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 this recording here: https://attendee.gotowebinar.com/recording/1031660081912627214
Access speaker bios here: https://files.asprtracie.hhs.gov/documents/management-of-suicide-and-mh-emergencies-in-children-speaker-bios.pdf

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

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

July 2021

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

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Western Regional Alliance for Pediatric Emergency Management
AZ CA NV OR WA UT

UCSF Benioff Children's Hospital Oakland

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

Chris Newton, MD
Merritt Schreiber, PhD

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Regional Disaster Health Response

WRAPEM:

Chris Newton, PI
UCSF
WA-OR-NV-CA-AZ-UT

Eastern Great Lakes: EGL

Deanna Dahl-Grove and Charles Macias
Rainbow Babies and Childrens
Ohio – Michigan Consortium

RDHRS Centers

- Boston
- Nebraska
- Colorado

REGION 1
Regional Disaster Health Response System

Welcome:

Management of Suicide and Mental Health Emergencies in Children For WRAP-EM

Merritt Schreiber, PhD
WRAP-EM Mental Health Workgroup

Department of Pediatrics
Harbor-UCLA Medical Center
David Geffen School of Medicine at UCLA

UCLA David Geffen School of Medicine

CDC YBRS: 1991-2019: 5-17 years
Persistent depression, suicidal ideation, plans, attempts, and treated attempts

Table 2 Youth risk behavior survey trends in mental health and suicide-related behavior prevalence: 1991–2019[1]

Percentages															Trends[2] 1991-2019
'91	'93	'95	'97	'99	'01	'03	'05	'07	'09	'11	'13	'15	'17	'19	
Experienced persistent feelings of sadness or hopelessness															
NA	NA	NA	NA	28.3	28.3	28.6	28.5	28.5	26.1	28.5	29.9	29.9	31.5	36.6	↑ 2007-2019
Seriously considered attempting suicide[3]															
29.0	24.1	24.1	20.5	19.3	19.0	16.9	16.9	14.5	13.8	15.8	17.0	17.7	17.2	18.8	↓ 1991-2007 ↑ 2007-2019
Made a suicide plan[3]															
18.6	19.0	17.7	15.7	14.5	14.8	16.6	13.0	11.3	10.9	12.8	16.6	14.6	13.6	15.7	↓ 1991-2009 ↑ 2009-2019
Attempted suicide one or more times[3]															
7.3	8.6	8.7	7.7	8.3	8.8	8.5	8.4	6.9	6.3	7.8	8.0	8.6	7.4	8.9	↓ 1991-2019
Made a suicide attempts that had to be treated by a doctor or nurse[3]															
1.7	2.7	2.8	2.6	2.6	2.6	2.9	2.3	2.0	1.9	2.4	2.7	2.8	2.4	2.5	No change

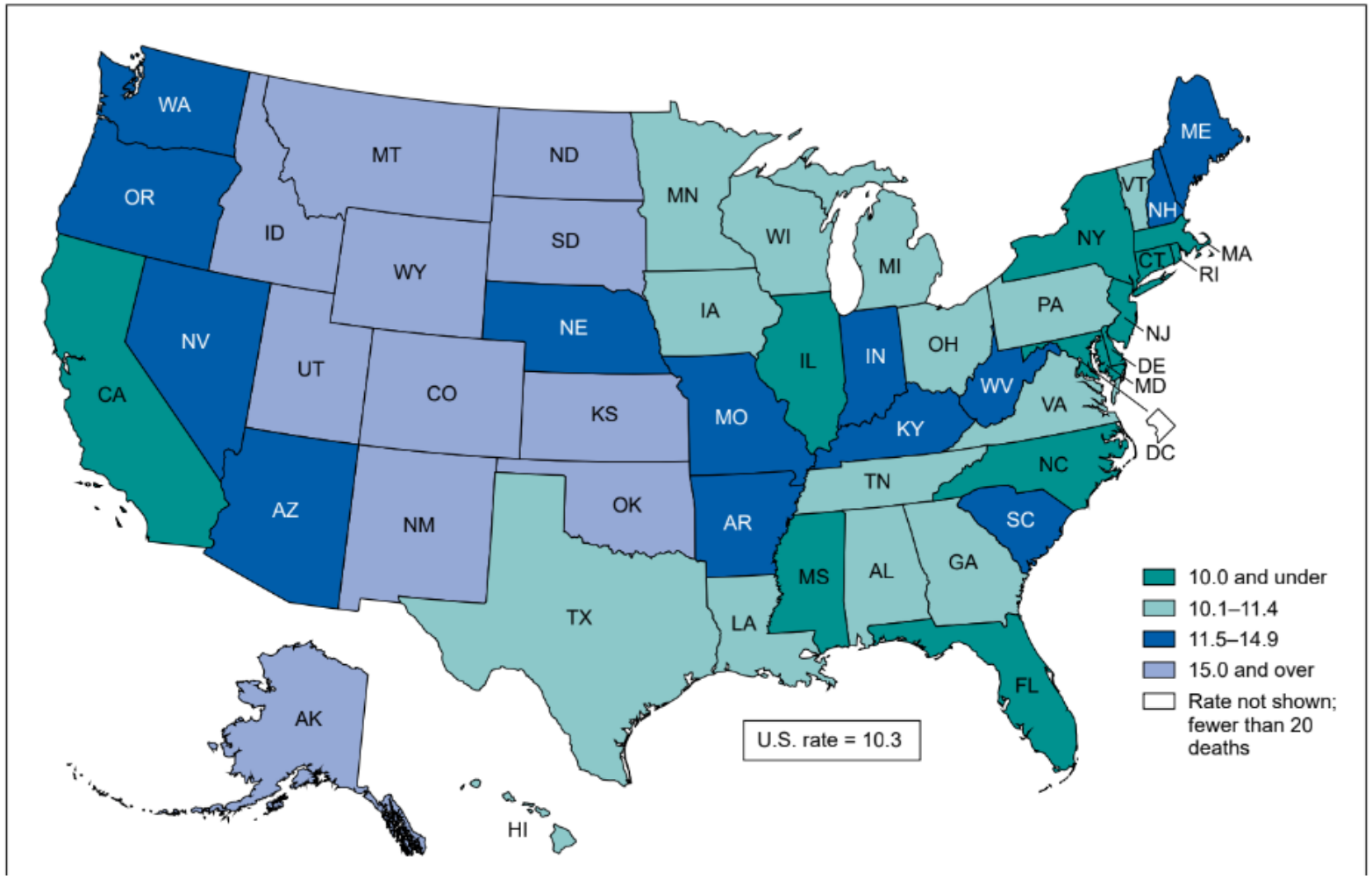
[1] Adapted from CDC (2020c, n.d.)

