# PRACTICAL PEARL: MENTAL/BEHAVIORAL HEALTH COMPLAINTS

## INTRODUCTION

Mental and Behavioral Health (M/BH) urgencies and emergencies are on the rise, creating strain on systems that care for kids with mental and behavioral health needs.

- [http://pediatrics.aappublications.org/content/138/3/e20161570](http://pediatrics.aappublications.org/content/138/3/e20161570)

## INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE

- M/BH complaints require initial screening for underlying medical illness, physical/sexual abuse, injury related to behaviors, possible intoxication, and risk for imminent self-harm or harm to others.

## WHEN TO REFER / HOSPITALIZE

- Patients who are at imminent risk should be referred to your local emergency services program (ESP). These hotlines are available 24/7 and can help determine if your patient can be seen in the community via mobile team or at a 24/7 walk-in site.
- ED evaluations are sometimes required, but are more limited in scope and take three times as long.
- Patients who are not at imminent risk can still be discussed with an ESP.
- MCPAP program is a great resource for pediatricians.

## HOW TO REFER

MCPAP: 844-926-2727

Local Emergency Service Providers:

- Southern Pioneer Valley: BHN 800-437-5922
- Northampton: CSO 800-322-0424
- Greenfield: CSO 800-562-0112
- Baystate Pedi ED: 413-794-6389 (please ask for attending)

## WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT

- ED Patients will be screened for medical illness that may explain symptoms, abuse, and clinical evidence of intoxication.
- If M/BH concerns place patient at imminent risk of harm, patient will be held in ED for BHN evaluation (average of 11 hours).
- If patient/family can contract for safety, patients will be referred for outpatient evaluation (average of 3 hours).

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December 2018  
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