

Access the entire speaker series here:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-pediatric-lessons-learned-from-covid-19-immediate-and-future-implications.pdf>

Access the introduction to this series by WRAP-EM staff here: <https://files.asprtracie.hhs.gov/documents/pediatric-lessons-learned-from-covid-19-immediate-and-future-implications-speaker-series-introduction.pdf>

Access this recording here: <https://attendee.gotowebinar.com/recording/3687485338916145153>

Access speaker bios here:

<https://files.asprtracie.hhs.gov/documents/management-of-suicide-and-mh-emergencies-in-children-speaker-bios.pdf>



T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Pediatric Lessons Learned from COVID-19: Immediate and Future Implications- Speaker Series

July 2021

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# Introductions

- **Tona McGuire, PhD**  
Behavioral Health Strike Team  
Washington State Department of Health
- **Jay Fisher, MD**  
Pediatric Emergency Medicine  
University Medical Center, UNLV
- **Mary King, MD**  
Pediatric Critical Care  
Children's Hospital Seattle, University of Washington



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**Tona McGuire, PhD**

Behavioral Health Strike Team, Washington State Department  
of Health

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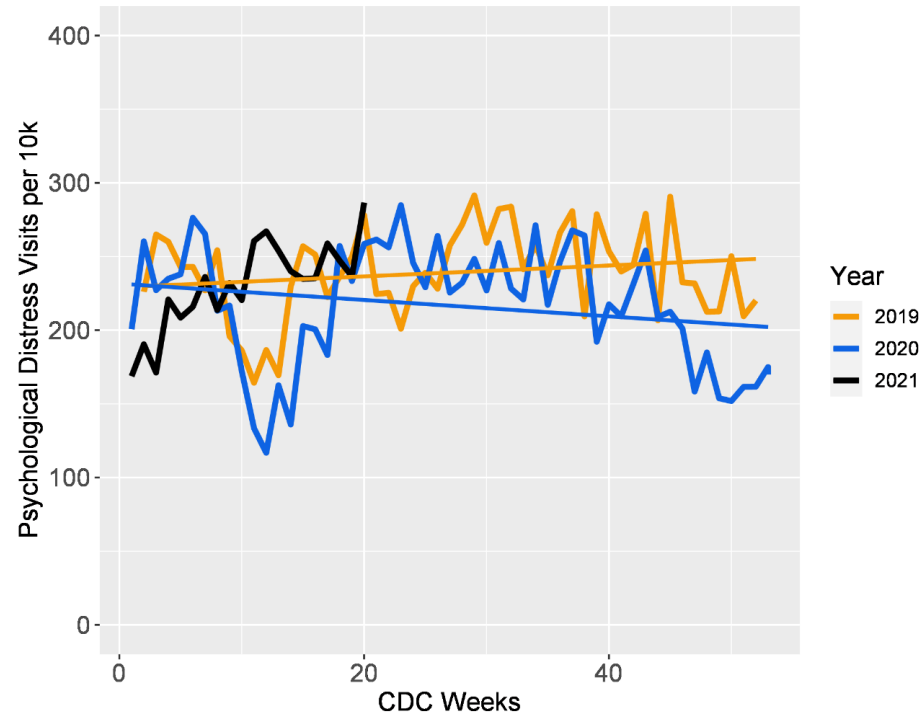
# Factors Leading to the Governor's Emergency Declaration

- Surge of mental health issues and suicide-related admissions to ED
- Dramatically higher rates of anxiety, depression, OCD, and eating disorders
- Decreasing access to outpatient care and increasing wait times of 1-4 months before access to care
- Consistent lack of availability of psychiatric beds

# Psychological Distress ED Visits – 18 & Younger

Number of Psychological Distress Related Visits  
per 10,000 ED Visits

(limited to patients 18 years of age and under)



