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Emergency Department Boarding of Children and Adolescents

Position Statement of

The International Society of Psychiatric-Mental Health Nurses

This position statement aligns with the mission of the International Society of Psychiatric Mental Health Nurses (ISPN): To support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide. It highlights the heightened need and limited access to mental health services for children and adolescents and is marked by exorbitant wait times or boarding in emergency departments (ED) for assessment, management, and referral to the appropriate level of mental health care when seeking emergency treatment for acute mental health crises.

When children and adolescents experience a life-threatening emergency, their caregivers typically seek emergency services at an ED with the expectation to have the ailment assessed, treated, and a referral made to the appropriate level of care. The topic of ED boarding is significant and points to a broader dilemma regarding lack of appropriate mental health services and resources for the child and adolescent population. The Joint Commission (JC) defines boarding as "the practice of holding patients in the ED or another temporary location after the decision to admit or transfer has been made" (The Joint Commission [JC], 2012). Furthermore, the JC recommends that boarding times not exceed four hours in the interest of patient quality and safety.

From March 2020 to October 2020, mental health-related ED visits in the United States increased 24% for children ages 5-11 and 31% for those ages 12-17 as compared with 2019 ED visit data (Leeb et al., 2020). The alarming increase in ED visits by children and adolescents presenting with high acuity psychiatric needs is symptomatic of a long-standing failure to support the mental health needs of children as well as the overwhelming stresses related to the COVID 19 pandemic (Murthy, 2021). Unfortunately, most EDs are unequipped to manage mental health crises, resulting in excessive wait times or boarding for an assessment and disposition to the appropriate level of care. A lack of mental health providers as well as acute care psychiatric inpatient beds creates a barrier to age-appropriate treatment for youth when a more restrictive therapeutic environment is required. Thus, children and adolescents are

boarded in the ED; generally without the benefit of age appropriate acute mental health treatment and support found in inpatient or residential facilities.

Almost 50% of all lifetime mental health conditions start by the mid-teens and 75% by the mid-20s (Kessler et al., 2007). Unfortunately, a significant portion of children receive no mental health treatment even though they may meet diagnostic criteria for a mental health condition (Simon et al., 2015). Attention deficit hyperactivity disorder, anxiety problems, behavioral problems, and depression are the most commonly diagnosed mental disorders in children and many of these disorders occur in combination (Bitsko et al., 2022). It is imperative that we invest in prevention of mental health conditions as well as building an infrastructure that eliminates barriers to care. The shortage of inpatient beds and ready access to mental health providers contributes to the surge in ED boarding of children and adolescents in psychiatric crises.

Background

The psychiatric mental health care of children and adolescents has historically been underfunded, understaffed, and invisible to the public. While children and adolescents have always required psychiatric mental health care, current external factors such as insurance reimbursement, lack of providers, school shootings, and the COVID 19 pandemic exacerbated that need. Historically, the continuum of care ranged from primary care settings to psychiatric mental health outpatient treatment to inpatient hospitalization to residential care with each setting establishing age appropriate, developmentally staged, and therapeutic milieu environments for care delivery. There is an ongoing shortage of mental healthcare professionals at all levels of care. While over 15 million children and adolescents in America need psychiatric care by a specialist, there are only 117,513 child and adolescent therapists currently employed in the United States. For example, only 4.7% of the 355,000 certified nurse practitioners (NPs) licensed in the US are certified in psychiatric/mental health (American Association of Nurse Practitioners, 2022). Furthermore, there are only 8,300 practicing child and adolescent psychiatrists in the US (American Academy of Child and Adolescent Psychiatry, 2022). These realities do not support federal projections of adequate numbers of mental health providers (Health Resources & Services Administration [HRSA], 2022). Additionally, there is a lack of diversity among the professionals that are serving the populations requiring care (Liu et al., 2022).

