Pediatric Mental Health- No longer a smoldering crises

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Bio

Dr. Grover currently serves as the Chair of the Pediatric Emergency Department at Cleveland Clinic. She also serves as a member of the Board of Governors . As an Emergency medicine physician, she understands the unique aspects of pediatric care and enthusiastically represents that niche.

As past President of Ohio chapter of American College of Emergency Physician- her leadership and advocacy efforts have focused on public health safety, mental health and Insurance policies. Besides authoring multiple articles in renowned peer-reviewed journals, numerous book chapters- she has been a guest speaker at local, national, and international venues. She is regularly invited on local / national television for her expertise

Disclosure

Financial- None

I do not intend to discuss any unapproved / investigative product/ device during my presentation

Learning Objective

- Understand the scope of this crises
- Gap Analysis
- Brainstorm some mitigation scenarios

AJ- Journey Map

- Patient’s persona
- Touchpoints
- Pain points
- Track the blind spots
- Identify all influences (internal/ external)

AJ Journey

EXPLORE
Services-
Community/ Hospital
system

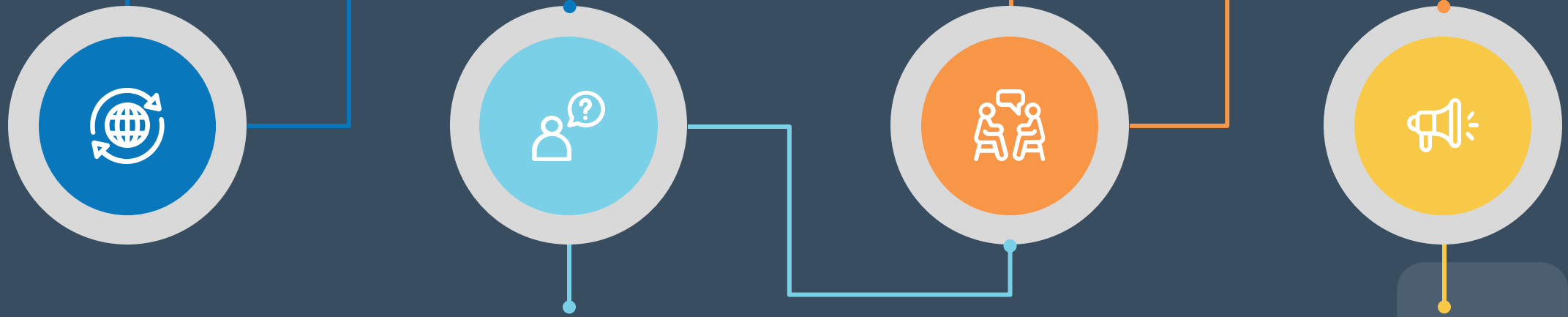
HARMONY
Everything aligns

DIAGNOSE
Likely lag

VIABLE
Insurance / logistics/
Right fit / Legal
aspects

AUTO PILOT

AJ's Real Journey



UNCERTAINITY

Stigma with MH, delay in diagnsis, often multiple rounds

RESOURCES

Roadblocks- outpatient access / insurance issues/ medication trials/ logistics

NOT VIABLE

Patient reaches breaking point

RESPONSE

Patchwork / Bandaid
Not sustainable
We are Broken

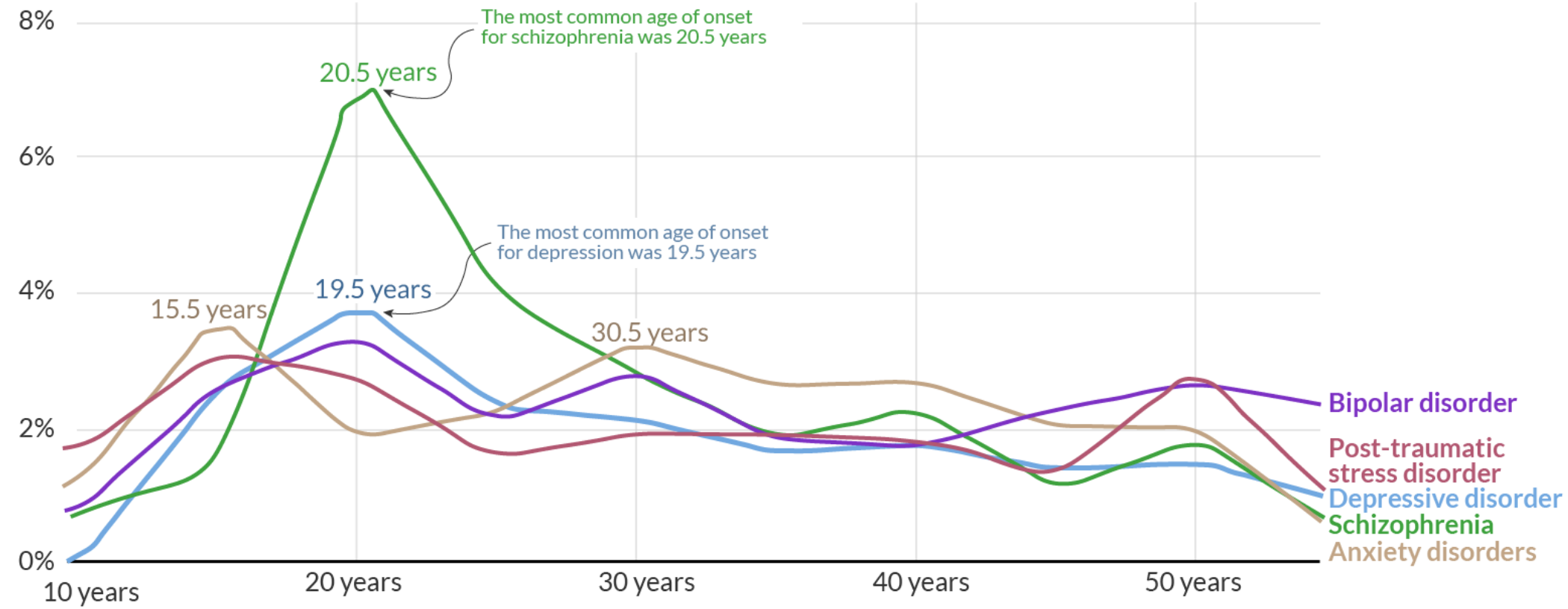
Current Data

- National
- Local
- Break down of data – ED setting

Age of onset of mental health disorders

Our World in Data

Share for whom the disorder begins at a given age



Source: Marco Solmi et al. (2021). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Nature Molecular Psychiatry*.


Prevalence of Behavioral and Mental Health Diagnoses up to Age 18
Depression 18.6%
Oppositional Defiant Disorder 12.6%
Conduct Disorder 6.8%
PTSD 4.7%
Panic Disorder 2.4%
Social Phobia 8.5%
ADHD 8.1%
Specific Phobia 19.9%
Any Disorder 51.3%
Murphey D, Stratford B, Gooze R,et al. Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People. Princeton, NJ: Robert Wood Johnson Foundation; 2014. Available at: www.rwjf.org/en/library/research/2014/07/are-the-children-well-.html