[2] Trends based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade, $p < 0.05$

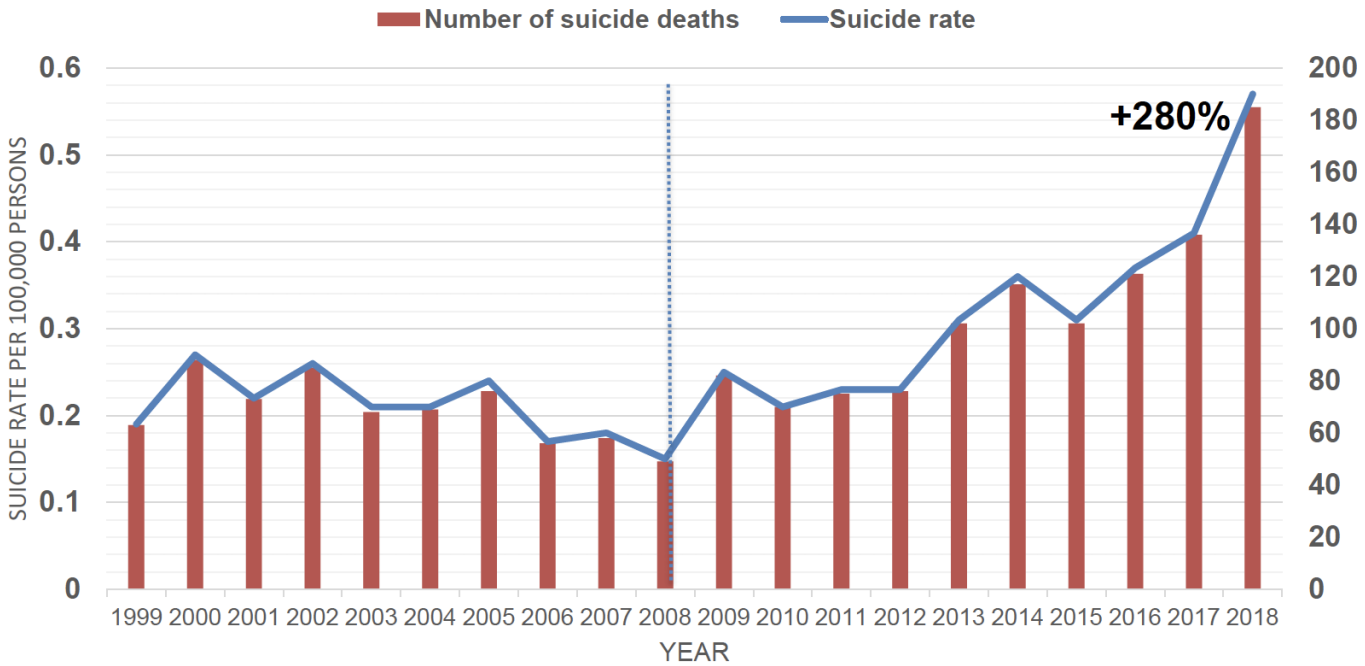
↓ = significant decrease and ↑ = significant increase

[3] During the12 months before completing the survey

Figure 2. Suicide death rates for persons aged 10–24: United States, 2016–2018



Suicide Rates in US Youth Aged 5-12 Years, 1999 to 2018



Data from CDC WISQARS

NATIONWIDE CHILDREN'S
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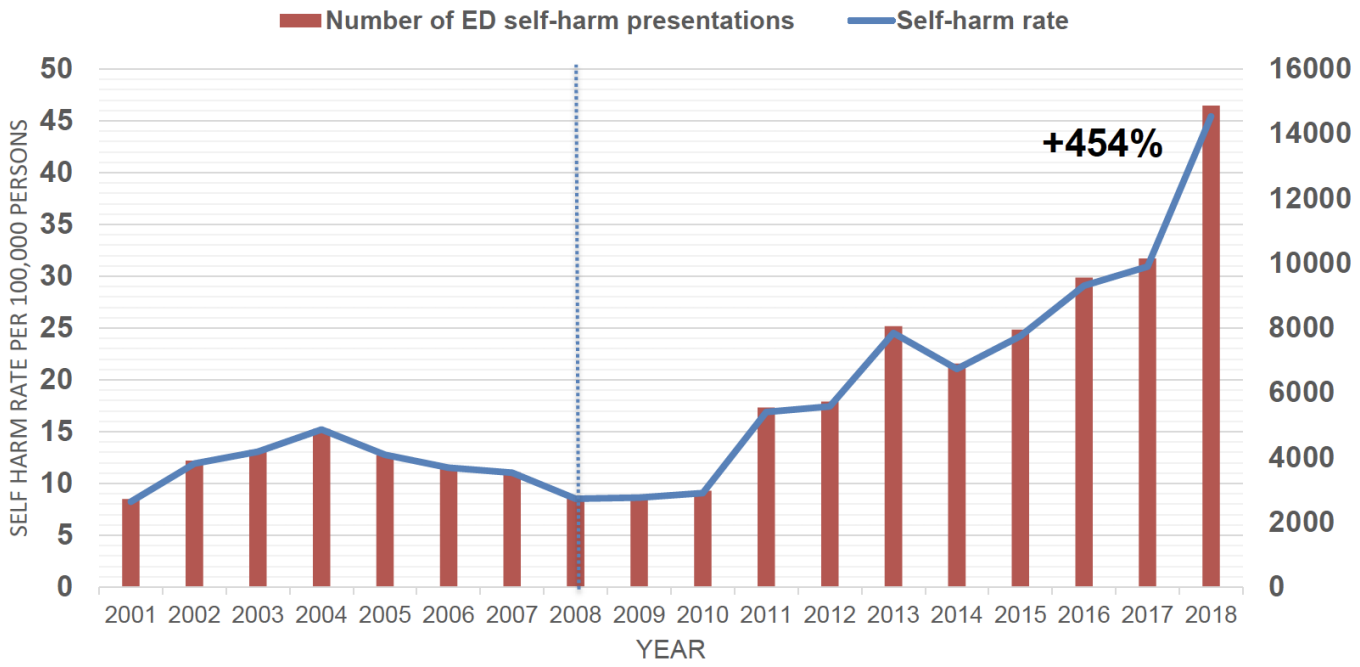
Self-Harm Rates in US Youth Aged 5-12 Years, 2001 to 2018