Average Weekly Difference between 2020 and 2019 Visit Counts: -171.5 per 10,000

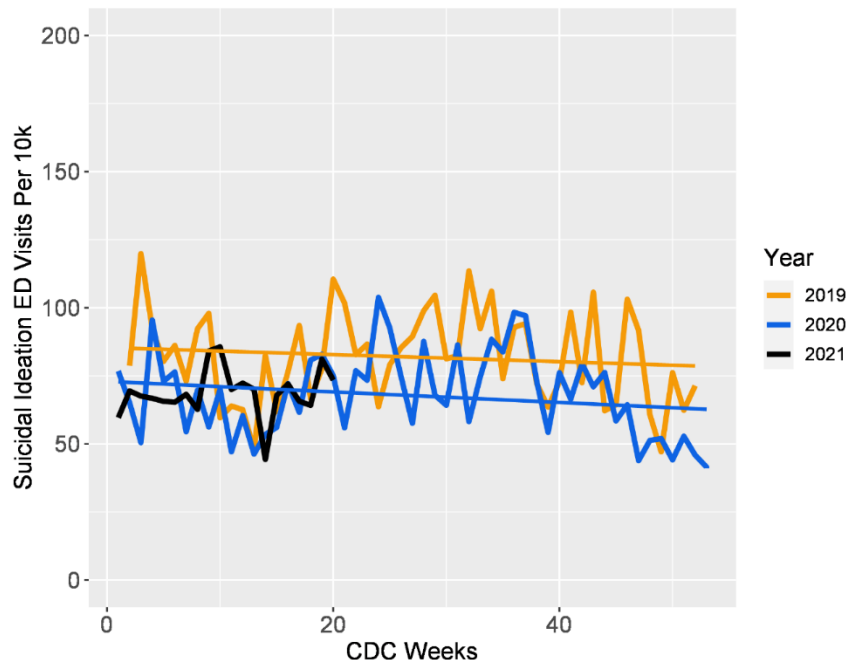
Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

# Suicidal Ideation and Suicide Attempt ED Visits – 18 & Younger

Number of Suicidal Ideation Related Visits  
per 10,000 ED Visits

(limited to patients 18 years of age and under)



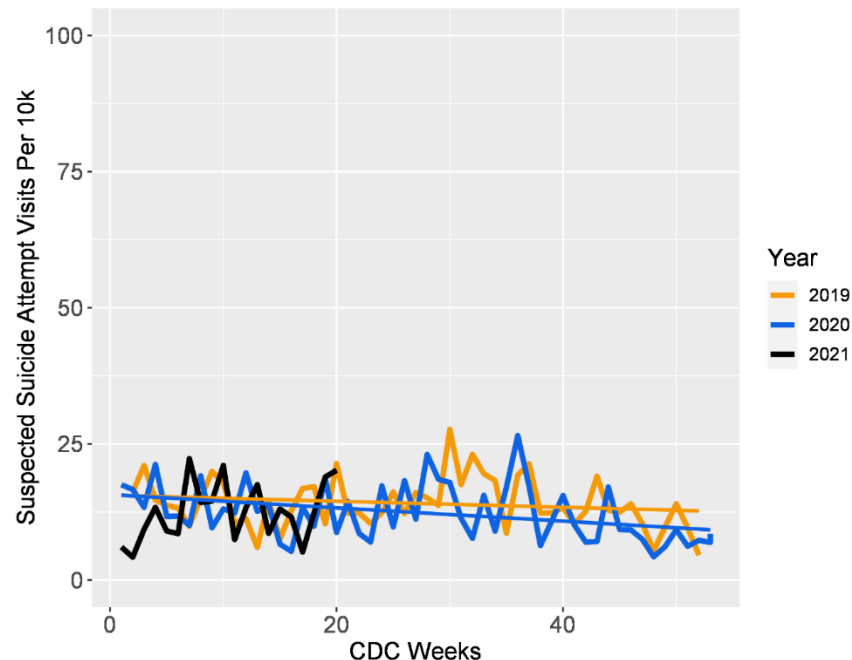
Average Weekly Difference between 2020 and 2019 Visit Counts: -60.7 per 10,000

Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Number of Suspected Suicide Attempt Related Visits  
per 10,000 ED Visits

(limited to patients 18 years of age and under)