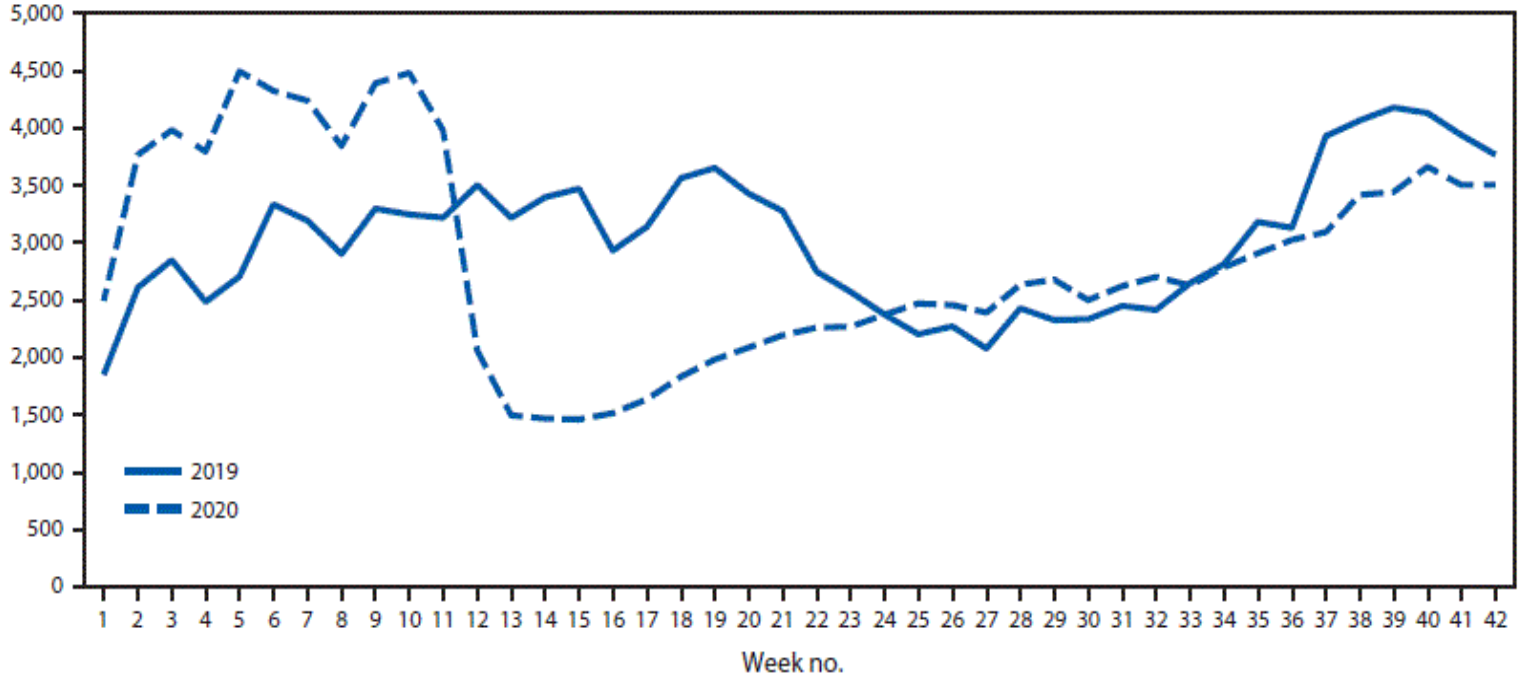
Data Worth Noting

- School age- Persistent feelings of sadness or hopelessness increased by 40 %

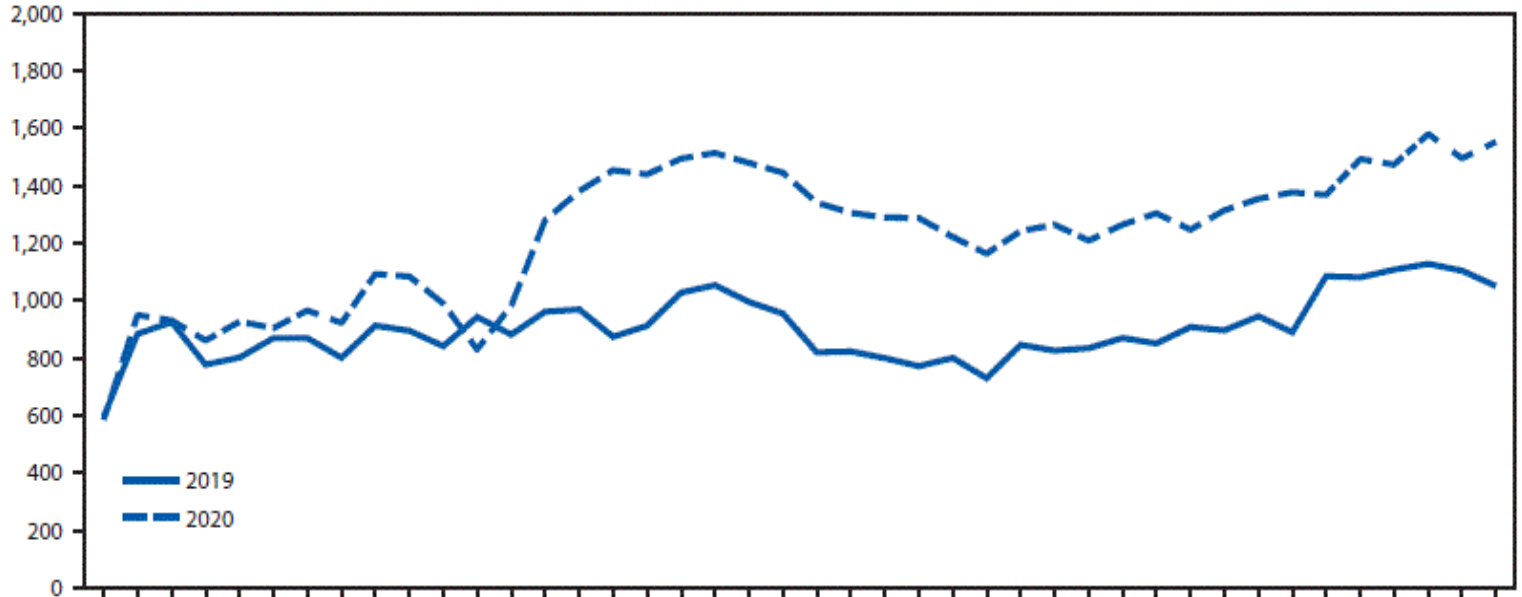
- Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019

- Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, and early estimates show more than 6,600 suicide deaths among this age group in 2020.

