

WORKING GROUP

Activities of the Mental Health Working Group of the Spanish Society of Pediatric Emergency Medicine

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In recent years, there has been a growing trend in the deterioration of mental health among children and adolescents, demonstrated by an increase in depressive symptoms, self-injury, and suicidal behaviors⁽¹⁾. While this problem has been worsening since the 1990s, it has been significantly exacerbated in recent years following the onset of the SARS-CoV-2 pandemic. Several studies indicate that since the initiation of the pandemic, the prevalence of mental disorders in children aged 4 to 14 has tripled, and Pediatric Emergency Departments (PEDs) have reported a 47% increase in consultations related to mental health disorders compared to pre-pandemic levels⁽²⁾. Alarmingly, according to the Suicide Observatory in Spain, 22 deaths by suicide were recorded in children under 15 years old in 2021, and in 2022, the number of suicides among adolescents aged 15 to 19 rose from 53 to 75 cases compared to the previous year⁽³⁾. These figures highlight the urgent need to prioritize child and adolescent mental health, making it essential for pediatricians to receive comprehensive training in this area.

In this context, at the end of 2021, the Mental Health Working Group (WG) of the Spanish Society of Pediatric Emergency Medicine (SEUP) was created. It is a heterogeneous and multidisciplinary WG, with professionals from different fields, including emergency pediatricians, primary care pediatricians, pediatric and mental health nurses, psychologists, and psychiatrists. Since its formation, the group has developed various initiatives aimed at enhancing the

tools available to emergency pediatricians for addressing mental health issues.

Our first project was carried out in 2022, with the project “How to approach a patient with a psychiatric condition” to improve the quality of care. It was carried out following the indications of the SEUP Safety and Quality WG, using the Delphi method, resulting in 11 recommendations presented in [Figure 1](#).

In 2022, within the SEUP, the use of mental health-related diagnoses in 16 pediatric emergency departments (EDs) was analyzed, comparing the pre- and post-pandemic periods. The results of this study showed an increase of up to 56% in the diagnosis of suicide/suicide attempt/suicidal ideation, a 40% increase in the diagnosis of eating disorders (ED) and a 10% increase in the diagnosis of aggressive crisis/psychomotor agitation⁽²⁾. Based on these findings, our second project consisted in the development of a SEUP protocol on the “Main psychiatric emergencies in Pediatric Emergency Departments.” This protocol consists of three sections: attempted self-harm, ED, and psychomotor agitation, and will soon be available at <https://seup.org/protocolos/>.

Similarly, the WG recently presented the “Quick Guide to the Care of Mental Health Patients in the Emergency Department”⁽⁴⁾, focusing on conditions such as ED, anxiety, suicidal ideation and attempts, psychomotor agitation, autism spectrum disorder, and sensory-perceptual disturbances. These guidelines were developed as an initial framework for assessing patients with these disorders, acknowledging the diverse realities of PEDs across the country and the varying profiles of professionals involved in the care of minors with mental health conditions.

The purpose of these guidelines is to provide a structured framework for initial assessments and basic management, based on the most common reasons for consultation. The aim is to enhance care and improve strategies for approaching these patients. Each guide includes both general sections and sections specific to the particular reason for consultation.


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QUÉ HACER ANTE UN PACIENTE CON PATOLOGÍA PSIQUIÁTRICA


- 1 Propiciar un ambiente íntimo y tranquilo, minimizando interrupciones y dedicando el tiempo suficiente a la consulta.
- 2 Descartar la presencia de patología física que justifique los síntomas antes de categorizarlos como psiquiátricos por defecto.
- 3 Validar las emociones del paciente y evitar mostrar reacciones negativas.
- 4 Tener en cuenta al menor durante la entrevista clínica.
- 5 Minimizar las valoraciones en una misma visita.
- 6 En los casos de agitación, realizar contención verbal en primer lugar y siempre que sea posible.
- 7 La vía de elección en la contención farmacológica es la oral.
- 8 Dirigir y supervisar la contención mecánica.
- 9 El paciente con intento de suicidio siempre debe ser valorado por Psiquiatría.
- 10 Ante paciente con intento de suicidio, no debemos quitar importancia al intento y debemos centrar la entrevista en el riesgo suicida.
- 11 Mantener la medicación crónica prescrita por los profesionales de Salud Mental, hasta nueva valoración por psiquiatría.



