Welcome to the 2022 Fall / Winter MACEP Pediatric Newsletter!

We recognize that this is shaping up to be a busy Fall/Winter season. We hope that this newsletter brings you some helpful information and serves as a reminder that we all have common struggles, but hopefully, in working together, we can make this season a success in caring for our pediatric patients. In this edition of the Pediatric Newsletter, you will find a resident piece on the behavioral / mental health crisis, resources for you and your team to use in caring for these vulnerable children and their families, and an overview of general boarding issues with a chance to make your voice heard through ACEP Advocacy.

Psychiatric Emergencies & Boarding in the ED: Part of a Growing Mental Health Crisis

The COVID-19 pandemic has only further exacerbated the pediatric mental health (MH) crisis that has already been brewing in the United States for the past decade. This short article will aim to address the statistics behind this crisis, the risk factors that lengthen patient boarding in the ED, suggestions on how to expedite and improve the quality of psychiatric care for ED boarders, and current methods of combating and redirecting urgent mental health services in the greater community.

Prior to the COVID-19 pandemic, there was already a dearth of pediatric psychiatric providers, as well as inpatient and step-down psychiatric facilities. The pandemic has been shown to negatively affect the mental health of children through a variety of ways, including the loss of parents/caregivers, disruption of social activities, disruption of academic routines, increased time spent at home, loneliness, and increased social media use. [1] Although the mean number of MH visits to EDs initially decreased when COVID-19 mitigation measures were implemented, the proportion of ED visits for MH concerns then significantly increased from 2019 to 2020, by 24% for 5-11 year olds and 31% for adolescents. Between the winters of 2019 and 2020, there was a 50% increase in...
suspected suicide attempts among adolescent girls. [2] MACEP itself had presented data demonstrating that the average boarding time in the ED for pediatric mental health patients rose to 59 hours, an increase by more than 25 hours between July 2019 and January 2021. [3] Given the growing pediatric mental health crisis nationwide, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children’s Hospital Association (CHA) jointly declared a National State of Emergency in Children’s Mental Health in October 2021. [4]

It is important to identify the risk factors that contribute toward prolonged psychiatric boarding in the ED. These risks include younger age, suicidal or homicidal ideation, lack of insurance, use of physical restraint, and Hispanic ethnicity. [5, 6] One observational study found that the odds of a prolonged length of stay for MH visits were threefold greater compared to non-MH visits. Similarly, being of Hispanic ethnicity was associated with nearly threefold odds of prolonged length of stay >12 hours. [6] Longer lengths of stay contribute towards ED crowding and more importantly, delays to definitive specialized psychiatric care that these patients ultimately need.

As a pediatric resident, I have called psychiatric facilities on a daily basis to inquire whether beds are available for boarders in the ED and inpatient wards. The case managers I have worked with have been wonderful in assisting this process as well. To expedite this coordination of care, perhaps there should be a state-wide platform through which psychiatric facilities can update their bed availability in real-time and hospitals can formally apply for the next bed available. Furthermore, to establish a standard of care, psychiatric and ED providers should consider establishing joint protocols or pathways for common psychiatric presentations, especially with regard to pharmacologic interventions and physical restraint particularly if psychiatry is not available to respond 24/7. If possible, EDs should consider including Child Life in their department for emotional support. All ED staff, including Security and Child Life, should consider undergoing training in verbal de-escalation. Lastly, it may be worthwhile to dedicate a space solely for psychiatric and behavioral health patients to reduce the risk of behavioral escalation that could be triggered by the busy, and at times chaotic, ED environment. [5]

Outside of the ED, great strides have been made to prevent, alleviate, and manage mental health crises in the community. Effective community prevention and management will, in turn, alleviate the volume of patients and severity of cases presenting to the ED. The rise of telemedicine during the COVID pandemic has boosted the popularity of telepsychiatry, allowing patients greater access to online therapy or other psychiatric services. In July 2022, the 988 Suicide & Crisis Lifeline officially went live, offering a free and confidential nationwide hotline. [7] Community mobile crisis teams are on the rise as well. Most recently in September 2022, the US Department of Health and Human Services approved Medicaid coverage for community-based mobile crisis services in Oregon. [8] More locally, the Boston Emergency Services Team (BEST) has graciously provided 24/7 emergency mental health services to children and adults in several surrounding Boston communities, redirecting non-emergent cases to urgent care and mobile crisis teams that include psychiatric providers. A retrospective review published in 2022 found that over a third of BEST encounters between 2005 to 2016 were conducted outside the ED setting, including patient homes, schools, urgent cares, and shelters. [9] These patients may very well have otherwise presented to the ED. This recently published retrospective review offers promising data, although pre-pandemic.
I look forward to hopeful future studies that may analyze the impact of BEST and the 988 Suicide & Crisis Lifeline specifically during the COVID-19 pandemic.

As ED providers (and as a hopeful future one myself), we should first and foremost strive to streamline and improve psychiatric care in the ED. Beyond the ED, we should consider joining the greater community effort to increase federal funding for psychiatric care, expanding access to psychiatric facilities, and engaging with community-based mobile crisis teams, as this will in turn affect the volume, severity, and prognosis of patients presenting to the ED in psychiatric crises. The approach to tackling our national mental health crisis will require our commitment to efforts both inside and outside the ED.

