BY PAUL J. FINK, M.D.

FINK! STILL AT LARGE

The reaction of some parents to Nebraska's safe haven law caught many off guard. What do the events in Nebraska suggest about the need for mental health services for adolescents?

The highest form of abuse is abandonment, and that is what we saw happening in Nebraska last fall under the state's "safe haven" law. What started out as a well-intentioned effort to protect vulnerable infants left by their parents at a state hospital ended up legitimizing the abandonment of older children—mostly boys—whom parents were battling to support and control.

The drop-offs were at once shocking and surprising to those who are not familiar with parents who abuse their children physically, sexually, and/or emotionally. But many in family- and child-oriented professions understand all too well that the need for protective agencies and safe haven provisions exists exactly because there is so much abuse.

When Nebraska finally got around to passing the law last summer (it was the last state to do so) it had a glaring omission: There was no age limit after which a child could not be dropped off. By the time the 36th child had been dropped off just before Thanksgiving Day, it was clear that the law had made it easy for parents to cast off responsibility for their children onto the state.

Data from the Nebraska Department of Health and Human Services paint a sad and desperate scenario: Not one of those 36 children was an infant; only 6 were aged under 10 years (the youngest was 1 year old); and the rest ranged in age from 11 to 17 years. There were 23 boys and 13 girls, of whom 5 had been taken to Nebraska from other states. In addition, based on earlier data from 30 children, the department reported that 28 were from single-parent homes, 22 had a parent with a criminal record, and 27 had received mental health treatment.

State lawmakers subsequently met in a special session on Nov. 22 to revise the law so that now no child older than 30 days can be dropped off. However, the problems that led up to the crisis remain pervasive.

Sometimes parents are driven by untenable circumstances to abandon a child. It is a sad phenomenon of our times that many teenage girls will hide an unwanted and unplanned pregnancy, then give up the baby as soon as it is born. It might be that they have no interest in the baby, but it is more likely that their decision is shaped by their desperation.

Desperation also might spur a single mother whose son becomes violent and threatening within in the family to "get rid of him" by taking him to a safe haven, or it might be why one Nebraska father left 9 of his 10 children, aged between 1 and 17 years, at a hospital. He could no longer cope after the death of his wife, he told the staff.

But other parents might give up a child because they are disheartened or even disgusted by the child's apparent inability to be socialized, cooperative, or responsible. That smacks of rejection. It says to a child that it is damaged, not loved, and not lovable. What a crushing message! What children most need from their parents is unconditional love—not harsh, perhaps violent, discipline that can lead to fear and hatred instead.

It's very hard for children to reconcile that they're not wanted or to comprehend that their parents would decide to hand them over to state authorities. Yet for many children, not just those in Nebraska, this is a reality.

A key theme of a recent film illustrates how painful it can be when a child wonders whether her mother loves her. "The Secret Life of Bees" is about a girl who is told by her father that her mother left home, came back to get her things, and did not come for her daughter. The child is haunted by this revelation and at the end of the movie asks her father whether what he said was true. He tells her that he lied and that her mother had intended to take the daughter with her. This is a remarkable movie that captures the most important question that a child has: "Does my mother love me?"

In Nebraska, each case of abandonment is as uniquely complex as it is heart wrenching. The HHS data mentioned earlier, though not scientific, do hint at a possible trend. The real challenge on the part of providers and policy makers is to understand the dynamics that precede such drop-offs in a bigger sample nationwide.

In December, the Institute of Medicine and the National Research Council released a report, "Adolescent Services: Missing Opportunities." It focused on broader health care services for this population, but it included some interesting points pertaining to mental health.

The authors defined adolescents as individuals aged 10-19 years of age—remember that 30 of the 36 children dropped off in Nebraska were aged between 11 and 17. They described mental health care services for adolescents as being fragmented and inadequately coordinated, and that they are not sufficiently accessible, especially for children in "safety-net settings." Confidentiality and difficulties with referral between primary and specialty care providers also were cited as complicating factors.

In particular, the authors emphasized that adolescents' health needs are "unique" and that their care should to tailored to those needs. They also stressed that behavioral health should be integrated into routine health services.

