

Vermont House Committee on Health Care, testimony by Christian D. Pulcini, MD, MEd, MPH
for April 22, 2021 hearing focused on emergency services with mental health care concerns

For the record my name is Christian Pulcini and I am a board-certified pediatrician and pediatric emergency medicine physician at UVMMC and the UVM Children's Hospital. I am also a former middle school science teacher with a Master of Education in Secondary Education, and former public health professional with a Master's in Public Health with a concentration on maternal and child health. I completed my pediatrics residency at the Children's Hospital of Pittsburgh and pediatric emergency medicine fellowship at the Children's Hospital of Philadelphia.

I want to sincerely thank the House Committee on Health Care for allowing me to provide testimony today, as well as for recognizing the importance of understanding the current state of our children's acute mental health needs. I sincerely applaud your solution-oriented approach to address this issue with a sense of urgency because as someone representing Vermont pediatricians through the American Academy of Pediatrics Vermont Chapter, emergency medicine colleagues at our Medical Center and Children's hospital, and as a father and community member, a sense of urgency is direly needed.

I know you will most likely be presented and have already been presented with a host of data today which is extraordinarily important. For example, as of yesterday, in the UVMMC ED there were 5 children waiting at least 5 days in the emergency department for an inpatient mental health placement. One of those children has been waiting two weeks. This is unfortunately becoming the norm. I did want to emphasize that this issue was present long before the COVID pandemic in Vermont. From 2010 to 2019, the percentage of ED visits for children and youth aged 10 to 18 increased from 4.3% to 12.3% - nearly tripled. In that same timeline, the length of stay increased exponentially, with the maximum length of stay increasing from 12 hours to 62 hours. It appears that the pandemic, as you all know, has certainly negatively influenced the mental health of our youth, but the data even pre-pandemic suggests an intervention for our youth was inevitable.

Beyond these statistics and what is particularly challenging in my setting, however, is that we are extraordinarily fortunate in having a trained child psychiatrist assessing the children who are "boarding" every day. This is not a resource shared around the state, notably at critical access hospitals. We also have a host of social workers, case managers, nurses, physician assistants, ED technicians, child life colleagues, and parents who are doing their best every day to provide any sort of environment that is therapeutic for these children. In speaking with my emergency medicine and pediatric colleagues around Vermont, they are experiencing the same: a well-intentioned group of people who care about children witnessing children and adolescents being boarded for days waiting for a more appropriate setting to address children's mental health needs.

But the reality is, and I hope at the very least we can come to this shared conclusion, even in a resource-rich environment such as I practice in, the ED is not the appropriate setting for children to get comprehensive, acute mental health services. We have contributed a host of human

resources to optimize what we have, going far beyond expectations in many instances. We have done this because watching children “board” in the ED day after day, confined to their room due to necessary COVID protocols, is extraordinarily disheartening to all individuals who lay witness to this unfortunate circumstance. Children should be in school, learning. Children should be at home, developing. And when needed, children should receive appropriate mental health services in the right setting at the right time to get back to the aforementioned activities.

As stated before, the data is very important in arriving at targeted solutions to avert this crisis. My colleagues at the Department of Health, Department of Mental Health, and VAHHS can certainly testify and provide the big picture data as experts. I feel it is my duty however as a physician specializing in pediatric emergency medicine and advocate for children to mention the unmeasurable consequences of ED boarding of children and adolescents with acute mental health issues. For example, we cannot measure the additional trauma that we are inflicting on children who already have a history of trauma by holding them in an inappropriate therapeutic environment such as the ED. We cannot measure the developmental consequences of boarding an elementary school-aged “aggressive” child for days in the ED. Further, and perhaps most importantly, we will never be able to measure the propagation of the mental health stigma we are normalizing in our society by making it clear that the child with the broken arm or fever is in the ED for a few hours and the child with a mental health issue is there for several days to weeks.

As we know from a recent surge in high-profile media stories across the nation focused on the issue of acute children’s mental health, these tragedies are happening daily and will only increase in wake of the isolation and lack of socialization with peers that most of these children have experienced during the pandemic, especially those who have not been able to attend school or play sports and engage in other strength-building, supportive activities this past year. I am proud to live in a state that prioritizes kids and understands the need for hearings such as this to avert further harm to children, notably those with mental health conditions. With an estimated 20% of children in the US having been diagnosed with a behavioral/mental health condition in 2019, which is exponentially growing due to the COVID pandemic, now is the time to assess a comprehensive and multi-faceted approach to children’s mental health in Vermont, that includes both short-term measures to alleviate the current acute boarding crisis as well as longer-term interventions designed to support the growing need for mental health services both inside and outside the hospital setting.

I know addressing this situation will require investment, but the cost of not trying to provide the services these youth need will lead to greater economic challenges, and most importantly, devastating on a human level. These children are our next generation and having them experience the mental health stress that I see so many experiencing will affect the wellbeing of our children long after this pandemic has ended.

In conclusion, thank you again for allowing me to speak today on behalf of children. I hope my expertise and words were helpful for the Committee. I look forward to any questions or concerns.