

# **Impacts of COVID-19 and Social and Health Disparities on the Delivery of Pediatric Emergency and Mental Health Care**

**EMSC FAN Webinar Series  
Webinar 3:  
August 19, 2020**

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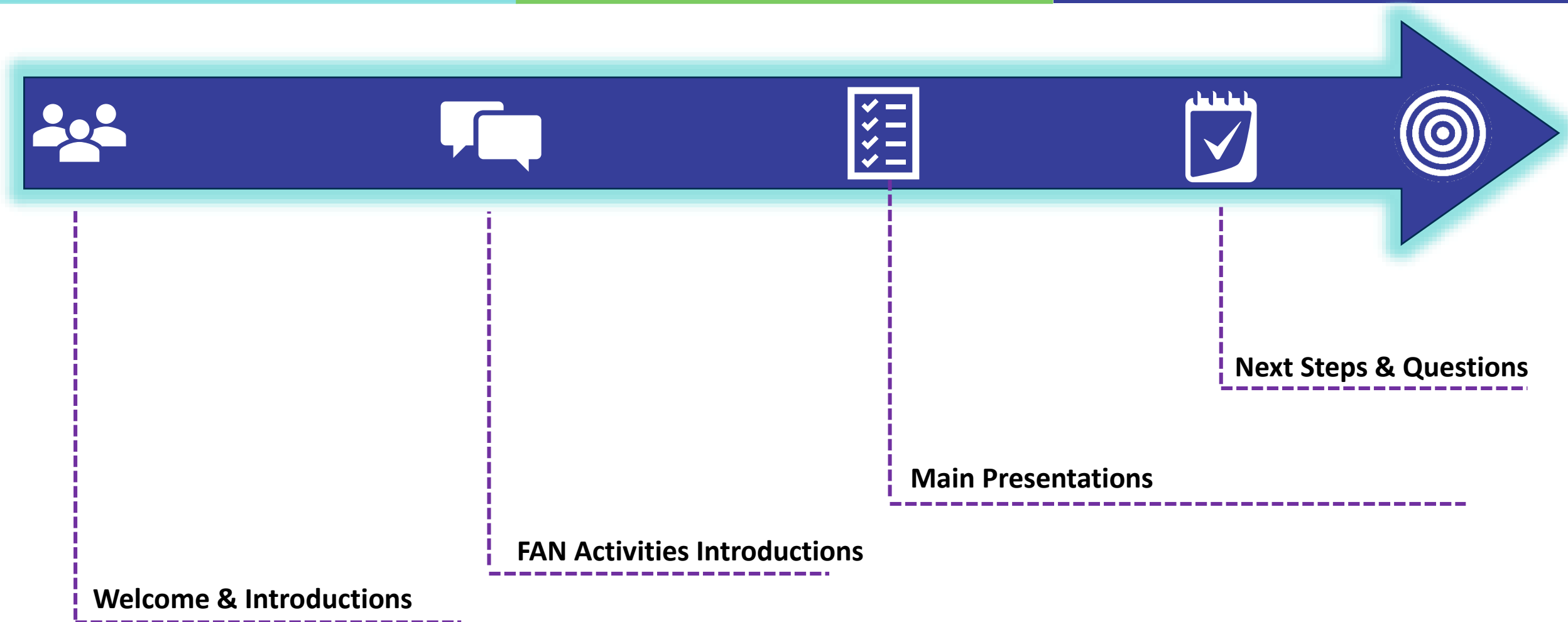
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# Agenda



# EMSC FAN Activities Introductions

# FAN Representatives

**American Samoa:** Mary Taufetee, **Connecticut:** Jennifer Groves Fusco & Nanfi Lubogo, **Delaware:** Trina Cale Rosario, **District of Columbia:** Donnie Shaw, Doreen Hodges, Elva Anderson and Karen Gay, **Federated States of Micronesia:** Julio Marar, **Guam:** Claire Meno, **Hawaii:** Reina Saures, **Maryland:** Mary Ellen Wilson, **Massachusetts:** Suzanne Gottlieb, **New Hampshire:** Laurie Warnock, **New Jersey:** Kenneth White & Adele Bascom-Poplowski, **Palau:** Margie Ngirmidol, **Puerto Rico:** Miguel Roman, **Rhode Island:** Tara Townsend, **Saipan:** Antonio Borja, **US Virgin Islands:** Jacqueline Greenidge-Payne, **Vermont:** Jamie Rainville, **West Virginia:** Todd Rundle, Deana Spaulding & Patty Boyce.

*\*Washington, Idaho, and Illinois are actively recruiting for a FAN*



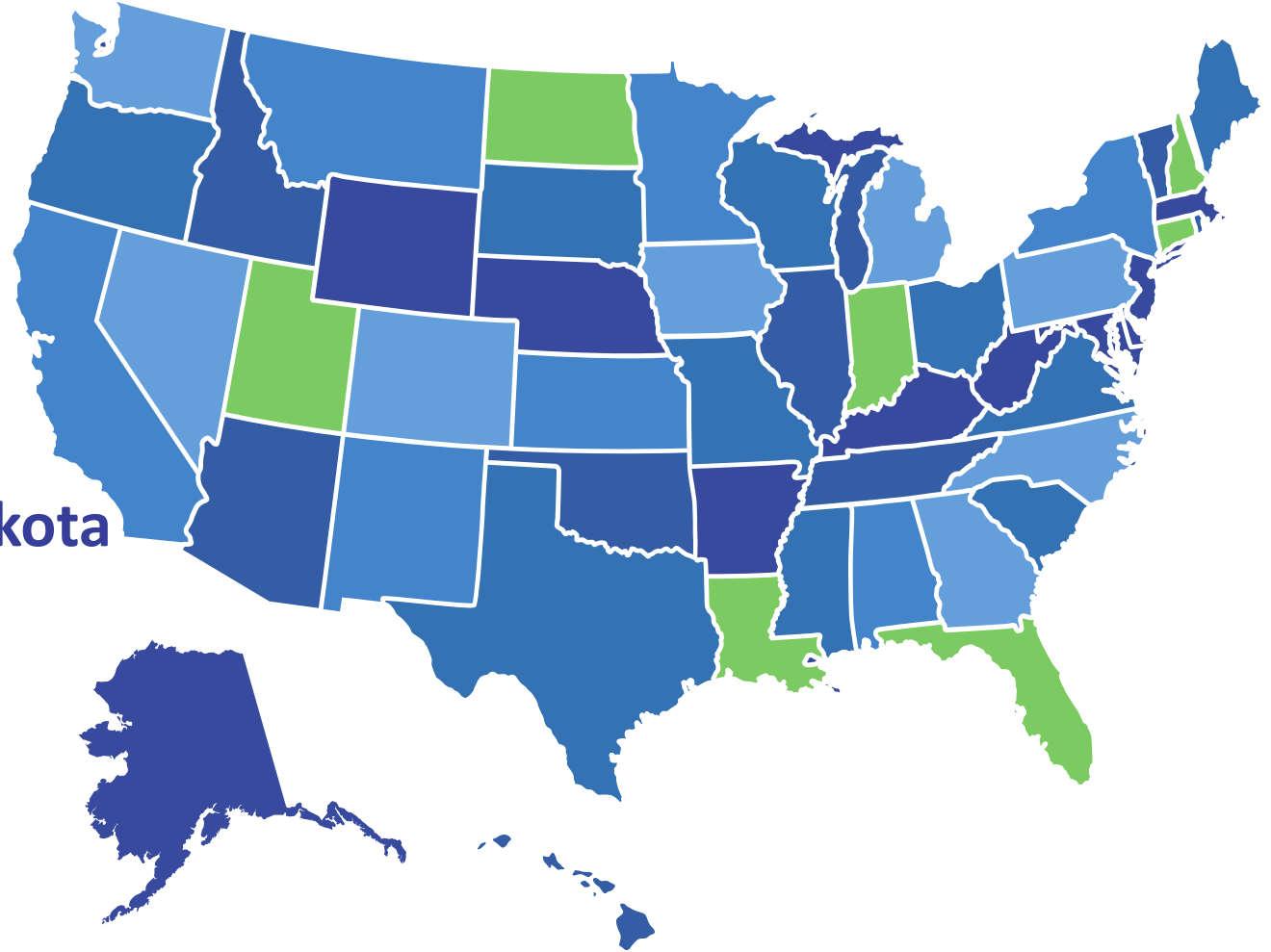
Meet our  
FANs!