Accede a la versión extendida a través de este QR

Elaborado por el Grupo de Trabajo de Salud Mental de la Sociedad Española de Urgencias de Pediatría. Avalado por la Sociedad Española de Urgencias de Pediatría.

FIGURE 1. Approach to a patient with a psychiatric condition in the Pediatric Emergency Department.



Trastorno de la conducta alimentaria (TCA)

Ítems a recoger y aspectos a tener en cuenta, una vez comprobada la estabilidad del paciente:

1. Nombre e identificación correcta del paciente.
2. ¿Alergias/intolerancias?
3. ¿Motivo de consulta?
4. ¿Antecedentes médico-quirúrgicos y/o de salud mental, diagnósticos filiados?
5. ¿Antecedentes familiares de trastornos de salud mental?
6. ¿Seguimiento en algún dispositivo de salud mental (de carácter público/privado)?
7. ¿Tratamiento farmacológico? ¿Buena adherencia? ¿Cambios recientes en el tratamiento?
8. ¿Consumo de tóxicos?

Entrevista específica:

9. Datos antropométricos (peso, talla e IMC).
10. Constantes vitales (TA, FC, T° y glicemia).
11. Fecha de última menstruación y regularidad del ciclo.
12. ¿Dieta pautada? ¿suplementos?
13. Tiempo de evolución de la sintomatología.
14. Conductas purgativas (vómitos, laxantes, diuréticos, etc.) y su frecuencia.
15. Frecuencia de ejercicio físico.
16. Presencia de atracones, frecuencia y cantidades aproximadas.
17. Registrar ingestas de las 24h-48h anteriores:
 - Preguntar por las 5 ingestas (desayuno, comida, merienda, cena, resopón/media mañana).
 - Cantidades y calidad de los platos (plato postre, plato normal, ½ plato, 5 galletas, etc.).
 - Preguntar si productos light/desnatados.
 - Preguntar si tiene alimentos prohibidos (por él/ella misma, ej. no bollería, o no patatas, etc.).

RECOMENDACIONES

- Pesar con ropa interior y de espaldas a la báscula.
- Valorar la necesidad de realizar pruebas complementarias (analítica, EKG, etc.).
- Pautas de manejo a cuidadores principales:
 - Las ingestas deben estar supervisadas por un adulto responsable. Evitar conductas no apropiadas con la manipulación de alimentos o ejercicio compensatorio tras la ingesta.
 - No excluir alimentos ni tipos de elaboraciones a excepción de alergias o intolerancias.
 - Tras ingestas no deben acudir al baño inmediatamente (1 hora tras ingestas principales y 30' tras las no principales), si es necesario se debe realizar supervisión durante su uso por parte de los cuidadores principales.
 - Evitar conversaciones y discusiones relacionadas con la comida, aspecto físico o estado de salud.
 - Es recomendable no tener báscula en casa ni realizar ningún peso en domicilio o farmacia, los controles se realizarán por parte del equipo asistencial.
 - Se debe limitar la actividad física a no ser que por indicación médica pueda realizar ejercicio, así como valorar indicar realizar reposo tras las ingestas.

Elaborado por el Grupo de Trabajo de Salud Mental de la Sociedad Española de Urgencias de Pediatría. Pendiente aval de la Sociedad Española de Urgencias de Pediatría.

FIGURE 2. Quick guide to the care of the patient with eating disorders in the Emergency Department.

Figure 2 illustrates one such guide, and all of them can be accessed at the following link: <https://seup.org/wp-content/uploads/2024/05/Tarjetas-de-bienvenida-unificadas-AVAL.pdf>.

Additionally, over the past year, other activities have been conducted, such as the online seminar held in May 2024, titled “Psychiatric emergencies: a challenge for pediatricians. Clinical cases,” which will soon be available at <https://seup.org/seminarios-online/>.

Another important point to highlight is that, since the formation of the WG, we have been collaborating with other organizations, such as the Mental Health Committee of the Spanish Association of Pediatrics (Asociación Española de Pediatría, AEP), to improve the care provided to pediatric patients with mental health disorders across the entire continuum of care.

Finally, we would like to share our latest projects. We are currently working on finalizing and disseminating a survey on basic structures (both human and material) for the care of patients with mental health disorders. Additionally, we are developing an observatory to analyze trends in PED consultations related to child and adolescent mental health.

Through these and our future projects, we aim to develop tools that will enhance our training and enable us to

provide the highest quality care to children and adolescents with mental health problems. It is essential to remember that treatment must be comprehensive, incorporating primary, secondary, and tertiary prevention strategies.

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