

First Nations and low-income children visit emergency departments more often for mental health care

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First Nations children and those from families receiving government subsidies had more return visits to emergency departments for mental health crises than other socioeconomic groups, found a study published in *CMAJ* (*Canadian Medical Association Journal*).

"We found that more First Nations children presented to emergency departments for disorders secondary to substance abuse and intentional self-harm than other children, and that, compared with other children, First Nations children returned more quickly to the emergency department and had a longer time before visiting a physician in the post-crisis period," writes Dr. Amanda Newton, Departments of Pediatrics and Psychiatry, University of Alberta, with coauthors.

Emergency departments are often the first access point for children with [mental health issues](#) who have not received care previously or are in crisis. Although some US research has shown a relationship between race, [ethnic background](#) and [socioeconomic status](#) and more emergency department visits, there is little Canadian information on the topic.

To determine whether sociodemographic factors influence emergency department visits for mental health care, researchers conducted a population-based cohort analysis of 30 656 visits by 20 956 children under 18 years of age to 104 emergency departments in Alberta between Apr. 1, 2002 and Mar. 31, 2008.

During the six-year study period, First nations children represented 6% of the province's pediatric population; children from families receiving welfare made up 3% and children from families receiving government subsidies made up 14%. However, children in these groups had significantly more visits for [emergency mental health](#) care than families with no health care subsidy: 13.8% of visits (4230/30 656) were from First Nations children, 6.4% (1972/30 656) from children in families receiving welfare, and 18.7% (5739/30 656) from children in families receiving government subsidies compared with children in whose families did not receive government subsidies.

"Visits to the emergency department for mental health care should be considered a 'stop gap' solution in the full suite of mental health services," write the authors. "For many children, these visits reflect a need for earlier intervention to prevent illness destabilization into crisis."

Across all [socioeconomic groups](#), more girls and youth aged 15 to 17 years sought emergency [mental health care](#) compared with boys and other age groups. Anxiety- or stress-related disorders and emotional or behavioural issues from substance abuse were the most common diagnoses.

In addition, children from First Nations families and those receiving government subsidies returned earlier to the emergency department than other demographic groups. Increasing age and an unspecific diagnosis were also factors associated with earlier returns.

"These findings suggest that investments in culturally based, community- and school-based resources targeting the high-risk behaviours seen in the [emergency department](#) may help to reduce crisis events and foster the use of mental health resources," write the authors.

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.111697

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