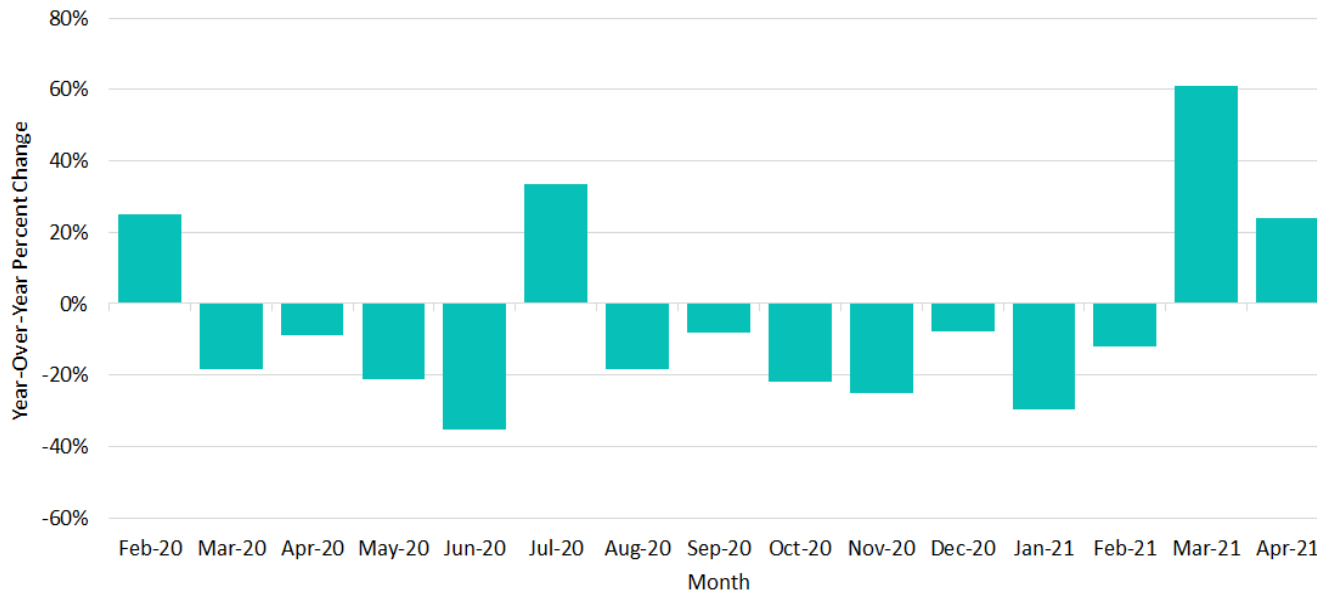


Average Weekly Difference amongst 2020 and 2019 Visit Counts: -10.6 per 10,000

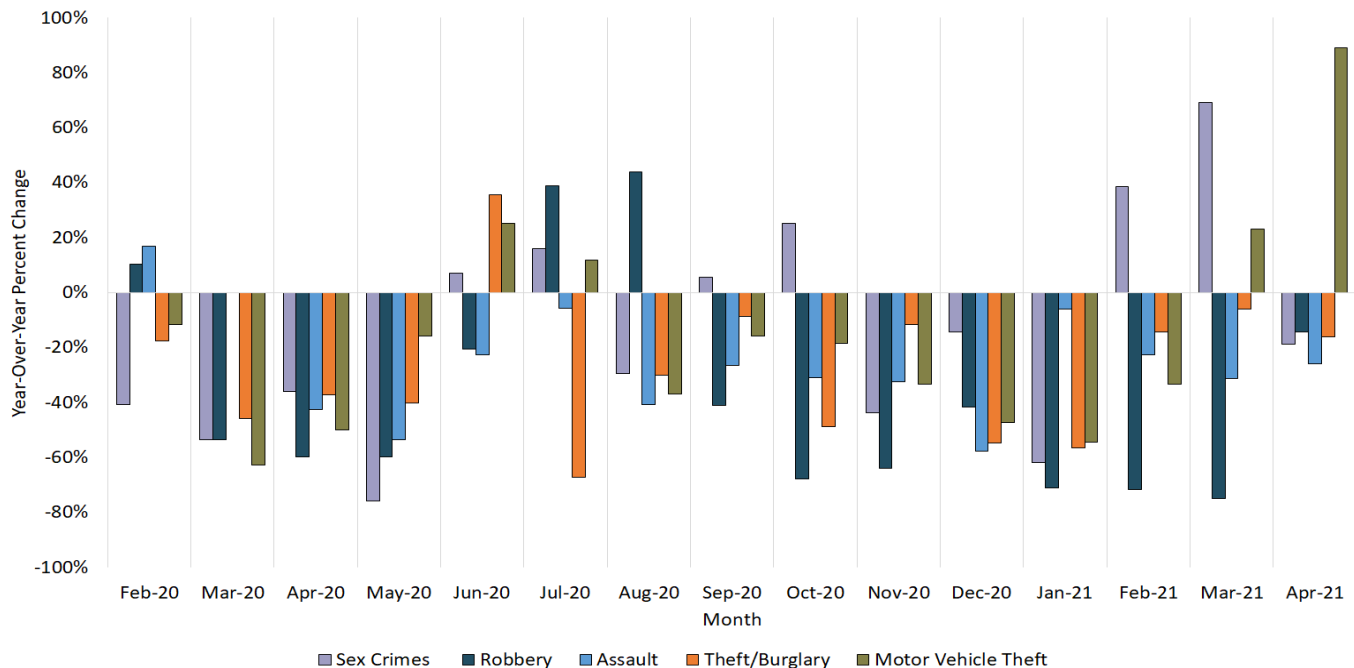
Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

