Saunders et al describe trends in pediatric and nonpediatric emergency department (ED) visits and hospitalizations for acute mental health–related concerns among children and adolescents during the first 18 months of the COVID-19 pandemic in Ontario, Canada. During the conduct of the study, observed ED visits and hospitalizations among pediatric patients presenting to freestanding pediatric hospitals paralleled predicted rates based on 3 years’ worth of data preceding the pandemic. However, in the latter months of the study, ED visits and hospitalizations at pediatric hospitals increased substantially. In contrast, ED visits to nonpediatric hospitals decreased substantially, and hospitalization rates remained at or below expected rates for most of the pandemic.

The authors state that “Accurate data reports are needed to adequately support pediatric mental health care needs.” One may question how trends in care-seeking behavior from a single geographic region contribute to generalizable knowledge. However, the COVID-19 pandemic has highlighted unprecedented increases in the need for pediatric mental health resources and has created a strain on the mental health care infrastructure in ways unimaginable just 3 years ago. Although the study could not show causality for the shifts in ED visits and hospitalizations, it nonetheless provides valuable insights that may allow pediatric hospitals to create more nimble strategies and bolster advocacy within public health and government settings to better serve the mental health needs of patients when future strains occur in the pediatric mental health infrastructure.

The COVID-19 pandemic has increased exposure to environmental and social stressors among children. School closures, online education, and suspension of outdoor athletic activities have led to social isolation that has been associated with increased depression and anxiety symptoms. Additionally, lockdowns have increased stress among parent-child dyads, further impacting children's mental health. An extreme consequence of parental isolation is the increased risk of physical and emotional neglect of and verbal violence toward children. As Saunders et al indicate, published estimates of the effects of the COVID-19 pandemic on pediatric mental health vary. However, a recent global meta-analysis found a nearly 2-fold increase in depression and anxiety symptoms among children in the first year of the pandemic. As noted by Saunders et al, continued identification and analysis of the key drivers of care-seeking behaviors will be essential to inform strategic initiatives and care delivery models within pediatric hospital systems.

Pediatric hospitals like those in Ontario are generally situated in large urban centers. This location provides a plausible explanation for the generally lower rates of ED visits and hospitalizations relative to nonpediatric hospitals that provide care to a larger proportion of the population closer to home. Given the findings of the aforementioned studies, it is unlikely that mental and behavioral health resource needs remained static for the populations served by nonpediatric hospitals. More severe depression and anxiety symptoms experienced during the pandemic may have led families to seek pediatric-specific care. Additionally, infrastructure disruptions in community hospitals attempting to manage unexpected surges in adult COVID-19 patients may have driven children to pediatric centers that were not experiencing similar surges early in the pandemic. Citing data showing increased adolescent ED visits for suspected suicide attempts after the start of the COVID-19 pandemic, a Centers for Disease Control and Prevention report recommended "suicide prevention measures focused on young persons...adapted during times of..."
infrastructure disruption, involving multisectoral partnerships (eg, public health, mental health, schools and families).6

Arguably, mental health care infrastructure and delivery models will vary regionally, making studies of single provinces or states potentially less generalizable. Yet overlapping barriers exist that challenge adaptations in current mental health infrastructures across regions. Internet access, patient privacy–compliant telehealth platforms, and clinician licensing concerns represent systemic challenges that all communities must address.7 Regional variation in case positivity rates leading to differences in mandates for physical distancing strains already limited resources further. Thus, understanding local shifts in care-seeking behaviors can aid regional health care systems in identifying strategies and preparing to adapt to those shifts. Lessons learned by one system may inform strategies elsewhere.

It is tempting to dismiss data regarding mental health care–seeking behaviors during an unprecedented global pandemic. However, as the report by Palinkas et al7 indicates, the COVID-19 pandemic has brought into stark relief the inadequacy and lack of resiliency of extant mental health care resources that existed prior to the pandemic. In other words, the pandemic placed a magnifying glass over the often fractured and overextended resources supporting pediatric mental health care systems (eg, staffing shortages evolved into staffing crises and even facility closures). Maintaining crisis services took precedence over prevention efforts as well as the development or expansion of new services.

The task of adapting to these challenges cannot rest solely on pediatric or even community hospitals. Pediatric hospitals and the data generated by their academic work can inform calls for adaptive, nimble solutions to crises such as those engendered by the pandemic (eg, telehealth services provided for nonpediatric hospitals, mental health care delivery in schools). Further, they can inform advocacy at both local and regional levels to improve policies and funding that support mental health infrastructure and care delivery (eg, improved licensing requirements, internet access).

The global effects of the COVID-19 pandemic on the mental health of children and adolescents will likely persist well beyond the infectious threat of SARS-CoV-2. Similar to local changes in case positivity, disease severity, and long-term sequelae of infection, the mental health challenges will not remain static. Therefore, the need to continually assess the local and regional changes regarding when and where children access mental health care resources will persist as well. The study by Saunders et al1 represents an important contribution to our understanding of the ever-evolving needs of children and adolescents who seek mental health care.

ARTICLE INFORMATION
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