

State of Adolescent Mental Health in Georgia – A Perspective from the Emergency Room

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Consultation/Liaison Psychiatry

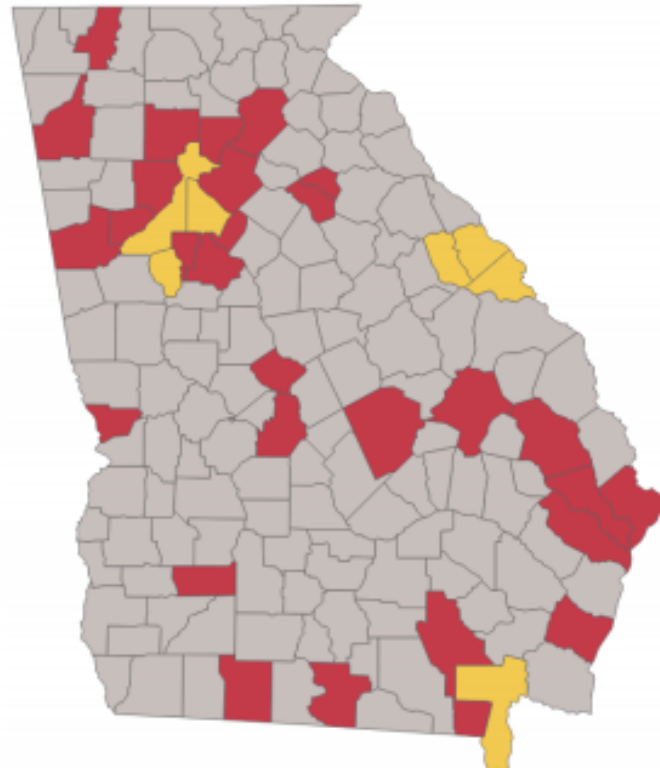


Introduction

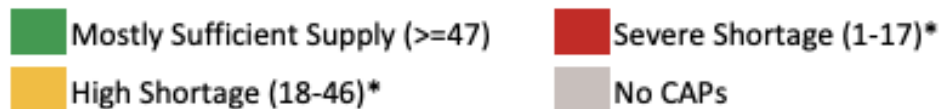
- **Adolescence**
 - **Growth in capability without the capacity to fully reason**
 - **Age of onset of several psychiatric diagnoses**
 - **Limited willingness to solicit help from adults**
 - **Reliance on peers and group support**
 - **Access to substances and sexual content activity**
 - **Poor access to quality mental healthcare**
- **Adolescence in Georgia**
 - **The adolescent population in Georgia is diverse, comprising various ethnicities, socioeconomic backgrounds, and geographic regions.**

Statewide Shortage of Child and Adolescent Psychiatrists

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17



CAPs Per 100K Children





The Worst States For Mental Health Care

State ranking is determined by seven metrics that reflect access to mental health treatment.

4. Georgia

Georgia's score: 86.02 out of 100

(best state ranked 51 - Vermont score of 0 out of 100)

Georgia has the fifth highest percentage of youth who had a major depressive episode in the past year and did not receive mental health treatment (67.8%).

Forbes-Jason Metz
Editor

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GCAL

- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides treatment and support services for people with behavioral health challenges and addictive diseases.
- Georgia Crisis and Access Line (**GCAL**) is both a CRISIS (speak to a therapist over the phone in emergency) and an ACCESS (find a clinic near your home, assist in placement to hospitals and services) service. Available across the state.

A CRISIS HAS NO SCHEDULE



Help is available 24/7 for problems with developmental disabilities, mental health, drugs, or alcohol.



