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Clinical and Demographic Profile of Children and Adolescents Patients in a Psychiatric Emergency Setting: A Retrospective Study

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Abstract | **Original Research Article**

Introduction: Child and adolescent psychiatric emergencies represent a major public health issue, reflecting both the rising prevalence of mental disorders in youth and the challenges in accessing specialized care. ***Objectives:*** The objective of this retrospective observational study is to describe the demographic and clinical characteristics of patients presenting to a child and adolescent psychiatry department, in order to better understand this demand and implement more appropriate measures to address it. ***Method:*** This is a retrospective descriptive study of a pediatric population under the age of 18, consulting for the first time between December 10, 2024, and June 10, 2025. ***Results:*** Out of the 109 new consultants, with 59.6 % were females and an average age of 12.4 years old. The most frequent motives of consultations being agitation, somatic symptoms, suicide attempts and sexual and physical aggression. Most consultants came in freely for consultation (76%) while the rest were referred by different sources. A referral for hospitalization was made in 11.8% of the cases, suicide attempts, suicidal ideation, agitation, psychotic symptoms, and fire-setting behavior were the most frequent motives leading to an indication for hospitalization.

Keywords: Child and adolescent mental health, psychiatric emergencies, Morocco, hospitalization, suicide attempts, mental health services.

1. INTRODUCTION

The mental health of children and adolescents has become a critical public health issue both globally and in Morocco. The prevalence of psychiatric emergencies among children and adolescents has been steadily increasing worldwide, posing significant challenges to healthcare systems and mental health professionals.

Child and adolescent psychiatric emergency services serve a pivotal role in this context, often acting as the first point of contact for young people in psychological crisis. These services are tasked with the rapid assessment and stabilization of complex cases, providing not only immediate safety but also pathways to longer-term care. Despite their importance, the organization, capacity, and accessibility of such services remain limited in many countries, particularly in low- and middle-income settings, where specialized pediatric mental health resources are scarce.

In Morocco, data on child and adolescent mental health are notably limited, the 2019 Situation Analysis of Children report, published by the National Observatory of Human Development (ONDH), the National Observatory for Children's Rights (ONDE), and UNICEF, highlighted the lack of in-depth data on the mental health of children and adolescents in the country [1]

Assessing the activity of emergency departments can provide valuable insights into patterns of care, emerging needs, and areas where resources and interventions are most required. Moreover, it helps identify the most frequent presenting complaints, which illustrate the multidimensional nature of mental health crises in young populations.

This study aims to contribute to filling these knowledge gaps by examining the profile, presenting clinical and demographic characteristics of children and adolescents presenting in an emergency setting. By identifying evolving patterns and challenges, the study seeks to offer valuable insights to ultimately enhance the quality and responsiveness of mental health care for young people.

2. METHOD

This was a retrospective descriptive study conducted over six months, from December 10, 2024, to June 10, 2025, in the Child and Adolescent Psychiatry Department of Arrazi University Psychiatric Hospital in Sale. This service is an outpatient unit dedicated exclusively to specialized child and adolescent psychiatry consultations, welcoming children, adolescents, and their families. It also includes a day hospital offering structured therapeutic interventions, but does not provide inpatient beds for this population.

The study population included all new patients under the age of 18 presenting to the pediatric psychiatric emergency unit during the study period. All new patients were included, regardless of consultation motive, urgency level, or referral source (medical referral or free consultation).

Data collection was based on a pre-established form completed by the medical reception staff, supplemented with information recorded by the attending physician and extracted from the service's medical software.

3. RESULTS

During the study period, 109 new patients presented to the psychiatric emergency service, the majority being female (65 girls and 44 boys), with a male-to-female ratio of approximately 0.68. The mean age was 12.5 years for both sexes.

Consultation motives were diverse shown in Table 1, with the most common being agitation, somatic symptoms, suicide attempts and sexual and physical aggression. The other motives were very diverse varying from depressed mood, anxiety symptoms to sleeping disorders and hallucinations.