Data from CDC WISQARS

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

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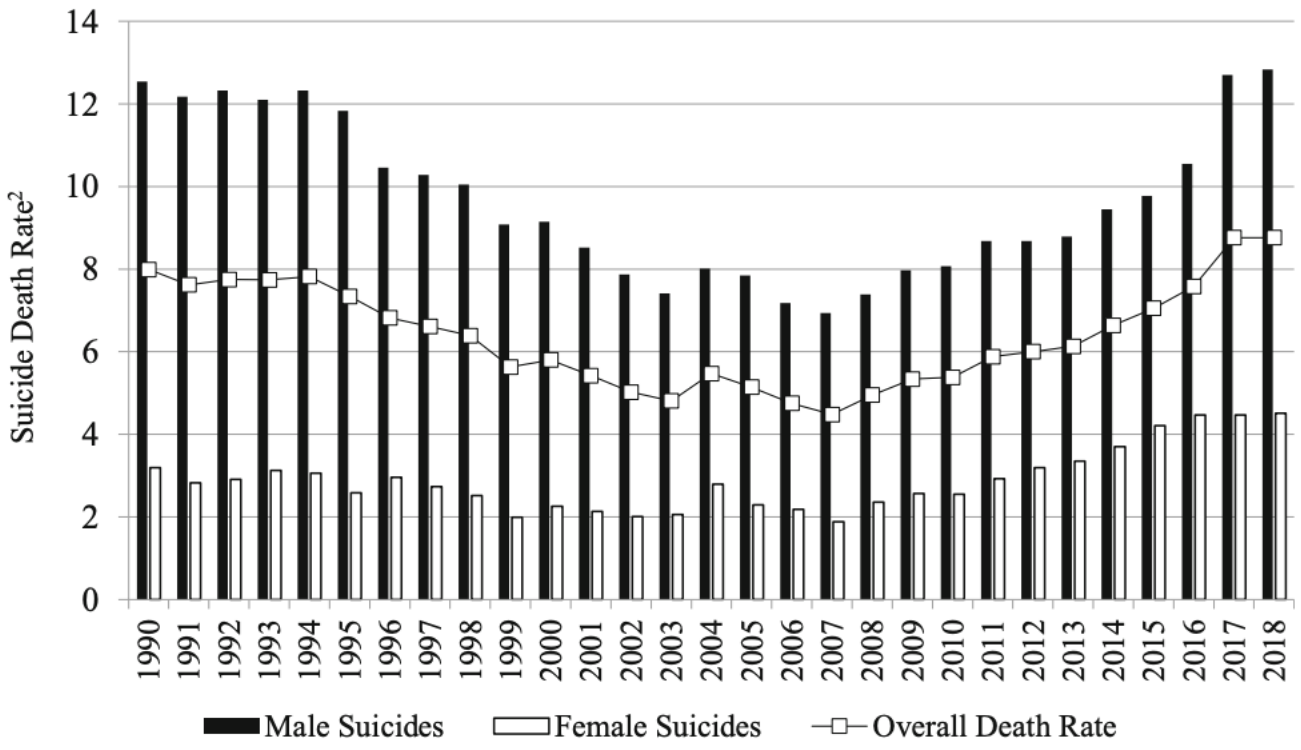
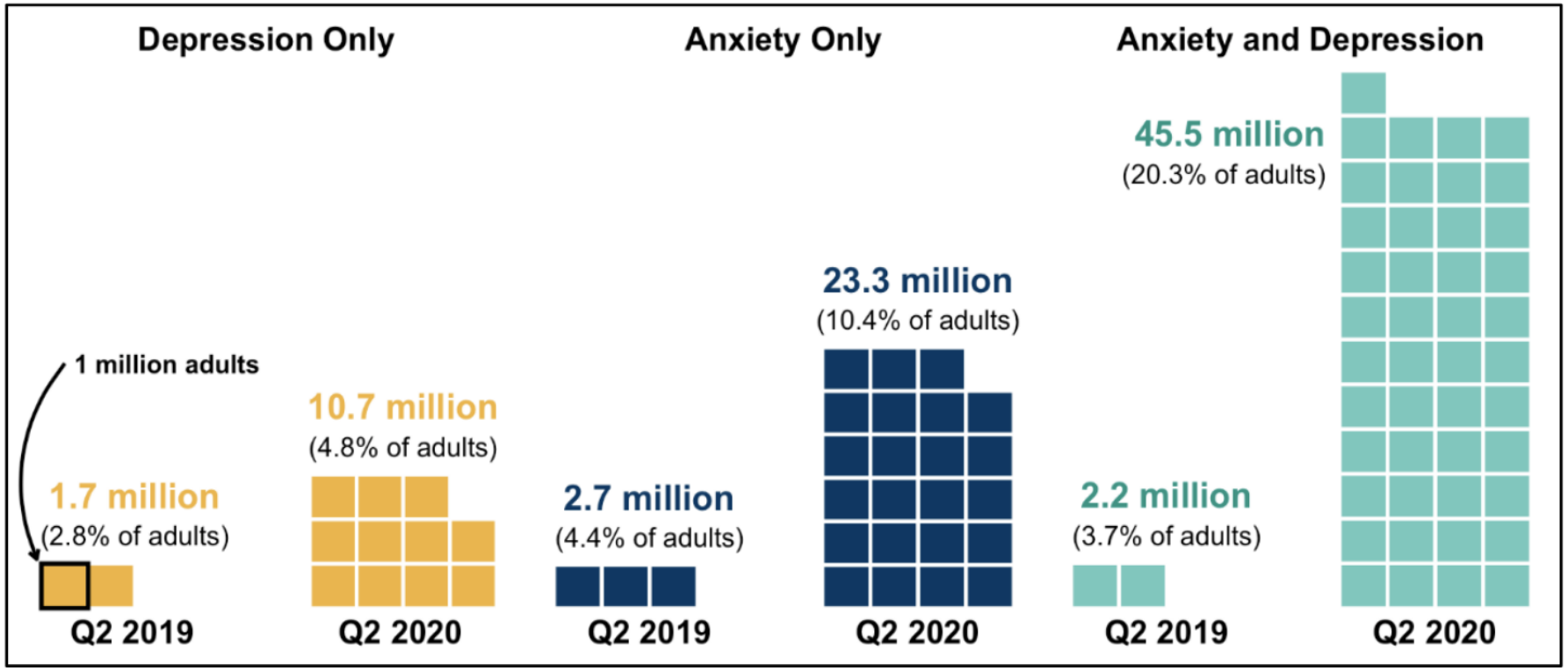
Suicide Rate Trending Pre-Covid
13-18 years 1991-2018
(CDC,2020)

Fig. 1 Youth ages 13 to 18 years suicide death rates—1991 to 2018[1]. [1]Data from CDC (2020a). [2]Deaths per 100,000 in the population



Note. [1]Data from CDC (2020a). [2]Deaths per 100,000 in the population.

Symptoms of Anxiety and Depression in Adults, April-June (Q2)



Source: CRS analysis of Centers for Disease Control and Prevention, *2019 NHIS*, National Health Information, https://www.cdc.gov/nchs/nhis/2019nhis.htm, and U.S. Census Bureau, *Measuring Household Experiences during the Coronavirus Pandemic*, Household Pulse Survey, https://www.census.gov/data/experimental-data-products/household-pulse-survey.html.

