

# DATA CORNER

988 and Core Crisis Continuum



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Implementation Planning

# Youth in Crisis

- From 2011 to 2020, pediatric mental health-related visits increased from 4.8 million (7.7% of all pediatric ED visits) to 7.5 million (13.1% of all ED visits)
- Youth more likely to be Black or Latinx, be on Medicaid, be in families without two parents, and have aggressive outbursts or suicidal behavior
- The Pandemic Changed Everything
  - Fewer kids in the ED; more mobile crisis services
  - Among publicly insured youth, boarding increased by 25.3%
  - Higher rates of 30-day readmissions
  - Significantly less likely to discharge to inpatient psychiatric units or community-based acute treatment facilities

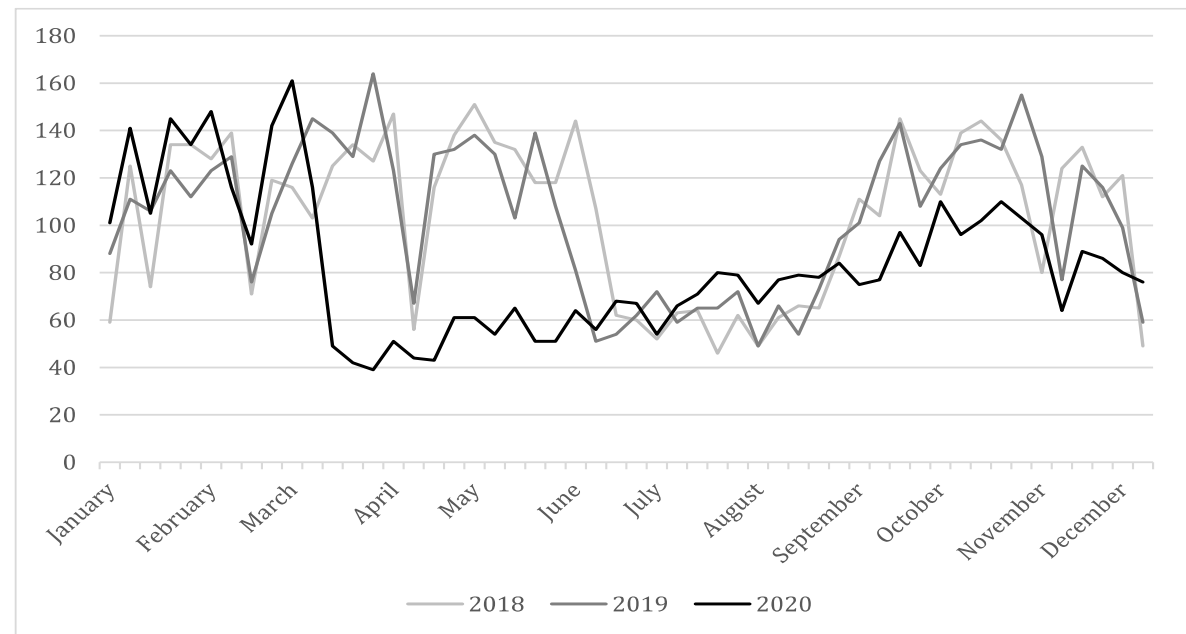


Fig. 1. Weekly PES encounters.

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## Original Research Article

# Addressing the Pediatric Mental Health Crisis in Emergency Departments in US: Findings of a National Pediatric Boarding Consensus Panel

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on behalf of the Pediatric Boarding Consensus Guidelines Panel<sup>2</sup>

Feuer V, Mooneyham GC, Malas NM, et al. Addressing the Pediatric Mental Health Crisis in Emergency Departments in US: Findings of a National Pediatric Boarding Consensus Panel. Journal of the Academy of Consultation-Liaison Psychiatry 2023.

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<https://www.sciencedirect.com/science/article/pii/S2667296023000897>

## Delphi Panel Recommendations

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24-hour limit on boarding in the emergency department should prompt transfer to an inpatient pediatric floor

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Pediatric patients should not be cared for in the same space as adults.

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Emergency medicine or hospitalists should maintain primary ownership of patient care and child psychiatry should maintain a consultative role.

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Social work most important for staffing, followed by behavioral health nursing, psychiatrists, child life, rehabilitative services, and learning specialists.

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Daily evaluation is necessary with vital signs obtained every 12 hours.

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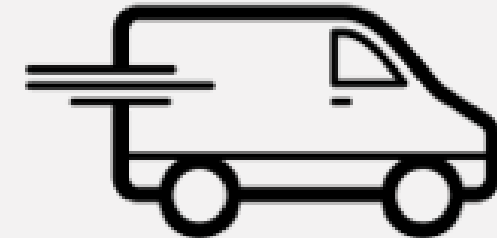
If a child psychiatric provider is not available on-site, a virtual consultation is sufficient to provide mental health assessment.

# Mobile Crisis for Youth

Mobile crisis has reduced ED use among youth (Connecticut)...but another study of adults/youth showed more ED utilization (Iowa)

Los Angeles: 91.8% of youth received some outpatient services after mobile crisis visit, but only 56.7% of youth received  $\geq 1$  therapy session. 3% received inpatient care.

New York: Multiple mobile crisis episodes (22.2%) more likely in youth who are non-Hispanic, have adjustment, conduct, mood, or suicidal thoughts & behaviors, have more mental health care.



***These are single-site heterogenous studies and need to be replicated in more generalizable settings***

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