The somatic symptoms represented 13.8% of the consultation motives, it included motor symptoms (n=4), with or without other complaints (abdominal pain, diffuse pain, headaches), loss of consciousness (n=4), epileptiform seizures (n=3), headaches (n=1), chest pain (n=1), abdominal pain (n=1), and diffuse pain (n=1).

motives of consultation	Fréquences	% du Total
Somatic symptomes	15	13.8%
Suicidal attempt	16	14.7%
Physical abuse	11	10.1%
Hallucinations	4	3.7%
Sexual abuse	15	13.8%
Psychotic symptoms	2	1.8%
Substance use	1	0.9%
Verbal abuse	2	1.8%
Depressed mood	6	5.5%
Agitation	19	17.4%
Runaway	2	1.8%
School bullying	3	2.8%
Panic attack	2	1.8%
Fire setting behavior	1	0.9%
Anxiety symptoms	2	1.8%
Mutism	1	0.9%
Sleep disorder	3	2.8%
Suicidal thoughts	4	3.7%

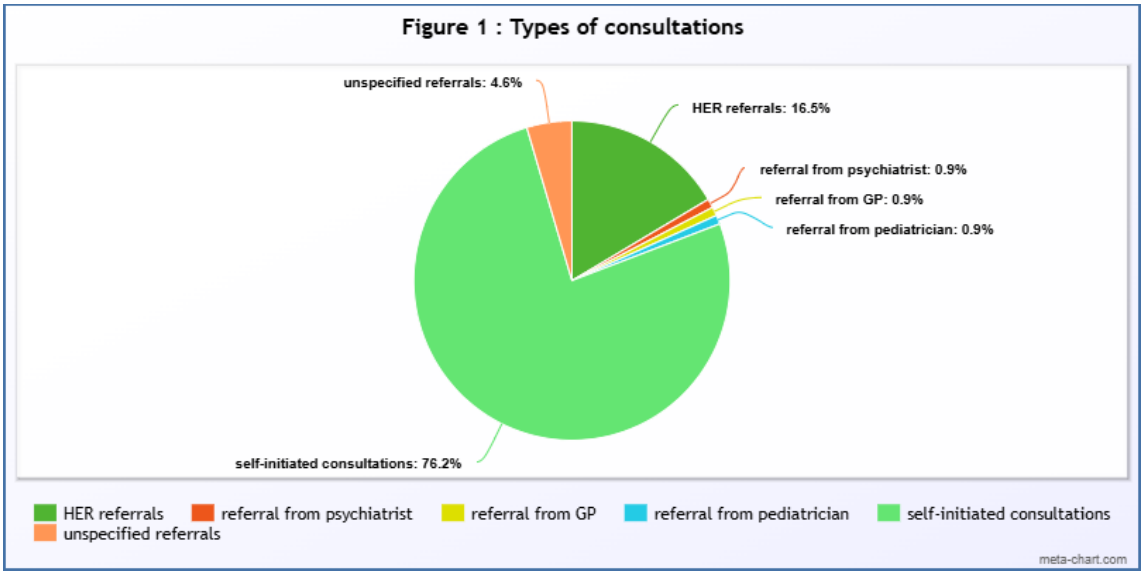
Table 1 : Motives of consultation

Of the 109 patients, 83 came in freely for consultation requested by the family, while others were referred: by the University Children's Hospital of Rabat (HER), others by their treating physicians (pediatricians, general practitioners GP, or psychiatrists), and in 5 cases the referral source was unspecified Figure 1.

A referral for hospitalization was made in 11.8% of cases, Suicide attempts and ideation, agitation,

psychotic symptoms and fire-setting behavior were the most frequent motives leading to an indication for hospitalization.

It's important to mention that the presence of a companion was systematic for all of our patients.



