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The urgent need for US community-based pediatric psychiatric care

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Data from the state of Connecticut's major hospitals' emergency departments demonstrates an 81% increase in the number of pediatric patients in crisis since 2013 with waiting times from 6 hours to 3 weeks. Most of these hospitals have only a small amount of inpatient beds reserved for pediatric psychiatric patients due to budget constraints. In the past, patients not admitted have been sent to residential treatment programs but access to these programs has also been curtailed by financial considerations and by the use of the over-worked Department of Children and Families (DCF) as the sole determinant for admission to residential treatment programs. As a result, some of these children have been sent to out-of-state facilities, away from their families, complicating their return to good health. Codes of ethics implore us to be advocates for our patients, especially our most vulnerable populations. There must be a better system of community-based care easily accessible to children with serious mental health issues and their families and the health care professional's responsibility must be to advocate at the state legislative level for assistance in responding to this crisis. A review of various cases indicates that this is a community issue that hospitals alone cannot solve; there must be a statewide effort launched if the therapeutic environment of these patients and their families is to be improved. An example of what such a community network would look like follows in this paper.

Biography

Margaret Levvis is an Associate Professor and Chairperson of the Department of Nursing, primarily teaching courses in health policy, ethics, and nursing theory. She also serves as a Bioethics Consultant for various health institutions in the state of Connecticut and is currently working on a book A Human Rights *Model for Pediatric Palliative Care*.

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