Provided through the Georgia Collaborative ASO

988

- **National 3 digit emergency mental health response number**
- **Went live July 16th**
- **In Georgia, the 9-8-8 calls will be answered by the Georgia Crisis and Access Line (GCAL), 24 hours a day, 7 days a week, 365 days a year.**
- **Those that cannot be managed by GCAL roll over to national answering services**

Number of ED visits and usual reasons

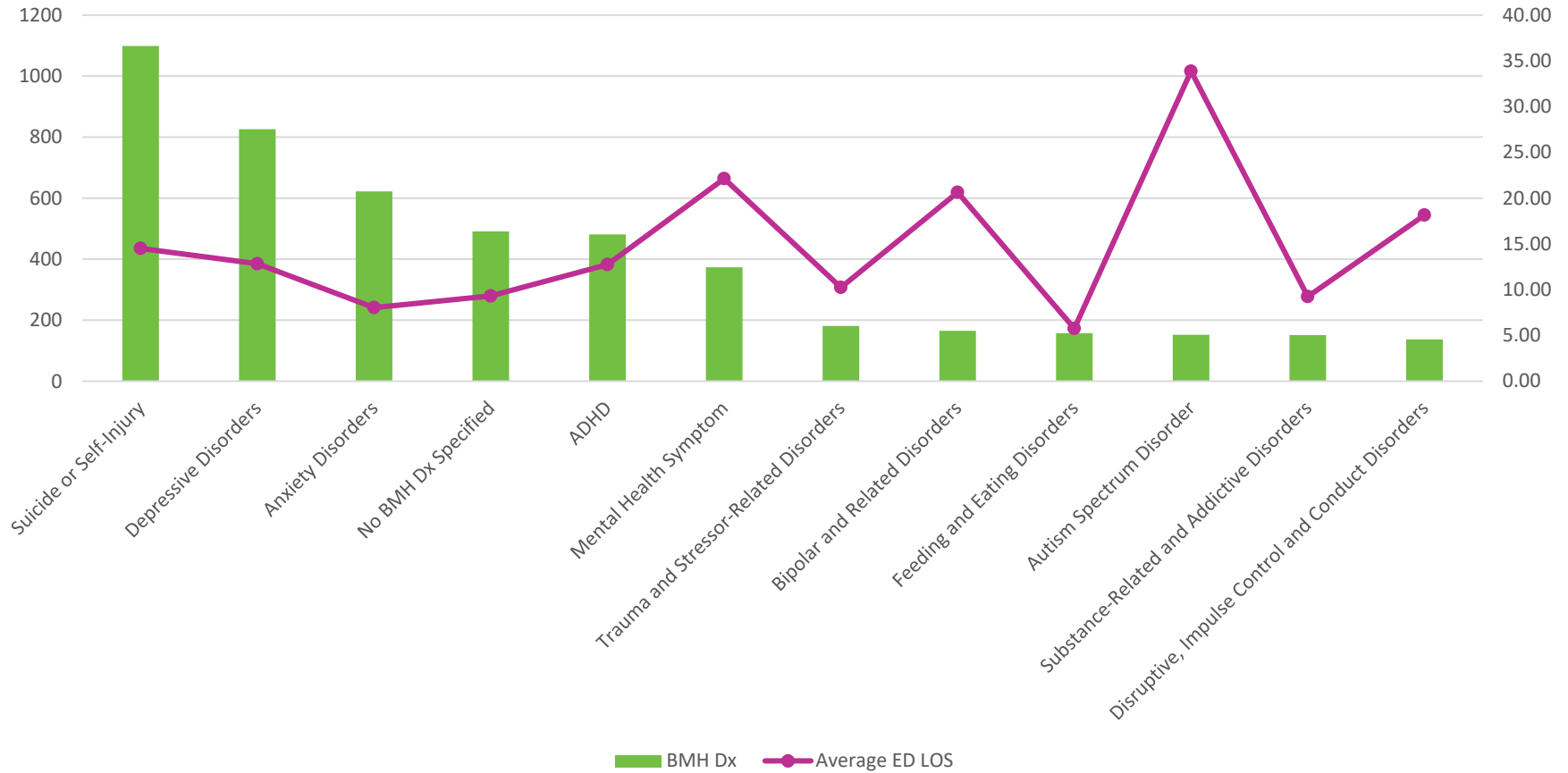
- Demographics of ED Visits
- *Timeframe: June 2022 – June 2023*
- *Adolescents: 12-18 years old*
- *Population: ED Consult Psych/BMH-S Evaluation Consult data*
 - Patient Count = 3,982
 - Visit Count = 5,244

