Editorial

Critical Issues in Adolescent Mental Health in the Emergency Department: Looking Beyond Triage and Risk Assessment

“Adolescence is like having only enough light to see the step directly in front of you.”
Sarah Addison Allen, The Girl Who Chased the Moon

Adolescents are not simply young adults, and very little prepares us as providers and physicians to deal with teenagers in the acute setting. In fact, it is not until the turn of the 20th century that adolescence was recognized as a distinct phase behaviorally and from a neuroendocrine perspective, thanks to the pioneering work of Hall (1904), whose work opened the door to exploration of the changes during adolescence and the distinction of adolescents from adults, culminating in the sub-specialty of adolescent medicine (Alderman, Rieder & Cohen, 2003; Hardoff, & Eisenstein, 2004). Hall described adolescence as a time of “storm and stress,” and it is now well recognized that many mental illnesses have their onset during the teenage years, yet adolescent psychiatry as a subspecialty is not still well-demarcated; emergency adolescent psychiatry is even less well-delineated and understood (McCarthy, Abenojar, & Anders, 2009). There is much hope that our level of understanding of teenage development will be booming soon: the largest long-term study of brain development and child health in the United States, the Adolescent Brain Cognitive Development (ABCD) study (Brooks, 2018) has just released its baseline interim data, allowing researchers access to data that will shed light on how adolescent brain development unfolds.

Crises in adolescent patients are challenging, because they combine the baseline intrapsychic torment of adolescence to added stressors, and strain budding coping mechanisms and support systems. From the physician’s perspective, especially in emergency situations, balancing the developmental limitations with evidence-based, scientifically-backed treatments can be daunting.

This special thematic issue aims to give the reader an overview of commonly encountered problems in adolescents visiting acute settings, especially the emergency department. The collection of articles and topics has been selected with the intention to highlight management and practical considerations while respecting diagnostic limitations. In the adolescent patient, clear diagnoses are often lacking, and presenting problems frequently transcend diagnostic labels. Thus, we have included articles on agitation, borderline features, and inappropriate acting out in youth, as these represent major challenges to the ED clinician.

We begin with a fairly common topic affecting young adults, Addressing Crises in Teen Pregnancy. In this article, Doghor, Okotcha, and Oniguo-Otite cover the pertinent management aspects of the young pregnant teenager, and how to handle recrudescence of symptoms in the wake of the upheaval represented by pregnancy, especially given backgrounds of sexual trauma and dysfunctional environments.

The second article, addressing Depression and Suicidal Ideation in Adolescents Presenting to The Emergency Department, touches on a very common presentation that keeps physicians awake at night. One can anguish over whether discharging a patient home was the right decision, whether a life hangs in the balance. Yet, predicting self-harm potential is still sometimes more an art than a science, and this article helps further understanding of approaching this thorny area.

Many self-harm threats stem from borderline personality features, but mood dysregulation is often described in the popular vernacular as bipolar, muddying the diagnostic picture. Thus, the article is followed by The Evaluation and Management of Non-Suicidal Self Injury in Adolescents by Sindhu A. Idicula, Amy Vyas and Nicole Garber.
Assessment of harm to others, violence and homicidal ideations, is described by Salma Malik, Walker, Kevin Young and Mirela Loftus who report on a tool that uses a semi-structured interview (A Novel Approach to Assess Homicidal Ideation: I-HAVAT©) to evaluate the crucial domains that need to be explored to determine the level of one’s risk and aspects of treatment planning needed for this patient population.

The next article, Managing Acute Agitation and Psychotic Symptoms in The Emergency Department, by Nidal Moukaddam, Raymond Choi and Veronica Tucci, provides clarity on the concern of psychotic symptoms as presenting symptom in adolescent mental health emergencies and discuss agitation management in the ED.

Addressing Inappropriate Sexual Behaviors with Adolescents on The Autism Spectrum by Leah Clionsky and Amanda N’Zi, spans diagnostic categories and focuses on behavioral manifestations that complicate ED presentations. It is most unfortunate that patients with autism spectrum disorder are common victims of ED boarding, long wait times in unsuitable, overly stimulating clinical environments, and rejections from treatment facilities.

In Emergencies Associated with Eating Disorders, Heather Needham, Elizabeth Ferguson, Darcie Takemoto, and Sindhu Idicula cover the elements of care for youth presenting to the ED with the manifestations of eating disorders. This is a fairly uncommon group that nevertheless brings immense challenges.

No adolescent focus is complete without a discussion of addictive disorders, and in Substance Use in Adolescents Presenting to the Emergency Department, we present a discussion of the recent landscape of adolescent trends in substance use, clinical considerations for management in acute withdrawal and intoxication syndromes and contributing factors that differentiate substance use in adolescents versus adults.

And lastly, our team appreciates the great challenges imposed by the process of inpatient hospitalization for youths. An enormous information and research gap still exists in this area, and geographic variations, combined with socio-economic disparities, compound the current situation. Thus, the concluding piece of this collection highlights the prevailing state of pediatric medical clearance criteria and the dire need for improvement in the process, for the sake of this very vulnerable population.

We hope the reader finds this issue helpful in the management of youth in their respective EDs and uses the suggestions to enhance the experience of patients in need of care.

REFERENCES


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