

# PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

## INVOLUNTARY PATIENTS IN THE PEDIATRIC EMERGENCY DEPARTMENT: A RETROSPECTIVE CHART REVIEW

Gray C, Cloutier P, Thompson B, Chan E, Reid S and Beaudry E

University of Ottawa, USA

**Objectives:** While a number of studies have compared the characteristics of voluntary and involuntary adult patients presenting to the Emergency Department (ED), this study is the first Canadian study to examine involuntary pediatric patients in the ED. The objective of this study was to compare the demographic, clinical and clinical management of involuntary and voluntary patients presenting to a pediatric emergency department.

**Methods:** A retrospective chart review was completed for all mental health patients presenting to the emergency department at The Children's Hospital of Eastern Ontario in 2015 (n=1437 patients with 2082 presentations; 58.9% female, age M=14.25, SD = 3.03). The variables extracted include demographic information, number of ED visits, restraint use and discharge status. Group comparisons were made with parametric and non-parametric statistics as appropriate. All tests were two-tailed.

**Results:** Of the 2082 presentations, 14.6% (n=303) were involuntary (physician order of assessment or police apprehension under the provincial mental health act). Significant differences were found between groups (involuntary vs voluntary) on demographic, clinical and clinical management variables. Specifically, involuntary patients were more likely to be female (53.8 vs 44.9%) to be older (15.3 years vs 14.5 years) and to live under the care of child protection services (21.2% vs 12.0%) than voluntary patients (all p-values <.01). Involuntary patients were more likely to present with higher triage acuity (97.3% vs 85.2%) have repeat visits to the ED (38.9% vs 29.6%) to require restraint (15.5% vs 3.7%) to obtain a consultation from psychiatry-on-call (59.4% vs 25.0%) and to be admitted to the psychiatric inpatient unit (34.5% vs 10.6%) than voluntary patients (all p-values <0.01).

**Conclusions:** Involuntary status among pediatric patients presenting with psychiatric and behavioral complaints can serve as a marker for acute mental illness that is more likely to require increased access to psychiatric consultation and admission to hospital. In two-thirds of patients, however, discharge can be accomplished following emergency department mental health assessment. Further study of this population will identify factors that may allow for more appropriate allocation of resources.



Note: