

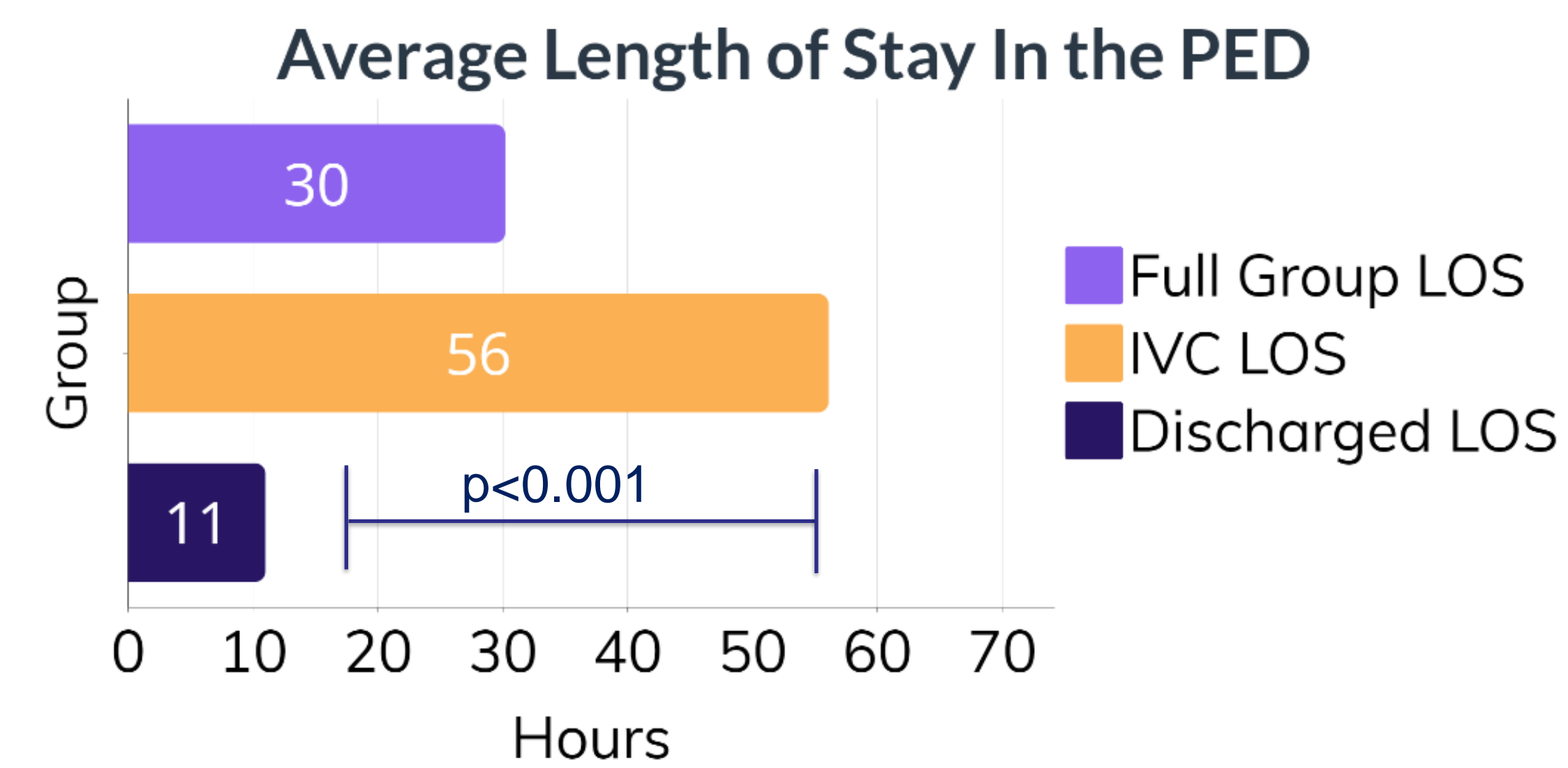
BACKGROUND

- The increasing prevalence of childhood mental health disorders in the US has highlighted the growing concern for clinical burden within pediatric emergency departments (PEDs)
- Over the past 10 years, pediatric mental health-related visits within PEDs, length of stay (LOS), and admission rates have increased significantly
- 5-10% of all PED visits are for mental health, behavioral, and substance abuse related concerns
- PEDs have become the 1st line of defense for pediatric mental health care

