

## Mental Health Screening in the Emergency Department

Mental health screening is a recommended preventive service for adolescent well visits, but an estimated 1.5 million young people do not receive regular preventive care from a primary care physician and instead rely on the emergency department as a source of comprehensive health care.<sup>i</sup> For these youth, emergency departments can provide an important backstop for primary care by providing mental health screening. In the wider population, emergency departments also can serve to identify problems that may not have been present or identified in the primary care setting.

### The Emergency Department (ED) as a Usual Source of Care for Many Adolescents

The American Academy of Pediatrics recommends annual preventive care visits for adolescents. As children age, however, their rate of attendance at an annual well visit declines, and many adolescents lack a regular primary care provider.

- Eighty-four percent of children age five to 10 receive a well child visit, but this drops to 66 percent among 15 to 17 year-olds.<sup>ii</sup>
- Adolescents are more likely to be uninsured than younger children, increasing their reliance on ED care.<sup>iii</sup>
- Ten percent of all young women and 13 percent of all young men in grades 7 through 12 rely on the hospital or ED as their usual source of care.<sup>iv</sup>

### The Emergency Department and Unaddressed Mental Illness

In addition to serving as a usual source of care for some adolescents, the ED can also serve to identify problems that have not been present or addressed in the primary care setting.

- Among the 47 percent of primary care physicians who reported caring for an adolescent patient who had attempted suicide in the last year, just 54 percent frequently or always screened patients for depression and only 22 percent screened their patients for past suicide attempts.<sup>v</sup>
- A study of adolescent visits to primary care providers in California found that just 34 percent of adolescents reported being screened for or discussing sadness, emotional issues or depression during the office visit.<sup>vi</sup>

- Research shows that without the use of a standardized screening tool, primary care physicians will miss approximately 50 percent of all young people suffering from mental illness or substance abuse.<sup>vii</sup>

### Prevalence of Mental Disorders in the Emergency Department

Mental illness is the presenting problem for a significant number of patients in the ED, and it is an underlying concern for a number of patients with other presenting complaints.

- Mental disorders were among the top five diagnoses for adolescents ages 15 to 18 presenting to the ED in a 2006 study.<sup>viii</sup>
- Nearly one-third of patients in a study conducted in a pediatric ED endorsed moderate to severe depressive symptoms.<sup>ix</sup>

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**A six-year study of utilization found that overall hospital ED visits grew by 43 percent, while pediatric mental health-related visits to the ED increased by 102 percent.<sup>x</sup>**

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- A study of screening for suicidality in the ED found that among 13 to 17 year olds seeking emergency services, 16 percent screened positive for elevated suicide risk. Of those screening positive, 19 percent had presented to the ED for non-psychiatric reasons.<sup>xi</sup>
- Pediatric ED visits for mental health disorders are growing at a faster rate than ED visits for other illnesses or disorders.<sup>xii</sup>



## Mental Health Screening in the Emergency Department is Both Efficient and Effective

Given the well-reported strain on the ED system in the United States, concerns about time and resources are the most commonly cited reasons for not providing mental health screens. However, it has proven to be both efficient and effective.

- A variety of screening tools have been shown to be able to be delivered in 2 to 5 minutes and to be effective in detecting depression and suicide risk.<sup>xiii,xiv</sup>
- Screening can be effectively performed by nurses and other non-physician health staff, and validated, evidence-based screening tools are available at no charge.<sup>xv</sup>
- Screening for suicide risk in the ED has been shown to result in high levels of nurse, patient, and parent satisfaction.<sup>xvi</sup>
- ED screening protocols have demonstrated strong concurrent validity and utility in identifying adolescents with elevated suicide risk.<sup>xvii</sup>
- Eighty-eight percent of ED physicians surveyed felt a validated screening tool would improve their ability to detect pediatric mental illness, and 92 percent felt that screening for pediatric mental illness in 12 to 17 year olds was appropriate.<sup>xviii</sup>

## Current Practices for Identification of Mental Illness in the Emergency Department are Suboptimal

While it is widely recognized that a significant portion of patients who present to the ED suffer from mental illness, current efforts to identify and appropriately treat these patients are inadequate.

