

Vermont House Committee on Health Care, testimony by Christian D. Pulcini, MD, MEd, MPH for December 9th, 2021 hearing focused on emergency services for individuals 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 having me back, having spoken with you back in April 2021. I also want to thank you for continuing to recognize the importance of understanding acute mental health care needs across Vermont.

I know you will be presented with a host of data from my colleagues across the state, which for me as a clinician, researcher, and advocate boils down to the following: extreme challenges in infrastructure, resources, and personnel to meaningfully address the current mental health crisis among children in the state. You have also heard that this is not a new problem, and children were being held in the ED awaiting treatment long before the pandemic, which has certainly and understandably exacerbated this issue among youth in Vermont.

What I find most personally compelling however are not the strains on our system (although they are very important and, at times, life-threatening), but instead the strain on the children and families who continue to not have timely access to the mental health care they need. In an effort to illustrate this important aspect of this problem, since we have last met, I have been collecting qualitative data at UVM Medical Center through interviews of families, and quantitative data across Vermont hospitals to obtain a better idea of what is going on with a diverse set of families and children presenting to EDs seeking mental health treatment. In an effort to augment the data that has already been presented, I want to provide some meaningful quotes from families that are waiting in the ED at UVM Medical Center to help illustrate the current environment from a family perspective.

Family 1: "We were there a long time. And throughout the time I had no complaints about the staff, or any of the care he was receiving. There was just so much commotion. And I don't blame them because there were so many other people with mental health crisis there – I could tell. I once counted 14 people in a hallway. I mean there has to be a better place than the ED...I was once a victim's advocate. And we used to talk about – they used to talk with us, every year, if there was one thing where you would want money to go to, where would it be? And I used to say, mental health crisis, always. And now four years later, I am living this nightmare where I cannot get my son the help he needs either when he is in crisis or out of crisis as an outpatient"

Family 2: "First, having to go to general emergency department doctors and an emergency department in general creates an over processing of the patient, which increases the frustration

and frankly, reduced his interest in treatment. So really, I'm not sure the mainstreaming of psychological psychiatry issues was helpful if there was a separate facility, even though that creates its own problems and stigmas... And it takes a long time to get help, sometimes more than a day, just sitting there waiting. So I'm not sure we have the best approach overall... And I don't think it's just for children. I think that there needs to be – I think there's a view that you go to the emergency room and mental health services are one of the specialties, and so, oh, we reach out into the department and the rest of the medical center that has that specialty and we apply it. But if you look at it from this lens of okay, somebody is bleeding and will die, we don't wait for some specialty, we help them now. Whereas if somebody is in extreme mental health crisis, we wait a day or till Monday, and so it isn't on par. And this system which was supposed to kind of normalize mental health by saying, okay, bring people with mental health crises to the regular emergency room, okay, you go to the same place, but you're getting a different level of care. So I don't think it's working and I am not sure it will ever work”

Regarding the family interviews, I wanted to reflect that we are extraordinarily fortunate at UVM Medical Center in having a trained child psychiatrist assessing the children who are waiting for treatment 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. If these concerns and questions are being provided by families at UVM Medical Center, with all these resources, I cannot imagine what other families are experiencing across the state.

In terms of the quantitative data we continue to obtain across the state through individual chart reviews, here are the highlights:

In a sample representing approximately 200 children with mental health concerns waiting in 8 EDs across Vermont over the last year, we have found that the most common concern was suicidal ideation, suicidality, or suicide attempt (47%), with 78% being diagnosed with suicidality as their disposition diagnosis. Most others appear to be younger children with aggression. The average length of stay in the ED was 4 days for all sites among these 200 children. This is preliminary data and we are expecting 12 hospitals to ultimately participate with detailed patient level information on wait times, concerns, medications, and restraint use for children in EDs across the state.

Whether it's born of the data I've collected or my experience providing care, one thing is absolutely certain:: 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 wait in the ED day after day, confined to their room due to necessary COVID-19 protocols, is extraordinarily disheartening to all individuals who bear 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.

I know addressing this situation will require investment and collaboration, and as I wrote in a recent piece in the media, I would ask to focus on three things that in my experience could help alleviate this crisis:

1. Allocating adequate funding in the first weeks of the session to allow for meaningful change and to support our critical organizations that are struggling to hire and retain enough staff to provide care.
2. Allocate adequate funding in the first weeks of the session to support our key organizations (hospitals, designated mental health agencies, organizations serving children) in coming together in each of our communities to develop programs, potentially including space outside of EDs, for individuals needing mental health care. We need investments in programs to support people in the community, but we also need investments in programs providing high acuity services to patients who require inpatient-level care. This is **not** an either/or situation.
3. The state should allow maximum flexibility with the certificate of need process for the construction of much-needed spaces for all types of care to be provided.

I realize the costs of these asks will be high on many levels, 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 well being 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.