Objective

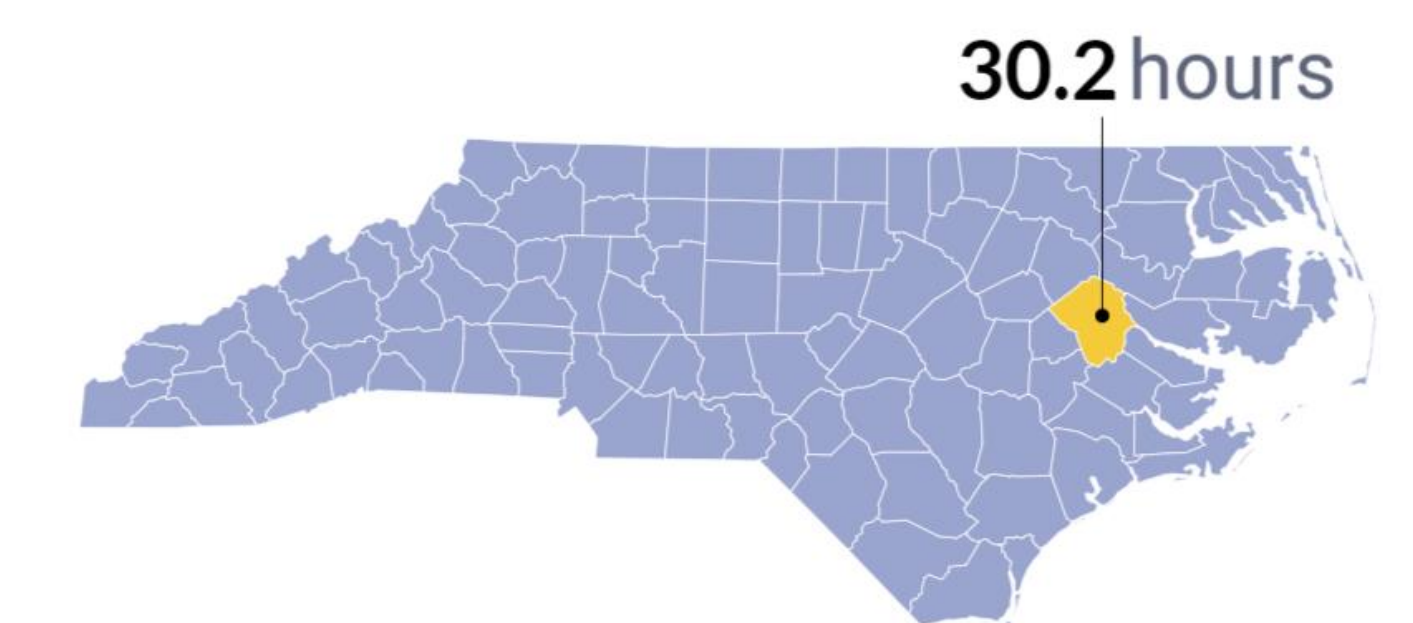
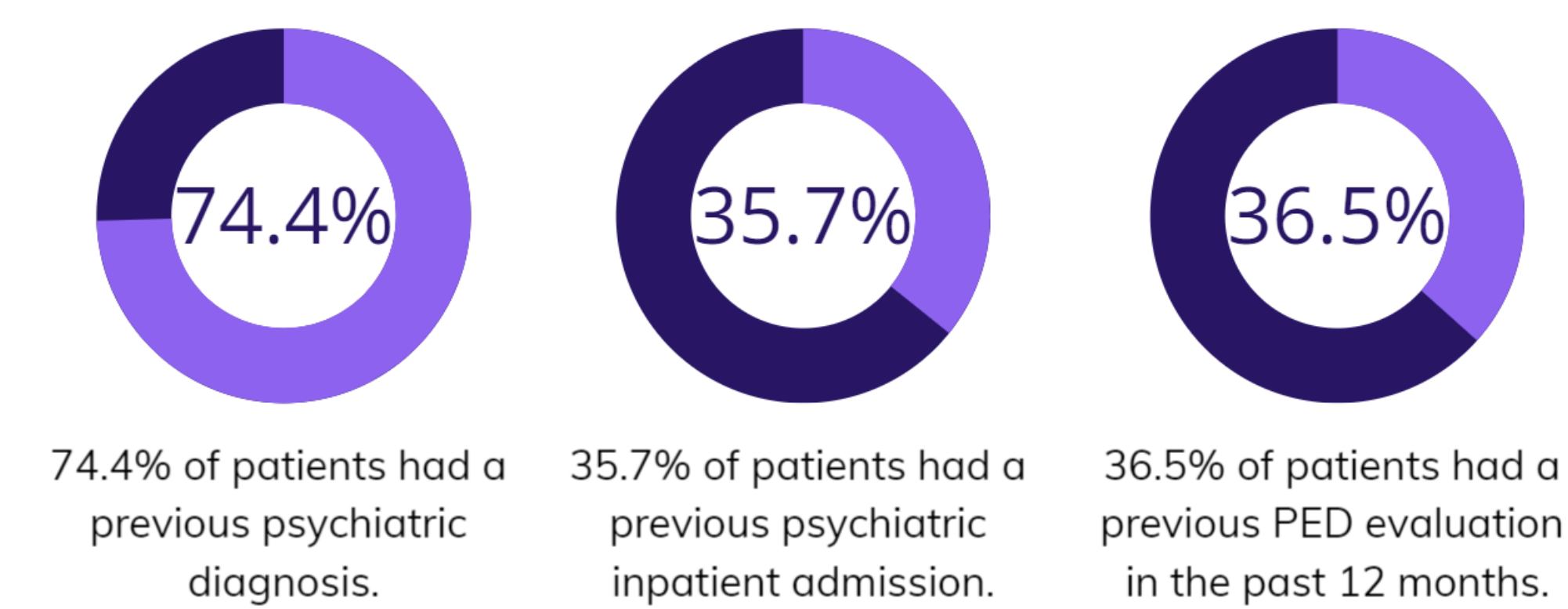
The goal of this study was to describe the characteristics, frequency, and LOS of PED psychiatric evaluations in a rural hospital in Eastern North Carolina and identify factors associated with increased boarding times in the PED.