Don't See Your  
Name?

Please email Cassidy Penn at the  
EICC [cvpenn@texaschildrens.org](mailto:cvpenn@texaschildrens.org)  
and we will include you on our  
FAN mailing list!

# FAN Steering Committee Members

- Julia Johnson – Louisiana
- Kim Mears – Indiana
- Laurie Warnock – New Hampshire
- LeeAnn Dominoski-Kellar – North Dakota
- Nanfi Lubago – Connecticut
- Sandy Nasca – Florida
- Whitney Levano – Utah



# FAN Activities Planning Team

## HRSA/EMSC



**Jocelyn Hulbert**  
EMSC State Partnership  
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## EIIC



**Jean Raphael, MD, MPH**  
EIIC Advocacy Director



**Cassidy Penn, MEd**  
QI Education Project  
Specialist



**Margaret Codispoti**  
Assistant Coordinator

## Atlas Research



**Sarah Lifsey, MPP**  
Project Manager

# Presenter Introductions



# Today's Presenters

- **Vera Feuer, MD, DFAACAP** is the Director of Pediatric Emergency Psychiatry and Behavioral Health Urgent Care at Cohen's Children Medical Center and an Associate Professor at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell Health. Dr. Feuer is a Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry and has been involved with local and national workgroups and committees developing standards and practice parameters for managing behavioral health crises in emergency departments. She is the president for the New York Council on Child and Adolescent Psychiatry and the co-chair of the national Emergency Child Psychiatry Committee.
  - **Beau Carubia, MD** is the Medical Director of the Consultative Division of the Pediatric Mental Health Institute at Children's Hospital Colorado in Aurora, Colorado. He is an Assistant Professor within the Department of Psychiatry at the University of Colorado School of Medicine and also serves as the Associate Program Director of the Child and Adolescent Psychiatry Fellowship at the University of Colorado School of Medicine. Dr. Carubia's clinical interests include management of psychiatric emergencies, consultation and liaison psychiatry, and mental health law.
  - **Annie S. Li, MD**, is the Director of the Children's Comprehensive Psychiatric Emergency Program at Bellevue Hospital Center in New York City and is Clinical Assistant Professor of Child and Adolescent Psychiatry at NYU Langone. As a Chinese American immigrant, Dr. Li is interested in trauma related disorders and the impact of significant life events on child development, with a particular focus on immigrant and Asian American mental health. She is the co-chair of the American Academy of Child and Adolescent Psychiatry (AACAP) Asian Caucus and a board member of the New York Council on Child and Adolescent Psychiatry.
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# Impact of COVID-19 on Pediatric Emergency Mental Health Care

**Vera Feuer MD**

**Director, Pediatric Emergency Psychiatry**

Cohen Children's Medical Center

**Associate Professor, Psychiatry and Emergency Medicine**

Zucker SOM at Hofstra/Northwell Health



**Northwell**  
Health<sup>SM</sup>

**Physician Partners**

# Danny

## Health status:

- 14 year old Pakistani-American male
- Hx of autism, receiving speech, OT/PT, therapeutic services through school
- No past hospitalizations or medication trials

## Life/family status:

- Lives with parents, father essential worker, mother is also caretaker of elderly parents and younger sibs
- Parents with limited English
- CPS involvement due to 60+ reports made by Danny himself as well as health care providers/school personnel based on his reports of physical abuse

## Current relationship with the health care system:

- No outpatient providers involved- mother has struggled to keep up with recommendations
- School services partially suspended, partially unable to attend
- 20+ emergency visits since stay at home orders for behavioral escalation as well as suicidal statements

# Alexa

## Health status:

- 17 year old AAF
- Hx of depression, anxiety, self injury

## Life/family status:

- Lives with mother, who was recently unemployed and diagnosed with COVID
- Alexa has been isolated in quarantine with mother and 4 younger sibs
- Previously an honors student, Alexa has been absent from distance learning

## Current relationship with the health care system:

- Has been in and out of care
- Outpatient services were temporarily disrupted
- Recent ED visit after near lethal overdose- Alexa reveals that she also attempted last week, but did not tell anyone
- Family hesitant to accept voluntary admission

## Health status:

- 10 year old Hispanic male
- No past psychiatric history

## Life/family status:

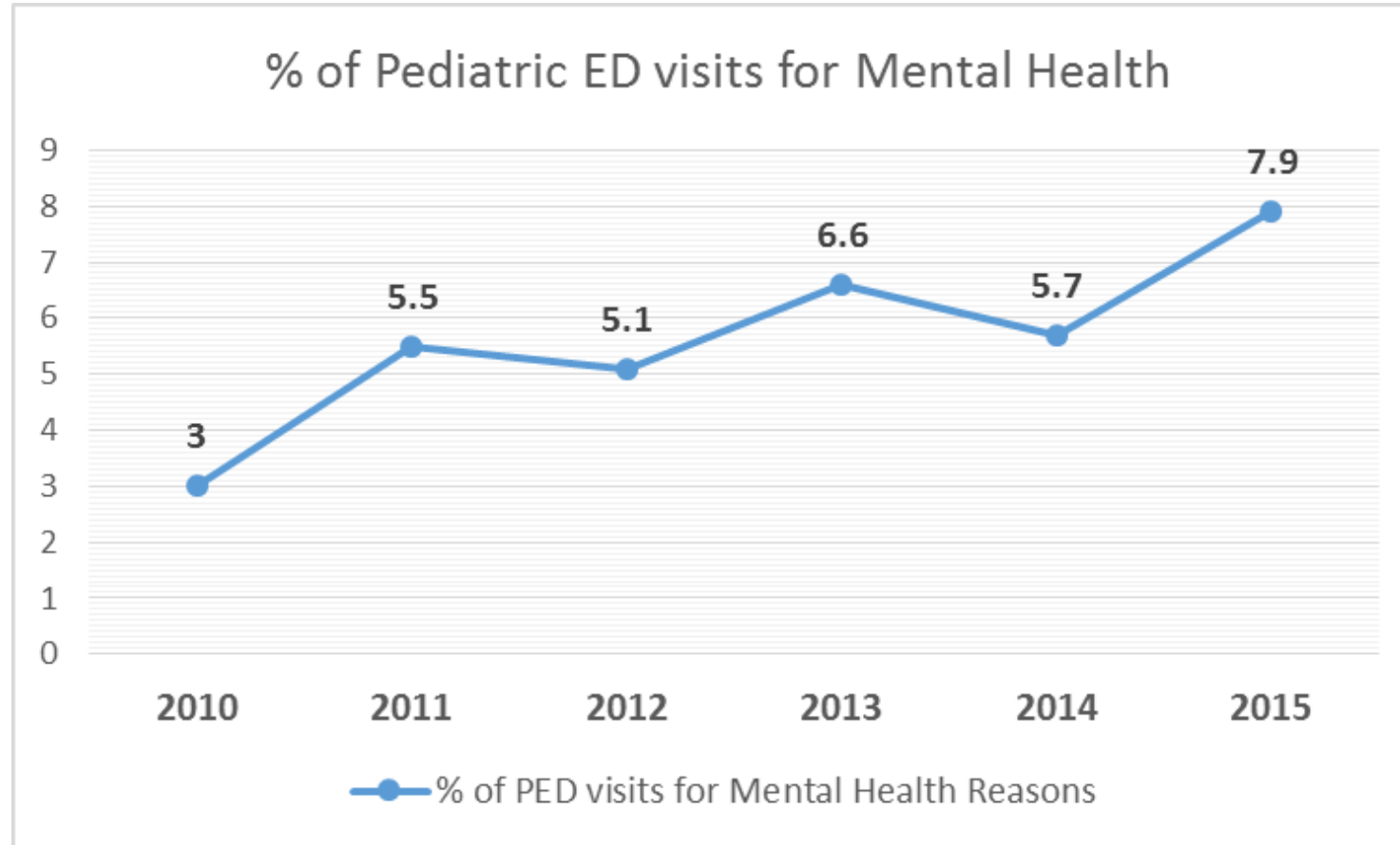
- Lives with parents, sibs, grandmother, aunt and cousin
- Both parents work outside of home

