

# Mobile crisis service reduces youth ER visits for behavioral health needs, says study

June 19 2019, by Jaclyn Severance

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Children and youth with acute behavioral health needs who are seen through Connecticut's Mobile Crisis Intervention Service—a community-based program that provides mental health interventions and services to

patients 18 years and younger—have a lower risk of experiencing a follow-up episode and are less likely to show up in an emergency room if and when another episode occurs.

That's according to a study conducted by researchers in UConn's School of Social Work published today in *Psychiatric Services*, a journal of the American Psychiatric Association.

"We have a huge, national issue with the influx of children and youth who have mental [health](#) needs, that are being identified by families and schools, who end up going into emergency departments that are not adequately staffed," said Michael Fendrich, a professor and associate dean for research at the School of Social Work, who was the lead researcher and author of the study, "and it ends up not as effectively addressing the mental health problems of the youth who are coming in with these acute behavioral health needs."

While mobile intervention and response services for adults are common nationwide, similar intervention services for children and youth are far less prevalent. With Connecticut's Mobile Crisis program, Fendrich said, "there's a really attentive and deeply multidimensional level of expertise among the providers, so it's a better system for identifying and addressing those acute behavioral health needs."

The study reviewed Medicaid claims data for youth served by Mobile Crisis in the 2014 fiscal year and found that, on average, youth served by Mobile Crisis had a 22 percent reduction in their rate of risk for subsequent [emergency room](#) visits during the 18 months following their Mobile Crisis intervention, when compared to youth served in the emergency room for an acute behavioral health need.

"The results of this study are groundbreaking for policymakers and hospitals struggling to keep up with the number of children going the

emergency department for mental health issues," said Jeffrey Vanderploeg, a journal article co-author and President and CEO of the Child Health and Development Institute of Connecticut (CHDI) which commissioned the study and serves as the Performance Improvement Center for Mobile Crisis through a contract with the state Department of Children and Families.

Nationwide, pediatric behavioral health visits to emergency departments have skyrocketed in recent years; from 2009 to 2013, psychiatric visits to emergency departments for patients under 18 increased by more than 40 percent in the U.S. According to the researchers, emergency departments often lack providers with the specialized training necessary to address child mental health needs and, with [limited resources](#) and the strain of emergency medical situations, are often not equipped to provide the follow-up care needed to address ongoing problems. Emergency department care is also expensive.

"The implication of this is that there are models for effectively addressing the emergency department crisis we're facing, and this mobile model, which has proven effective for adults, also shows substantial promise for diversion and for helping us address this crisis in children and youth," said Fendrich. "And that's critical."

In addition to data analysis, the study included extensive focus group work and interviews with Mobile Crisis providers in Connecticut, who stressed the importance of family involvement in the program's success and suggested that greater involvement from the community and additional education for providers, school systems and emergency departments about Mobile Crisis could encourage further success for the program.

"Hospitals are doing their best to provide excellent care to children with behavioral health issues but they are often the first to acknowledge that

they are not the best place for many of the children that present with a [behavioral health](#) need," said Vanderploeg. "There are many things states can do, such as investing in a mobile crisis system, to divert children that don't really need to be in the ED to more appropriate community-based services."

Connecticut's Mobile Crisis service is available to all Connecticut residents free of charge and can be accessed by calling 2-1-1, the state's partnership with the United Way.

Department of Children and Families Commissioner Vanessa Dorantes '98 MSW, who oversees the Mobile Crisis program, said, "This study further demonstrates that when we deliver timely help for a child and family in crisis, we reduce the likelihood of that child being unnecessarily sent to a hospital emergency department, and instead being well supported within their community. Connecticut's system has long provided a comprehensive, accessible and family centered approach to supporting children and their families both in crisis and linking them to ongoing supports."

While the study results were overwhelmingly positive for Mobile Crisis, Fendrich said that further study should attempt to replicate the results for additional fiscal years. Fendrich also noted that even though Mobile Crisis services were beneficial for keeping youth out of the [emergency department](#), many [youth](#) receiving services did end up there. He and his collaborators are looking more closely at the group receiving Mobile Crisis services in order to identify predictors of their [emergency department](#) use. This could help identify at-risk populations and customize potential interventions.

Additionally, Fendrich would like to involve families in further evaluation of Mobile Crisis in order to learn how consumers benefit from the program or feel it could be improved.

"Families don't always know what the resources are that they can employ, and often the times that you employ the services are very urgent situations," Fendrich said. "Dealing with mental health, dealing with behavioral diagnosis issues in [children](#), is stressful for the entire [family](#), and resources like Mobile Crisis are just potentially amazing in helping to resolve some of those stresses."

**More information:** Michael Fendrich et al, Impact of Mobile Crisis Services on Emergency Department Use Among Youths With Behavioral Health Service Needs, *Psychiatric Services* (2019). DOI: [10.1176/appi.ps.201800450](https://doi.org/10.1176/appi.ps.201800450)

Provided by University of Connecticut

Citation: Mobile crisis service reduces youth ER visits for behavioral health needs, says study (2019, June 19) retrieved 23 May 2024 from <https://medicalxpress.com/news/2019-06-mobile-crisis-youth-er-behavioral.html>

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