A. Mental health–related ED visits



B. Proportion of mental health–related ED visits per 100,000 pediatric ED visits per week

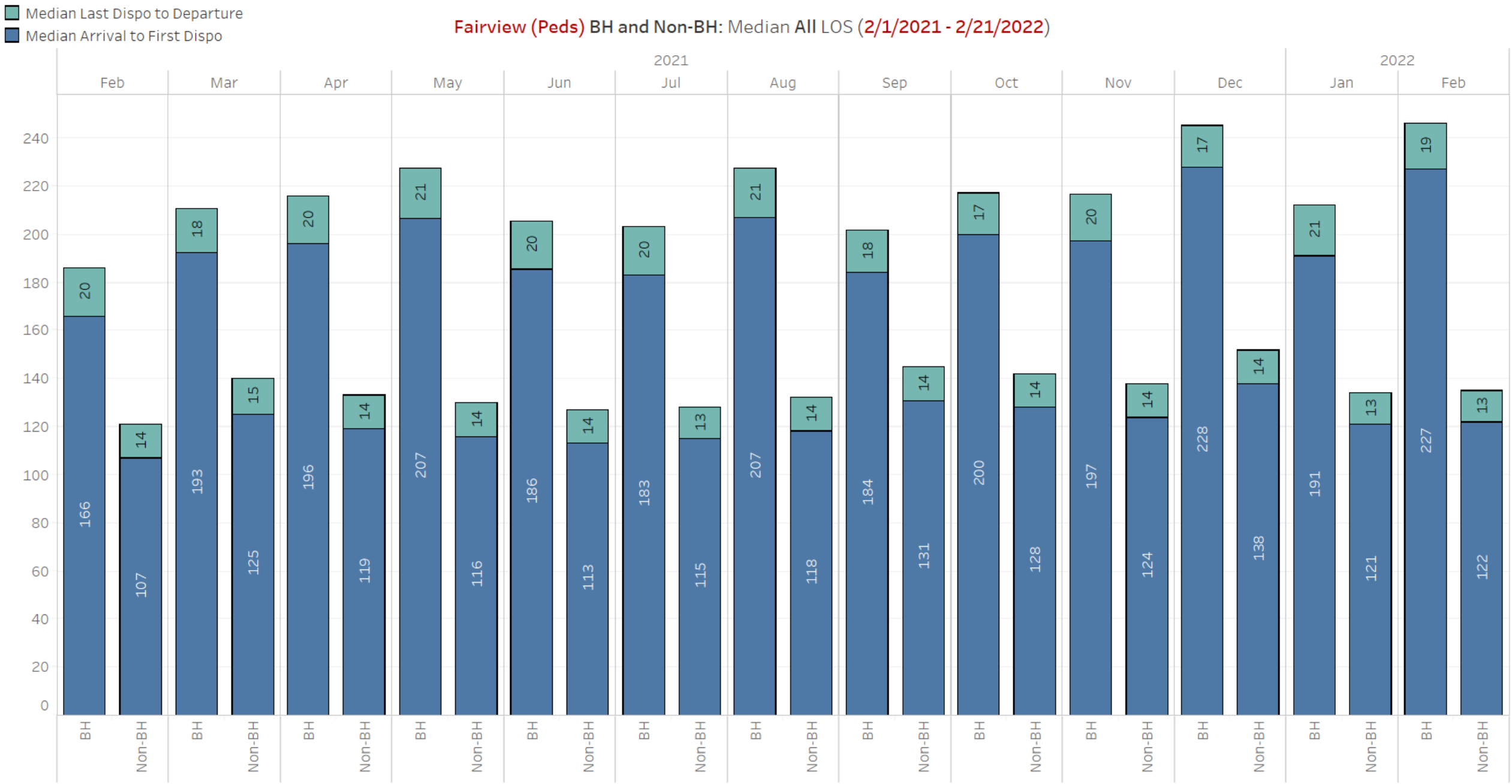


BH at Fairview (Peds) ED: 1/1/20 - 12/31/21

		N	%
	ED Encounters	3,416	
	Admitted	1,206	35.3%
	Discharged	1,946	57.0%
	ED Trauma	4	0.1%
Average Daily Census			
	ED Encounters	4.7	
	Admitted	1.7	
	Discharged	2.7	
Gender			
	FEMALE	2,031	59.5%
	MALE	1,381	40.4%
	NONBINARY	4	0.1%
Age at Encounter			
	Average	13.4	
	Median	14.0	
ED Length of Stay (Minutes)			
	Average	325.1	
	Median	230.5	
ED Sitter Hours			
	Average	5.3	
	Median	3.5	
ESI Acuity Level			
	Null	3	0.1%
	ESI-1	2	0.1%
	ESI-2	2,754	80.6%
	ESI-3H	422	12.4%
	ESI-3L	33	1.0%
	ESI-4	185	5.4%
	ESI-5	17	0.5%
Chief Complaint or Primary Dx (ED)			
	Chief Complaint Only	802	23.5%
	Primary Dx Only	827	24.2%
	Both Primary Dx and CC	1,787	52.3%