Mental Health Care in the Last 4 Weeks

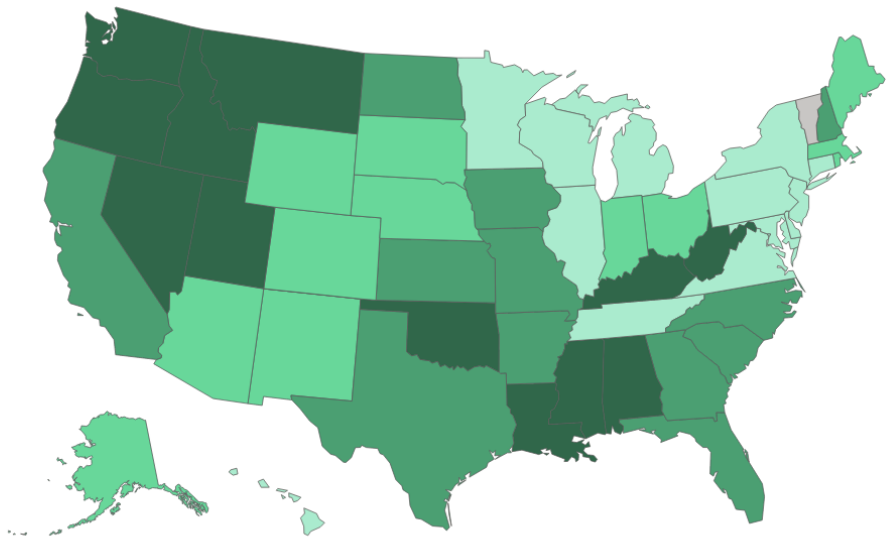
Select Week

Jun 9 - Jun 21

Select Indicator

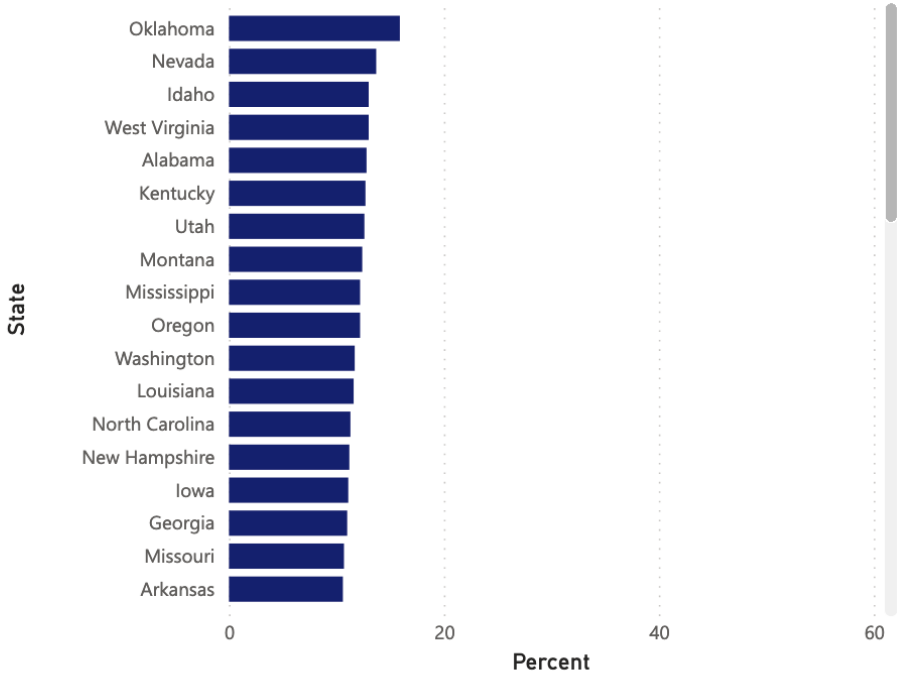
Needed Counseling or Therapy But Did Not Get It, Last 4 Weeks

Needed Counseling or Therapy But Did Not Get It, Last 4 Weeks



Estimate not reliable.	5.5-8.7	8.8-10.0	10.1-11.3	11.4-15.9

State Ranking



NOTE: All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020-2021

Data Table | National Estimates | State Estimates

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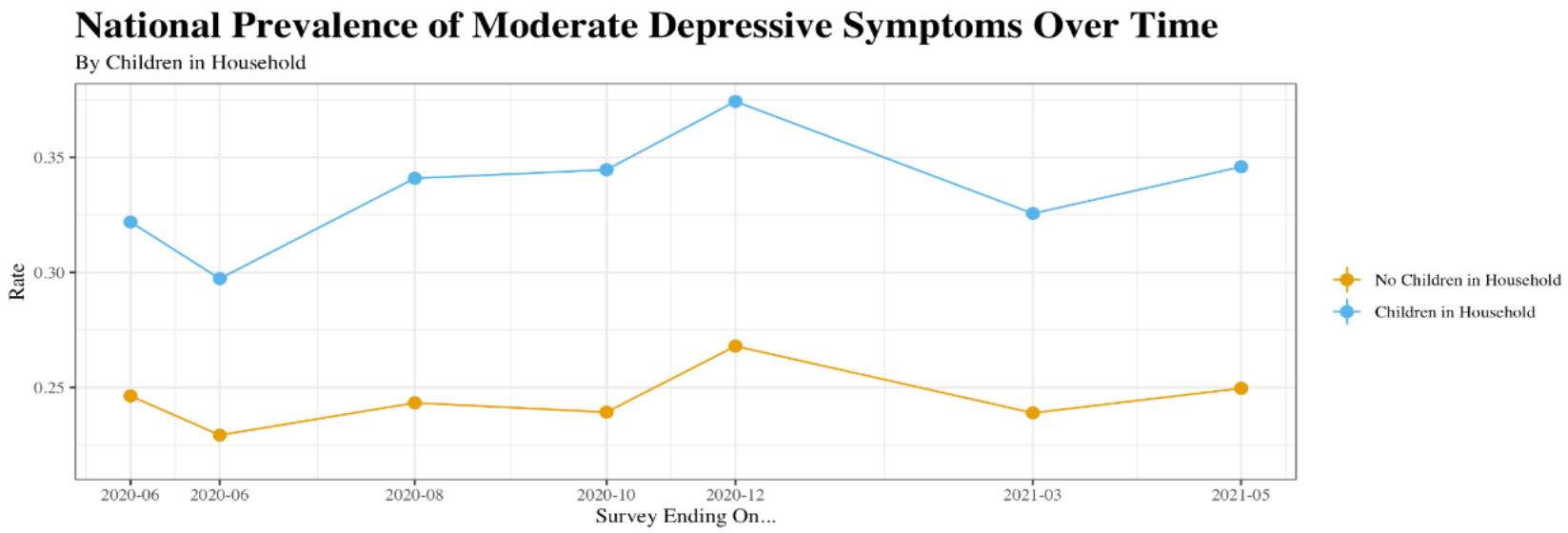
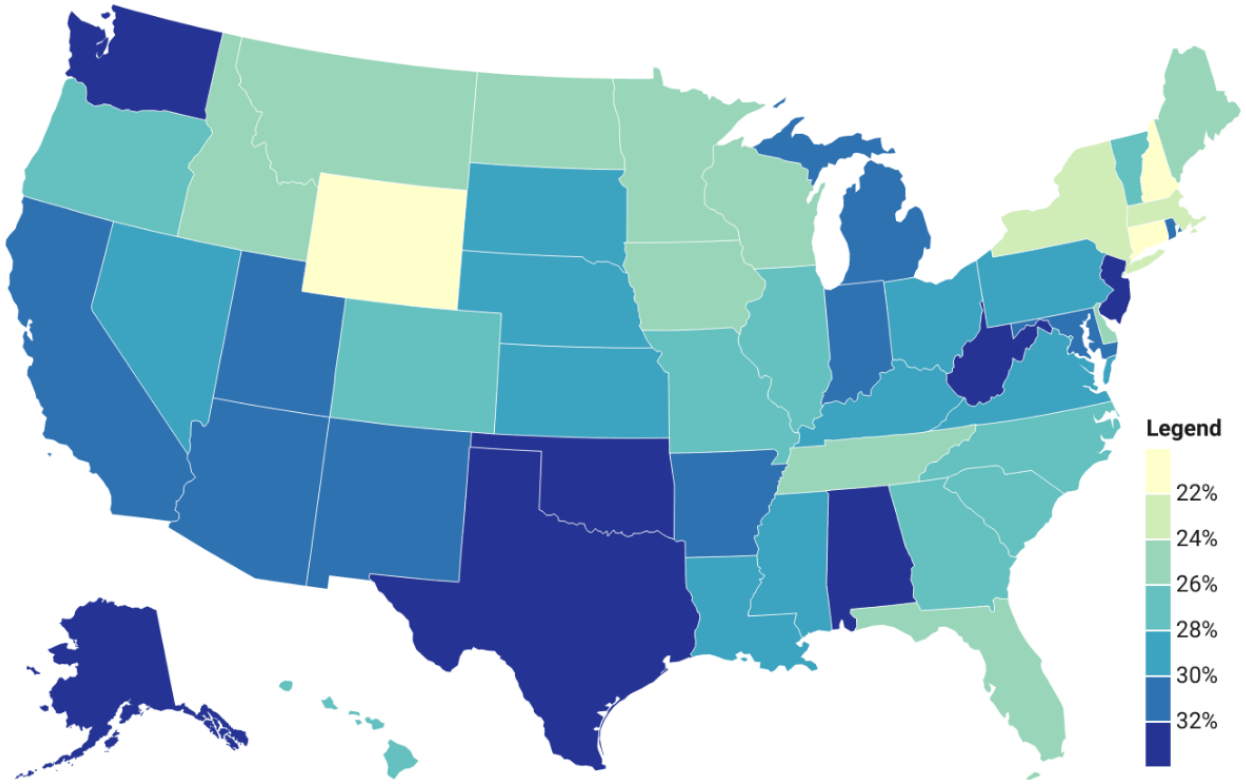
- **Parents with children at home have consistently experienced elevated rates of depression, with a gap of about 10% between parents and nonparents - currently 35% versus 25%**. Some of this difference likely reflects age - that is, parents are generally younger than nonparents. The remainder may reflect such additional stresses as remote education.