## Current relationship with the health care system:

- Referred to ED by pediatrician due to insomnia, weight loss and escalating anxiety
- Parents unable to find outpt provider accepting their insurance

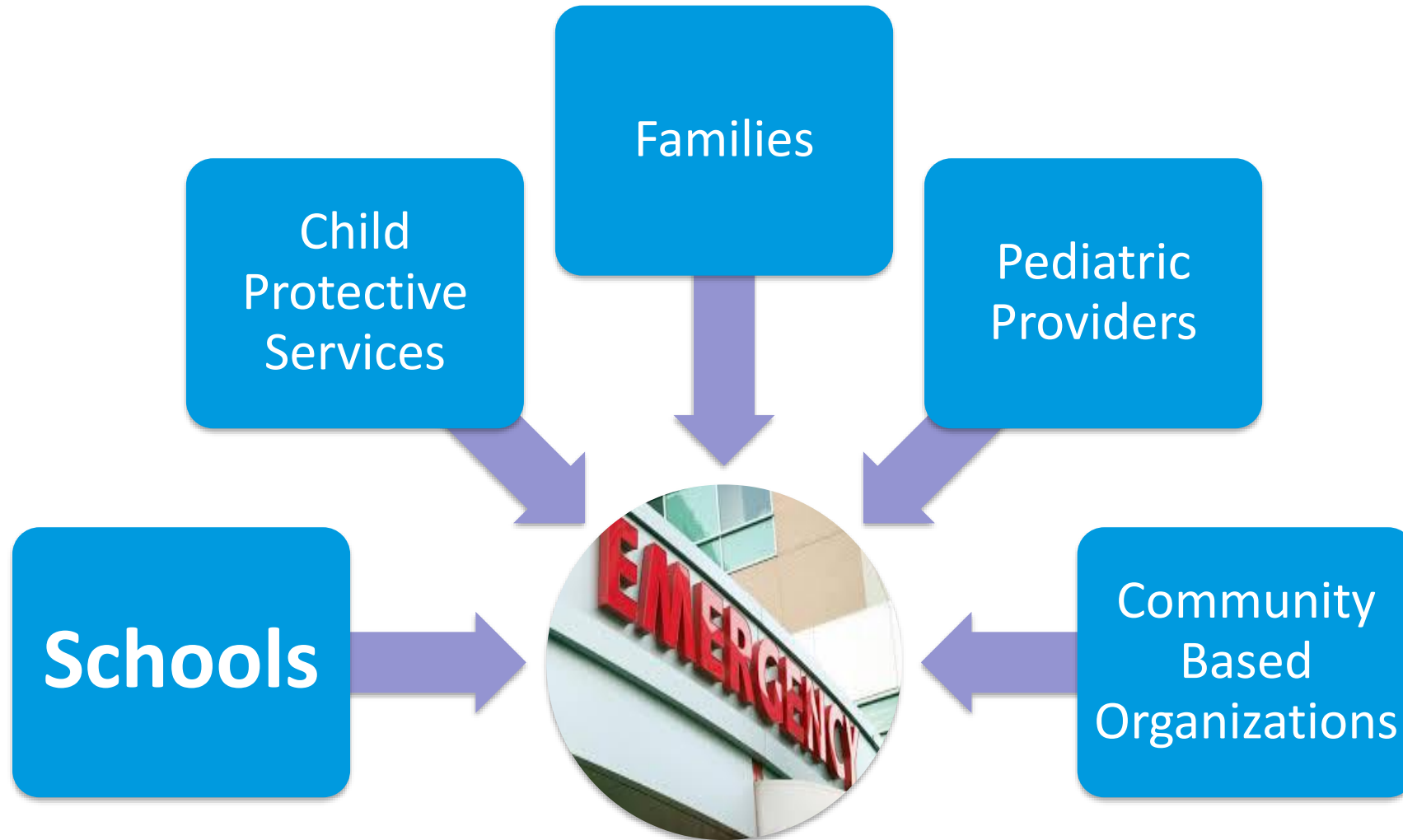
# What was happening BEFORE COVID 19?





Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US 2019 Pediatrics April 2019  
Luther G. Kalb, Emma K. Stapp, Elizabeth D. Ballard, Calliope Holingue, Amy Keefer, Anne Riley

## “All Roads Lead to the Emergency Room”





# Problems with the ED

Cursory assessment (focus on safety and risk)