Available beds in both private and public settings throughout the United States have long been at a premium. One result of the dearth of beds in the 1980's was private, for-profit corporations building a network of free-standing hospitals to house children but providing little psychiatric care (Farquhar, 2022). Systems of care evolved to provide comprehensive wraparound networks to meet the multidimensional emotional needs of children, adolescents, and their families (Arbuckle, 2005). Federal funding such as the Affordable Care Act (ACA) in 2010 that required basic mental health services for Americans increased children's access to insurance

coverage and the demand for services (Lloyd & Newland, 2021). However, 12 years later with an increased public awareness of the psychiatric mental health care needs of children and adolescents made visible, federal action that would support parity such as the Strengthen Kids' Mental Health Now Act of 2022 (2022) continues to languish.

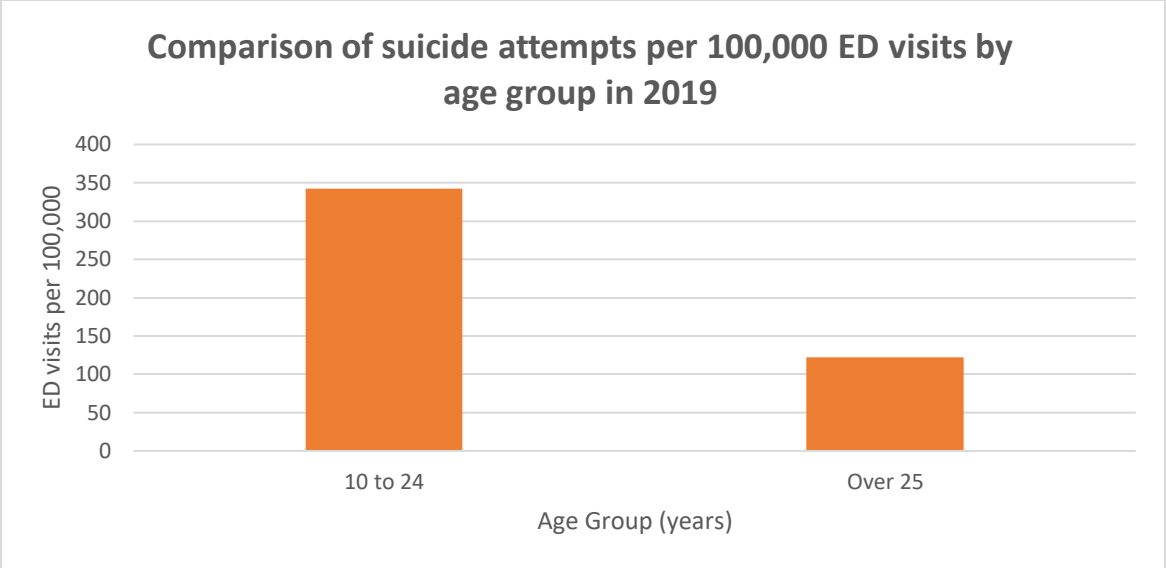
The number of state-funded psychiatric beds per capita declined by 97% between 1955 and 2016 (American Hospital Association, 2022). From 2007-2016 ED visits for child and adolescent mental health conditions increased by 60% (Lo et al., 2020). From 2005 to 2015, rates of prolonged length of stay for pediatric mental health ED visits increased over time from 16.3% to 24.6% (Length of stay greater than 6 hours) and 5.3% to 12.7% (Length of stay greater than 12 hours), in contrast to non-mental health visits for which length of stay remained stable. For mental health visits, Hispanic ethnicity of a child was associated with an almost threefold odds of length of stay greater than 12 hours (odds ratio 2.74; 95% confidence interval 1.69-4.44); there was no difference in length of stay by payer type (Nash et al., 2021).

