ABSTRACT

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Title: Trends in Emergency Department (ED) Length of Stay for Pediatric Mental Health Visits (2005-2015)

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Background: Children with mental health conditions who board in the ED are at risk for treatment delays, lower quality care and exposure to traumatic environments. Nevertheless, little is known about national trends in ED length of stay (LOS) over the past decade. Our objectives are to (1) describe trends (2005-2015) in ED LOS for pediatric mental health and non-mental health visits and (2) examine whether ED LOS for mental health visits varies by insurance type.

Methods: Observational analysis of pediatric ED visits between 2005-2015 using the National Hospital Ambulatory Medical Care Survey. We identified mental health visits using diagnosis codes. Primary outcomes were median LOS and rates of prolonged LOS (> 6, 12 & 24h). We used regression models to examine the relationship between year and LOS outcomes and whether this relationship differed by mental v. non-mental health diagnosis. We used the Wilcoxon rank sum test to compare LOS outcomes between visits with private and public insurance (2014-2015).

Results: We included 318,854,388 pediatric ED visits between 2005-2015, 10,554,997 (3.3%) of which were mental health visits. Median LOS and rates of prolonged LOS (> 6, 12, & 24h) increased for mental health visits but remained stable for non-mental health visits. In 2014-2015, 19.3% of mental health visits were > 6h, 9.9% were > 12h, and 2.4% (~32,900 visits on average each year) were > 24h. In regression analyses, mental health visits were 2h longer and had 4.7 times greater odds of prolonged LOS > 6h than non-mental health visits (p < 0.001; p<0.001). On average, mental health visits increased 8.7 additional minutes per year compared to non-mental health visits (p=0.009). Among mental health visits in 2014-2015, median LOS (private 3.3h v. public 3.1h; p=0.49) and rates of prolonged LOS > 6h (private 17.0% v. public 18.3%; p=0.92) did not differ by insurance.

Conclusion: ED LOS for pediatric mental health visits is increasing. Nearly 1 in 5 visits exceeded 6h and nearly 32,900 visits per year exceeded 24h. While future research should explore drivers of LOS, policymakers and providers must address this crisis in access to acute pediatric mental health care.

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