Limited child mental health staffing

Limited coordination with referral source

Lack of continuity

Potentially stigmatizing

Inappropriate resource utilization

A "Revolving door" for more complex patients

High Cost

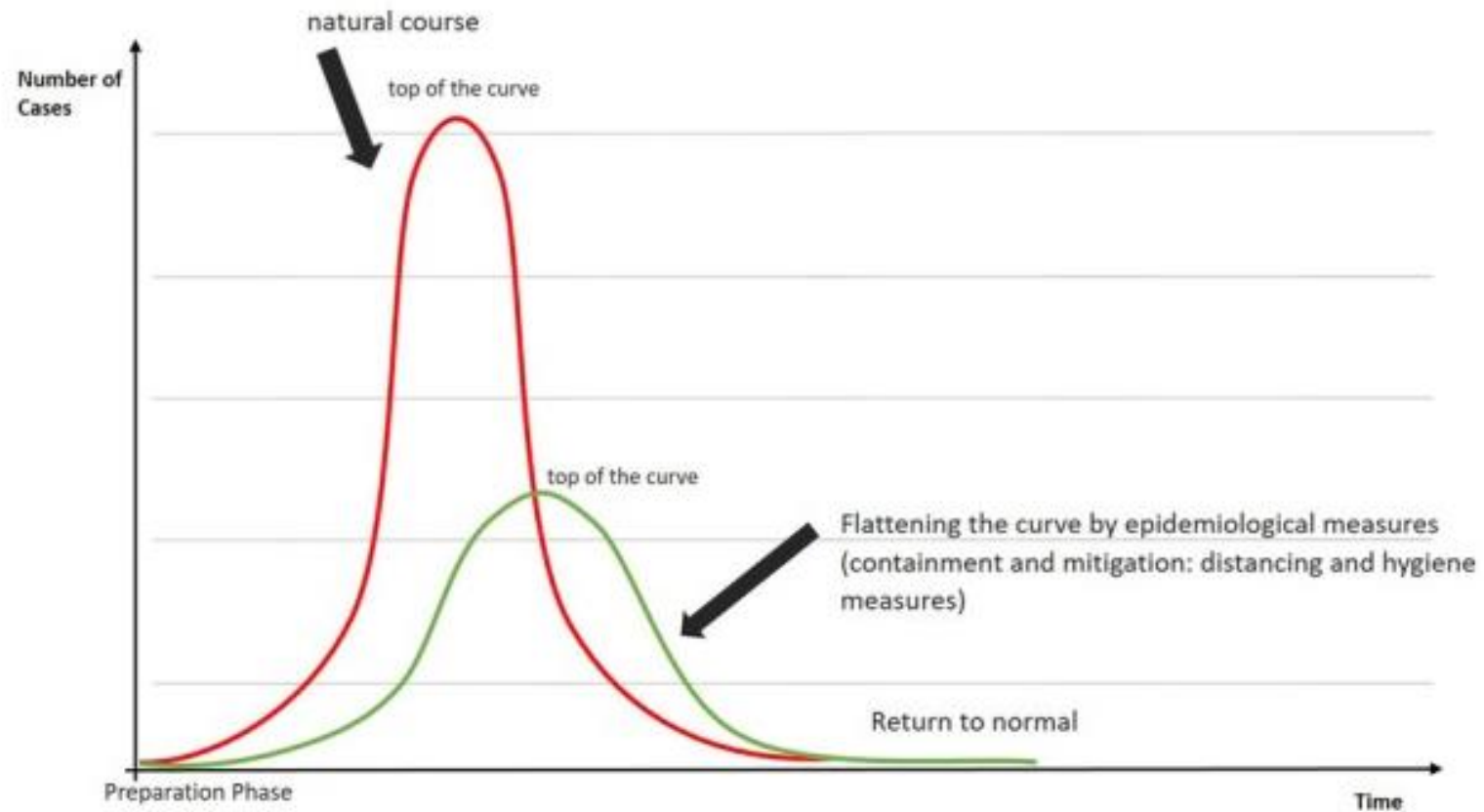
Not Family Centered



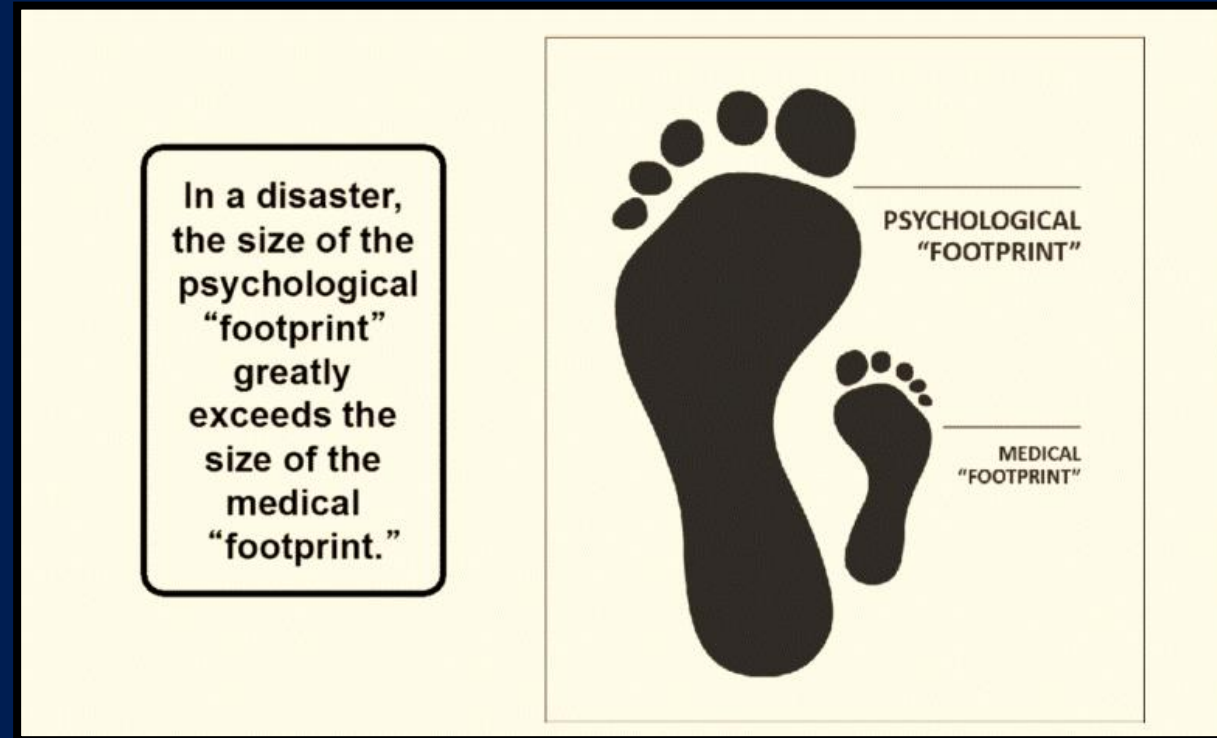
# What has happened SINCE COVID 19?