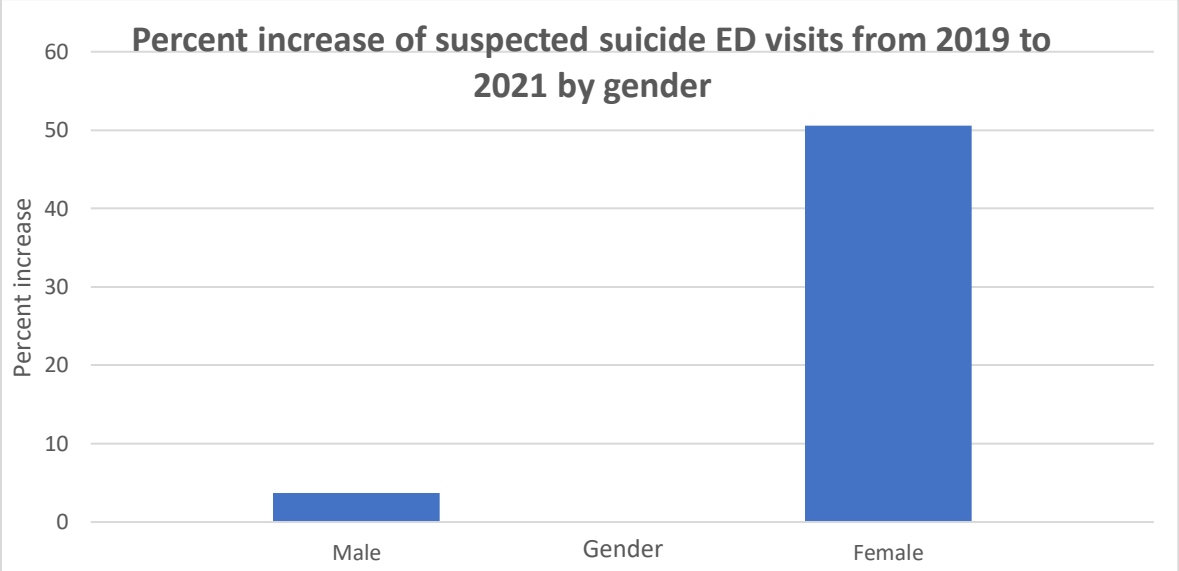
2005-2015 ED Visit Length of Stay for Child and Adolescent Mental Health Conditions

Length of Stay	2005	2015
Greater than 6 hours	16.3%	24.6%
Greater than 12 hours	5.3%	12.7%

While pre-pandemic visits to the ED for children and adolescents ages 5-17 remained stable between 2007 and 2016, the proportion of those who came for mental health conditions increased; with less than half of EDs surveyed prepared to treat children (Lo et al., 2020). Between 2019 and early 2022, the rate of visits by adolescent females (aged 12-17) to EDs for mental health conditions rose at a significantly higher rate than for males (Radhakrishnan et al., 2022). Comparisons made between increases over early 2019 figures were identified in two mental health conditions during 2020 (eating and tic disorders), four during 2021 (depression, eating, tic, and obsessive-compulsive disorders), and five (anxiety, trauma and stressor-related, eating, tic, and obsessive-compulsive disorders) in January 2022. The proportion of ED visits for eating disorders doubled among this group; those for tic disorders nearly tripled over the 3-year span of study (Radhakrishnan et al., 2022).

In 2019, rates of emergency department (ED) visits for self-harm among youth and young adults ages 10-24 was higher (342.5 per 100,000) compared to people ages 25 years and older (121.9 per 100,000) (Center for Disease Control and Prevention [CDC], 2022). During February 21–March 20, 2021, suspected suicide attempt ED visits were 50.6% higher among girls aged 12–17 years than during the same period in 2019; among boys aged 12–17 years, suspected suicide attempt ED visits increased 3.7% (Yard et al., 2021). During the same period, suicide rose to second position as the leading cause of death for youth ages 10-14 (CDC, 2022).





In addition to patient symptoms (homicidal and suicidal ideation, aggression and/or agitation) and diagnoses of severe psychiatric disorders, autism or developmental delay comorbidities, social determinants including type of insurance coverage and school hiatus are factors that have been associated with increased pediatric mental health ED boarding time (Hoffmann et al., 2019). Long- standing system gaps exist in the continuum of care for child and adolescent mental health disorders and are likely contributors to boarding. For example, a 2019 nationwide survey of EDs found less than half had pediatric mental health protocols (Cree et al., 2021). This is despite revised National Pediatric Readiness Project guidelines initiated to improve ED quality for children with mental and social disorders (American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Committee, Emergency Nurses Association Pediatric Committee, 2009).

While there are urgent care facilities for physical health issues, community based facilities to provide urgent care for pediatric mental health crises are limited (Mauch & Ressa, 2020).