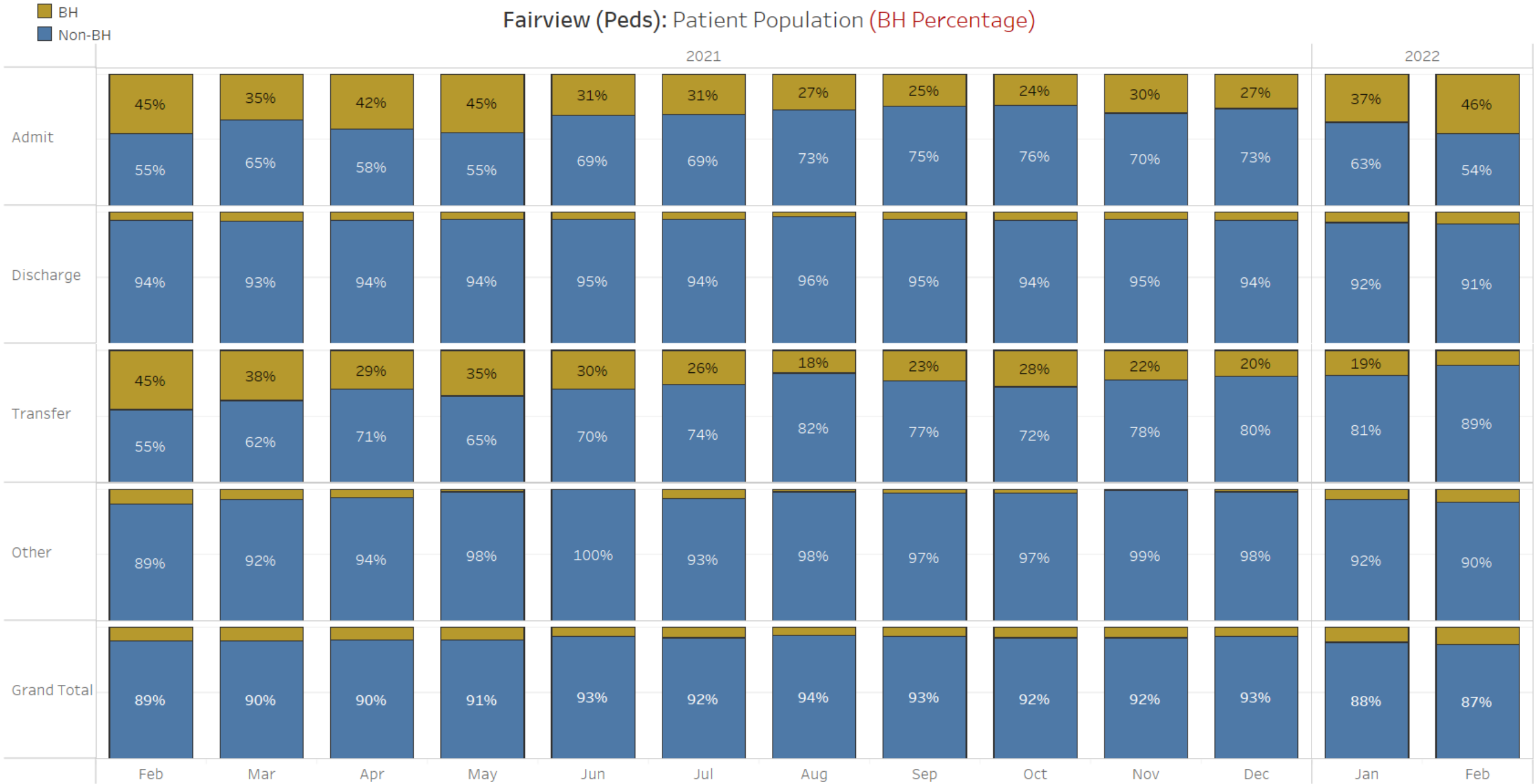
Cleveland Clinic

ED	Disposition	Date Range Start	Date Range End	BH Criteria Set
Fairview (Peds)	All	2/1/2021	2/21/2022	Multiple values



