

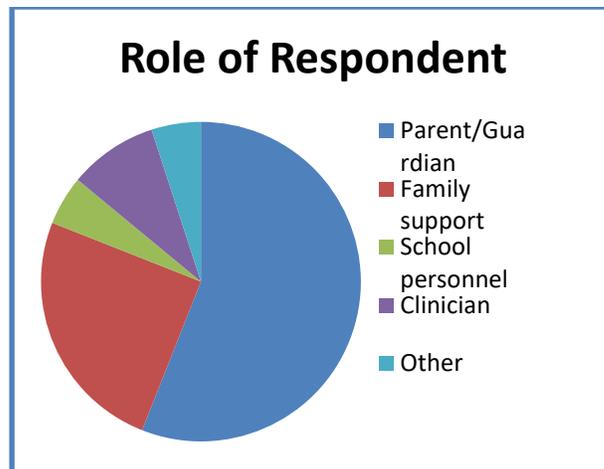
## Using 51As when there are child mental health disagreements with families

### Top Findings

1. Discussing or filing a 51A when a child is in crisis is occurs across the state. Respondents identified 16 hospitals and 11 MCI teams where this had happened.
2. 51As were discussed or carried out most often by nurses (35%) or psychiatrists/clinicians (31%) in an emergency department or mobile crisis clinicians (34%) on a MCI team.
3. The use of Section 12s appears to be increasingly used in order to ensure that emergency departments take the mental health crisis seriously.

### Background

In December 2016 and January 2017, Parent/Professional Advocacy League (PPAL) surveyed families in Massachusetts, as well as those who work with them, to understand better why 51As (charges of neglect or abuse) were being threatened or filed when children were in psychiatric crisis. An additional focus was to identify which institutions were most likely to threaten or file a 51A. 55 people responded to the survey. The survey consisted of 11 structured questions and one open ended question.



Respondents identified themselves primarily (55%) as parents (or guardians) and family supporters (25%).

Respondents who provided family support were primarily family partners in CBHI services; two DMH-funded family support specialists responded. Several others identified themselves as school personnel or clinicians.

### Identifying who is discussing 51As

When asked the name or location of the person or organization threatening or filing a 51A when a child is in psychiatric crisis, respondents named both hospital emergency departments and Mobile Crisis Initiative (MCI) Teams across the state. A total of 16 hospitals and 11 MCI teams were identified by respondents. Some respondents noted that both a hospital and MCI team in their area had threatened to file a 51A, usually on different occasions.

- 60% of the respondents said that an **emergency department** either discussed a 51A or went ahead and filed one on them or a family they work with.
- 47% said that a **mobile crisis team** either discussed a 51A or went ahead and filed one on them or a family they work with.

### Role of person discussing or filing 51As

When filing a 51A was discussed or carried out, this was most often done by either a nurse or psychiatrist/clinician in an emergency department or by the mobile crisis clinician on a MCI team.

- 35% who had a 51A filed or threatened said that the emergency department nurse made this decision.
- 31% said the psychiatrist or clinician in the emergency department made the decision.
- 34% said that the mobile crisis clinician made the decision.

