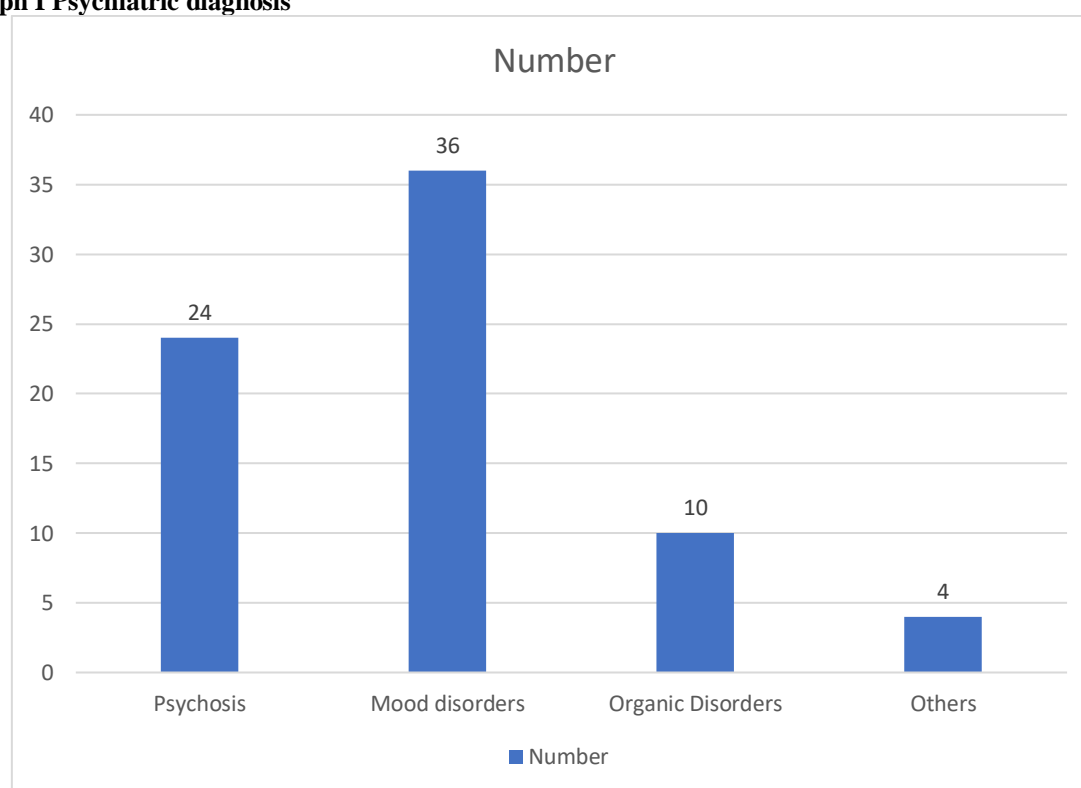
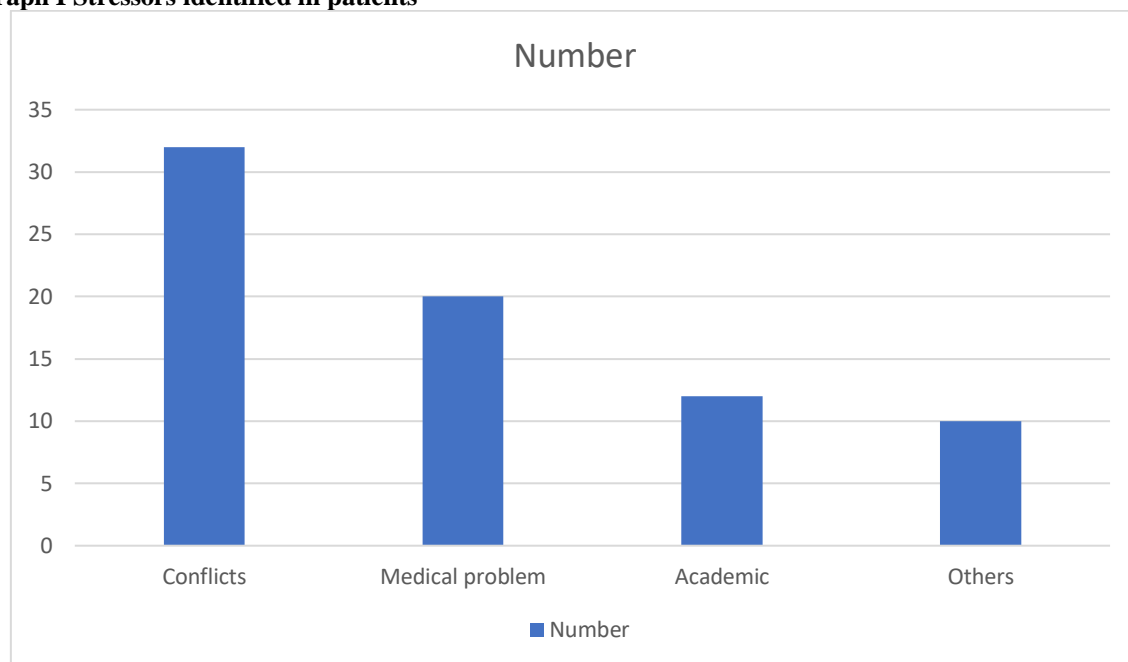