Cleveland Clinic

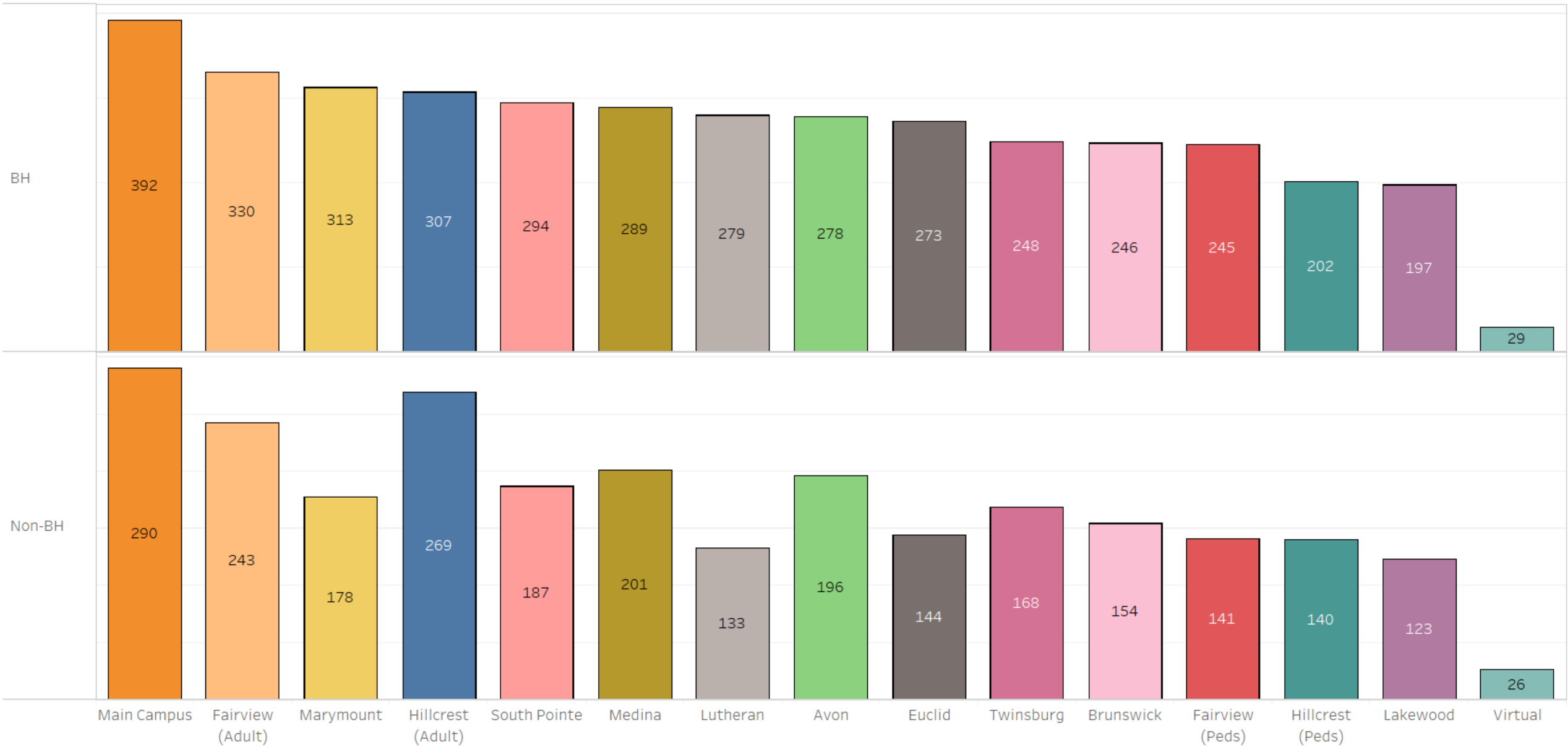
ED	Percent or Count	Date Range Start	Date Range End	BH Criteria Set
Fairview (Peds)	Percentage	2/1/2021	2/20/2022	Multiple values



Cleveland Clinic

Disposition	Date Range Start	Date Range End	Metric Selected	BH Criteria Set
All	2/1/2021	2/20/2022	Median LOS	Multiple values

Median LOS for All Encounters (2/1/2021 - 2/20/2022)



Glaring Numbers

- For PEDS ED pts being discharged - **163 minutes**
- For PEDS ED pts declined by Psych on call - **203 minutes**
- For PEDS ED pts being admitted to an inpatient BH Unit - **509 minutes**

Pediatric Psych Work Force

- American Academy of Child & Adolescent Psychiatry -2019

- There is a dearth of child psychiatrists...Furthermore, many barriers remain that prevent children, teenagers, and their parents from seeking help from the small number of specially trained professionals... This places a burden on pediatricians, family physicians, and other gatekeepers to identify children for referral and treatment decisions." (Mental Health: A Report of the Surgeon General, 1999)

-About 20% of U.S. children and adolescents (15 million), ages 9 to 17, have diagnosable psychiatric disorders

-Only about 20% of emotionally disturbed children and adolescents receive some kind of mental health services (the Surgeon General, 1999, CDC 2013), and only a small fraction of them receive evaluation and treatment by child and adolescent psychiatrists.