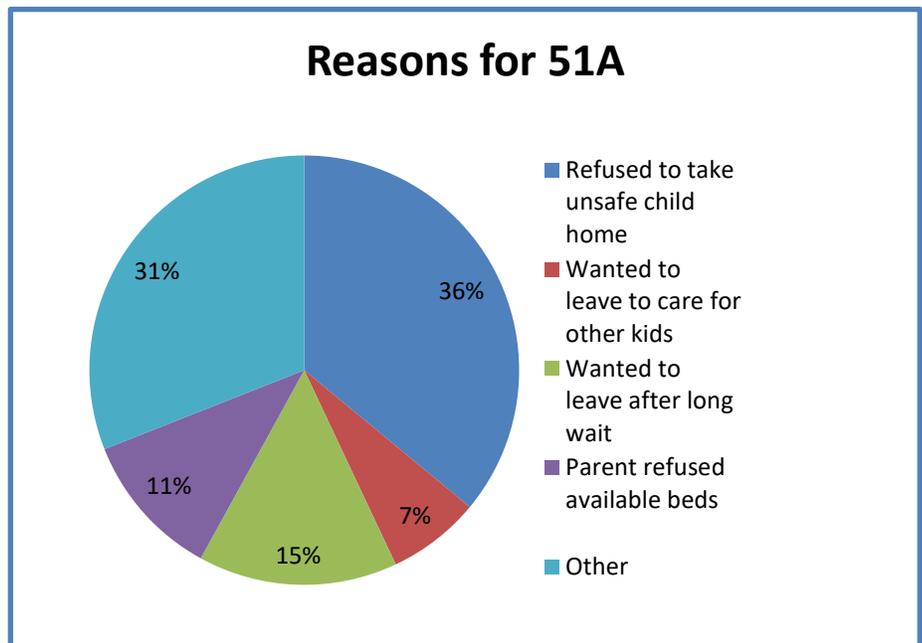
In addition, a very small number said that a security guard threatened a 51A or the

police upon being called to assist in a psychiatric emergency.

### Reasons for (potentially) filing a 51A

The top reason 51As are threatened or filed is when a parent refuses to take the child home, saying they are worried about the safety of others, especially other children. 37% of the respondents chose this as the primary reason 51As were discussed.

Other reasons included: wanting to take child home because of the excessive wait (15%), refusing an open inpatient bed (12%) and wanting to leave to care for



other children (7%). When parents refused an open inpatient bed their reasons included not wishing a child to go to an adult unit, wanting to choose the hospital (especially when they had concerns about

the first hospital offered) and not agreeing with the proposed treatment plan.

Hospitals emergency departments were almost twice as likely as MCI teams to threaten a 51A if a parent refused to take a child home, even when they cited safety concerns. Emergency departments were eight times as likely as MCI teams to threaten a 51A when a parent wanted to leave either to care for other children or because the wait was too excessive.

In PPAL's most recent (unpublished) survey about the experience of families when their children are in crisis, 31% of families whose children had had a recent psychiatric crisis did not have a safety plan. Safety plans often provide a measure of security and confidence for families when managing a child whose behaviors have recently escalated.

### **Impact of 51A threat on next crisis**

When a 51A is brought up during a disagreement with parents about next steps in handling their child's crisis, there is usually an impact. 56% said they avoided either a specific emergency department or emergency departments in general. This was echoed by the family supporters. A handful of families opted for boarding at home when the next emergency occurred. Another handful stated that it "made me hesitant to seek help during the next crisis." One mother said she, "politely explained [to the MCI team] that she could not work with the

team any longer." In short, this damages trust and relationships. No one reported any positive impact.

One respondent wrote, "Filing a 51A is part of an overall lack of engagement and services for families and children. Resources are tight, there is little coordination with the sending program and the goal often appears to dismiss the child as fast as possible."

### **Section 12**

Anecdotally, parents have pointed out that the use of Section 12 (used to either involuntarily transport someone for emergency mental health evaluation or involuntarily admit someone to an inpatient mental health unit) has been increasing. 7% of respondents said a Section 12 was discussed and an additional 15% said a Section 12 was filed. Several respondents pointed out that a Section 12 was used by police or MIC teams for transport because the emergency departments don't always take mental health crises seriously, especially when they have others waiting for beds.

A few parents responded that when they refused a hospital bed for their child because of specific concerns, the emergency department filed a Section 12. One wrote, "It was very discouraging and made me hesitant to seek help during the next crisis."

### **Some EDs and MCIs get kudos**

Parents and those who work with them and their child were quick to point out that many EDs and MCIs do a great job.

These included:

- Clinton Hospital
- CSO Crisis Services in Florence
- Eliot MCI in Lynn
- Hasbro (Rhode Island)
- Lahey Clinic
- Leonard Morse
- Mary Lane Hospital
- Sturdy Hospital (Attleboro)

One parent remarked that she was pleased that “her” ED did a great job even when a parent disagreed with them. Another said that after reading the survey, she was glad that “everything was done with our and our son’s consent.