

2005 to 2015 saw increase in LOS for pediatric ED mental health visits

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LOS for non-mental health visits remained stable. Hispanic ethnicity was associated with increased likelihood of LOS greater than 12 hours for mental health visits (odds ratio, 2.74), while no difference was seen in LOS by payer type.

"Despite national attention to a pediatric mental health epidemic, our study suggests that timely and definitive access to <u>mental health care</u> for children is worsening," the authors write. "Although future research should be used to further explore drivers of prolonged LOS, we must address this crisis in access to acute mental health care for <u>children</u> through changes in our <u>health</u> care delivery systems, state policy, and federal policy."

More information: <u>Abstract/Full Text</u> (<u>subscription or payment may be required</u>) Editorial (<u>subscription or payment may be required</u>)

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(HealthDay)—From 2005 to 2015, there was an increase in prolonged length of stay (LOS) for pediatric mental health emergency department visits, according to a study published online April 5 in *Pediatrics*.

Katherine A. Nash, M.D., from Yale University in New Haven, Connecticut, and colleagues conducted an observational analysis of emergency department visits among children aged 6 to 17 years using the National Hospital Ambulatory Medical Care Survey for 2005 to 2015. Trends in rates of prolonged LOS were examined and the association between prolonged LOS and demographic and clinical characteristics was explored.

The researchers found that from 2005 to 2015, there were increases in the rates of prolonged LOS for pediatric mental health emergency department visits from 16.3 to 24.6 percent (LOS greater than six hours) and from 5.3 to 12.7 percent (LOS greater than 12 hours); during the same period, the



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