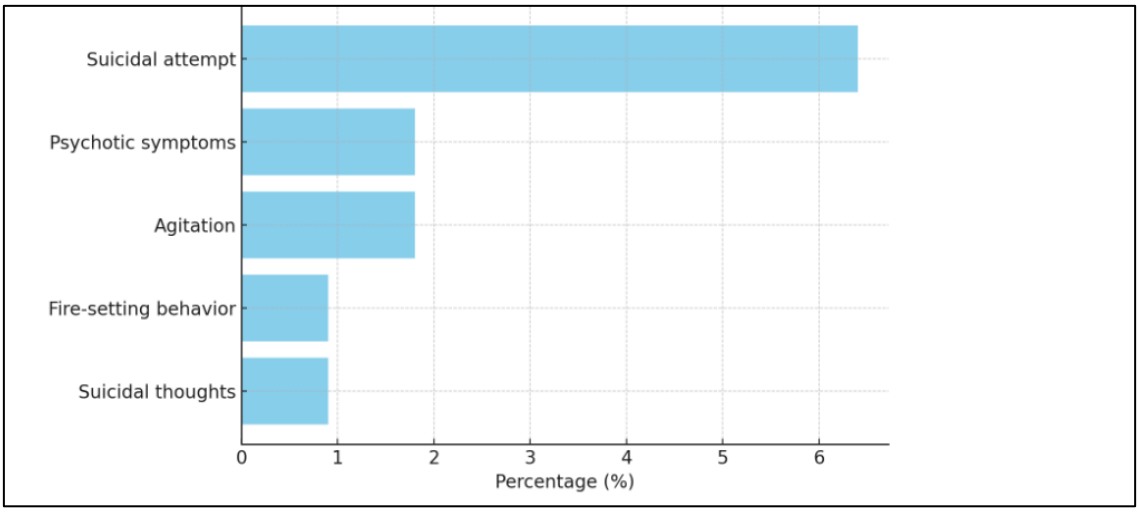


Figure 2: Motives leading to a referral for hospitalization

4. DISCUSSION

The findings of this retrospective study, conducted in the child and adolescent psychiatric emergency service of Arrazi University Psychiatric Hospital in Sale, Morocco, provide important insights into the clinical and demographic profile of young patients seeking urgent mental health care.

The mean age of consultation being 12.4 years align with international trends [2], in France, Blondon *et al.,* describe a decrease in the age of consultation, over 20 years, with 13.6 years in 1982, compared to 12.3 years in 2002.

In our study there was a predominance of female patients (59.6%) regardless of age, while in different studies there was more girls among old ages and more boys among young ages [2,3], some of these studies hypothesize that the explanation for this is that boys are more likely to express their distress through externalizing disorders, which prompt faster referral to emergency services, whereas girls tend to present with internalizing disorders. Another study by Marcelli and Mezange [4] emphasize, that frequent visits of boys to pediatric emergency departments for repeated trauma should alert clinicians, as these presentations often reflect underlying psychological distress and may represent suicidal equivalents."

Our study further underscores the central role of families, who were often the driving force behind the request for psychiatric consultation. Similar findings have been reported in France [2,5] an even higher numbers in Anglo-Saxon countries [6]. The high proportion of families presenting voluntarily suggests a

growing awareness and willingness among families to seek specialized care, and the availability of psychiatric care and specialized services. The referral pattern was predominantly done by Rabat Children's Hospital (HER) [7], in fact a cross-sectional study conducted there showed that mental health problems accounted for 5.6% of emergency department consultations among adolescents, that goes hand in hand with a survey conducted in Paris hospitals which found that psycho-behavioral disorders accounted for between less than 1% and more than 7% of adolescent emergency visits [8], this shows that psychiatric emergencies are relatively rare in proportion in these structures but very significant in their role as a gateway to care.

The analysis of consultation motives, detailed in Table 1, highlighted five main reasons, namely agitation (17.4%), suicide attempts (14.7%), somatic symptoms (13.8%), sexual (13.8%) and physical abuse (10%), similar results have been found in different studies, Blondon and al. [2] have found that in both years 1992 and 2002, nearly half of the cases that triggered an emergency consultation were agitated behaviors (suicide attempts, running away, agitation, aggressiveness, violence) while more specifically psychiatric disorders (depressive state, anxiety state, delusional symptomatology, somatic expression disorder) account for one-third of the cases. In other studies focusing on adolescents [3, 5] more than half of the emergency consultations were due to: suicide attempts, suicidal thoughts, anxiety, behavioral disorders, and depressive syndromes.

Suicidal attempts were one of the most frequent consultation motives in our study with a clear female predominance and an average age of 14.2 years. According to a national survey conducted in 2016 as part of the Global School-based Student Health Survey (GSHS) carried out among a cohort of 6,745 students aged 13 to 17 years, 16% of students aged 13 to 17 years had seriously considered suicide, with slightly higher rates among girls (17.9%) than boys (14%). Additionally, 13.6% of these students had made one or more suicide attempts, keeping in mind that these numbers are likely underestimated due to the persistent taboo surrounding suicide in Morocco as is the case in many cultures.

Overall, outpatient referral was predominant in our study (88%), when it comes to patients requiring hospitalization, the referral is made to an adult facility given the lack of facilities suited to this age group. It has been noticed that even in countries with dedicated hospitalization facilities, hospitalizations are less frequent proportionally but remain stable in absolute numbers, at the CPOA [9], between July 1, 1992, and June 30, 1993, hospitalization was decided in 36% of cases. A similar figure was reported at the SAUP of Bicêtre University Hospital in 1999 [10]. According to Sills and Bland [10], in the U.S. state of Colorado, the hospitalization rate is 19.4%, a study conducted by Benarous et al. in the child and adolescent psychiatric emergency department at Pitié-Salpêtrière shows that outpatient follow-up decisions have steadily increased, rising from 43.9% in 1992 to 59.2% in 2017, while hospitalization rates have declined by 18.6% over 25 years [12,13]. This could be due to the lack of dedicated facilities for this age group which stands out sharply in the face of the growing psychiatric and psychological needs of adolescents. It should also be emphasized that psychiatric hospitalization is far from a trivial experience for a child [14], even though some studies have highlighted the complementarity and potential benefits of combining outpatient follow-up with hospitalization in adult facilities [15,16].

In our study, the primary indications for hospitalization were suicide attempts and suicidal ideation, severe agitation, psychotic symptoms, and behaviors such as fire-setting, these findings are consistent with data from the literature. For instance, So *et al.,* [17], identified behavioral disorders, and suicidal risk as significant factors for hospitalization. Similarly, Gerson *et al.,* [18], in their study of general emergency admissions in New York, found that a diagnosis of psychotic or mood disorder, the presence of active suicidal ideation, and aggressive behavioral disturbances were significantly associated with hospitalization.

5. CONCLUSION

Child and Adolescent psychiatric emergencies present certain particularities not only in their presentations but also both in their management. Understanding the characteristics, trends, and outcomes of these emergencies not only sheds light on patterns of care but also provides valuable insights for improving the quality and accessibility of emergency interventions.

The younger mean age of consultation and the wide range of presenting complaints—spanning agitation, somatic symptoms, suicidal ideation and attempts, as well as experiences of physical or sexual aggression—reflects both the complexity and the urgency of the mental health needs of children and adolescents in Morocco.

Our findings contribute to a better understanding of the evolving trends among those seeking psychiatric emergency care, especially considering the scarcity of comprehensive data on child and adolescent mental health, as emphasized in the 2019 Situation Analysis of Children report.

These observations underscore the pressing need to strengthen the continuum of mental health services. In particular, the development of dedicated inpatient and outpatient structures tailored for this population.

Ultimately, investing in child and adolescent psychiatric emergency services is not only a clinical necessity but also a public health priority, essential for safeguarding the well-being and future of Morocco's youth.

LIMITATIONS

This study has several limitations that should be acknowledged. First, its retrospective design relies on medical records, which can be incomplete or inconsistently documented. Second, the relatively limited sample size constrains the generalizability of the results and may reduce the ability to capture less frequent but clinically relevant motives for hospitalization. Third, this limitation relates to the presence of unspecified referrals, which was due to uncomplete Data collection. This lack of specification may have led to incomplete categorization and limited the precision of our analysis regarding referral patterns.

Lastly, the study was focused exclusively on new patients consulting at the emergency service. This approach may overlook important patterns among patients with recurrent visits.

Conflict of Interest Statement: The authors declare that they have no conflicts of interest.

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