

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. <ul style="list-style-type: none">• http://pediatrics.aappublications.org/content/138/3/e20161570
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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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