

A recent [MMWR report](#) shows that the rate of mental health-related emergency department (ED) visits in children younger than 18 years increased in the U.S. during the COVID-19 pandemic. Starting in spring 2020, the rate of mental health visits for children ages 5-11 and 12-17 increased and remained elevated through October 2020.

This brief examines the count and rate of mental health-related ED visits by month in 2020 and provides comparisons to 2019. Due to Vermont's small population and relatively small number of ED visits in youth, this brief looks at visits among Vermont youth 10 to 19 years of age.

## Visit Counts

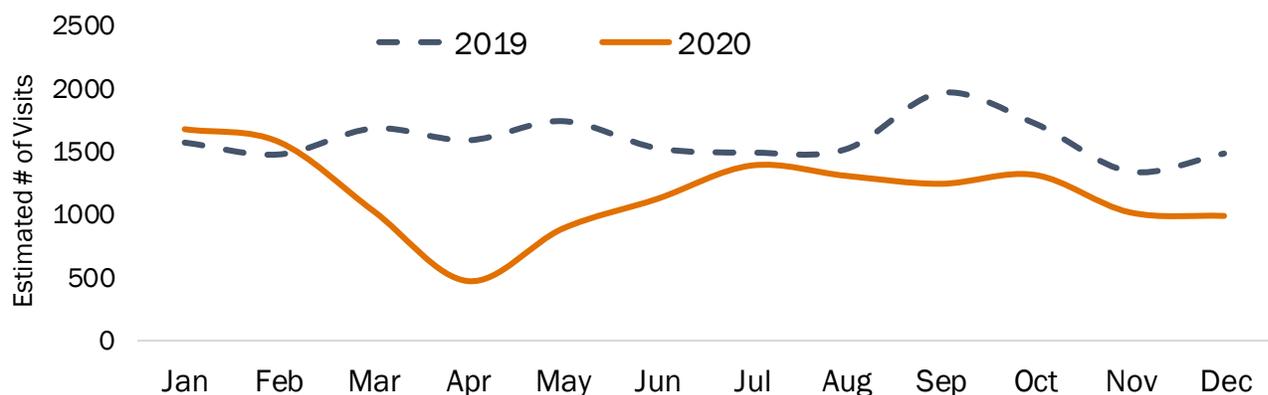
In 2020 Vermont saw a similar number of ED visits for mental health and a reduction in overall ED visits.

Vermont's first case of COVID-19 arrived in early March 2020. Two weeks following the first case, community mitigation measures were implemented, which included a stay home to stay safe order and discouraged nonemergent visits to the ED. Following implementation of community mitigation measures, there was a significant reduction in both ED visits overall and visits for mental health. Compared to the same month of the previous year, March 2020 saw a 39% decrease in youth visits overall and a 14% decrease in mental health-related visits. The most dramatic change from 2019 to 2020 was seen in April (70% decreased in overall youth visits, 64% decrease in youth mental health visits). Compared to April through December of the previous year, in 2020 mental health-related visits among youth from were similar, while overall ED visit volume was 32% lower.

### KEY POINTS

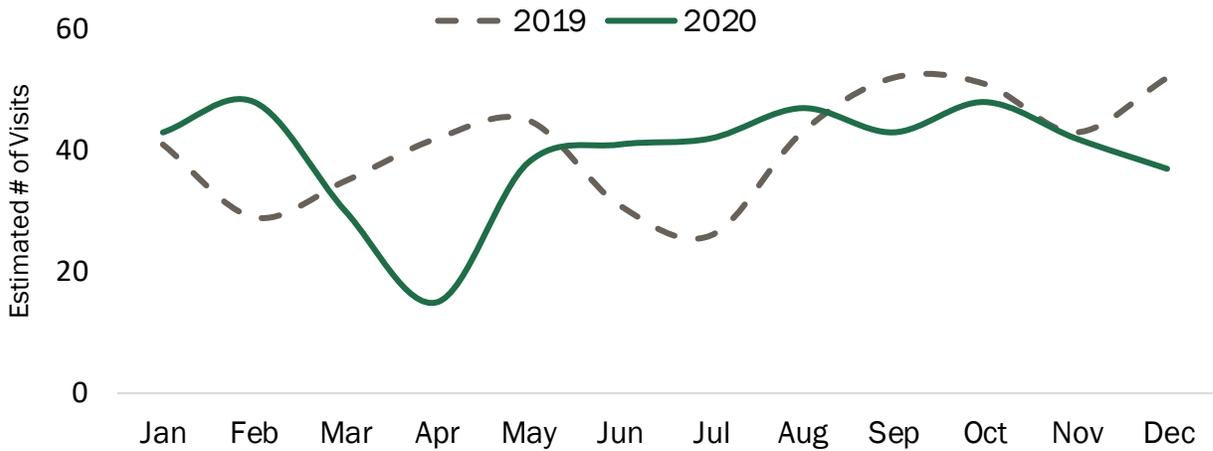
- Overall ED visit volume in youth was 32% lower from April to December in 2020.
- Mental health-related ED visits in youth are similar in 2019 and 2020.
- The rate of ED visits for mental health concerns are higher in 2020. This may be due to the decrease in overall ED visits.