### 3 Phases of the pandemic

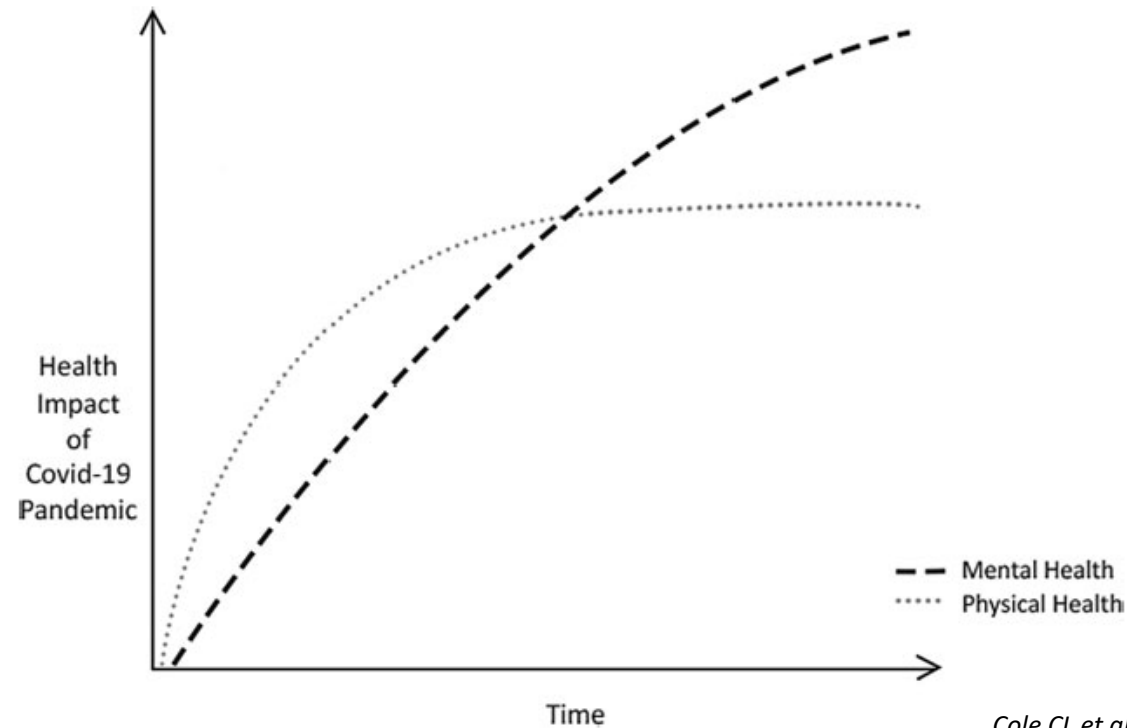


# The Psychological footprint



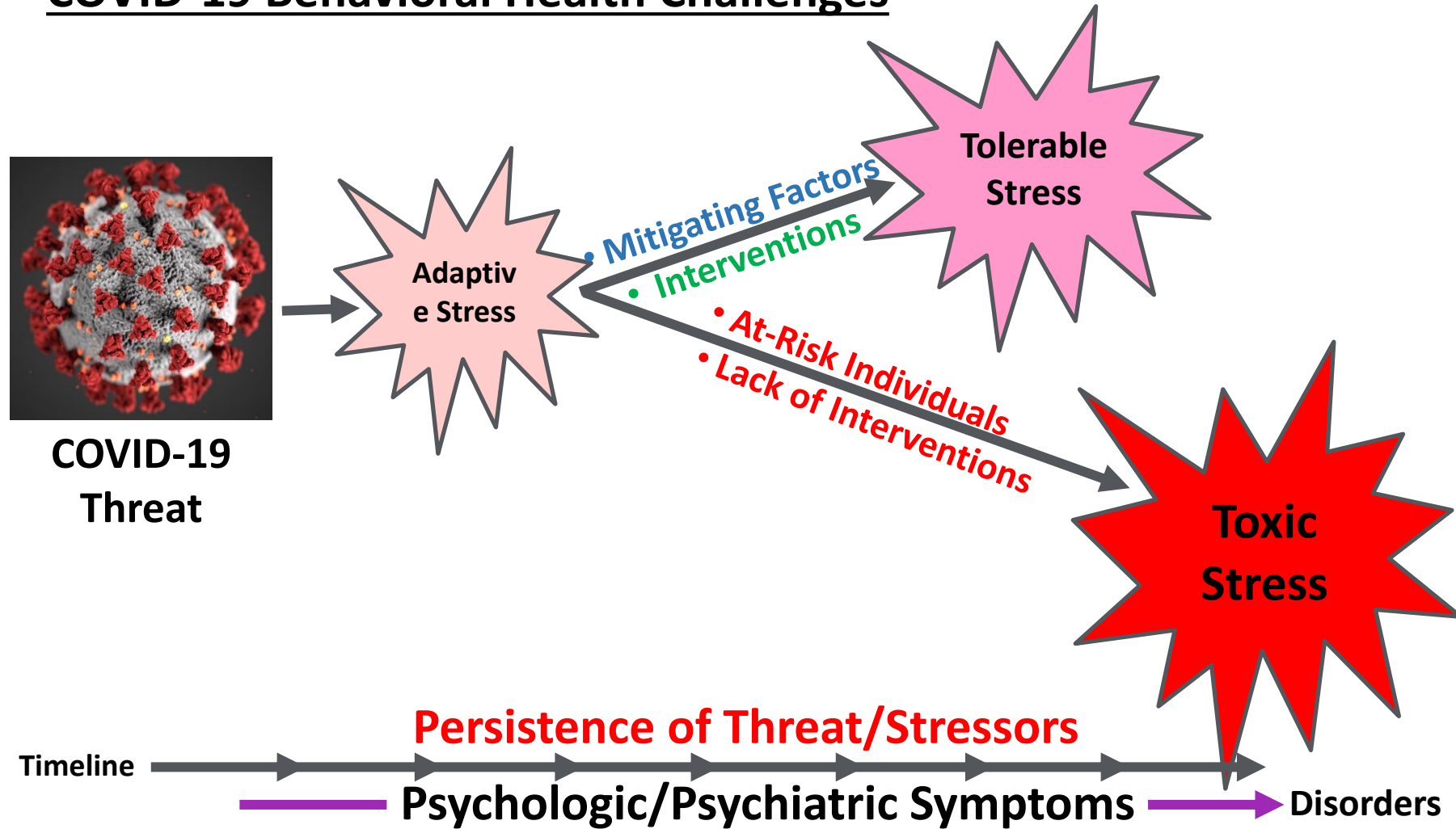
Shultz JM, Espinola M, Rechkemmer A, & Cohen MA (2016). Prevention of Disaster Impact and Outcome Cascades. In *The Cambridge Handbook of International Prevention Science* (pp. 492-519).

## COVID-19 Pandemic: As Physical Health Challenges Plateau, Projected Trajectory of Mental Health Problems Continue to Increase



*Cole CL et al, Cogn Behav Therap Apr 28, 2020*

## COVID-19 Behavioral Health Challenges



# Impact of pandemic on pediatric mental health

Isolation

Lack of school structure

Lack of peer contact

Parental stressors (financial, unemployment, illness, balancing work and home life)

Domestic violence

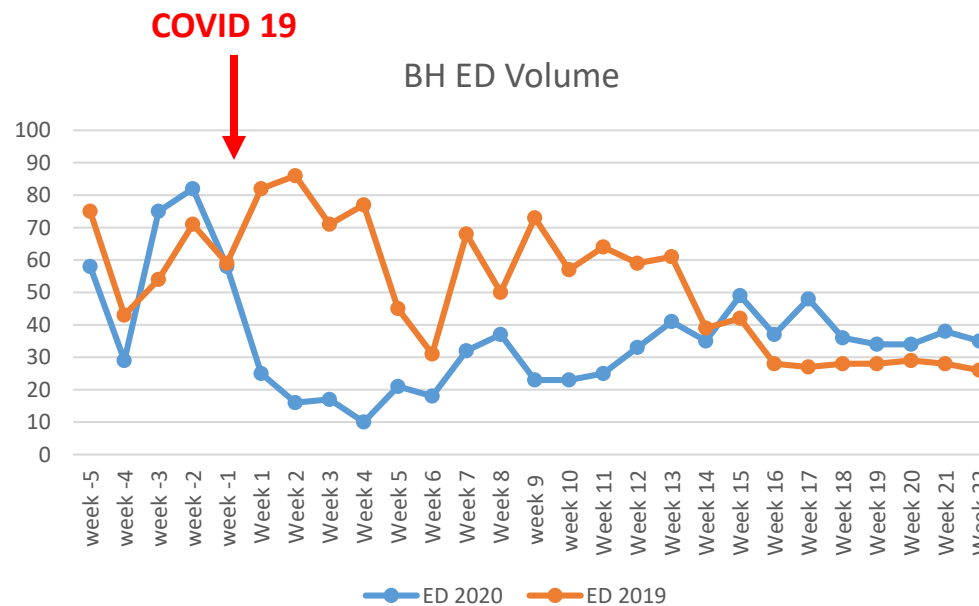
Lack of screening and external oversight

Trauma, grief, toxic stress

Loss of family members

Loss/disruption of existing care

# Impact of COVID on Emergency Department volume





# Impact of COVID on clinical presentations

Increased presentations by DD/ASD children

Patients “abandoned” in EDs

Fear of coming to hospital, delaying care

Increase in suicidal overdoses/ingestions

Increase in anxiety, depression, PTSD

Child abuse, domestic violence

Runaways, substance use

Disrupted care and education, food insecurity, housing displacement

## Transition of staffing/care models

Staff shifted to care for COVID patients

Staff safety, PPE preservation, social distancing

Regulatory relaxations allowed for providing care through tele

Rapid staffing and care model changes

## Heading into the fall of 2020

School openings, hybrid models

Continued stressors leading to increased mental health issues

Parental stressors

Increasing anxiety about pediatric illness

Expecting higher than usual volumes

Bottlenecking into outpatient care

# Opportunities

Strengthen community prevention

Supporting schools and pediatricians

Leverage data/analytics and technology

Integrate behavioral and physical health services

Support telemedicine regulatory changes to continue

Payment parity

# Thank You



# The “Tele-Transformation” amidst COVID-19

Beau Carubia, MD

Medical Director Consultative Division, Pediatric Mental Health Institute,  
Children’s Hospital Colorado  
Assistant Professor, Department of Psychiatry,  
University of Colorado School of Medicine

WHAT WAS HAPPENING BEFORE COVID-19?