Summary

Increasing numbers of children and adolescents who experience mental health emergencies are being seen in the ED for assessment, treatment, and admission or transfer to a different level of care. Emergency department boarding is a symptom of lack of appropriate mental health infrastructure and resources for children, adolescents, and their caregivers who await assessment, treatment, and referral. ISPN supports the elimination of all barriers to care for children, adolescents, and their caregivers when accessing mental health services at any level of care and supports adhering to length of stay guidelines.

Recommendations

To improve the continuum of mental health services for children and adolescents and prevent ED boarding, the International Society for Psychiatric Mental Health Nurses (ISPN) supports:

1. Increasing workforce capacity, diversity, and services at all levels of mental health care to reduce the burden on EDs and acute inpatient facilities is essential.
2. Increasing funding for Health Resources and Service Administration's (HRSA) Title VII and VIII programs, including the health professions program, the National Health Service Corps, and the nursing workforce development program, which includes acknowledgement of advanced practice registered nurses, loan programs for nursing faculty, and programs that increase diversity within the healthcare workforce.
3. Recognizing the Certified Community Behavioral Health Clinic (CCBHC) model as an opportunity to increase access to mental health and substance use disorder treatment by expanding states' capacity to address the overdose crisis and establish innovative partnerships with schools, law enforcement and hospitals to improve care, reduce recidivism and prevent hospital readmissions.
4. Working with provider and non-governmental regulatory groups to explore the expanded use of behavioral health urgent care for children and adolescents in crises.
5. Increasing loan forgiveness programs to support training for mental health professionals including advanced practice psychiatric nurses with particular emphasis on those who specialize in child and adolescent mental health.
6. Advocating for legislation such as Strengthen Kids' Mental Health Now Act of 2022, that continues to improve mental health parity and funding.
7. Focusing on disparities in mental health care delivery.
8. Promoting efforts to reduce variability of scope of practice laws for nurses at state and federal levels.

References

American Academy of Child and Adolescent Psychiatry. (2022). *Workforce issues.* https://www.aacap.org/aacap/Resources_for_Primary_Care/Workforce_Issues.aspx

American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians, Pediatric Committee, Emergency Nurses Association Pediatric Committee. (2009). Joint policy statement—guidelines for care of children in the emergency department. *Pediatrics, 124,* 1233–1243. https://doi.org/10.1542/peds.2009-1807

American Association of Nurse Practitioners. (2022). *AANP national nurse practitioner database*. https://www.aanp.org/about/all-about-nps/np-fact-sheet

American Hospital Association. (2022). *AHA house statement: America's mental health crisis February 2, 2022.* https://www.aha.org/2022-02-03-aha-house-statement-americas-mental-health-crisis-february-2-2022

Arbuckle, M. (2005). Systems of care principles and practice: Implementing family-centered care for families and children with complex needs. In M. Arbuckle & C. Herrick (Eds.), *Child and adolescent mental health: Interdisciplinary systems of care* (pp. 3-30). Jones and Bartlett Publishers.

Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., Ghandour, R. M., & Contributor (2022). Mental health surveillance among children - United States, 2013-2019. *MMWR Supplements*, *71*(2), 1–42. https://doi.org/10.15585/mmwr.su7102a1

Centers for Disease Control and Prevention. (2022, August 30). Leading causes of death visualization too. *National Center for Injury Prevention and Control. Web-based injury statistics query and reporting system (WISQARS™).* https://www.cdc.gov/injury/wisqars

Cree, R. A., So, M., Franks, J., Richards, R., Leeb, R., Hashikawa, A., Krug, S., Ludwig, L., & Olson, L. M. (2021). Characteristics associated with presence of pediatric mental health care policies in emergency departments. *Pediatric Emergency Care, 37(*12), e1116-e1121. doi: 10.1097/PEC.0000000000001920

Farquhar, D. (2022). Charter Hospital/Charter Behavioral Health: A look back. *The Silicon Underground*. https://dfarq.homeip.net/charter-hospital-charter-behavioral-health/
Health Resources & Services Administration. (2022). Behavioral health workforce projection, 2016-2030: Psychiatric nurse practitioners, psychiatric physician assistants. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physician-assistants-2018.pdf