The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States 5

Americans with moderate to severe depression symptoms

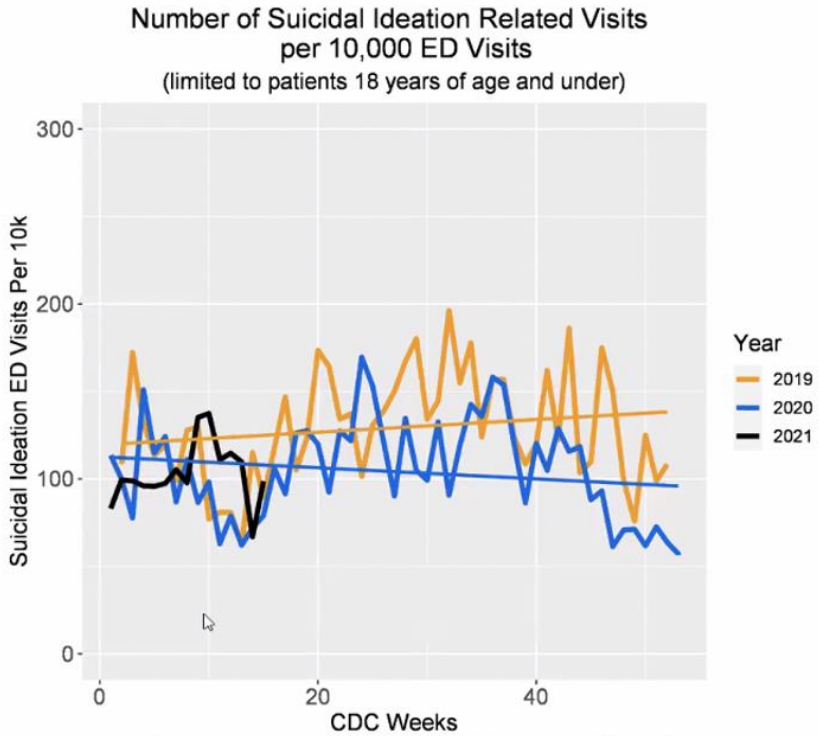
Percent respondents in each state who described symptoms in a range that would be consistent with moderate or severe depression using the PHQ-9 depression questionnaire.



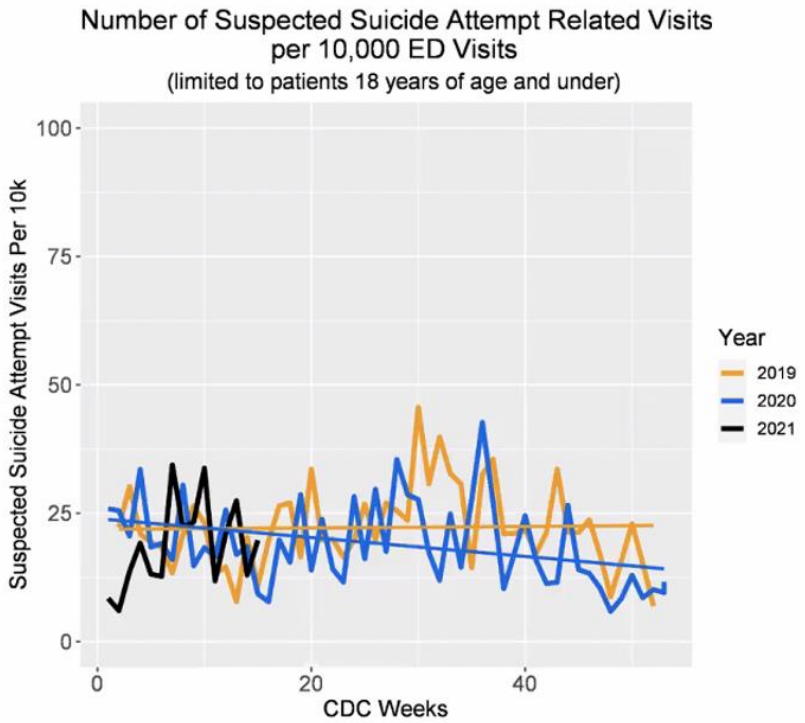
National sample, N = 21,733, Time period: 04/01/2021-05/03/2021

Source: The COVID-19 Consortium for Understanding the Public's Policy Preferences Across States (A joint project of: Northeastern University, Harvard University, Rutgers University, and Northwestern University) www.covidstates.org
• Created with Datawrapper

Suicidal Ideation and Suicide Attempt ED Visits – 18 & Younger



Average Weekly Difference between 2020 and 2019 Visit Counts: -106.3 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.



