Caring for the Adolescent Psychiatric Patient on an Adult Medical Unit

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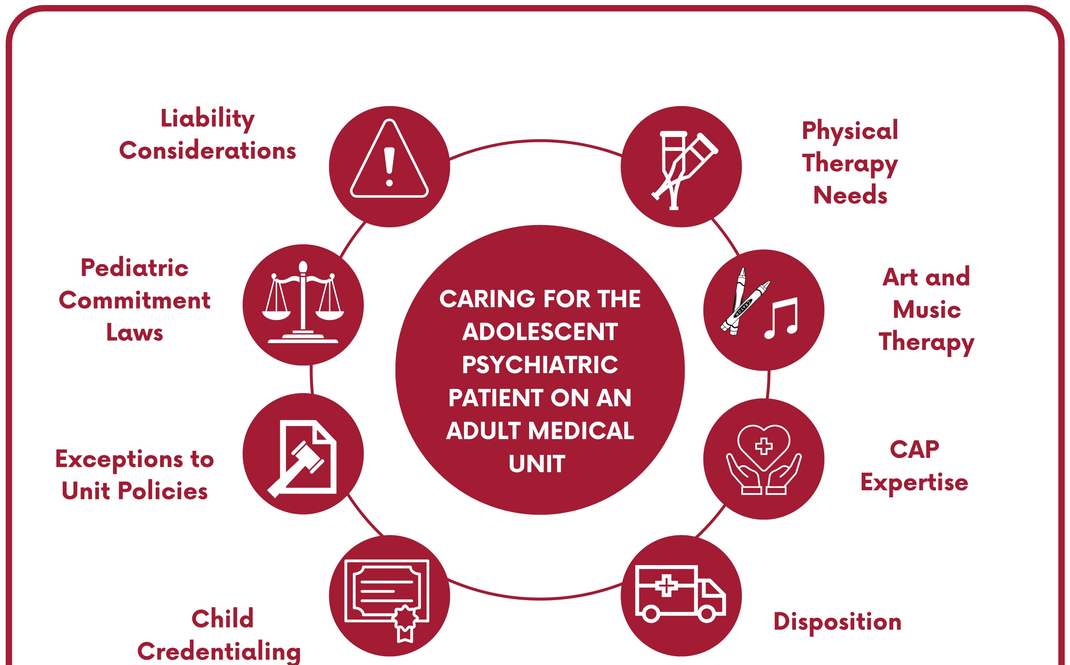
Introduction

Psychiatric conditions are of the most prevalent diseases affecting children and adolescents. Yet, despite youth mental-health related emergency room visits doubling in recent years, the number of pediatric psychiatric beds is decreasing, and the number of child and adolescent psychiatrists (CAP) is insufficient.[1] This has resulted in higher rates of psychiatric boarding–medically admitting patients until psychiatric hospitals become available. Unfortunately, hospitals are unequipped to manage these patients. Consultation-liaison (CL) psychiatrists must lead multidisciplinary teams in improving outcomes for this population.

Patient Case

A 16- year-old female, with no medical or psychiatric history, was admitted to an adult hospital for foot and mandibular fractures from a suicide attempt. Due to ambulatory dysfunction and diet restrictions from jaw-wiring, psychiatric hospitals could not accept her. The patient was also inappropriate for transfer to a pediatric hospital given her medical stability. She therefore remained boarded for CL-lead psychiatric care. This required minimizing safety concerns, navigating treatment barriers, credentialing staff, and reframing CL-structured models of care. Innovative solutions were designed to provide a biopsychosocial model, including music and art therapy, schooling, social work, and CAP guidance. After 44 days, the patient was discharged on Fluoxetine 20mg.



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Discussion & Conclusions

Q1: What factors contribute CAP boarding?

- **CAP Shortage[2]:**
  - 73,918,230 children <18 y/o
  - Total CAPs: 11,422
  - Number of CAPS/100k: 15 ("severe shortage")
    - Sufficient is >47
    - 72% of US counties do not have CAPs
  - **Philadelphia:**
    - Number of CAPS/100k: 34 ("high shortage")
- **Inpatient Bed Shortage:**
  - From 2017-2020: no significant increase in the number of pediatric inpatient psychiatric beds (11,107 vs 11,276) despite pediatric ED visits for all mental health disorders rising 60%[3,4]
- **Increased Rates If:**
  - Younger age, SI, HI, weekend/overnight/non-summer month presentation

Q2: How does boarding impact the hospital system?

- **Liability:** Medical floors are unlocked, less supervised, and allow for injury. Moreover, these units are often frightening, and staff are untrained to manage mental illness
- **Cost:** Psychiatric boarding reduces turnover and necessitates additional supervision
  - The average inpatient hospital cost for 2-3 days is $4,269 per boarded patient

Q3: How can CL psychiatrists help?

- Collaboratively develop more effective interventions
- Explore role for proactive consult model within trauma services
- Expand beyond current CL-structured models of care, advancing a biopsychosocial model

Q4: How does this case advance diversity, equity, and inclusion?

- Boarding affects youth with mental illness more significantly than those with medical conditions given their complex needs and the limited psychiatric resources available on medical units[5]
- Black psychiatric patients are disproportionately affected, with longer boarding times than white counterparts[6]
- Since adolescents are admitted to adult hospitals more frequently than pediatric hospitals, it is critical to develop solutions for this vulnerable population to decrease boarding rates[7]