-The demand for the services of child and adolescent psychiatry is projected to increase by 100% between 1995 and 2020, and for general psychiatry, by 19% (U.S. Bureau of Health Professions, DHHS, 2000).

-The population of children and adolescents under age 20 is projected to grow by about 33% in the next 40 years from about 84 million to 112 million by 2050 (U.S. Bureau of the Census, 2010).

-However, the **total number** of psychiatric residents has remained relatively stable, about 6000.
-The number of child and adolescent psychiatry residents **did not increase** in the last decade of the 20th century
-The reliance on IMG's to meet the nation's workforce need is threatened by the current political climate
-It is estimated that about 20% of U.S. medical schools **do not sponsor child and adolescent psychiatry residency programs**

A critical void in the recruitment and education of future physicians

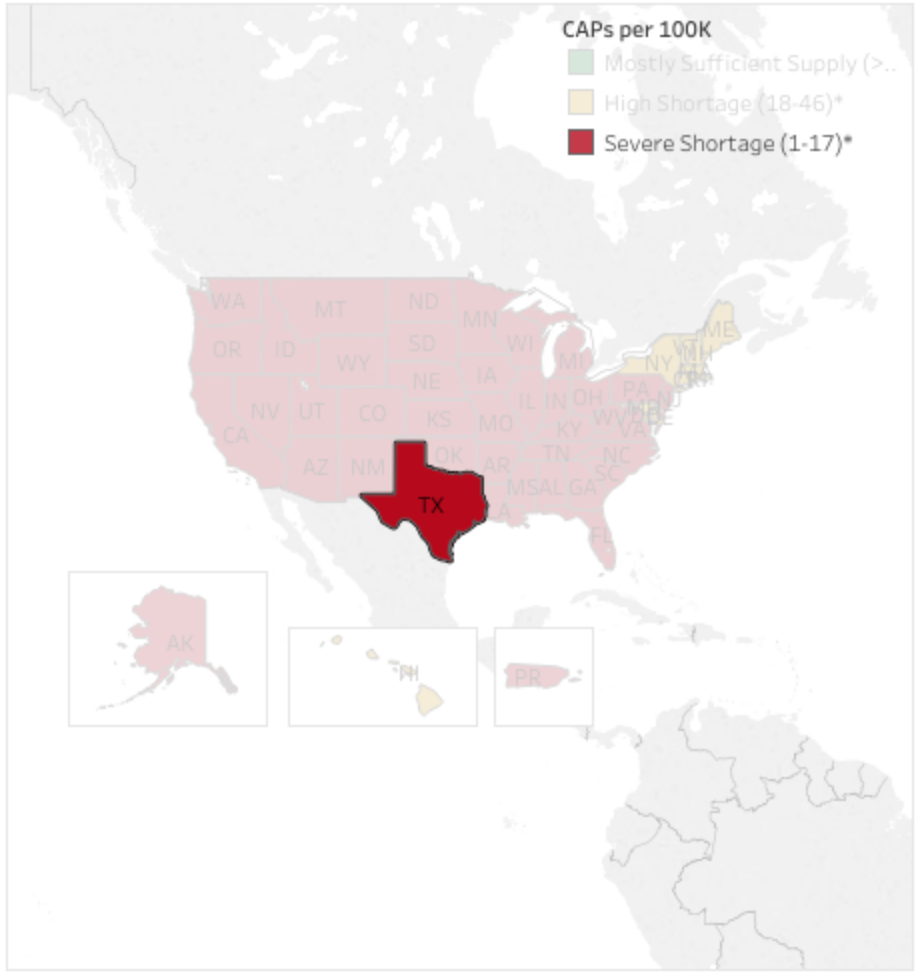
Practicing Child and Adolescent Psychiatrists

