

EDITORIAL**Mental Health in Pediatric Emergency Departments****Lorena Algarrada Vico¹, Lorena Vázquez Gómez² y Grupo de Salud Mental de la SEUP***¹Hospital Sant Joan de Déu. Barcelona. ²Centro de Salud de Villalba. Lugo*

In recent years, there has been a steady rise in psychological distress among children and adolescents, contributing to an increased number of diagnosed mental disorders in this population. This trend has led to more visits to mental health and primary care services, as well as a marked increase in psychiatric emergencies and the demand for hospitalization among adolescents. In this context, it can be said that we are facing a true global mental health crisis.

In Spain, a significant deterioration in the mental health of children and adolescents has been observed, particularly since the onset of the COVID-19 pandemic⁽¹⁾. Studies conducted by various non-governmental organizations, including UNICEF, the ANAR Foundation, and Save the Children, have emphasized the impact of the pandemic. In 2021, Save the Children published a report comparing official data from the 2017 National Health Survey with data collected through a telephone survey of parents in 2021. The findings indicated that anxiety and depressive disorders had nearly quadrupled (from 1.1% to 4% of respondents), while attention-deficit/hyperactivity disorder (ADHD) and other behavioral disorders had tripled (from 2.5% to 7%)⁽²⁾.

Likewise, an increase in the prevalence of psychosomatic symptoms and a decrease in the mean age of symptom onset have been observed, both in cases of self-injurious behavior and suicide attempts⁽³⁾, as well as in eating disorders. The latter have become not only more frequent but also more severe compared to the pre-pandemic period⁽⁴⁾.

Nevertheless, it should be noted that this trend had already been observed in previous years, particularly since 2017, both at the national and European levels.

At the national level, the 2017 National Health Survey (ENSE)⁽⁵⁾ estimated that 13.2% of children between 4 and 14

years of age were at risk of poor mental health, with a prevalence of 15.6% in males and 10.5% in females. Similarly, the 2023 Barometer of Youth, Health, and Well-being⁽⁶⁾ indicated that 15.6% of adolescents aged 15 to 19 reported frequently experiencing mental health problems, with a marked sex difference (20.7% in females vs. 13.3% in males). Regarding the most common diagnoses, behavioral and hyperactivity disorders, anxiety disorders, depression, and autism spectrum disorders (ASD) predominated in the 4–14 age group. Among adolescents over 15 years of age, anxiety, depressive disorders, and other mental health conditions were most frequently reported⁽⁷⁾.

Another important aspect to highlight is the increase in suicide deaths among children and adolescents in recent years, now considered the leading cause of non-accidental death in this population in our country. According to the Observatory of Suicide in Spain, in 2021, 22 suicide deaths were recorded for the first time among children under 15 years of age, with the number of cases in males doubling compared to 2020 (14 vs. 7). Similarly, in 2022, suicide deaths among adolescents aged 15 to 19 increased from 53 in 2021 to 75 cases. In 2023, suicide deaths in children under 15 declined compared to previous years (10 deaths), with a suicide rate of 0.15%. Notably, and in contrast to previous years, these deaths were more frequent in females than in males (0.22% vs. 0.09%). The opposite pattern was observed in older age groups (15 to 29 years), where the suicide rate rose to 4.63%, with higher rates in males (6.83%) compared to females (2.63%)⁽⁸⁾.

At the European level, data from the 2024 UNICEF report indicate that approximately 13% of children under 19 years of age have experienced a mental health disorder, with higher rates among males up to age 14 and greater prevalence among females between ages 14 and 19⁽⁹⁾.

In light of the data presented, a key aspect in addressing mental disorders in pediatric emergency departments is the ethical and structural debate regarding the limits of health-care. As noted by the Psychiatry Working Group of AEPNYA in its recent reflection on child and adolescent mental health emergencies⁽¹⁰⁾, many of the cases presenting to emergency departments do not constitute clinical emergencies in the strict sense, but rather reflect profound distress arising

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from contexts of social vulnerability that are insufficiently addressed. As the members of this Working Group conclude in this report, the lack of resources and poor coordination with social and educational services place a care burden on the health system that exceeds its intended scope. This scenario calls for rigorous analysis and coordinated intersectoral action to establish comprehensive, ethical, and sustainable responses over time⁽¹⁰⁾.

In this regard, with respect to human and structural resources dedicated to mental health in Pediatric Emergency Departments, findings from the preliminary study conducted by our group, presented in May 2025 at the XXIX Meeting of the Spanish Society of Pediatric Emergency Medicine (SEUP), reveal that in 92.3% of participating centers, initial care for minors with psychiatric disorders is provided by a pediatrician, and only 38.4% have spaces specifically equipped for this purpose. Additionally, in 61.5% of centers, access to specialized psychiatric assessment depends on the time of day, and 30.7% lack inpatient beds for minors with mental disorders, necessitating transfer to other facilities. These findings clearly point to a substantial margin for improvement and underscore the need to establish common standards and enhance coordination between care services.

Another important challenge in pediatric emergency departments is improving the care of patients with ASD. These patients, who are particularly vulnerable to sensory overstimulation and the unpredictable nature of emergency department routines, require adapted care pathways that promote safe and respectful treatment. Currently, significant gaps remain in professional training, the design of physical spaces, and the availability of appropriate clinical protocols, stressing the need to implement structural and educational measures to ensure high-quality care for this population⁽¹¹⁾.

The Mental Health Working Group of SEUP is promoting several initiatives to better understand the current state of care and to support structural and clinical improvements. Among these, an upcoming national and international survey on the initial care of patients with ASD in Pediatric Emergency Departments stands out, aiming to identify best practices, existing barriers, and priority areas for intervention. In addition, the implementation of a National Observatory of Pediatric Patients with Psychiatric Disorders has been initiated. Its main objective is to collect relevant epidemiological data, identify trends, and inform future strategies for improvement. The creation of this observatory represents a critical step toward more coordinated, evidence-based care tailored to the specific needs of this population.

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