

Position Statement on Psychiatric Hospitalization of Children and Adolescents

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"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

In America today, many children and adolescents who suffer from mental health and behavioral disorders are not able to access appropriate mental health care due to the nationwide shortage of inpatient mental health services for their age group. Inpatient psychiatric hospitalization is often necessary to evaluate, acutely stabilize, treat and transition children and adolescent patients who present to emergency facilities in crisis. The CDC approximates that, each year, approximately one in five children in the United States experiences a seriously debilitating mental illness described as "serious deviations from expected cognitive, social, and emotional development". It is estimated that up to 12 million children in the U.S. under the age of 18 suffer from mental illnesses that include depression, anxiety, PTSD, mood disturbances, eating disorders, substance use, psychosis and suicidal ideation.

The nationwide shortage of inpatient mental health services for children and adolescents can be attributed to several factors including the overall decrease in psychiatric hospitals and long-term facilities from the 1960s to the present. Ninety five percent of public psychiatry beds available in 1955 were no longer available as of 2005. Currently, the majority of states in America have less than half the number of public psychiatry beds needed to serve community mental health needs due to the continued closing of inpatient units triggered by cost cutting measures by hospital systems. As a result, children and adolescents are often kept for long periods of time in Emergency Departments awaiting placement for long term or inpatient care. If an inpatient bed is found, these individuals may be sent to distant hospitals making it difficult for parents and families to visit, provide support and participate in the treatment process. More often, due to lack of facilities, children and adolescents are sent home with their families to wait for outpatient follow up. It is estimated that only 21% of children and adolescents receive care for their symptoms due to the lack of appropriate mental health facilities, and waittimes often range from three months up to one year for assessment and treatment. Without appropriate inpatient psychiatric hospitals and adequate treatment facilities, many children and families do not receive appropriate intervention and treatment and are left to suffer from untreated and under-treated mental illness.

The consequence of untreated mental health illness in children and adolescents can be devastating for patients and their families. More adolescents die by suicide than all other natural causes combined. According to The Academy of Child and Adolescent Psychiatry, approximately 50% of students aged 14 and older with mental illness drop out of high school—the highest dropout rate of any disability group. 70% of youth in state and local juvenile justice systems have mental illness, with at

least 20% experiencing severe symptoms. These youth are often diverted into the juvenile justice system for treatment and management of their mental illnesses due to a lack of alternative mental health care options which, consequently, can have numerous negative repercussions including worsening of mental illness and recurrent or long-term incarceration. These statistics attest to the importance of early intervention and treatment for all children and adolescents with mental illness symptoms. With additional inpatient and hospital-based resources, providers will be able to reduce the long-term sequelae of untreated mental health in the juvenile population.

POSITION:

It is the position of The American Psychiatric Association to:

- 1) Advocate for the development of a full spectrum of appropriate, financially affordable, inpatient facilities and services for the diagnosis and treatment of children and adolescent in need of psychiatric care in the United States. These facilities are to include both psychiatric and general medical hospitals. Efforts should be focused on both increasing current inpatient services and also minimizing the current trend of closing existing units due to financial reasons.
- 2) Emphasize that the health of children and adolescents will be best served if primary treatment decisions such as admissions, medications, psychotherapy and appropriate disposition planning are the responsibility of a psychiatrist specialized in child and adolescent psychiatry whenever available.
- 3) Emphasize that, when possible, inpatient psychiatric hospitalization of children and adolescents should be provided close to their homes, so that their families may be included and participate during the treatment process.
- 4) Work to provide parity in mental health treatment for all age groups by increasing mental health resources for children and adolescents and subsequently providing opportunities for early treatment and intervention to benefit young patients suffering from mental illness.
- 5) Work to educate the public and health care community that inpatient psychiatric care is necessary and justified when psychiatric illness severely affects a young person's safety or ability to function.
- 6) Address the shortage in Child and Adolescent Psychiatrists by recruiting psychiatrists-in-training and early career psychiatrists into specialized training.

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