

## Delivering Mental Health Care in Emergency and Hospital Settings in 200 Words

[Behavioral Health](#)

### Date Posted:

Apr 25, 2018

In recent decades, advances in health care research and delivery have improved our ability to prevent and treat pediatric medical conditions. For example, the childhood cancer mortality rate declined by more than [50 percent](#) between 1977 to 2014. Despite this progress, we have seen a notable *increase* in mental health conditions like depression, anxiety and risk of suicide among our nation's young people.

In some cases, youth with severe mental health conditions need treatment in the emergency department (ED) or a medical hospital. Clinicians in these settings are primarily focused on stabilizing the patient, and they might not have the right skills and resources to set patients on a path to sustained mental well-being. However, as my colleagues and I wrote in a recently published [Pediatrics commentary](#), health systems have a tremendous opportunity to integrate mental health care into ED- and hospital-based practice by focusing on:

- Screening for and identifying mental health concerns
- Providing initial management of mental health problems
- Offering connections to ongoing mental health treatment

Effectively implementing these strategies will require EDs and hospital systems to view mental health care as an integral part of their work and to break down the traditional siloes between physical and mental health care. [My colleagues and I](#) at PolicyLab are committed to finding [innovative, effective solutions](#) that help bridge this gap.

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*This post is part of our “\_\_\_\_\_ in 200 Words” series. In this series, we tackle issues related to children’s health policy and explain and connect you to resources to help understand them further, all in 200 words. If you have any suggestions for a topic in this series, please send a note to PolicyLab’s Communications Manager [Lauren Walens](#).*

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[Stephanie Doupnik](#)  
MD, MSHP

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