### In 2020, overall ED visits in youth are lower than 2019.



# Mental Health-Related ED Visits in Vermont Youth

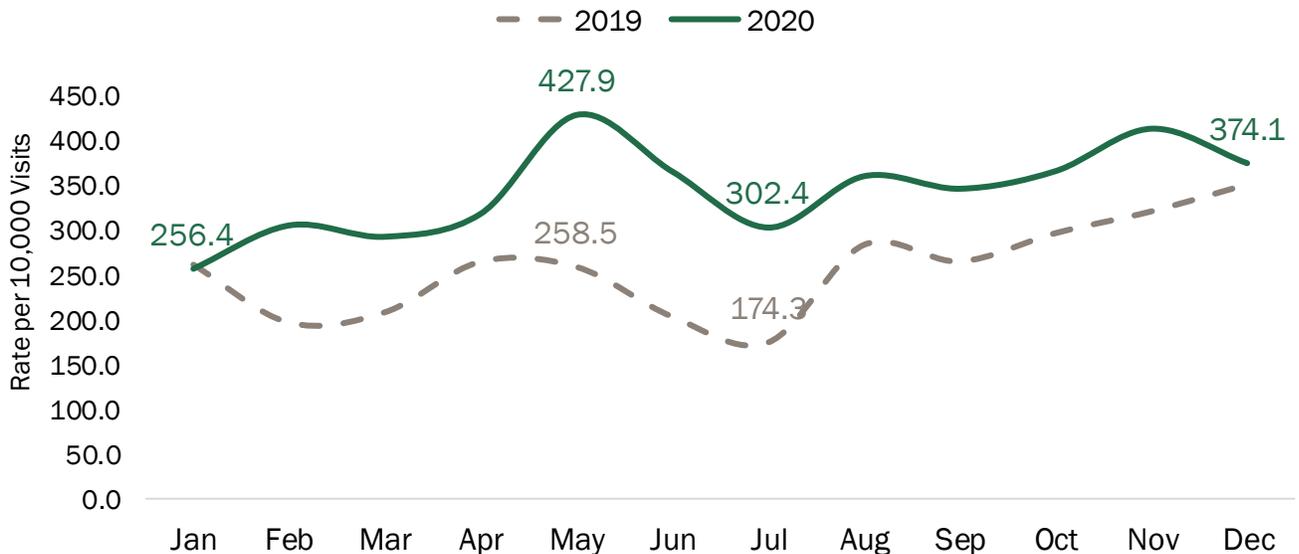
**In 2020, youth mental health-related ED visits are similar to 2019.**



## Visit Rates

In 2020 the rate of mental health-related visits in Vermont youth is higher than the previous year. However, this finding may be artifactually inflated due to the overall reduction in ED visits from all causes. Compared to 2019, youth mental health visit rates are higher for every month in 2020 after January. The highest rate in 2020 was in May, where the rate was 427.9 per 10,000 visits and 66% higher than the previous year. Rates were also significantly higher in June and July compared to the previous year (80% and 74%, respectively,  $p < .05$ ). Compared to April through December of the previous year, the rate of mental health-related visits was 35% higher in 2020.

**In 2020, mental health ED visit rates in youth are higher than 2019.**



## Key Takeaways

Both the number and rate of mental health-related ED visits provide important context for understanding mental health visits in 2020. The number of youth mental health-related ED visits in 2020 are similar to 2019 and the number of overall visits among youth were lower in 2020. Mental health ED visit rates among youth were higher through most of 2020, compared to 2019. The higher rates may be due to several factors, including fewer overall visits to the ED, unintended consequences of the stay home to stay safe order and proportionally more youth visiting the ED for both routine and crisis treatment, or pandemic-related stress. These findings suggest that the number of youth with mental health concerns serious enough to warrant an ED visit remained at a level on par with 2019, despite being in an environment when fewer people were visiting the ED. These findings emphasize the importance of promoting coping and resilience and expanding access to services mental health services during the COVID-19 pandemic.

## Limitations

There are limitations with syndromic surveillance data. First, data quality and completeness vary over time. To help control for this limitation, the use of rate of visits are generally considered best practice. Mental health-related ED visits are derived from ED visits with non-missing chief complaint and or discharge diagnoses from 13 of 14 Vermont hospitals. These findings are not representative of the hospital not participating in NSSP/ESSENCE. Additionally, these data are near-real time and should not be considered final. These limitations may lead to the over or underestimation of mental health-related ED visits. Lastly, these data are not representative of mental health related concerns experienced outside of the emergency department. To understand the full scope of mental health concerns in youth, these data should be used in conjunction with other sources.

## Methodology

Mental health-related visits are defined using a syndrome created by the NSSP syndrome definition subcommittee for mental health conditions likely to increase in emergency departments during and after natural or human caused disaster events. This syndrome searches for mental health diagnoses and issues within a visit's chief complaint and discharge diagnoses. Some examples of mental health-related ED visits include panic attacks, anxiety, psychiatric evaluations, suicidal ideations or attempts, and depression.

Source: Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE), 2019- 2020.

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## Resources to get help

If you or someone you know is thinking about or planning to take their own life, there is help 24/7:

- Call the National Suicide Prevention Hotline at 800-273-8255.
  - Veterans crisis line: press 1 when prompted
- Text the Crisis Text Line – text “VT” to 741741 anywhere in the U.S. about any type of crisis
- Trevor Lifeline: LGBTQ Crisis Lifeline: 1-866-488-7368