

## Study finds rising rate of mental health visits among youth to emergency departments

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While the number of pediatric emergency department (ED) visits across the nation has remained stable over the last 10 years, visits for mental health disorders have risen 60% and the rate of visits for deliberate self-harm have increased 329%.

In a study published today in *Pediatrics*, Nationwide Children's Hospital researchers looked at the number and reason for mental health-related ED visits. They also examined the geographic location of EDs and the overall number of <u>children</u> coming to each ED. Previous studies have shown that low pediatric volume EDs and EDs in rural settings are less prepared for all pediatric emergencies, and only one third of rural facilities have pediatric mental health policies or mental health transfer agreements.

Rachel Stanley, MD, division chief of Emergency Medicine at Nationwide Children's and the study's senior author said, "We would like children to go to their primary care provider or a psychiatrist, but EDs are the safety net for children with mental health disorders, and we need to be able to take care of them. Knowing why children are going to the ED is essential to making sure the EDs are prepared to treat them appropriately."

Over the 10-year study period, most visits occurred at non-children's EDs in both metropolitan and non-urban settings. The study looked at children 5 to 17 years old, and data is representative of all U.S. emergency departments.



Findings showed the highest jump in ED visits was among 15- to 17-year-olds (68% increase), and while the rate grew among both males and females, it was more pronounced in girls (74% increase). Additionally, visits for substance use disorders rose by 75%, with alcohol-related disorders decreasing by nearly 40% and substance use disorders significantly increasing (over 150%). The rate of visits for deliberate self-harm increased 329%.

"Examining the characteristics of EDs that children present to was important because outcomes have been shown to be directly linked to the volume and geographic location of the EDs," said Charmaine Lo, Ph.D., MPH, the study's lead author and senior research scientist in Emergency Medicine at Nationwide Children's.

Further research is needed to identify solutions that will better equip all EDs with the tools, personnel and resources to better manage pediatric cases, particularly those related to mental health.

Universal screenings for suicidal ideation, a recent requirement of the Joint Commission, is one step to improving the quality of care for those being treated for behavioral health conditions.

Study authors say telehealth services can also provide an avenue for increasing access to behavioral health specialists who can provide screening, assist with acute interventions, and support connections to continued care within the community, thereby avoiding long distance transfers, transportation costs and delays in care.

"The overall goal of our work is to improve preparedness of EDs for children," said Dr. Stanley. "Large children's hospitals with psychiatric providers can offer outreach services to these smaller EDs in the form of telehealth. Another solution is more training for emergency physicians and nurses so they know how to treat and triage children."



Recently, a team of experts from areas including Emergency Medicine, Psychiatry and Behavioral Health at Nationwide Children's collaborated to develop and open a Psychiatric Crisis Department dedicated solely for youth and adolescents in a behavioral or mental health crisis. Designed with safety for its patients as a top priority, the Psychiatric Crisis Department opened in March 2020 at the Big Lots Behavioral Health Pavilion at Nationwide Children's, the largest center of its kind on a pediatric medical campus.

The need for the Pavilion and others like it around the country are essential as one in five children is living with a significantly impairing mental illness that interferes with everyday life. Half of all lifetime mental health concerns start by age 14. Children don't wear their mental health on their sleeves, so there is an unprecedented need for evidence-informed resources and support for children. On Our Sleeves is the movement to transform children's mental health through education, advocacy and research. Its mission is to provide every community in America with free resources necessary for breaking child mental health stigmas and educating families and advocates.

## Provided by Nationwide Children's Hospital

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