**What to expect during your Emergency Department (ED) stay for a Behavioral Health condition**

**The goal of this sheet is to explain what to expect during your ED stay.**

**What happens when we arrive to the ED?**

* After you arrive to the ED, you will meet with an ED staff member in triage who will ask you questions about you and your child.
* If your child takes medications, please make sure to let the nurse know.
* When a room is available, you will be taken back into the main ED and assigned a nurse and a doctor.
* Please understand that the evaluation process can take some time. We know that you are dealing with a difficult situation that can be scary and overwhelming.
* Your child’s safety is our top concern

**After you arrive in the ED room**

* After you arrive to your ED room, the nurse and physician will meet with you to understand what brought you to the ED today. They will likely ask you similar questions to the triage staff but in greater detail so they can also understand what brought you to the ED today.
* In order to keep your child safe, there are several steps that we take to keep your child safe
  + Safety watch-An ED staff member or security personnel will be actively monitoring your child during their ED stay. In order to monitor your child, the door to your room will need to either stay open during their stay or will need be locked with a video monitor to ensure their safety while they are awaiting a mental health evaluation.
  + Belongings-Your child will be asked to change into hospital pajamas and their belongings will be secured and searched.
  + Bathroom- When your child needs to use the bathroom, they will need to be accompanied by staff to ensure their safety and the door may need to be kept slightly open.
* What does the mental health clinician do?
  + ED staff will likely contact a mental health clinician who will meet with you and your child. They will gather in-depth information about your child’s mental health history. They may also contact your child’s other providers or school staff.
  + The main goal of their assessment is to decide what level of care would be best for your child’s needs.
    - The different levels can include continued outpatient management with your current outpatient team, a partial hospitalization program, Community Based Acute Treatment (CBAT) and inpatient admission.

**Difficult conversation talking points guide**

**The following are scripts/talking points to help guide discussions on different topics that often come up during a pediatric patient's ED stay for a behavioral health condition. These should usually be discussed after the mental health evaluation. Please ensure that your staff understands the information below and your staff ensures that all information is conveyed.**

* **The below topics can be difficult conversations for caregivers and patients, especially if they have not encountered the information below before. Caregivers and patients may likely have other questions and therefore these topics should be introduced as a conversation from the ED staff.**
* **You can adapt the bottom topics into handouts as well but would only give as a handout after a verbal review with ED or mental health staff.**

**Topic: Explaining different levels of psychiatric care talking points**

* There are several levels of psychiatric care. It is similar to a ladder that a child may move up and down depending on their needs. The least intensive is outpatient management and the most intensive is inpatient management.
  + Outpatient management includes clinic or telehealth visits with community providers including your pediatrician, a psychiatrist and/or a therapist.
  + Partial Hospitalization Programs (aka Intensive Outpatient Program) are structured day programs that focuses on group theory but can include medication management, individual therapy or family meetings. The child typically goes every day Monday through Friday and returns home in the evenings.
  + Community Based Acute Treatment (CBAT) is a program where the child stays in an unlocked treatment setting 24 hours a day, 7 days a week until treatment is complete. There is a daily schedule of psychiatric assessment, medication management as needed, and group, individual and family therapy. School is incorporated with other activities as a part of the daily schedule.
  + Inpatient admission is a program where the child stays in a locked treatment setting 24 hours a day, 7 days a week until treatment is complete. There is a daily schedule of psychiatric assessment, medication management as needed, and group, individual and family therapy. School is incorporated with other activities as a part of the daily schedule

**Topic: Explaining long boarding in the ED talking points**

* Families are often frustrated with the long boarding times in the ED.
  + Most important: Empathize with the family and share that you and your team are also concerned with the long boarding times and are making every attempt to find placement for their child.
  + Some families will acknowledge that simply removing the child from school, social media and their daily routine offers a therapeutic intervention in and of itself. Other families will remain frustrated for the long boarding situation. The emphasis remains on the patient’s safety.
  + Reasons for long boarding times:
    - The number of behavioral health conditions in pediatric patients has substantially increased in the past decade.
    - The amount of pediatric behavioral health services have not kept up with this increase.
    - There have been actions by multiple groups in the New England area to both increase funding and resources for pediatric patients with behavioral health conditions but these are still in process.
  + There is a regional recognition of the need for more resources for pediatric patients with behavioral health conditions and several organizations have been working to increase these resources.

**Topic: Explaining involuntary holds talking points**

**IMPORTANT: Involuntary holds can vary based on state regulations and, with the current increase of patients with behavioral health needs, these regulations are currently in the status of being updated and changing in many states. The below are generally true for most states but you should confirm the below information with your local mental health providers that this is correct for your state.**

* An involuntary hold means that a person can be held against their will in a psychiatric or medical setting.
  + Patients are held for the following reasons:
    - The person is an imminent danger to others.
    - The person is a life threatening danger to themselves.
    - The person is gravely disabled as the result of a behavioral health condition. Gravely disabled generally means that the person is unable to protect himself/herself/themselves in their community or due to lack of support in their community; often due to impaired judgment (e.g. psychosis or refusing to eat).

**To help guide discussions, we would recommend understanding the following talking points for your state and hospital in talking with caregivers. Your mental health clinicians or hospital legal team should know the answers to the below points for your specificED.**

* + Involuntary holds can occur in an ED and in an inpatient psychiatric hospital setting. Usually for inpatient hospitalizations, patients can be held up to 72 hours for evaluation. This does not mean they will definitely be held for the full 72 hours. The length of the hold depends on the evaluation.
  + The length of time and requirements for a patient on an involuntary hold in the ED setting varies from state to state so we would recommend becoming familiar with the length of time and requirements for your hospital. Some states use the same criteria as for inpatient psychiatric hospitals and others have different criteria for the ED setting.
    - What is the length of time that an involuntary hold can last in your ED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - What are the requirements to maintain an involuntary hold in your ED setting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - What is the term for an involuntary hold in your state?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_