

Stage-of-Change Assessment in the Parents of Pediatric Emergency Department Patients with Unrecognized Mental Illness

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Introduction: Despite its prevalence, pediatric mental illness often goes untreated. Little is known about the reasons for this lack of treatment, but one factor may be related to the family's readiness to seek treatment for the child. We explored the stages of readiness to seek treatment in families of children screening positive for previously undiagnosed mental health problems and how stage was related to global impairment of the child.

Methods: Children without a history of mental health problems who presented to the emergency department for urgent but stable medical complaints were approached for participation in the study. Of these thirty-one were screened for a mental health problem using the DISC Predictive Scales (DPS). Twenty-four children screened positive for at least one mental health problem as reported by the child or their parent. Families also completed the University of Rhode Island Change Assessment Scale (URICA). Impairment was determined by the Children's Global Assessment Scale (C-GAS).

Results: Overall children were more likely to endorse items in the precontemplation stage of readiness to seek treatment compared to their parents, who were more likely to endorse items in the contemplation, action, and maintenance stages. Endorsing items in the contemplation stage was highly correlated with endorsement of items in the action and maintenance stages. Children who were not impaired by their mental health problems were likely to endorse items in the precontemplation stage.

Conclusions: Differences in readiness to seek treatment appear to exist between children and their parents and between impaired and unimpaired children. Furthermore some stages appear to be strongly associated with others. While more research subjects are needed, these results have implications for the future use of stage-specific interventions in the ED and greater engagement in mental health treatment.