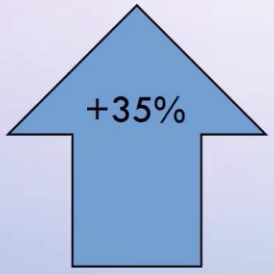
Average Weekly Difference amongst 2020 and 2019 Visit Counts: -18.7 per 10,000
Source: CDC National Syndromic Surveillance Program
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

Source: CDC ESSENCE

REVIEW OF TRENDS

CHANGE IN ED VISITS FOR SUICIDE ATTEMPTS **BETWEEN THE STATE OF EMERGENCY AND JANUARY 2021:**

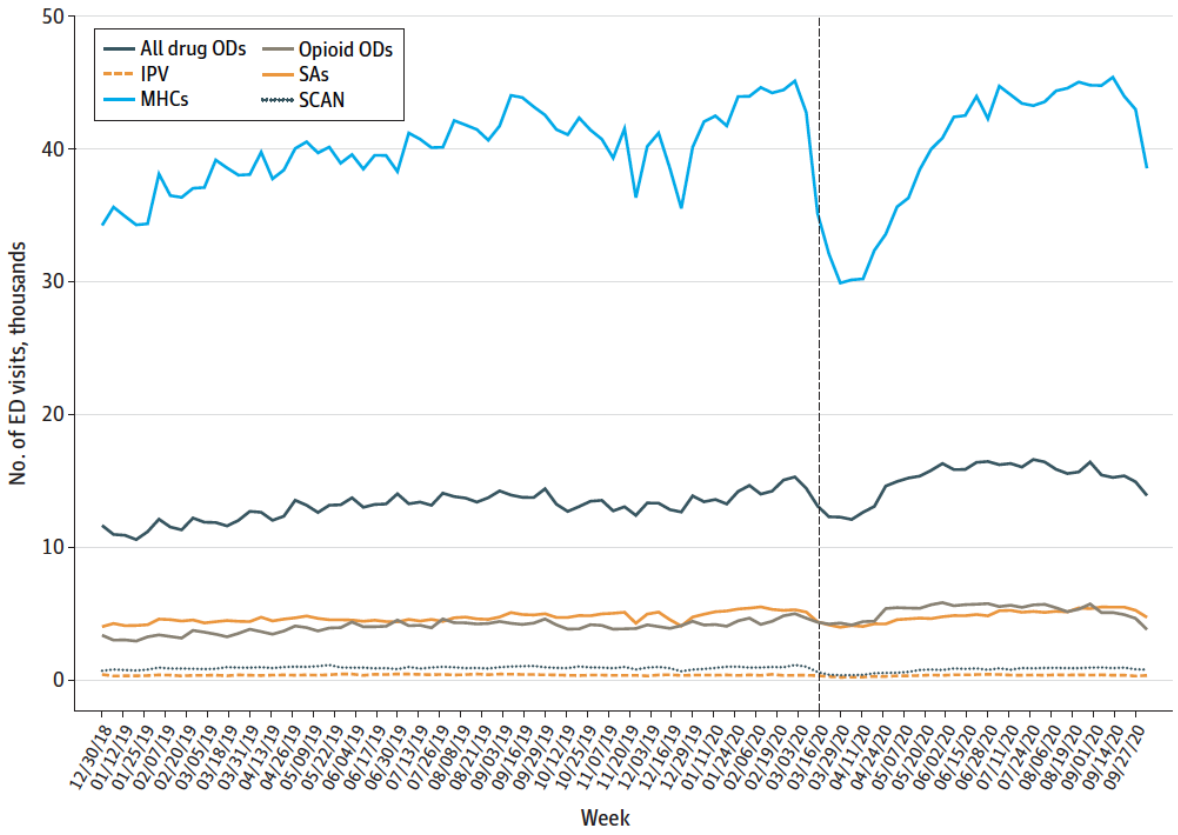
Female Youth



Overall

- PRELIMINARY DEATH DATA SUGGESTS SUICIDES **HAVE NOT INCREASED** OVERALL OR FOR YOUTH IN 2020

Figure 1. Count of Emergency Department (ED) Visits for All Drug and Opioid Overdoses (ODs), Intimate Partner Violence (IPV), Suicide Attempts (SAs), Mental Health Conditions (MHCs), and Suspected Child Abuse and Neglect (SCAN) in the US, December 30, 2018, to October 10, 2020



The "15 Days to Slow the Spread" national proclamation was instituted on March 16, 2020.

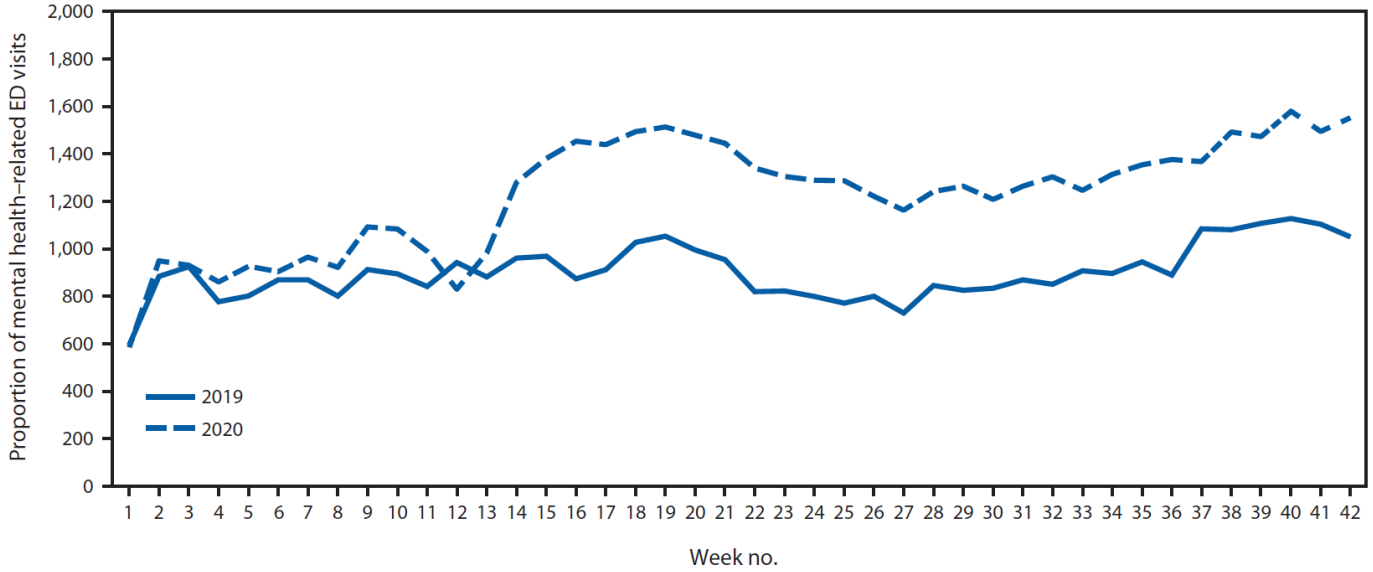
Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report

Morbidity and Mortality Weekly Report

Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020

Rebecca T. Leeb, PhD[1]; Rebecca H. Bitsko, PhD[1]; Lakshmi Radhakrishnan, MPH[2]; Pedro Martinez, MPH[3]; Rashid Njai, PhD[4]; Kristin M. Holland, PhD[5]

