May 18, 2022
Emergency Medical Services for Children
(EMSC) Day:
The ABC's of Equity, Diversity, and Inclusion
(EDI)
and

Prehospital
Pediatric Behavioral Health Management

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Pediatric Mental Health Crisis: Surgeon General's Report and American Academy of Pediatrics (AAP)

2020:

ED visits for mental health--> **increase 24%** (age 5-11), **31%** (age 12-17)

2021 vs 2019:

Suicide attempts: **increase~51%** for adolescent girls, **4%** for adolescent boys

EMS Personnel and Mental Health Encounters: The Impact of First Impressions

- EMS Personnel: 1st point of contact with health care provider, trust build opportunity
- EMS Point of View: Unique, powerful context perspective
- -Family members
- -Physical Setting
- -Neighborhood/Community factors
 - Interactions with multiple providers (health, non-health)

High Risk Groups:

- Youth w/ intellectual/developmental Disabilities
- LGBTQ+
- Gender non-conforming
- Racial and ethnic minorities
- Rural areas
- Low income
- Juvenile justice and child welfare system
- Immigrant households

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)

Society **

Environment

Community

Individ

Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies

Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change

Relationships with peers, teachers, and mentors; faith community; school climate, academic pressure, community support

Relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence; trauma

Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills

These are examples and not a comprehensive list of factors

Equity, Diversity, and Inclusion (EDI) in EMSC: What does EMSC mean by Equity, Diversity, and Inclusion?

• **Goal 1**: Values, embraces, and seeks out the unique contributions and perspectives of its stakeholders, staff, trainees, patients and families, and partners in all aspects of project and product planning, creation, and implementation



• **Goal 2**: That the emergency care continuum reflects and is responsive to the varied identities and needs of children and families



• **Goal 3:** That all children will achieve optimal and equitable outcomes through the receipt of the highest levels of care in emergency situations



The Importance of Equity, Diversity, and Inclusion (EDI) and EMS:

- High-Risk groups: **More likely** to use of EMS for mental health encounters
- -Racial/ethnic minorities
- -Low income
 - Mental Health:
- -People are 16x more likely to be killed by law enforcement during a psychiatric related call for help
- -EMS personnel: mediator, facilitator

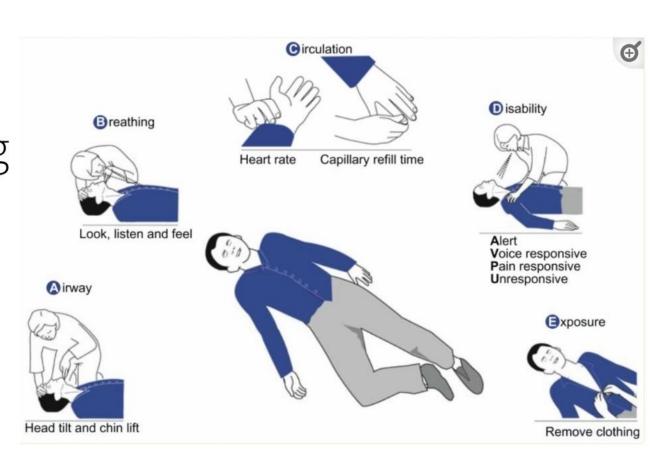
Restraints:

- 1) Black and hispanic adults more likely to be placed in restraints in ED setting
- 2) Children more likely to be injured when placed in restraints

The ABC (DE)'s: Airway, Breathing, Circulation (Disability, Exposure)

Aims of ABC's

- Evaluation and treatment
- Administer timely life-saving treatment
- Transform complexity into "bite size" parts
- Common language among providers





Ask your patient how they identify!



Be an ally!



Check your biases!



Document appropriately!



Equitable care engagement!

Resisting the urge to assume

• Is it offensive to ask?

We're all learning!



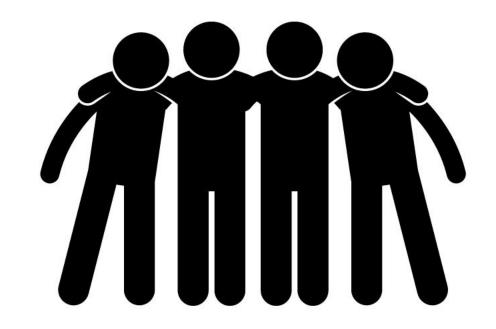
Ask your patient how they identify!



- Ally: uses privilege and/or social standing to advocate for others who may not have the same access or privilege
- "Allyship is **not** a noun"
- Pushing through our discomfort and using our voices/pens to show up for others



Be an ally!



Bias: Explicit, Implicit
Race/ethnicity
Sexual orientation
Gender
Weight
Age
Socioeconomic status
Disability

- Acknowledge role in decision making
- Discuss with colleagues, journal experience
- Self-accountability



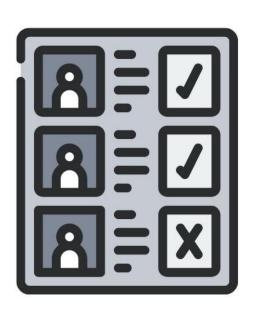
Check your biases!

- Power of accurate documentation of demographics
- Tells us what we're doing right
- Ensures quality and equity
- Person first language: a person ≠ disease
 "Person with sickle cell"

NOT"Sickler"



Document appropriately!



- Are we listening to our patients, muting bias
- Awareness of disparity literature
- Replacing blame with accountability



Equitable care engagement!





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Equitable care engagement!

Remember your ABC's of EDI!

Questions?

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