# Pre-COVID

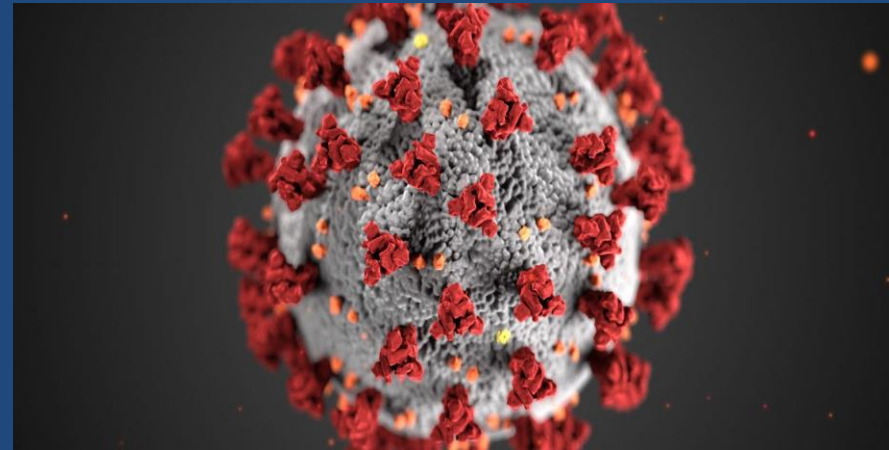
- Majority of mental health clinical care was provided in person
  - Emergency Room and Urgent Care Settings
  - Consult Settings
  - Inpatient Settings
  - Ambulatory Settings
- Variable tele-based programs and services available
  - E-consults, ambulatory services, emergency room urgent care settings
- More commonly used to enhance access of care to rural communities
- Barriers to delivery?



HOW DID COVID CHANGE THE DELIVERY OF CARE?

# COVID-19 Caused

1. Stay-at-home orders
2. Intensified protocols for safe clinical care in various settings
3. Relaxation of Regulations
4. Fear
5. Need for innovation in clinical care



# Tele Innovations

- Massive increase in telehealth volumes
  - At Children's Hospital Colorado, approximately:
    - 100 visits/week pre → 6000 visits/week post
  - At Pediatric Mental Health Institute Outpatient:
    - Essentially 0 visits/week → 500 visits/week
- Inpatient Virtual Care – New modes of delivery
  - Consults services
  - Inpatient services
  - ICU services
- Outpatient Virtual Care

# Tele Innovations

- Billing Issues
  - Variance in insurance reimbursement
  - Parity



# Case Example

- Single, mother of 4 children attempting to access outpatient telehealth services for her child's mental health needs

# A Disparity Unfolded...

## A. Devices necessary:

- Computer/tablet/phone
- Camera
- Microphone

## B. Connections required:

- Broadband access
  - 1/3 of rural Americans lack access to high-speed broadband internet to support video-based telehealth visits, which is defined as download speeds of at least 25 megabits per second by the Federal Communications Commission <sup>1</sup>
- Data Plans
  - Generally, a 1-hour tele visit can use approximately 1G of data

## c. Variability in Access

- Email links sent (requires email account and access)
- Platform account (MyChart, etc.)

1. Federal Communications Commission (FCC). Connect2HealthFCC Data. [www.fcc.gov/reports-research/maps/connect2health/data.htm](http://www.fcc.gov/reports-research/maps/connect2health/data.htm)

# A Disparity Unfolded...

## **D. “Clinical Space within the Home”**

- Privacy
- Balance of multiple demands
  - Parents working from home
  - Child care
  - Clinical care

## **E. Socioeconomic Status (SES)**

- Presume a strong correlation between lower SES and more challenges to accommodate needs described above

# What Can You Do?

- ADVOCATE

- Strongest voice is that of the patient and parents
  - Mental Health Parity
  - Insurance Reimbursement
  - Local Representatives
    - Mental health priorities
    - State Budget cuts secondary to COVID
      - » Potential cuts to programs that support mental health care for children



# Thank You

Beau Carubia, MD

Email: [Beau.Carubia@childrenscolorado.org](mailto:Beau.Carubia@childrenscolorado.org)

# COVID-19 and Disparities in Child and Adolescent Mental Health

Understanding psychosocial determinants to behavioral health in Youths during the COVID 19 Pandemic

Annie S. Li, MD

Director, Children's Comprehensive Psychiatric Emergency Program

Bellevue Hospital, New York

Clinical Assistant Professor of Child and Adolescent Psychiatry

NYU Langone

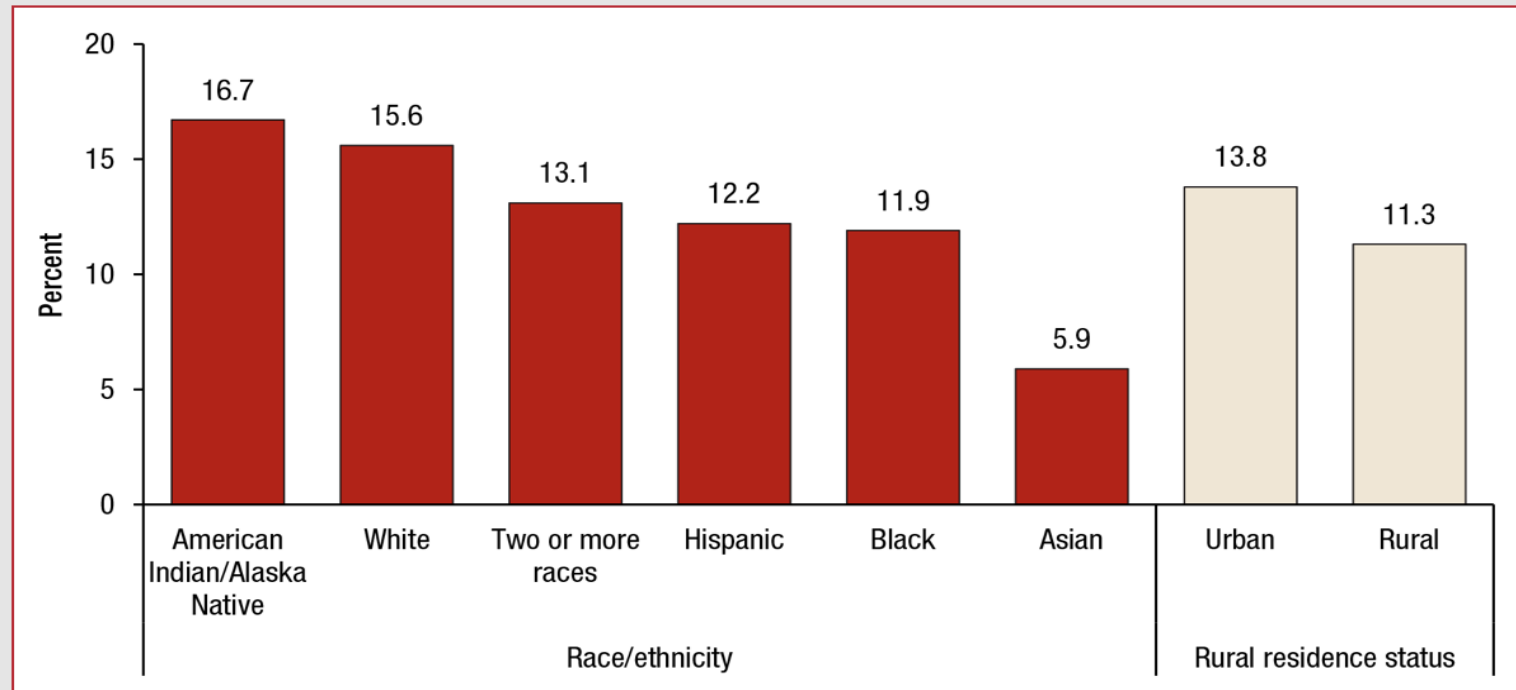


WHAT WAS HAPPENING  
BEFORE COVID-19?

