

EMERGENCY ROOM BOARDING OF KIDS IN MENTAL HEALTH CRISIS

What is boarding?

After arriving in hospital emergency departments (ED), kids experiencing a mental health crisis are kept in emergency department facilities, “boarded,” until they can be admitted into a psychiatric treatment program or transferred to another facility. While boarding keeps vulnerable patients physically safe from injury, waiting in an ED does not provide the specialized mental health treatment kids need to help them recover.

In addition to delaying treatment and recovery, prolonged boarding also means extended absences from schools and communities, and puts undue stress on both kids and their caregivers. For providers, boarding that lasts weeks or even months drains resources and staff in overtaxed environments, making timely treatment challenging.

A worsening problem

“We’ve never had an adequate mental health system in the United States for kids - never - and so you take an inadequate system to begin with, and then all of a sudden, you put kids who are at elevated risk...in a very difficult living and life situation. And you now have a crisis of access.”

- Dr. John Walkup, chair of the Pritzker Department of Psychiatry and Behavioral Health at Ann & Robert H. Lurie Children’s Hospital of Chicago

As a result of the COVID-19 pandemic, opens beds in hospitals – including children’s hospitals – have become even harder to come by, leaving more kids in crisis languishing in ED’s for an extended amount of time:

- Kids at Connecticut Children’s are waiting in the emergency department for an average of seven days for an inpatient bed.
- Children’s Hospital Colorado’s behavioral health unit in the emergency department is already over capacity two years after it was built.
- Seattle Children’s reported seeing one or two patients every night in March 2021 for attempted suicide, with patients waiting up to two weeks for an inpatient bed.
- At Wolfson Children’s Hospital in Florida, up to 25 children have been held on surgical floors while waiting for a spot to open in the inpatient psychiatric unit, which could last as long as five days.

“[Due to the mismatch of supply and demand for additional inpatient psychiatric beds,] we end up boarding kids in our emergency department or in our inpatient unit, not because that’s what’s best for them but because there’s literally nowhere else for them to go.”

- Zach Zaslow, senior director of government affairs at Children’s Hospital Colorado

ADDRESSING THE ISSUE

To reduce the ED boarding of kids in mental health crisis, solutions must be multi-faceted and address the urgent need to:

- Build pediatric mental health infrastructure to ensure sufficient capacity
- Strengthen and incentivize a robust and diverse pediatric clinical and non-clinical workforce
- Increase community-based services and access to tele-health for care
- Support inclusive and integrated systems that enable equitable access to mental health care
- Ensure proper payment models and reimbursement support

With the right mental health services and supports, kids can recover from mental health crises and learn the skills they need to manage mental and behavioral health conditions.