Psychiatric-Related Emergency Department Visits Among Children with an Autism Spectrum Disorder

What is this research about?

Children and teenagers with ASD often have associated emotional and behavioural problems, such as coping with anxiety, depression, anger, or aggression. They often experience barriers to accessing the services of mental health professionals, and many parents of children/teenagers with ASD resort to visiting the emergency department (ED) to receive mental health services. However, the ED is not an ideal environment for these children to receive mental health care because of the nature and novelty of the environment and the potential lack of staff knowledge on delivering service to those with ASD. This study aimed to understand the prevalence of ED psychiatric visits among children with ASD by exploring the reason for the visit, the demographics of the patient and the type of insurance (as this was a study from the United States) they have.

What did the researcher do?

The researchers used information from an existing database of emergency department data created by the Agency for Healthcare Research and Quality (the 2008 National Emergency Department Sample). They compared the reason for emergency department visits of children 3 to 17 years of age, with and without ASD. In total, they looked at almost four million ED visits, of which 13,191 were identified as involving a child or adolescent with ASD. They also looked at the type of psychiatric problem (externalizing, mood, anxiety, psychotic disorders and suicide/self-harm) and various demographic factors (age, sex, insurance, income, rurality).

What did the researcher find?

Children with ASD were far more likely to visit the emergency department for psychiatric reasons when compared to children without ASD: 12.9% of ED visits for children with ASD were for psychiatric reasons, compared to only 1.75% of ED visits for children without ASD. The most common reason for the visits was externalizing (behavioural) problems. The authors note that these types of problems are common in the ASD population and can result in physical aggression, disruptive behaviour, self-injury and elopement. Many of the reasons that led to an ED visit were due to a lack of support in the community. As this was a US study, they examined the type of medical insurance available to patients, and found that having private insurance increased the chances of a psychiatric ED visit. The authors suggest that many private insurance plans may not deem ASD as a coverable diagnosis, and as such, there may be few in-network providers that are able to provide treatments for reimbursable sessions.

What you need to know:

Children with ASD often have complex medical and behavioural needs. They are more likely to visit the emergency department for psychiatric concerns compared to children without ASD. Behaviour problems were the most common reason for psychiatric visits for children with ASD. This may be an indication of a lack of resources in the community that can help these children and their families address emotional and behavioural difficulties.
How can you use this research?

It is important to study psychiatric ED use in the ASD population and to provide alternatives for families seeking care. Accessible community-based mental health systems of care are needed to reduce the likelihood of having to use the ED for psychiatric reasons. Additional training in how to work with people with ASD is also warranted for ED staff, especially since many patients with ASD may be coming in with emotional and behavioral difficulties. Researchers can use this information to develop future studies that examine ED use in adults with ASD and that follow the participants over time to see the consequences of using the ED for psychiatric reasons.

About the Researchers

Dr. Luther Kalb, a research scientist at the Kennedy Krieger Institute.

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About the Chair

The Chair in Autism Spectrum Disorders Treatment and Care Research is dedicated to studying ways to improve the mental health and well-being of people with Autism Spectrum Disorders (ASD) and their families in Canada.

The Chair is funded by the Canadian Institutes of Health Research in partnership with Autism Speaks Canada, the Canadian Autism Spectrum Disorders Alliance, Health Canada, NeuroDevNet and the Sinneave Family Foundation. Additional funds from the Spectrum of Hope Autism Foundation and support from York University.

For more information, visit the Chair in Autism Spectrum Disorders Treatment and Care Research website at asdmentalhealth.ca

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