Hoffmann, J. A., Stack, A. M., Monuteaux, M. C., Levin, R., & Lee, L. K. (2019). Factors associated with boarding and length of stay for pediatric mental health emergency visits. *The American Journal of Emergency Medicine*, *37*(10), 1829–1835. https://doi.org/10.1016/j.ajem.2018.12.041

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, *20*(4), 359–364. https://doi.org/10.1097/YCO.0b013e32816ebc8c

Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental health-related emergency department visits among children aged <18 years during the COVID-19 pandemic - United States, January 1-October 17, 2020. *Morbidity Mortality Weekly Report, 69*(45), 1675-1680. doi:10.15585/mmwr.mm6945a3

Liu, Y. H., Larson, A. R., Strong, S. A., Parekh, R., Gautam, M., Flores, L. E., Silver, J. K. (2022) Workforce diversity, equity, and inclusion: A crucial component of professionalism in psychiatry. *Psychiatric Clinics of North America*, 45(2), 243-258. https://doi.org/10.1016/j.psc.2022.02.001

Lloyd, M. & Newland, J. (2021). Collaborative treatment with primary care. In E. Yearwood, G. Pearson & J. Newland (Eds.), *Child & adolescent behavioral health: A resource for advanced practice psychiatric and primary care practitioners, (2nd ed.*, pp. 472-482). John Wiley & Sons

Lo, C. B., Bridge, J. A., Shi, J., Ludwig, L., & Stanley, R. M. (2020). Children's mental health emergency department visits: 2007–2016. *Pediatrics*, *145*(6). https://doi.org/10.1542/peds.2019-1536

Mauch, D. & Ressa, E. (2020). Pediatric behavioral health urgent care report (2nd ed.). *Massachusetts Association for Mental Health*. https://www.mamh.org/assets/images/Pediatric-Behavioral-Health-Urgent-Care-2nd-Ed._0.pdf

Murthy, V. (2021). Protecting youth mental health: The U. S. Surgeon General's advisory. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

Nash, K. A., Zima, B. T., Rothenberg, C., Hoffmann, J., Moreno, C., Rosenthal, M. S., & Venkatesh, A. K. (2021). Prolonged emergency department length of stay for US pediatric mental health visits (2005-2015). *Pediatrics*, *147*(5), e2020030692. https://doi.org/10.1542/peds.2020-030692

Radhakrishnan, L., Leeb, R. T., Bitsko, R. H., Carey, K., Gates, A., Holland, K. M., Hartnett, K. P., Kite-Powell, A., DeVies, J., Smith, A. R., van Santen, K. L., Crossen, S., Sheppard, M., Wotiz, S., Lane, R. I., Njai, R., Johnson, A. G., Winn, A., Kirking, H. L., Rodgers, L., … Anderson, K. N. (2022).

Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic - United States, January 2019-January 2022. *MMWR. Morbidity and Mortality Weekly Report*, *71*(8), 319–324. https://doi.org/10.15585/mmwr.mm7108e2

Simon, A. E., Pastor, P. N., Reuben, C. A., Huang, L. N., & Goldstrom, I. D. (2015). Use of mental health services by children ages six to 11 with emotional or behavioral difficulties. *Psychiatric Services*, *66*(9), 930-937. https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.201400342

Strengthen Kids' Mental Health Now Act of 2022, H.R. 7236, 117th Cong. (2022). https://www.congress.gov/bill/117th-congress/house-bill/7236/text

The Joint Commission. *Patient flow through the emergency department.* (2012). *R*^{3} Report: Requirement, Rationale, Reference. (4), 1–5. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_report_issue_4.pdf

Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., Hartnett, K., Kite-Powell, A., Rodgers, L., Adjemian, J., Ehlman, D. C., Holland, K., Idaikkadar, N., Ivey-Stephenson, A., Martinez, P., Law, R., & Stone, D. M. (2021). Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic - United States, January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, *70*(24), 888–894. https://doi.org/10.15585/mmwr.mm7024e1

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