# Graph 14: Percent Change of Mental Illness (minor) Filings by Month (Source: AOC)

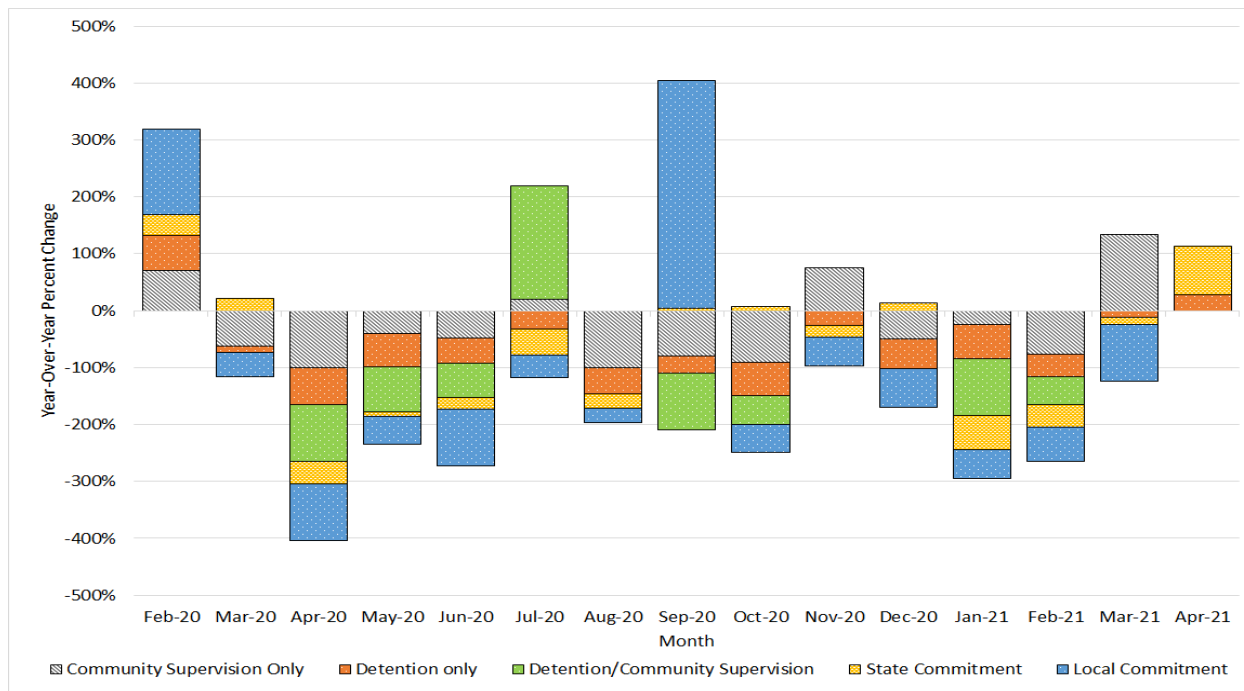


# Graph 12: Percent Change of Juvenile Offender Filings, by Charge and Month (Source: AOC)





# Graph 13: Percent Change of Juvenile Offender Case Completions and Sentences, by Type and Month (Source: AOC)





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**Jay D. Fisher, MD, FAAP, FACEP**  
UNLV School of Medicine, Medical Director, Pediatric  
Emergency Services, Children's Hospital of Nevada at UMC