- Seventy percent of ED physicians surveyed screen 10 percent or fewer of their pediatric patients for mental illness. An additional 16 percent of ED physicians reported never screening for pediatric mental illness.<sup>xix</sup>

**“Pediatric mental health emergencies are frequently not recognized as such, presenting initially as trauma or somatic complaints, and are, therefore, underrepresented in the existing data.”**

- American College of Emergency Physicians, 2006

- Fewer than 40 percent of young people admitted to the ED for self-harm, including poisoning and cutting, received an examination of their mental status between 1997 and 2002.<sup>xx</sup>

## ED Professionals and Others Endorse the Need for Mental Health Screening

- In 2006, the American College of Emergency Physicians and the American Academy of Pediatrics issued a joint statement recommending the development and validation of pediatric mental health screening tools for mental health emergencies, as well as the enhancement of training and fellowships in pediatric mental health.

## For every suicide death there are five hospitalizations and 22 Emergency Department visits for suicidal behaviors.

-Substance Abuse and Mental Health Services Administration, National Strategy for Suicide Prevention, 2001

- The Substance Abuse and Mental Health Services Administration; the National Institute of Mental Health; and the President’s New Freedom Commission on Mental Health have all emphasized the importance of improving the identification of mental illness in the emergency department.

<sup>i</sup> Wilson, K. and Klein, J. (2000). Adolescents who use the emergency department as their usual source of care. *Archives of Pediatrics and Adolescent Medicine* 154:361-365.

<sup>ii</sup> Yu, S.M. et al. (2002). Factors that influence receipt of recommended preventive pediatric health and dental care. *Pediatrics* 110(6), e73.

<sup>iii</sup> National Academies Press and Institute of Medicine (2007). Challenges in Adolescent Health Care: Workshop Report, Board on Children Youth and Families. Washington, DC.

<sup>iv</sup> Klein, J.D. (1997). The National Longitudinal Study on Adolescent Health. Preliminary results: Great expectations. *Journal of the American Medical Association* 278(10), 864–865.

<sup>v</sup> Frankfield, D. et al. (2000). Adolescent patients –healthy or hurting? Missed opportunities to screen for suicide risk in the primary care setting. *Archives of Pediatric Adolescent Medicine* 154:162-168.

<sup>vi</sup> Ozer, E. et al. (2009). Are adolescents being screened for emotional distress in primary care? *Journal of Adolescent Health* 44(6):520-527.

<sup>vii</sup> Jellinek, M. et al. (1988). Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction. *Journal of Pediatrics* 12:201-209.

<sup>viii</sup> Alpern, E.R. et al. (2006). Epidemiology of a pediatric emergency medicine research network: the PECARN core data project. *Pediatric Emergency Care* 22(10):689-699.

<sup>ix</sup> Scott, E. et al. (2006). Screening for adolescent depression in a pediatric emergency department. *Academic Emergency Medicine* 13:537-542.

<sup>x</sup> Shah, M. V. et al. (2006). Emergency department trends for pediatric and pediatric psychiatric visits. *Pediatric Emergency Care* 22(9):685-686.

<sup>xi</sup> King, C.A. et al. (2009). Adolescent suicide risk screening in the emergency department. *Academic Emergency Medicine* 16(11):1234-1241.

<sup>xii</sup> Grupp-Phelan, J. et al. (2007). Trends in mental health and chronic condition visits by children presenting for care at U.S. emergency departments. *Public Health Reports* 122:55–61.

<sup>xiii</sup> Horowitz, L. et al. (2001). Detecting suicide risk in a pediatric emergency department: Development of a brief screening tool. *Pediatrics* 21:620-627.

<sup>xiv</sup> See endnote xi. (King)

<sup>xv</sup> Folse, V.N. (2006). Detecting suicide risk in adolescents and adults in an emergency department: A pilot study. *Journal of Psychosocial Nursing and Mental Health Services* 44(3):22-29.

<sup>xvi</sup> See endnote xiii. (Horowitz)

<sup>xvii</sup> See endnote xi. (King)

<sup>xviii</sup> Habis, A. et al. (2007). Pediatric emergency medicine physicians’ current practices and beliefs regarding mental health screening. *Pediatric Emergency Care* 23:387-393.

<sup>xix</sup> See endnote xviii. (Habis)

<sup>xx</sup> Grossman, J. et al. (2003). Emergency nurses’ responses to a survey about means restriction: an adolescent suicide prevention strategy. *Archives of General Psychiatry* 9:77-85.