B. Proportion of mental health–related ED visits per 100,000 pediatric ED visits per week



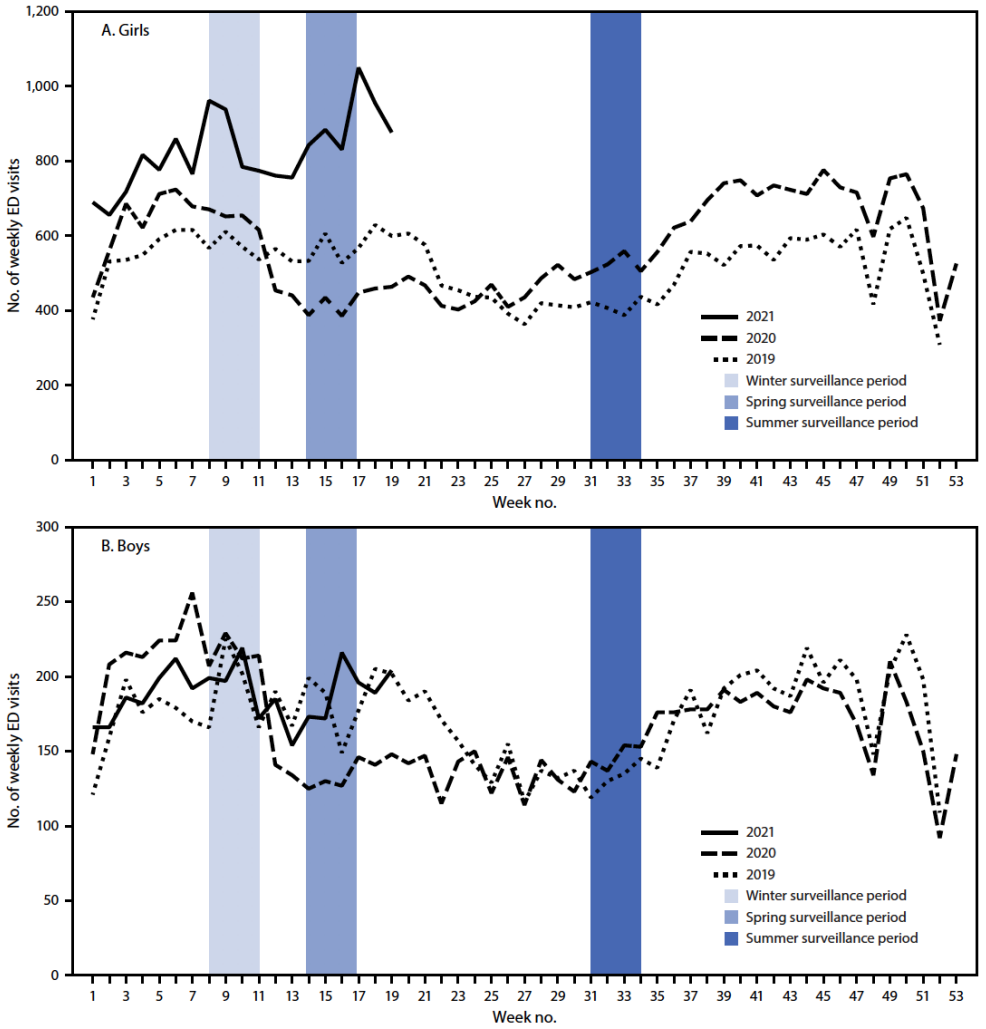
* Proportion of mental health–related ED visits = number of ED visits for children's mental health/total number of pediatric ED visits x 100,000.

CDC NSSP Adolescent Suicide Surveillance

- 2020: Proportion of visits: 31% increase from March 2020 ED emergency visits 12-17 to Oct, 2020.
- 2021: Feb to March 2021 mean visits 50.6% higher than 2019 for girls 12-17
  - Compared with the rate during the corresponding period in 2019, the rate of ED visits for suspected suicide attempts was **2.4 times as high during spring 2020, 1.7 times as high during summer 2020, and 2.1 times as high during winter 2021**
  - **Important racial and SES specifics similar to overall COVID-19 disparities findings.**

MMWR Morb Mortal Wkly Rep. ePub: 11 June 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7024e1external icon

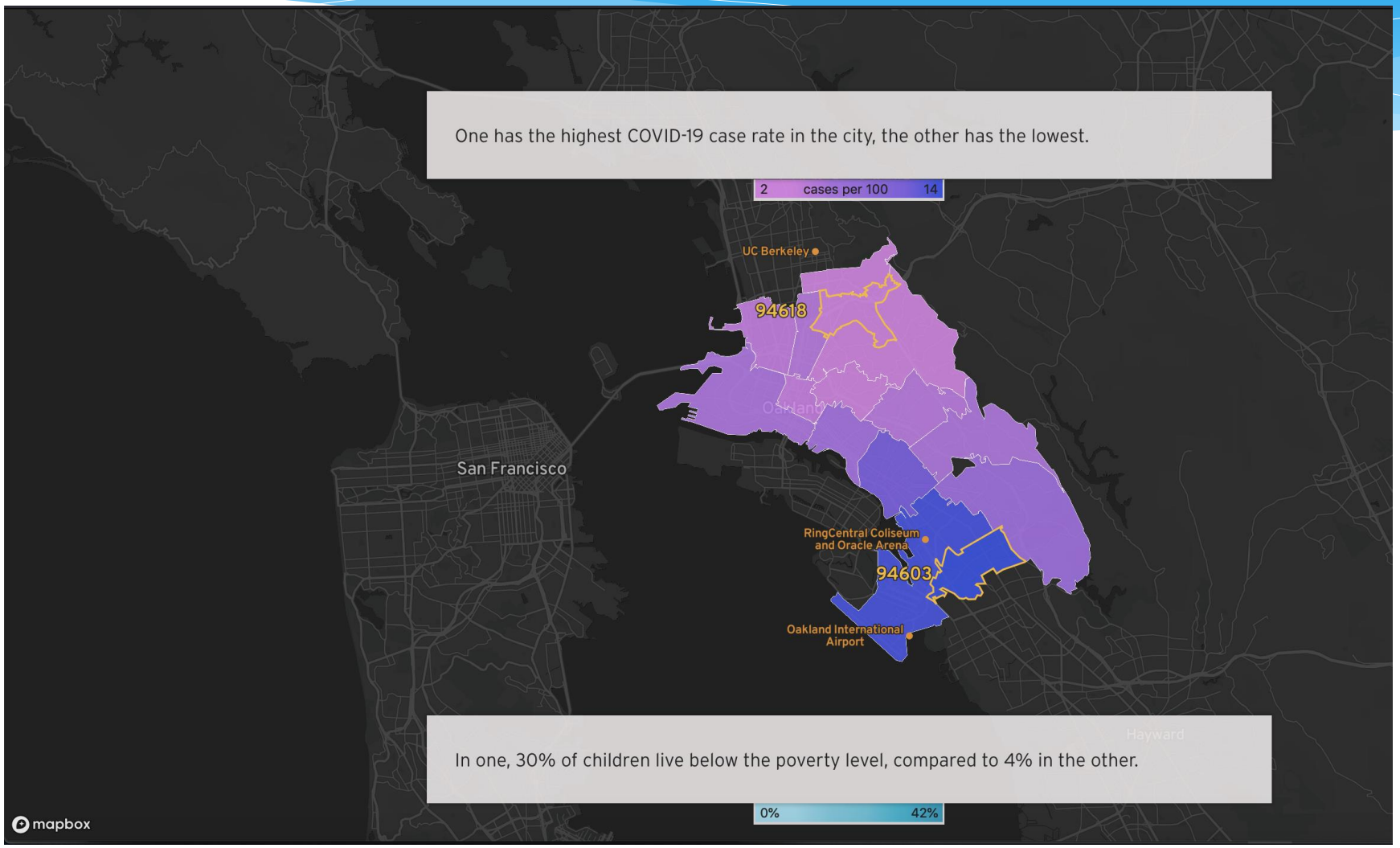
FIGURE 1. Numbers of weekly emergency department visits* for suspected suicide attempts† among adolescents aged 12–17 years, by sex — National Syndromic Surveillance Program, United States, January 1, 2019–May 15, 2021



Abbreviations: ED = emergency department; NSSP = National Syndromic Surveillance Program.