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# Pediatric EM Perspective

## UMC Children's Hospital - UNLV SOM

- Pandemics delay the presentation of common Pediatric Emergencies leading to greater morbidity and mortality
- Examples of this include delayed presentations of Diabetic Ketoacidosis, acute appendicitis and deep tissue infections
- Dramatic reduction in volume (75%) due to diminished viral illnesses
- Reduction in Asthma exacerbations, Seizure activity in children with Epilepsy

# Dramatic Decline in Visits for Typical Viral Pathogens- Appearance of MISC

- Influenza and RSV notably declined
- Zero cases for 12 months
- Dramatic rise Covid-induced severe '**Kawasaki-like**' illness
- MISC - Myocarditis/arteritis with **Cardiogenic Shock** and **Respiratory Failure** as key features

# Weakening of the Pediatric EM Infrastructure

- Dramatic decline in visits in the early part of the pandemic - up to 75%
- Facilities had to **reduce department staffing** leading to shortages of staff during peak times
- Impact on training programs and EM job market

# Increase in Accidental Ingestion of Cannabinoids and Other Drugs of Abuse

- We have seen children down to one year of age ingesting edibles and requiring ICU admission
- Increase in high-risk drug abuse by teens
- Rise in Products with “Purposefully Dangerous” labeling to look like candy

# Increase in Mental Health Visits and Severity of Behavioral Complaints

- Increase in “completions” has been documented
- Patients have been younger and more violent
- Decrease in the support systems available for outpatient management
- Elimination of “Partial Admissions”
- Elimination of “Home Visits” by our Mobile Crisis Team

# UMC Children's: 2019 - 2021 Comparison

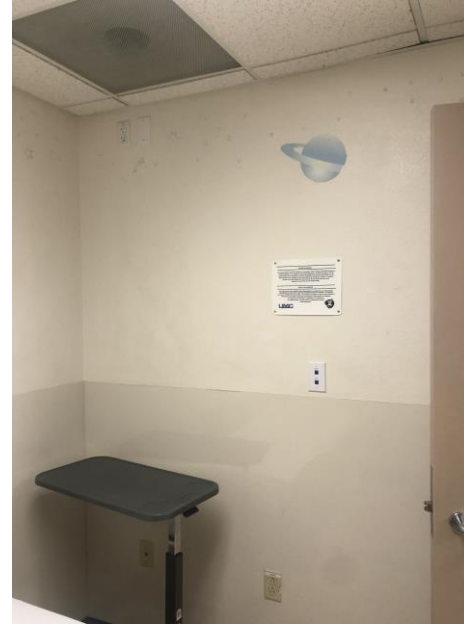
- 65% increase in Mental Health complaints (absolute)
- 17% increase in length of stay



# Other Pediatric Facilities in Las Vegas

- Doubling of mental health volumes
- 20% increase in length of stay
- Significant increase in psychiatric and medical morbidity associated with prolonged ED stays

# 8- and 9-year-olds Staying for 3-4 Weeks



# Violence



# Child Haven - MH Emergencies - 6 Weeks

- Ambulance called- remained on campus -3
- Ambulance called - child transported - 17
- Assault on staff incidents - 30

# Juvenile Justice-Clark County- 2021 Data

- Average daily Detention Population - 75
- 26% on suicide watch
- 325 suicide assessments per month



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**Mary A. King, MD, MPH**

Pediatric Intensivist, Seattle Children's Hospital; Medical  
Director, Pediatric Trauma ICU, Harborview Medical Center

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# PICU Initial Perspectives:

## Seattle Children's Hospital & Harborview

- Pediatric ICU admissions down overall due to diminished viral illnesses
- Seattle Children's Hospital: **Many preteen/teens with MIS-C**: severe hypotension, dilated blood vessels, shock and dilated coronary arteries and incidental finding of prior asymptomatic COVID-19 infection. With steroids and IVIG, many would improve over 24-48 hours. But they were terrifyingly sick upon presentation.
- Harborview: **Pediatric trauma of higher severity**. MVCs all seemed to be reported at 100 mph. Children were left alone to their own devices with guns. Child abuse presented late.