Disparities existed in mental health across racial/ethnic groups.

# Minority Youth are LESS likely to utilize mental health services.

**Figure 2. Receipt of mental health services in a specialty setting in the past year among adolescents aged 12 to 17, by race/ethnicity and rural residence status: 2014**

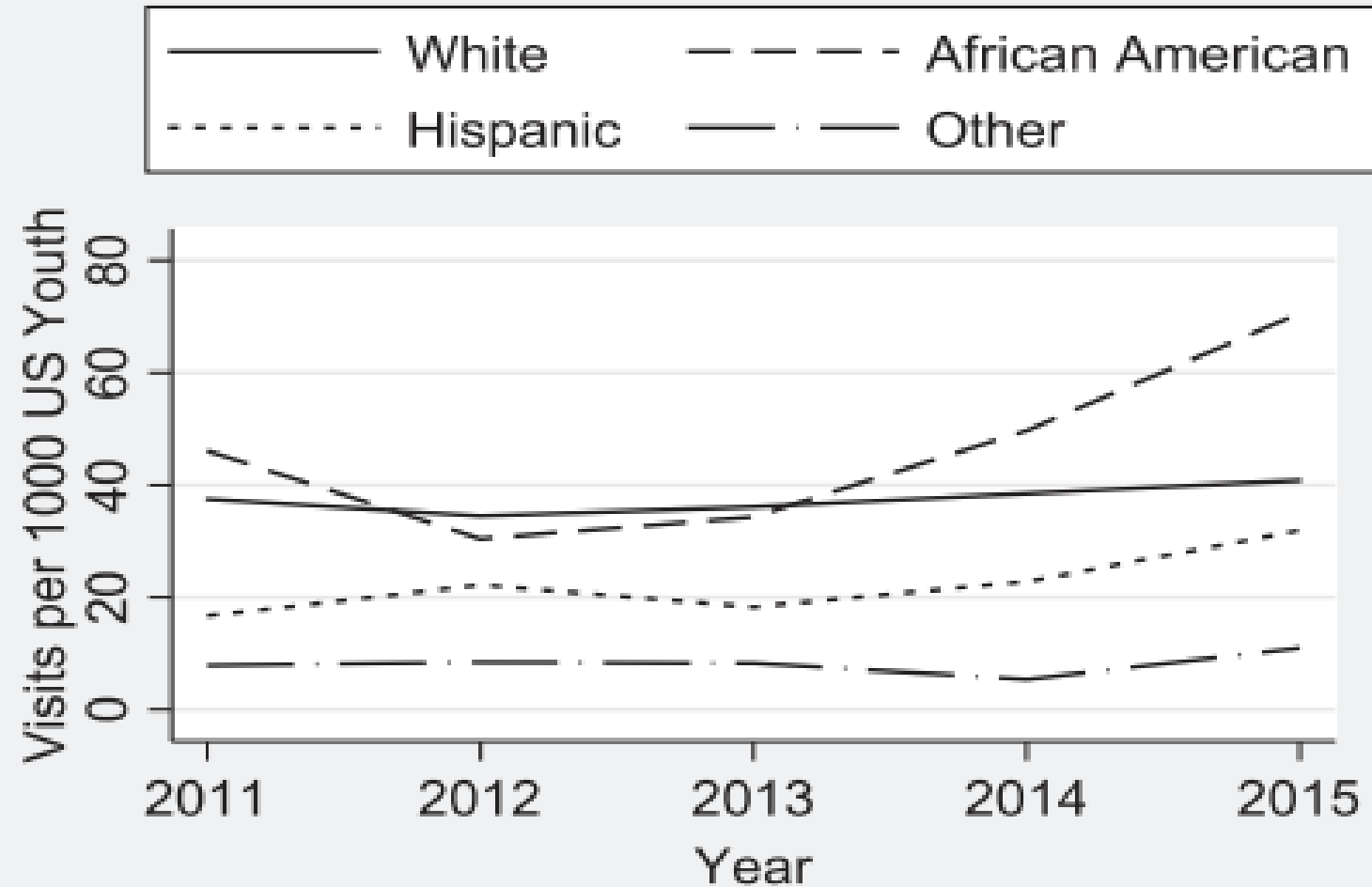


Note: Data for Native Hawaiians or Other Pacific Islanders are suppressed because of low precision.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

# Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US - 2019

Kalb LG, Stapp EK, Ballard ED, et al.  
Trends in Psychiatric Emergency  
Department Visits Among Youth and  
Young Adults in the US. Pediatrics.  
2019;143(4):e20182192