Anna Zhang, MD
PGY2, Tufts Children's Hospital

References


Many families are struggling in finding behavioral health services for their children who are facing mental health struggles. Below are some strategies to share with families from the Boston Children’s Hospital Emergency Psychiatry Service Resource and Information Packet.

Emergency Services Program (ESP)
Every ESP provides behavioral health crisis assessment, intervention and stabilization services, 24 hours per day/7 days per week/365 days per year. Some services ESP can provide include emergency evaluations in the community (in person or via zoom), 7 days of daily follow-ups and check-ins following a crisis evaluation, and help setting up outpatient supports in the community. Services might vary based on insurance. Services are provided at no cost to those with MassHealth (Medicaid), Medicare, or people without health insurance. Some people with commercial insurance can also get these services. All families can call directly to learn more about services available for them and their children. More information is available at https://www.masspartnership.com/member/esp.aspx. Families can call 1-877-382-1609 to learn which mobile service center is closest to them.

Massachusetts Behavioral Health Access website
Utilize the Massachusetts Behavioral Health Access website (https://www.mabhaccess.com/) to look for open providers at a variety of levels of care, including walk in outpatient services.

a. The Massachusetts Behavioral Health Access (MABRA) website helps both providers and individuals locate openings in mental health and substance use disorder services. A user guide can be found on the home page.
b. It is recommended you call ahead to ensure the providers’ openings are accurate and that your insurance is accepted.

Therapy Matcher
Use websites, such as Therapy Matcher (therapymatcher.org) to help you find an appropriate provider for you or your child's counseling needs.
Call the number on the website (800-242-9794) or email info@therapymatcher.org with your name, a call-back number and a social worker will call you back to help define your needs, answer questions, and recommend several potential therapists. They will continue to work with you and your child until they've connected you to the right therapist.

Primary Care
If they haven’t already, they should contact their PCP for an immediate visit.

a. They can ask their PCP about what behavioral health options exist on site through integrated care.
b. They can ask their PCP about Massachusetts Child Psychiatry Access Program (MCPAP) [www.mcpap.com]. This website helps PCPs integrate with behavioral health resources and can help provide access to psychiatric consultations/facility referrals.
c. Who can benefit from MCPAP?
—Free to all children and families through PCPs, free to PCPs
—Also has free online resources about mental health for families and children

Patient’s Insurance
If they haven’t already, they should call the behavioral health number, located on the back of their insurance card OR look online on their insurance’s website to find in network providers.

- Joyce Li, MD
Still looking for more resources for your team?

As you may recall from our Fall / Winter 2021 Pediatric Newsletter, The New England Emergency Medical Services for Children (EMSC) Regional Collaborative created the New England Regional Behavioral Health Toolkit, a free, open-access resource including an activity packet, training videos and podcasts, and the comprehensive care bundle packed with tools for pediatric patients boarding in your ED. [LINK]

The EMSC Innovation and Improvement Center (EIIC) has also published two PEAKs (Pediatric Education and Advocacy Kits), which are developed as best practice educational resources and include bottom-line recommendations and learning modules, on Agitation and Suicide. [LINK]

![EIIC Logo](https://example.com/eiic-logo.png)

**Bursting at the Seams: Boarding and Overcrowding as the new normal**

Emergency Department (ED) overcrowding and boarding of patients has been an increasingly important challenge for many EDs, and not only for those patients awaiting a psychiatric placement as Dr. Zhang highlighted in her article.

Even before the pandemic, EDs were seeing an increase in overcrowding and boarding patients. Now, with ED volumes rising and widespread healthcare workforce shortages, these difficulties have become more apparent. Recent data presented at ACEP 2022 showed that for every 10 minutes of boarding in the ED, door-to-provider time increased by 0.8 minutes and left without being seen (LWBS) increased by 0.1%. [1] A recent systematic review analyzing the most studied ED crowding measures found that ED crowding was also associated with higher mortality, worse quality of care, and a worse perception of care. [2]

While these problems are multifactorial and often secondary to hospital-wide and systemic healthcare delivery issues, many EDs are trying to find solutions to improve patient care. EDs may choose to focus on supporting morale and combating burnout, augmenting support services, and creating flexible utilization of existing spaces to evaluate and treat patients. [3] System-wide recognition that ED overcrowding and boarding is a patient safety concern and not just an annoyance for ED providers, is an important first step in moving toward solutions together.

**Submit your story for ACEP Advocacy**

See the new ACEP ED Boarding Resource page: [LINK]

ACEP Advocacy is looking for your help in promoting the issues that impact patient care as a result of ED overcrowding and boarding. ACEP would like to highlight your story when advocating on your behalf to lawmakers that a change is needed now. If you have a story that represents the true depths of this issue, please consider submitting to ACEP: [LINK]

-Lauren E. Rice, MD

References:
Take time to enjoy the beauty of quiet moments when they can be stolen.

Stay Safe!

Sunset in Camden

January 25, 2022
Camden, Maine
by Lauren E. Rice
(always aspiring to be more like Dr. Emory Petrack)