# PICU Early 2020: **Pediatric Care during the time of COVID-19**

- **18-month toddler with a Viral URI, COVID-19 swab pending**
- Presented with multiple bruises, solid organ injuries, brain injury, respiratory failure -> obvious child abuse
- Admitted to PICU in adult COVID unit in full isolation while swab pending
- Child arrested due to worsening brain injury
- Had to resuscitate child in front of adult providers outside looking in who were horrified to see a child dying
- Challenging communication with outside, felt alone
- Got ROSC, was able to transfer to PICU after COVID swab **NEGATIVE**
- Compassionate extubation in PICU in mom's arms



# PICU Winter 2020-21: High Severity Pediatric Trauma

- Car driven by and full of teenagers 100 mph drives off freeway into apartment building, 3 admitted to PICU, 1 died at scene
  - Teenage girl accidental GSW to face/head by brother
  - GSW to back inflicted by gang member that patient wishes not to discuss
- 
- And many, many children inflicting self harm...

# PICU Winter 2020-21: **Pediatric Traumatic Self-harm**

- **Teen with h/o cutting on meds, no in-person school**, doesn't have a lot of friends, doing "as well as could be expected given isolation"
  - Asked what was for dinner, parents couldn't find her 20 min later
  - Found **child hanging in barn**
  - Donated all of her organs
- 
- **Teen who has no history of prior depression** but **no in-person school** and sad attempts to commit suicide by dad's rifle
  - **GSW to chest** with hemopneumothorax and damage to brachial plexus and can no longer move his hand
  - Discharged home to parents

# PICU Winter 2020-21: **Pediatric Medical Self-harm**

- **Teen with no prior depression, split time between divorced parents**
  - **No in-person school**, no room of her own, no stable neighborhood friends, no siblings.
  - Left by herself everyday, felt alone and bored, not challenged or engaged by virtual school, became sad “because of COVID,” **overdosed on Tylenol.**
- 
- **Teen with no prior depression who broke up with his girlfriend**
  - **No in-person school**, not allowed to see friends
  - Mom took away phone because he acted out at home due to sadness over breakup. Teen had no one to talk to. **Overdosed on Benadryl.**

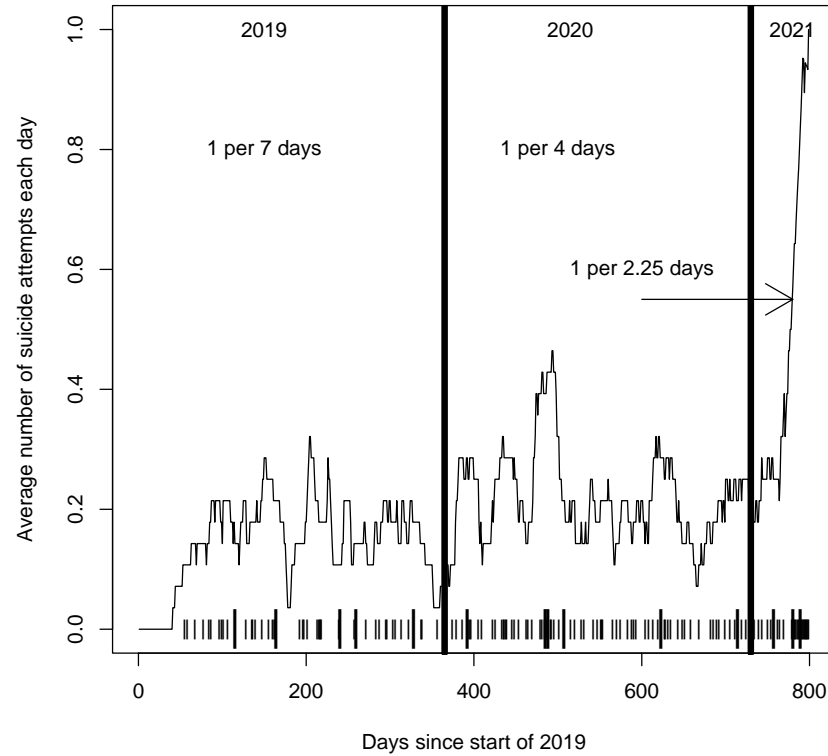
# PICU Winter 2020-21: **The Provider Voice**