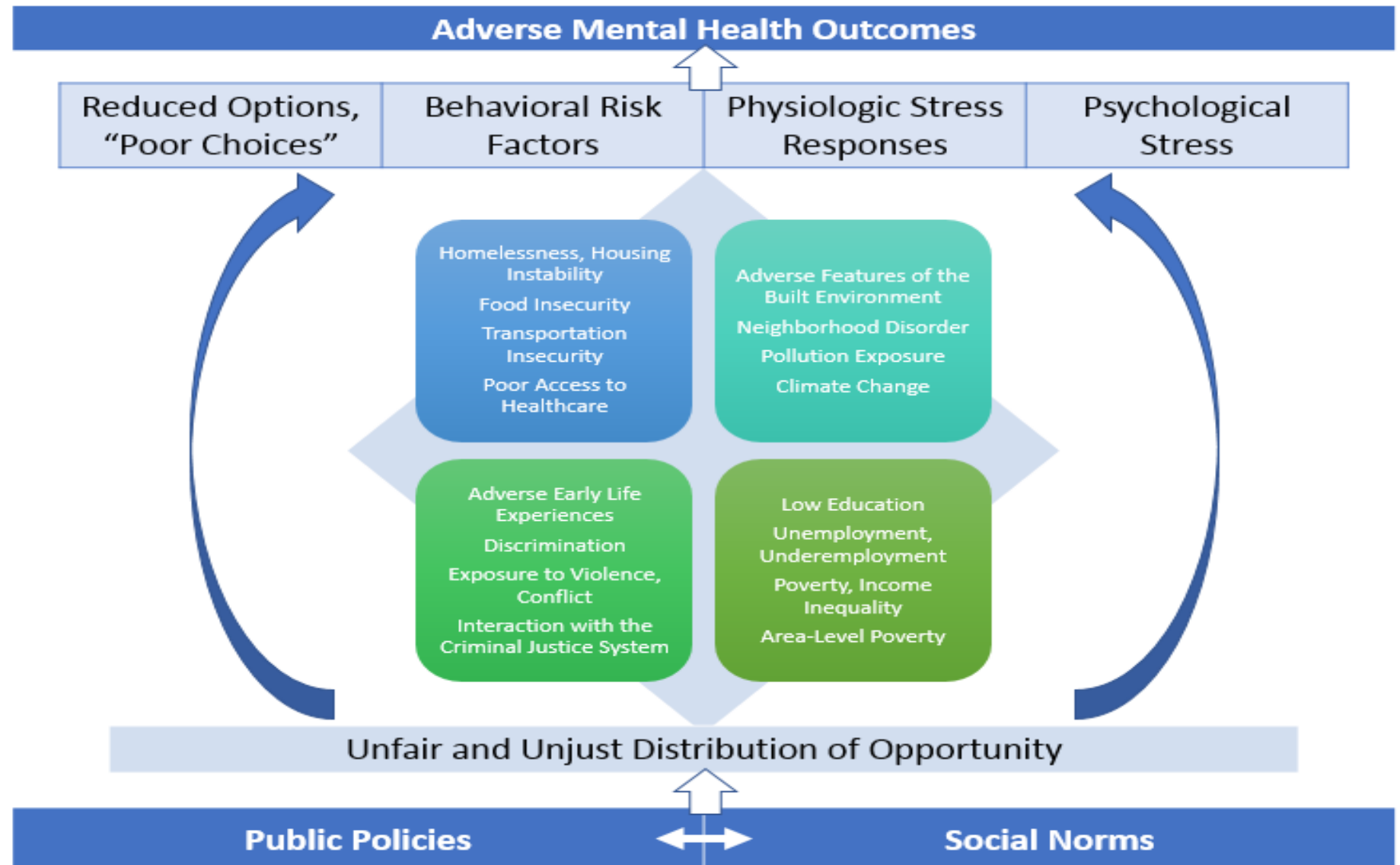


# Social Determinants prevent certain groups from equal opportunities for health/wellness.

- Discrimination
- Healthcare Access and Utilization
- Occupation
- Educational/income, wealth gap
- Housing

<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

# THOSE SOCIAL DETERMINANTS ALSO IMPACT MENTAL HEALTH



Shim RS, Compton MT. The social determinants of mental health: psychiatrists' roles in addressing discrimination and food insecurity. Focus. 2020 Jan;18(1):25-30.



What has happened since COVID-19?

# With COVID-19:

People contracted a viral infection that resulted in illness and death.

Mitigation efforts took place: school closure, business closures, stay-at-home orders, masks orders.

Increase demands for health and medical resources (hospital beds, healthcare workers, PPE, etc) to treat patients with COVID-19

Abrupt disruption of a norm/daily routines for millions of people.

Heightened xenophobia/discrimination/acts of violence towards Asian Americans

# Collective Trauma

The psychological upheaval shared by a group of people who all experience an event, expanding to a community, society, country, and the world.

The impact of the trauma has been disproportionate among different groups in the US.

- Certain racial groups are affected more so than others.

# COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

## FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES <sup>1</sup>	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION <sup>2</sup>	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH <sup>3</sup>	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

## ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



<sup>1</sup> Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

<sup>2</sup> Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

<sup>3</sup> Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

CS319360-A 08/08/2020

# COVID 19 PANDEMIC AMPLIFIED THE IMPACT OF EXISTING DISPARITIES.

- 1) Lack of access to technology/internet when school and health care went virtual.  
Limited data plan, limited devices for family members.
- 1) Businesses (restaurants, non-essential retail stores) closures lead to unemployment  
→ Financial insecurity/Home insecurity
- 1) Essential workers - who can work from home and who can't? Who faces the occupational hazard?
- 1) Older adolescents parentified to care for younger siblings while parents had to be at work or care for elderly relatives who were ill.
- 1) Minorities more likely to live in multigenerational homes in urban areas. Harder to quarantine and adhere to social distancing. Who has the green space?
- 1) Minorities experienced more ill family members, hospitalizations and deaths.

# RACISM - the underlying root cause of health disparities

- ❑ Racism is a driver in health inequities. <sup>1</sup>
- ❑ What we see of the iceberg? Hate crimes, lynching, racial slurs, acts of hate.
- ❑ The part of the iceberg underwater:  
**Structural racism** - the macrolevel systems, the social forces, institutions, ideologies, and processes that interact to generate and reinforce inequities among racial and ethnic groups. <sup>2</sup> (racial profiling, hiring & housing practices, redlining, police brutality, etc)
- ❑ Chronic discrimination → chronic stress → physiologic stress response → cortisol → risk of health conditions such as diabetes, hypertension, obesity, depression, anxiety



<sup>1</sup>Maria Trent, Danielle G. Dooley, Jacqueline Dougé, The Impact of Racism on Child and Adolescent Health Pediatrics Aug 2019, 144 (2) e20191765; DOI: 10.1542/peds.2019-1765

<sup>2</sup>Gee GC, Ford CL. STRUCTURAL RACISM AND HEALTH INEQUITIES: Old Issues, New Directions. *Du Bois Rev.* 2011;8(1):115-132. doi:10.1017/S1742058X11000130

# Traumatic Stress in Youths

- ❑ Youths are likely to perceive COVID-19 and acute disruption of routines/lives as a traumatic experience.
- ❑ Minority youths, particularly Black youths, are probably going to be more susceptible to higher traumatic stress during COVID-19.
- ❑ As mental health professionals, we need to be compassionate and mindful of the layers of trauma that minority youths experience from racism and discrimination.
- ❑ Refrain from jumping to a biological model of illness to account for clinical phenomenology.



# What Can We Do?

- ❑ Pause and Reflect
- ❑ Listen, Create Space for Narratives to be shared and validated
- ❑ **Advocate for change.**





# Moving Onward...

- Clinicians and administrators need to undergo implicit bias training to understand how it may affect their relationships with patients and drafting of hosp
- Reduce cultural barriers to mental health care access. (Interpreter services. Pamphlets in different languages.)
- Ensure equitable insurance coverage and mental health parity
- Recruit and retain underrepresented minority psychiatrists. Invest in pipeline programs.
- Diversity and Inclusion initiatives require financial resources and investments.

## Child Psychiatrists Working Through Health Care Disparities

**in the Midst of the COVID-19 Crisis**

**Thursday, May 28, 2020, 7:00-8:30 pm ET**

[http://www.nyccap.org/nyccap\\_vtown\\_hall\\_series.aspx](http://www.nyccap.org/nyccap_vtown_hall_series.aspx)



**Angel Caraballo, MD**

*Private Practice Psychiatrist providing comprehensive psychiatric evaluations/ consultations, individual and family psychotherapy, and psychopharmacology for adults, adolescents and children*



**Maciel Campos, PsyD**

*Senior Psychologist; Assistant Clinical Professor, Medical Psychology (in Psychiatry), Home Based Crisis Intervention Program; Program Director, Pediatric Psychiatry Department, Morgan Stanley Children's Hospital of New York Presbyterian*



**Melvin Oatis, MD**

*Private Practice Psychiatrist in Manhattan; Voluntary Faculty, Department of Child and Adolescent Psychiatry at NYU Langone Child Study Center*



**Arturo Sanchez-Lacay, MD**

*Director, Child and Adolescent Psychiatry and Director, Child and Adolescent Psychiatry Fellowship Program Bronx-Lebanon Hospital Center*



**Xiaoyi "Sherry" Yao, MD**

*Psychiatry Instructor, Psychiatry, Columbia University Irving Medical Center; Assistant Director, New York-Presbyterian Child & Adolescent Psychiatry Residency Training Program; Child & Adolescent Psychiatrist, Pediatric Psychiatry Clinic, Morgan Stanley Children's Hospital*

# Voices from The American Academy of Child and Adolescent Psychiatry

[https://www.aacap.org/virtual\\_forum](https://www.aacap.org/virtual_forum)



**Slide Deck of All Presentations (PDF)**

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."*

— Rev. Martin Luther King, Jr.

# Thank You

Annie S. Li, MD

Email: [Annie.li@nyulangone.org](mailto:Annie.li@nyulangone.org)



# Questions

# Thank You