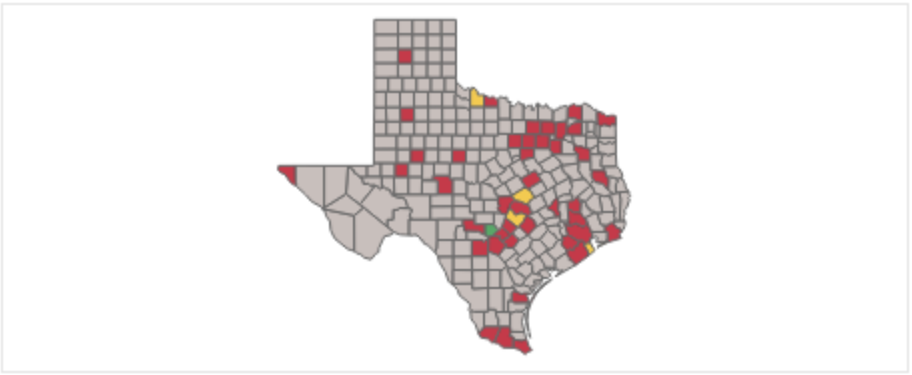
Select a state for county population and workforce data

Texas

** Hover for Data Source*

Number of Children < 18	Total CAPs	Number of CAPs/100K	Avg. CAP Age
7,272,795	646	9	49





Mostly Sufficient Supply (>= 47)
High Shortage (18-46)*
Severe Shortage (1-17)*
No CAPs

County	Pop. < 18	Number of ..
Anderson County	11,191	0
Andrews County	5,309	0
Angelina County	22,915	0
Aransas County	4,575	0
Archer County	1,952	0
Armstrong County	433	0
Atascosa County	13,401	0

Pandemic

- Added to the pre-existing challenges that America's youth faced.
- It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers.
- The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth.

Social Media

- Positive/ Negative Impact
- False/ misleading/ exaggerated
- 3.8 – 7.7 hours/ day
- 81 %
- Conflicting / Not enough Research


mental health
stresses
diagnosed
anxiety disorders
health
neurons
emotional problems
central nervous system
emotions
behavioural problems
symptoms
factors
sensory
psychological
problem solving
depression
psychological
personality
mental disorder
dopamine
drugs
philosophies
social
well-being
cope
brain
degenerative disorder
wellness
pathological
treatment

Services Needed

- First Point of contact - Access
- Diagnosis – Psychologist/ Psychiatrist
- Management- Non pharmaceutical / Pharmaceutical

Services Needed

- Safety Net – ED
- ED journey
- Outpatient resources
- ED Boarding
- Inpatient resources

ED Boarding

- ?? low hanging fruit
- Playbook
- Therapy options
- Metrics/ Dashboards
- Fiscal impact
- Threshold metrics with stakeholders

Gaps Analysis

- Dichotomy of volumes vs Resources
- Lag between onset/ diagnosis
- Working in Silos
- Financial implications
- Research needed

Mitigation Strategies

- Outpatient
- ED
- Hospital setting
- Long term Facilities

Innovative Ideas

- Virtual Health
- Working with Schools/ communities
- BH Urgicenter
- Psychiatric involvement- trainee / staff
- Separate out BH from Psych

Telepsychiatry

is not a new treatment but a venue for the delivery of evidence-based psychiatric care. It has the potential to increase access to quality mental health services in at least three major ways.

- .

Further

- Ligature Free areas/ rooms
- Project Basic
- Working with DCFS / EMS
- Education

Advocacy

-Government Affairs and Clinical Practice
2021 AACAP Major Actions and Documents Chronology As of November 3, 2021

- Surgeon General
- Collaborative Statement

The Surgeon General's Advisory on Protecting Youth Mental Health -2021

- Recognize that mental health is an essential part of overall health.
- Empower youth and their families to recognize, manage, and learn from difficult emotions.
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care.
- Support the mental health of children and youth in educational, community, and childcare settings. And expand and support the early childhood and education workforce.
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly.

What can ‘they” do

- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers.
- Take action to ensure safe experiences online for children and young people.
- Ensure all children and youth have comprehensive and affordable coverage for mental health care
- Support integration of screening and treatment into primary care.
- Provide resources and technical assistance to strengthen school-based mental health programs.
- Invest in prevention programs, such as evidence-based social and emotional learning.
- Expand and strengthen suicide prevention and mental health crisis services
- Improve coordination across all levels of government to address youth mental health needs

What can “we” do

- Recognize that the best treatment is prevention of mental health challenges. Implement trauma informed care (TIC) principles and other prevention strategies to improve care for all youth, especially those with a history of adversity.
- Routinely screen children for mental health challenges and risk factors, including adverse childhood experiences (ACEs)
- Identify and address the mental health needs of parents, caregivers, and other family members
- Combine the efforts of clinical staff with those of trusted community partners and child-serving systems (e.g., child welfare, juvenile justice).
- Build multidisciplinary teams to implement services that are tailored to the needs of children and their families

Incentives HAVE to be aligned

- Community
- Health System
- State
- Federal

- Our Obligation is not just medical- Its MORAL

Discussion / Questions