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# Impact of a Mental Health Screening Process in a Pediatric ED

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# Impact of a Mental Health Screening Process in a Pediatric Emergency Department

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## Objective

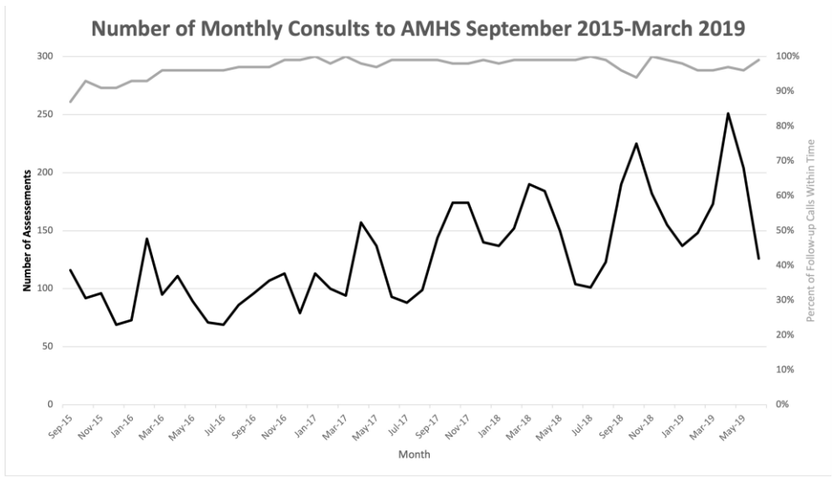
- Up to 20% of children in the United States experience a mental health disorder
- Children presenting with mental health concerns to the ED can be challenging due to lack of access to trained professionals and long lengths of stay
- Specialized teams have shown to be beneficial
- This study explored the impact of specialized social workers partnering with emergency medicine providers to provide care during an acute mental health crisis.

## Method

- Performed at Children's Mercy Hospital (CMH) EDs with 125,000 annual visits
- Children and adolescents requiring mental health services identified based on presenting complaint or from universal suicide screen
- Patients medically screened by the ED team who then consult a team of social workers specialized in acute mental health screening (AMHS).
- AMHS team evaluates and provides recommendation for disposition
- AMHS team makes 24- and 48-hour follow up calls to discharged patients
- Collected and analyzed the data on all eligible patients from September 2015 through June 2019

## Results

- 5,950 patient visits were reviewed
- Most patients were 12-17 years of age, female, and white, with Medicaid as the predominant insurance
- Most common chief complaint was suicidal ideation/plan/attempt
- Majority of assessments were self-referrals
- 59% (2,628/4,462) of patients were already receiving mental health services
- The median response time was 20.7 minutes
- There was an upward trend in AMHS consults during the study period
- Psychiatric hospitalization was the most common disposition




## Results (con't)

| Demographics | Assessments N = 5950 |
|---|---|
| **Sex, N(%)*** | |
| Female | 2490 (55.8) |
| Male | 1971 (44.17) |
| **Age, N(%)** | |
| 3-5 | 104 (1.7) |
| 6-11 | 1544 (25.9) |
| 12-17 | 4229 (71.1) |
| 18-20 | 73 (1.2) |
| **Visit Type, N(%)** | |
| Suicidal Ideation/Plan/Gesture, Self-Harm | 3367 (56.6) |
| Homicidal Ideation/Plan/Gesture | 322 (5.4) |
| Behavioral | 1515 (25.5) |
| Ingestion | 624 (10.5) |
| Other | 122 (2.1) |
| **ED Disposition, N(%)** | |
| Psychiatric Hospitalization | 2726 (45.8) |
| Outpatient Referral | 2381 (40.0) |
| Medical Admit | 131 (2.2) |
| CMH Admit, No Psych Bed | 696 (11.7) |
| Left Against Medical Advice | 16 (0.3) |
| **Location, N(%)** | |
| ED 1 | 4205 (70.7) |
| ED 2 | 1745 (29.3) |
| **Race, N(%)*** | |
| American Indian or Alaska Native | 17 (0.38) |
| Asian | 42 (0.94) |
| Black or African American | 933 (20.91) |
| Hispanic | 433 (9.7) |
| Multiracial | 240 (5.38) |
| Native Hawaiian or Pacific Islander | 4 (0.09) |
| Other | 107 (2.39) |
| White | 2686 (60.2) |
| *sex and race based on individual unique patients | |

## Conclusion

Despite an increasing number of patients presenting to the ED with mental health crisis, safe and efficient management is possible with ED staff-social worker partnership. This approach can ensure that eligible patients receive consistent and evidence-based evaluations and allows ED clinicians to respond to medical emergencies that require their attention.

Children's Mercy KANSAS CITY