* ED visits for suspected suicide attempts were identified by querying an NSSP syndrome definition developed by CDC in partnership with state and local health departments (https://stacks.cdc.gov/view/cdc/106694). NSSP ED visit data include approximately 71% of the nation's EDs in 49 states (all except Hawaii) and the District of Columbia.

† Visits for suspected suicide attempts include visits for suicide attempts, as well as nonsuicidal self-harm.

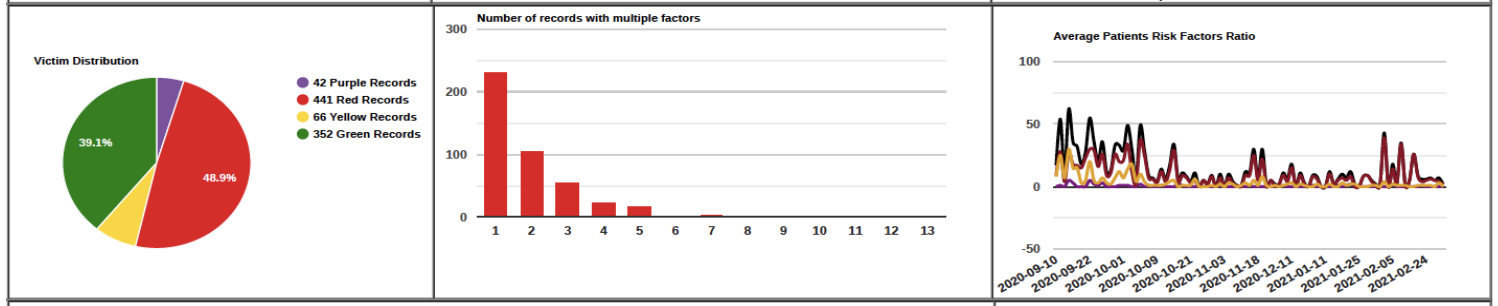

One has the highest COVID-19 case rate in the city, the other has the lowest.
2 cases per 100 14
UC Berkeley
94618
Oakland
San Francisco
RingCentral Coliseum and Oracle Arena
94603
Oakland International Airport
Hayward
In one, 30% of children live below the poverty level, compared to 4% in the other.
0% 42%
mapbox

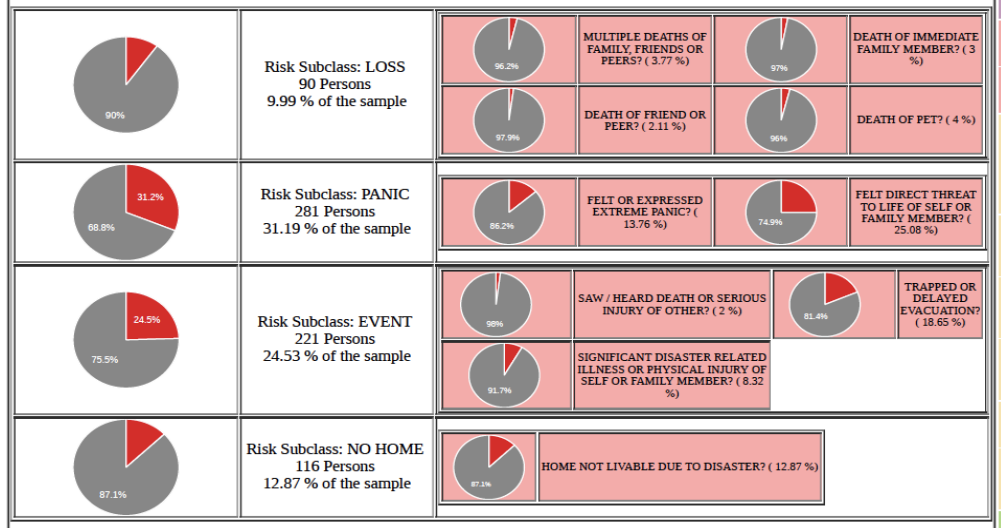
PsySTART Pediatric Community Risk Surveillance(9/20-3/21)

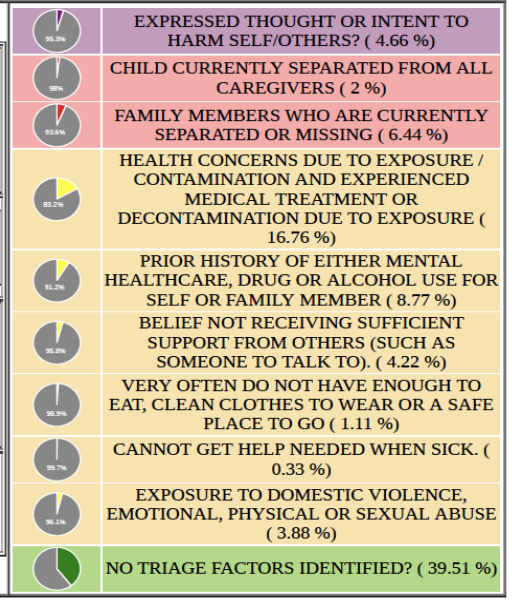
PsySTART®

Sonoma County Office of Education PsySTART Situational Awareness Report 4MAR 21

Site: ALL SCOE SITES | Incident: FLOOD,FIRES, COVID-19 | Period: 10-September 2020 TO 04-March 2021







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PEDIATRICS®
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Article

Prolonged Emergency Department Length of Stay for US Pediatric Mental Health Visits (2005–2015)

Katherine A. Nash, Bonnie T. Zima, Craig Rothenberg, Jennifer Hoffmann, Claudia Moreno, Marjorie S. Rosenthal and Arjun Venkatesh

Pediatrics April 2021, e2020030692; DOI: https://doi.org/10.1542/peds.2020-030692

RESULTS: From 2005 to 2015, rates of prolonged LOS for pediatric mental health ED visits increased over time from ***16.3% to 24.6%*** (LOS >6 hours) and 5.3% to 12.7% (LOS >12 hours), in contrast to non–mental health visits for which LOS remained stable. For mental health visits, ***Hispanic ethnicity was associated with an almost threefold odds of LOS >12 hours*** (odds ratio 2.74; 95% confidence interval 1.69–4.44); there was ***no difference in LOS by payer type.***

Actionable Research for the 2025 Suicide Reduction Goal

Understand when and where individuals access health care

↓

Identify individuals at risk

↓

Provide effective interventions

Ahmedani, *Preventive Medicine*, 2019

Suicide decedents **are accessing healthcare**

~30%	Visit within 7 days of suicide
>50%	Visit within 30 days of suicide
>90%	Visit within 365 days of suicide

EDs may provide a unique opportunity to prevent suicide

~ 6%	Visit within 7 days of suicide
~20%	Visit with 60 days of suicide
~ 44%	Visit within 365 days of suicide

Primary care may provide a unique opportunity to prevent suicide

~ 10%	Visit within 7 days of suicide
~ 39%	Visit with 60 days of suicide
~ 79%	Visit within 365 days of suicide

NIH National Institute of Mental Health

Contact ASPR TRACIE

asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov