

OFFICIAL ACTIONS

Position Statement on the Separation of Children and Adolescents from Adult Patients in State Mental Hospitals

This statement was approved by the Assembly of District Branches at its October 24–27, 1980, meeting and by the Board of Trustees at its December 12–13, 1980, meeting. It was prepared by the Task Force on Children and Adolescents in State Mental Hospitals of the Council of Children, Adolescents and Their Families.¹

A SURVEY of all states undertaken by the Task Force on Children and Adolescents in State Mental Hospitals of the Council on Children, Adolescents and Their Families during the period from 1977 to 1978 found that the quality and type of services being provided varied widely among states and even within each state. Only 18 states provided units specifically designated for children under the age of 14. Thirty states provided separate units for adolescents and a number of states provided units that treated both children and adolescents. Four states reported that because they did not provide separate units for young patients they had no choice but to admit children and adolescents to adult state hospital wards. Twelve other states responded that at times their

state hospitals have placed overflow child admissions in adult wards and 25 states answered that their hospitals sometimes admit adolescents to adult wards.

While administrative rulings cannot assure quality of care, separation of children and adolescents from adults is a minimal prerequisite for adequate programming for their needs. Furthermore, separation of children from adolescents offers the opportunity for more specific programs for youngsters of different ages. Children and adolescents are better served by units specializing in acute or chronic conditions, certain conditions such as autism or brain dysfunction, or impulsive, violent adolescent behavior.

Therefore, be it resolved that the American Psychiatric Association:

1. Opposes the injurious practice of mixing children and adolescents with adult patients in state mental hospitals.
2. Urges the states to separate children from adolescents and to provide for each age grouping appropriate high-quality inpatient facilities or to arrange for provision of such care.
3. Urges the district branches to take whatever action is necessary to assure that the goals of this position statement are accomplished.

¹The Task Force on Children and Adolescents in State Mental Hospitals included Paul N. Graffagnino, M.D., chairperson, Ulysses E. Watson, M.D., Sidney Berman, M.D., Helen Gray, M.D., and Henry Coppolillo, M.D. The Council on Children, Adolescents and Their Families included Frank Rafferty, M.D., chairperson, Leonard Lawrence, M.D., vice-chairperson, Viola Bernard, M.D., John F. McDermott, M.D., Silvio J. Onesti, M.D., Larry B. Silver, M.D., Edward H. Futterman, M.D., Wesley Carter, M.D., observer-consultant, Herbert S. Sacks, M.D., Assembly liaison, Henry B. Brackin, Jr., M.D., Board liaison, and Jeanne Spurlock, M.D., staff liaison.