- SCH/HMC PICU docs are used to admitting a child every now and then due to attempted suicide
- SCH/HMC PICU docs have NEVER admitted children EVERY CALL NIGHT due to attempted suicide
- **In January-February, we started admitted 2 children per night as a new normal**
- Every time we signed out to each other, we were heart-broken, bearing the emotional burden of this new entity
- We spoke about it at our PICU Faculty Meetings and all agreed this was NOT NORMAL, but where to reach out?

# PICU Jan-Mar 2021: **Regional Attention to Peds BH**

- **WRAP-EM** Discussions about Peds Suicide and Trauma
- **NWHRN** Coalition Pediatric Workgroup Discussion about Suicide
- NWHRN Coalition invites **Pediatric Behavioral Health Leaders** to identify problems and solutions (including WA AAP)
- I presented PICU Suicide Cases
- **WA AAP** lobbies WA Governor Inslee about pediatric mental health and delayed school opening
- **Gov. Inslee** requests data from WA AAP
- WA AAP reaches out to me **March 8** via above prior relationship
- SCH Administration responds to request from Inslee and AAP

### Average attempts by day since 2019



# March 12, 2021: Governor Emergency Proclamation

- <https://www.king5.com/video/news/education/all-k-12-washington-students-must-have-in-person-learning-option-by-april-19-inslee-declares/281-a1ecb09c-f808-4fef-ade0-3bc59ccfc0c0?jwsourc=cl>
- All WA students must have in-person option 2d/wk by April 19

# **Pediatric Intensive Care Unit Admissions\* Associated with Self Harm Diagnosis\*\***

<b>Year/Month</b>	<b>PICU Admissions</b>	<b>Self Harm Admissions</b>	<b>% Self Harm</b>
<b>2019</b>	<b>1431</b>	<b>51</b>	<b>4%</b>
Jan	118	0	0%
Feb	120	2	2%
Mar	134	4	3%
Apr	130	6	5%
May	106	5	5%
Jun	93	6	6%
Jul	117	3	3%
Aug	103	8	8%
Sep	106	4	4%
Oct	113	5	4%
Nov	151	5	3%
Dec	140	3	2%
<b>2020</b>	<b>1288</b>	<b>80</b>	<b>6%</b>
Jan	145	8	6%
Feb	105	4	4%
Mar	114	8	7%
Apr	87	8	9%
May	111	10	9%
Jun	108	5	5%
Jul	106	6	6%
Aug	105	6	6%
Sep	98	8	8%
Oct	111	5	5%
Nov	105	5	5%
Dec	93	7	8%
<b>2021</b>	<b>576</b>	<b>47</b>	<b>8%</b>
Jan	113	7	6%
Feb	105	13	12%
Mar	126	15	12%
Apr	126	6	5%
May	106	6	6%
<b>Total</b>	<b>3295</b>	<b>178</b>	<b>5%</b>



# Moderator Questions

- Dr. Fisher, what might be barriers to adopting some of the ED interventions for suicide which have been developed by Drs. Asarnow and Adrian for example, which have proven to be effective?
- Dr. King and Dr. Fisher, we know that there has been a terrible impact on the mental health of children and youth in this pandemic. You've been on the front lines. What has been the impact on your staff and yourself of this surge and the type of injuries and behaviors you are seeing and how have those been addressed?
- What more is needed in your states and institutions to address the continuing impact of the pandemic on the behavioral health needs of your patients, particularly around suicide?

# Contact ASPR TRACIE



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