

Youth Suicide and COVID-19: Update

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Learning Goals

- National Emergency in Children's Mental Health (AAP, AACAP, CHA)
- Access to care, workforce development, education/training, role of telepsychiatry
- Hawaii's inpatient and ED challenges in addressing behavioral health needs of youth and families during COVID-19
- Future discussion: community-based continuity of care for youth and families

Learning Goals

- <https://www.aacap.org/screensidechats>
- Episode 27 - Inpatient Beds for Kids: How Many and What Kind?
 - AACAP President Gabrielle A. Carlson, MD, explores the complexity of inpatient beds for children and adolescents with APA Secretary Sandra DeJong, MD
- Episode 32 - Protecting Our Kids: Keeping our Suicidal Youth Safe With a Mental Health Seatbelt
 - AACAP President Gabrielle A. Carlson, MD, speaks with Dr. Joan Asarnow, Professor of Psychiatry and Biobehavioral Sciences at UCLA and a Board Certified Clinical Child and Adolescent Psychologist, about suicidal behavior in youth, and interventions, specifically in the emergency room, that are proven to be effective with these children and adolescents

Pediatricians, Child and Adolescent Psychiatrists and Children's Hospitals Declare National Emergency in Children's Mental Health

AACAP, AAP, and CHA call on policymakers at all levels of government to act swiftly to address mental health crisis

- Washington, D.C., October 19, 2021 –

Today, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) together representing more than 77,000 physician members and more than 200 children's hospitals, declared a national state of emergency in child and adolescent mental health and are calling on policymakers to join them

<https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

- More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted
- We are caring for young people with increasing rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities
- We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment
- And we must tackle the disproportionate impact of the pandemic on young people in communities of color who face inequities resulting from structural racism

- The numbers paint an alarming picture –
- Between March and October 2020, the percentage of emergency department visits for children with mental health emergencies rose by,
- 24 percent for children ages 5-11 and
- 31 percent for children ages 12-17
- There was also a more than 50 percent increase in suspected suicide attempt emergency department visits among girls ages 12-17 in early 2021 as compared to the same period in 2019

Pre-COVID-19

- ED visits for suicidal ideation or suicide attempts by youth have risen by 500% from 2009 to 2019
- Suicide has become the second leading cause of death for children over 10 years of age
- In addition, one in six kids in the U.S. has been diagnosed with a mental health disorder

COVID-19

- The pandemic upended children's normal routines, so "children are depressed, they're dysregulated and disruptive"
- To make matters worse, there are few outpatient community-based care options for children; behavioral health resources are often provided through the schools, and families lost access to those during school closure and community lockdowns

COVID-19

- Recent studies have reported a deterioration in children's mental health since the start of the COVID-19 pandemic in 2020, with an increase in anxiety and mood disorders
- Rates of suicide ideation and suicide attempts among children were also higher when COVID-19–related stressors were heightened in 2020
- Many factors may have contributed to this increase in suicide attempts, such as children's specific sensitivity to mitigation measures, deterioration of family health and economic conditions, increased screen time and social media dependence, bereavement difficulties and accessing urgent care

COVID-19

- Evidence suggests that the COVID-19 pandemic is associated with profound changes in the dynamics of suicide attempts among children
- There is a need for rapid deployment of evidence-based prevention and intervention strategies to address factors influencing suicide attempts among children during and likely after the pandemic

Hawaii

- Youth boarding in statewide ED's (days – weeks)
- Acute inpatient capacity for youth in Hawaii
 - QMC – FTC – 16 beds
 - Kahi Mohala - ? Acute inpatient beds; ? Residential beds (waitlists for both)

QMC ED

- Behavioral health SW in the ED 24/7
- Work closely with ED/behavioral health teams to assess and determine treatment planning and disposition
- Discharge from the ED
 - Safety planning
 - Follow up contact from QCIPN team (Karen Chan, Riki Hong, et al)
 - Community referral for behavioral health services, including family's providers, QCS extension-telepsychiatry and CAMHD if eligible
 - CAMHD referral and application/consents completed with the family before leaving the ED. ED staff submit application to CAMHD-FGC the following day

QMC FTC

- Discharge planning: behavioral health teams work closely with family to arrange community-based care (statewide networking)
- Follow up with family's existing behavioral health teams
- Integration with existing CAMHD behavioral health teams
- Referral for CAMHD/QCS services (parents to complete application/consents before discharge)
- Schedule family for follow up telepsychiatry appointment within one week
- Telepsychiatry program serves as an integral support for families and behavioral health teams in the CAMHD and QCS programs and systems of care, statewide

Thank you!