## Pediatric Mental Health Care Engagement Opportunities for PMHCAs Along the ED Care Pathway

The table below provides an overview of different exemplars that assist in aligning the Pediatric Mental Health Care Access (PMHCA) team goals with the emergency department (ED) care pathway and considerations when handling pediatric mental health emergencies in the ED environment of care.

The first column, PMHCA Implementation Examples, describes the potential goals the PMHCA team might focus on and their connection to a particular ED Care Pathway Steps (middle column) and the Elements to Consider in the ED (last column on the right).

PMHCA Implementation Examples	ED Care Pathway Steps	Elements to Consider in the ED
Ex: The PMHCA team works with ED and/or EMS to develop a screening process for schools, pediatric primary care providers, and families to reduce unnecessary ED visits by educating these groups on how to identify and manage pediatric mental health issues effectively.  Ex: The PMHCA team creates educational materials for community partners and families. The purpose is to inform them about what to expect during an ED stay and help them make informed decisions about sending their child to the ED.  Ex: The PMHCA team could play a role in guiding community partners towards more appropriate care environments.  Ex: The PMHCA team provides education to ED personnel on best practices and screening tools to assist in creating standard protocols to ensure the safety of the child.	TRIAGE  This stage in the care pathway is when a patient enters the ED, where their treatment is prioritized based on the severity of their condition.	Ensure a calm environment; have dedicated care team availability; use triage scales; implement a trauma-informed approach; understand the potential need for chemical or physical restraints; designate specific rooms or hallways for these patients.  A quick look takes place: The intake nurse will follow a standard protocol to make the best decision of the best steps for a child in a mental health crisis at this time.  Safety and confidentiality are the main concerns.  Note: Pediatric and adolescent patients facing mental health emergencies may not meet psychiatric unit admission criteria and may have to wait to be evaluated by a designated pediatric mental health professional. Determining the next steps for those not meeting admission criteria can be challenging.
<b>Ex</b> : A PMHCA team could set up a consultation line linking mental health and ED providers to improve care for pediatric mental health emergencies in the ED. This could expedite care and ensure proper screening.	SCREENING & ONGOING ASSESSEMENT  Once a patient is stabilized, a provider will often conduct some form of mental and behavioral health screening to detect the	Implement protocols that include trauma-informed care.  Determine the level of safety risk, conducting future evaluations, and medication use guidelines.  Screenings to consider: Suicidal ideation, behavior, and self-harm; violence/aggressive behavior; depression; psychosis;

**Ex**: A PMHCA team could focus on educating ED providers and staff about important topics such as trauma-informed care, verbal de-escalation skills, and suicide safety protocols, including room safety measures like removing potentially harmful items from a patient's immediate environment. These are all crucial steps in providing effective and safe care for pediatric mental health emergencies in the ED setting.

**Ex**: A PMHCA team can offer opportunities to help align ED providers, nurses, and social workers with evidence-based screening and assessment tools to handle children and families with different behavioral health conditions, e.g. autism spectrum disorder (ASD). This ensures a safe and comfortable environment for all involved.

**Ex**: A PMHCA team may establish a consultation line to connect pediatric mental health providers with ED providers through an online platform (e.g., Zoom, Webex, Teams, etc.). This approach would improve communication and ensure timely and effective support for children experiencing mental health emergencies in the ED.

presence of a health condition or risk to the patient.

Further workups of pediatric patients in mental health crises, including medical and toxicology (drug use) screenings will be conducted during the ongoing assessment. exposure to violence; general mental health; telepsychiatry and crisis teams in place; drug and alcohol use assessment.

Conduct medical and safety assessments; address acute agitation; monitor behavioral escalation.

Behavioral and boarding interventions (ex: kids with autism spectrum disorder (ASD) may be easily triggered by ED environment).

Disposition planning begins.

**Ex**: A PMCHA team could designate a member of their team to assist ED providers in identifying community mental health resources for safe discharge options, acting as a community care liaison.

**Ex**: A PMHCA could create and maintain a database of community resources to aid ED staff in disposition and safety planning.

**Ex**: A PMHCA team can educate families and communities on safety planning processes, such as storing sharp objects, medications, and weapons in a secure lockbox. They can also educate on different care levels of a patient: when to use the ED, a pediatrician's office, or a psychiatric specialist.

**Ex**: A PMHCA team can connect children and families with primary care providers to support patients transitioning from the ED to a community care environment. They may consider following a collaborative care model to ensure a smooth transition.

## **DISPOSITION**

This stage is about when a patient leaves the ED, either for inpatient or outpatient care, with essential elements including outpatient resources and community follow-up linkages.

If a patient is determined to move to inpatient admission, an ED may consider the following options:
Inpatient admission (psychiatric unit or other); transfer to another facility.

If a patient is determined to move to outpatient care, an ED may consider the following options:

Linkages to primary care; linkages to community mental health services; safety planning; home resources; telepsychiatry services, and eHealth.