CHILDERN LEFT BEHIND: a case presentation

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The Kiddos:

Dax (he/him)
Background:
- 17 year old black, gender diverse child, born in Baltimore to an unknown family
- Largely raised by his adoptive mother who fostered him at age 3 and is a pastor with 5 other adoptive children (2 older, 3 younger)
- Adoptive mother called Dax her daughter, but used his name and was respectful of the treatment team using his pronouns

Presentation:
- Self-presented after an argument with his mother resulting in "uncontrolled anger"
- Signed his own voluntary admission form
- One prior similar ED visit resulting in day hospitalization leading to outpatient care & was started on fluoxetine, aripiprazole, and lisdexamfetamine, though took them inconsistently

Hospitalization:
- Medications were restarted, Dax was engaged in milieu activities and therapy, and he completed his last online summer class, graduating from high school
- His mother was called daily, and she stated she would not be taking him home, which she shared with Dax during a family meeting
- Dax was discharged 10 days after admission, and as mom had indicated previously, she did not pick him up

Ben (he/him)
Background:
- 16 year old white, non-binary child, born in OK to an unknown mother, who reportedly used substances
- Privately adopted at age 3 by a man and woman with a biological son (younger)
- Adoptive mom referred to Ben as her daughter, stated they would never affirm his sexuality, and yelled his dead name whenever the treatment team called him Ben
- Ben ran away at 15 (OK DSS notified, stated Ben had the right to run away) to WV where he first stayed with adoptive extended family, and after he was kicked out, he moved in with his bio father

Presentation:
- Brought to the ED by a concerned neighbor after making multiple suicidal statements
- Signed his voluntary admission form
- Previously saw an outpatient psychiatrist and a family physician inconsistently and was trialed on Zoloft, Effexor, and Prozac. Extensively used substances.

Hospitalization:
- SW made many efforts to contact Baltimore City, Oklahoma, and WV to report prior abuse
- Adoptive mother was contacted daily and refused to take him home or terminate rights; bio father was also called, but never answered
- Restarted on Prozac, but after continued difficulty with mood and trauma symptoms, was switched to Cymbalta and Praxone with improvement.
- Acutely decompensated after his adoptive mother did not pick him up at discharge

Community Resources

LOCAL
- Healing Youth Alliance - Baltimore, MD

NATIONAL
- Family Run Executive Director Leadership Association (FREEA)

STATE
- The Family Tree

References

Abstracts from the American Psychiatric Association’s Annual Scientific Meeting

Disclosures
I have no actual or potential conflict of interest or financial disclosures to report in relation to this presentation.

The Research (sadly limited)

1976 Buttle Trust Study in London
- 68 "abandoned" children from 6 hospitals (including 1 psychiatric hospital), 2/3 abandoned after admission
- Reasons for abandonment:
  - Child: 6.5%
  - Adult: 73.7% prior residential care, severe physical or multiple "handicap"
  - Parent: maternal instability/unmarried, mental illness, unemployment, "handicap" in sibling
- Treatment team: attitude towards "handicap"
  - Institution: staff shortages
  - Proposed remedies: prevention (maintain communication with families, increased team communication, increased resources) & alleviation (find supports for kids)

Burnstein's Perspectives on Abandonment (1980)
- Historical: ancient Jews and Greeks. 14th century Europeans all had records of children being abandoned
- Social: psychological effects vary by culture
- Psychological: early object loss leading to psychological disturbance including "hypersensitivity" & aggression
- Recommendations: educate health professionals, support parents, mental health treatment for abandoned children

Italian Hospital Social Work Interventions - COVID-19
- 14.5% increase in SW interventions due to abandonment

Gaps in Care: Changes in Nebraska's Safe Haven Laws
- In 2018, NE enacted a safe haven law, without an age limit, and many older kids with mental health difficulties were abandoned at hospitals with parents believing this would help their kids get the support and help they needed

Global perspective
- Research in Lagos, Nigeria and South Africa

The Impacts

THE KIDS
- Ended up in group home settings after lengthened hospital stays
- Acute decompensations (of differing severity) after not being picked up at discharge
- Decreased contact with families and extended families (not just the individual)

THE FAMILIES
- Adoptive mothers described pain giving up a child they chose to adopt
- Adoptive mothers had difficulty (to different degrees) accepting their LGBTQ children and supporting their mental health needs while keeping themselves and their families safe
- Younger siblings lost daily contact with supportive figures

THE TREATMENT TEAM
- Burnout and difficulty with navigating conversations with kids on systemic factors at play lengthening their hospitalization
- Changes to milieu environment due to kids being there for months instead of the days expected

LESS PSYCHIATRIC BED TURNOVER

STATE AGENCIES
- Increased caseload with decreased placement options
- High burnout and turnover at state agencies

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