Table III Stressors identified in patients

Stressors	Number	P value
Conflicts	32	0.05
Medical problem	20	
Academic	12	
Others	10	

Table III, graph II shows that stressors were conflicts in 32, medical problem in 20, academics in 12 and others in 10 cases. The difference was significant ($P < 0.05$).

Graph I Stressors identified in patients

DISCUSSION

Mental illness among children and youth is a burgeoning problem, affecting 1 in 5 children in the United States.^{9,10} Despite the need for service, mental health services are fragmented due to a dearth of specialized care personnel, limited outpatient services, and fewer inpatient services available due to closures of facilities because of increasing costs.^{11,12} This mismatched supply and demand has led to diluted management of child mental illness and overflow into other systems of care such as the emergency department (ED), primary care practices, medical unit boarding, juvenile justice, and residential care settings.^{13,14} The present study was conducted to assess pattern of child psychiatric emergencies.

We found that out of 74 patients, males were 40 and females were 34. Khan et al¹⁵ reported patterns of referrals from Emergency Department (ED) and other departments for Child and Adolescents (C&A) mental health problems. Among the 160 consults generated in this time period, 90 were girls. The majority presented with suicidal behavior (26%) followed by behavioral symptoms (16%). Out of 160 cases, 61 (38%) were diagnosed with mood disorders and 28 cases (17%) received the diagnosis of conversion and adjustment disorder. In 21% (n=33) of the consults there was no diagnosable mental illness. Family conflict was found to be the main stressor. In 43% of cases no psychotropic was prescribed.

We found that common psychiatric disorders were psychosis in 24, mood disorders in 36, organic disorders in 10 and others in 4 cases. Stressors were conflicts in 32, medical problem in 20, academics in 12 and others in 10 cases. Khan et al¹⁵ determined patterns of psychiatric emergencies at tertiary care general hospital. During the period of study 10,000 consecutive patients who attended the Emergency &

Accident Department of JPMC were registered. These patients were screened for psychiatric illness, using partially modified Urdu version of Present State Examination (PSE) and final diagnosis was made according to diagnostic criteria of WHO's International Statistical Classification of Diseases. Out of all registered patients at emergency department, two hundred and thirty-two (2.3%) were identified as suffering from psychiatric illness. There were more male as compared to female (1.2:1) and their age ranged from 14-65 (average 28) years. Majority of patients in sample were educated and single. Most of male were employed while females were home maker. Mostly parents were accompanying these patients and one fifth (20.6%) of them were hospitalized. Mood disorder was the most frequent diagnosis (29.3%) followed by neurotic, stress related and somatoform disorders (25%), suicide attempters (15%) and Psychotic disorder (12.9%). Rest of sample was having diagnosis of drug dependence, EPS, organic mental disorders and mental retardation etc.

Sheridan et al¹⁶ evaluated the effect of a new pediatric mental health liaison program with the hypothesis that this model reduces length of stay (LOS) and hospitalization rates among pediatric mental health patients. There were 83 encounters in the year prior to and 129 encounters in the year after the implementation of the liaison program. There was an increase in the suicidality of mental health patients during this time. There was a significant decrease in mean PED LOS of 27% (95% confidence interval [CI] 0-46%; $p = 0.05$) from pre- to postintervention period. The decrease in the proportion of patients admitted/transferred to an inpatient psychiatric facility in the postintervention year was statistically

significant (odds ratio 0.35; 95% CI 0.17-0.71; $p < 0.01$).

The limitation the study is small sample size.

CONCLUSION

Authors found that Child and Adolescent with mental health problems can present in a general medical setup with varying issues and stressors. Physicians who are expected to assess them at ED and other departments should be trained to identify and address common mental health problems including suicidal behaviors.

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