So what about the behavior and circumstances behind the abandonments? Those are the basic causes, and they're rooted in the home and school.

In the home, as I have mentioned, I believe that children need unconditional love, and—yes, even from their parents—respect. They need guiding rules and routines that provide security, perhaps a mentor or relative to compensate for an absent parent. Children are not hardwired like a washer or dryer to perform specific tasks. They learn by adult example how to be a contented, accomplished adult and members of society. And unlike appliances, they can't be discarded if they "don't work."

School plays a complicated role when it comes to at-risk children. In theory, it should offer an effective venue for identifying and supporting at-risk children. Some schools do so, but in practice, educators at many middle and high schools struggle to control the children.

In Philadelphia, we tried to institute policies and programs aimed at addressing the needs of these children by having the teachers do what parents should be doing at home: Establish codes of conduct. However, these came with a detailed outline of punishments for various infractions, with the result that schools became more discipline driven and punishment driven than ever, and suspensions and expulsions were the order of the day.

With many children who are deemed out of control, schools adopt an anywhere-but-here attitude, which results in suspensions or the transferring of a child to another school or to an alternative (formerly known as reform) school. That sounds very similar to parents dropping off their children at a hospital.

We must work harder to understand what makes a particular child misbehave and struggle with understanding his or her role at home, in school, and in society. The crisis in Nebraska is a commentary on the importance of instituting policies and programs aimed at making sure that adolescents—and their parents—get the mental health care and support that they need. ■

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Self-Mutilation Is Not Novel, but Still Needs Early Intervention

BY SUSAN BIRK
Contributing Writer

CHICAGO — Reports by radiologists showing multiple cases of self-mutilation by adolescents involving the deliberate embedding of foreign objects must be kept in perspective, according to Dr. Louis Kraus, chief of child psychiatry at Rush Medical Center, Chicago.

"This is not novel," he said in an interview. "In my practice, I've seen kids self-embedding for more than 20 years. The important thing is to understand the psychopathology behind it and how best to intervene."

In one such report by radiologist William Shiels II, a pattern of self-injury was discovered during an ongoing longitudinal study of a novel percutaneous, image-guided, minimally invasive technique to remove soft tissue foreign bodies (STFBs) in pediatric patients.

Data on 505 patients over 13 years of age have demonstrated the technique's safety and effectiveness in removing STFBs with minimal scarring. In the vast majority of patients treated with the procedure, the injuries were accidental (stepping on a piece of glass, for example); however, in 10 patients, the injuries clearly were self-inflicted. One patient had inserted unfolded paper clips measuring 16 cm in length bilaterally into her biceps muscles.

Dr. Shiels, who is chief of radiology at Nationwide Children's Hospital, Columbus, Ohio, presented the results of a study of 10 patients at the annual meeting of the Radiological Society of North America.

Of these patients, 90% demonstrated suicidal ideation or behavior, and all had multiple psychiatric comorbidities, such as bipolar disorder, borderline personality disorder, depression, posttraumatic stress disorder, attention-deficit/hyperactivity disorder, and obsessive compulsive disorder.

All of the children had histories of psychological, physical and/or sexual abuse, had been removed from their families, and were living in foster homes or group homes. The children crossed all socioeconomic strata and racial groups; 90% of the patients were girls. Seventy percent of the patients embedded objects more than once, and of these, 71% demonstrated an escalating pattern of self-injury with increasingly large, painful objects.

The patients presented to the emergency department for treatment for one of three reasons: pain, shame, or guilt about their embedding behavior, and complications (usually an infection).

For the most part, adolescents who engage in these behaviors are not suicidal, Dr. Kraus said. "Typically, this behavior is seen in kids who have difficulty expressing some type of psychic pain. This is essentially a superficial form of self-mutilation."

Dr. John Campo, chief of child and adolescent psychiatry at Nationwide Children's Hospital and Ohio State University, also in Columbus, said in an interview that the self-embedding behaviors "might represent one extreme of nonsuicidal self-injury or perhaps even a distinct problem."

However, he added, "This is a clinical case series—no more and no less—so we do need to be careful about making excessive generalizations." ■