RESULTS



Average length of stay for patients presenting for psychiatric evaluation is significantly longer than recommended and much higher than national averages. LOS was significantly longer for patients who were involuntarily committed (IVC) in comparison to those who were discharged.

Most Common Chief Complaint Upon Arrival	%
Suicidal Ideation	46.8
Behavioral Disturbance	29.3
Intentional Overdose	6.0
Homicidal Ideation	5.1



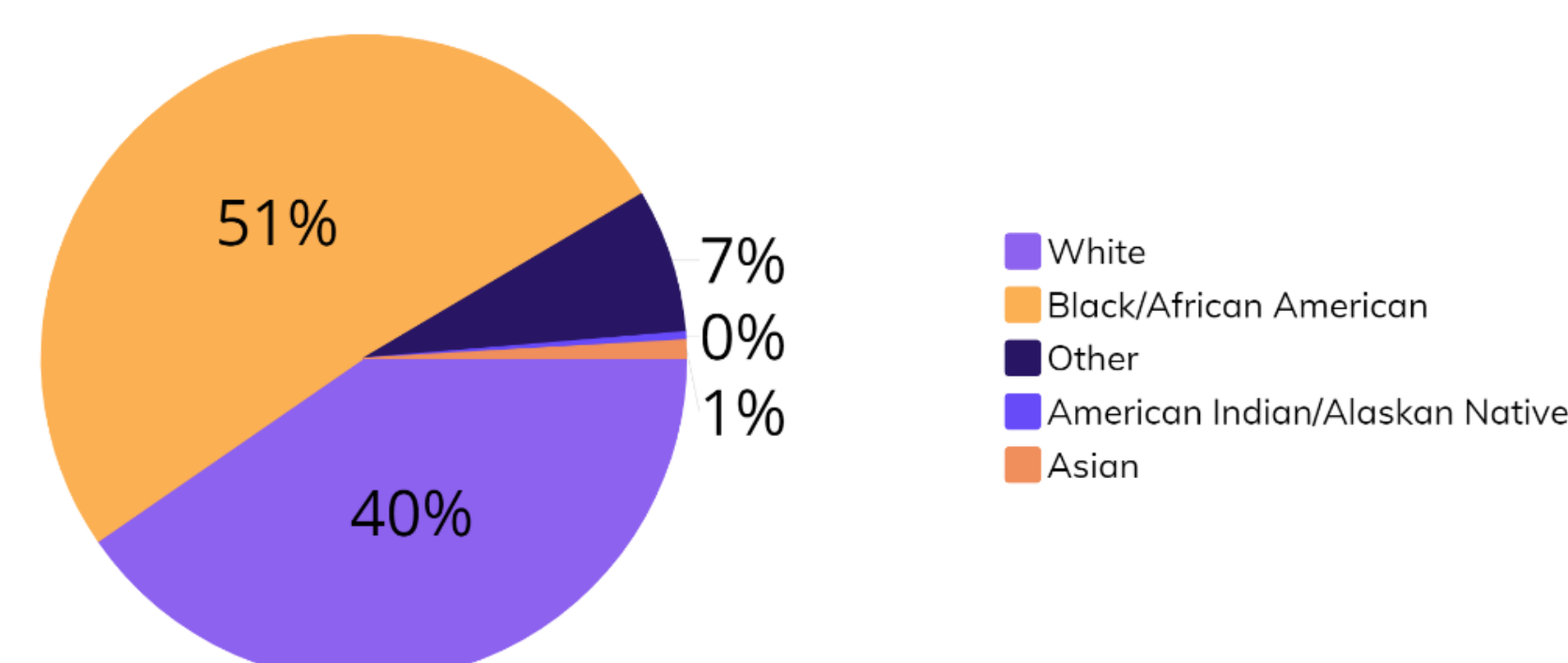
	Length of Stay	
	r	p
IVC Decision	0.754	<0.001
Previous Psychiatric Admission	0.208	0.002
Previous Psychiatric Diagnosis	0.121	0.032
Previous PED visit within the past 12 months	0.209	<0.001
Adverse Childhood Event	0.207	0.002
Department of Social Services Involvement	0.163	0.013
History of Physical Aggression/Violence	0.301	<0.001

LOS was most positively associated with decision to involuntarily commit (IVC).

PARTICIPANTS

Participant Characteristics

N	235
Males (%)	46.0%
Females (%)	54.0%
Age at Evaluation (years)	13.61
Insurance (%)	
Private	85.0%
Public	15.0%
ADHD Diagnosis (%)	50.2%
Chemical/Physical Restraints (%)	5.7%



METHODS

Retrospective chart review of children presenting for a psychiatric evaluation at a Southeastern PED from January 2019-May 2018

LOS, demographic data, diagnosis, and disposition decisions were gathered from the chart

Spearman correlations were used to identify associations between LOS and IVC, DSS involvement, and historical psychiatric information

CONCLUSIONS

- Children presenting to the PED for mental health disorders, particularly those meeting inpatient criteria, are boarding for significant periods of time
- Boarding times for patients presenting for psychiatric evaluation in Eastern NC is significantly longer than National Averages
- IVC process significantly impacts boarding time
- Patients are continuing to return to the PED for psychiatric evaluation after inpatient admission
- Systemic changes may be needed to ensure sufficient and adequate mental health care for children in Eastern North Carolina

ACKNOWLEDGMENTS

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