Diagnoses

- Depression
 - SI
 - Suicide Attempts
- Anxiety
- Substance
- Developmental Disability
- Psychosis
- Conduct
- Social issues
- Legal issues
- Inappropriate visits

Top 12 BMH Diagnoses

Top BMH Dx & Avg ED LOS



Access to care issues

- **Providers**
- **Beds - availability**
- **Quality of providers**
- **Insurance**
- **Location**
- **Waits**
- **Parents giving up**

Issues with admission to care in Georgia

Patients are excluded for admission to crisis units if they:

- **Have a communicable disease/require isolation precautions**
- **Have an open wound**
- **Use crutches**
- **Require opioids**
- **Have any lines/tubes/medical equipment needs (insulin pumps are removed at admission)**
- **Require daily medical care**
- **Are unable to ambulate on own**
- **Are not eating or drinking**
- **Are unable to care for ADLs on own**
- **Adolescent too aggressive**
- **Diagnosis (IDD, ASD, Psychosis, Fetishes, etc)**
- **Legal involvement**
- **And many more!**



Possible Answers

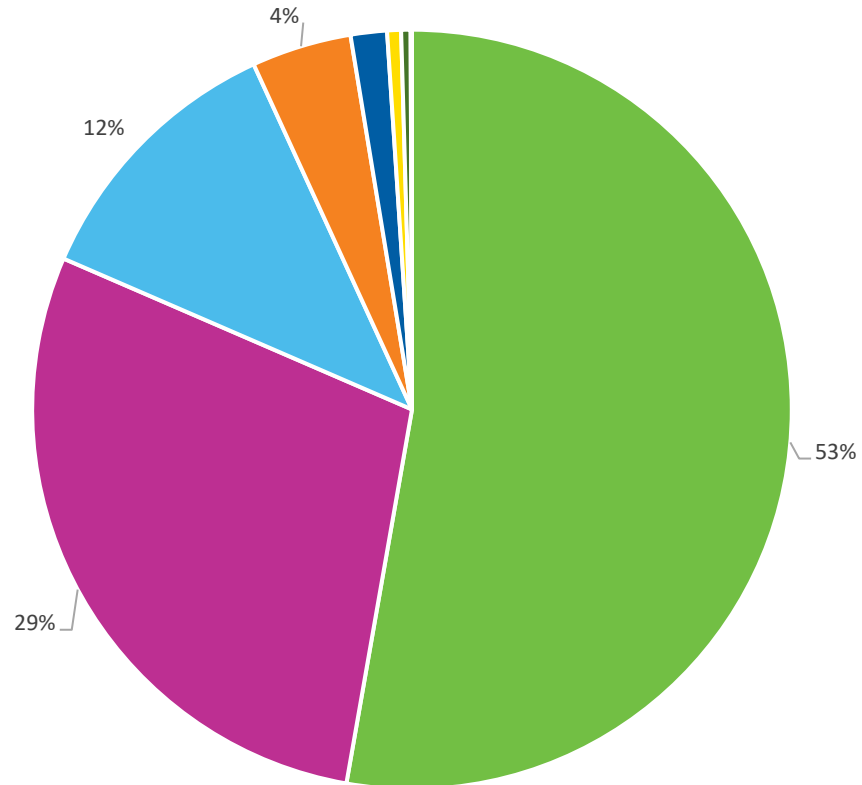
- **Prevention**
- **Increased access to quality Mental Health**
- **Successful approaches in other states**
- **CHOA's plans**

Overview

- ***Timeframe: June 2022 – June 2023***
- ***Adolescents: 12-18 years old***
- ***Population: ED Consult Psych/BMH-S Evaluation Consult data***
 - Patient Count = 3,982
 - Visit Count = 5,244
 - Demographic breakout by:
 - Financial Class
 - Payor Class
 - Gender Distribution
 - ED LOS, per top 12 BMH Dx

Financial Class

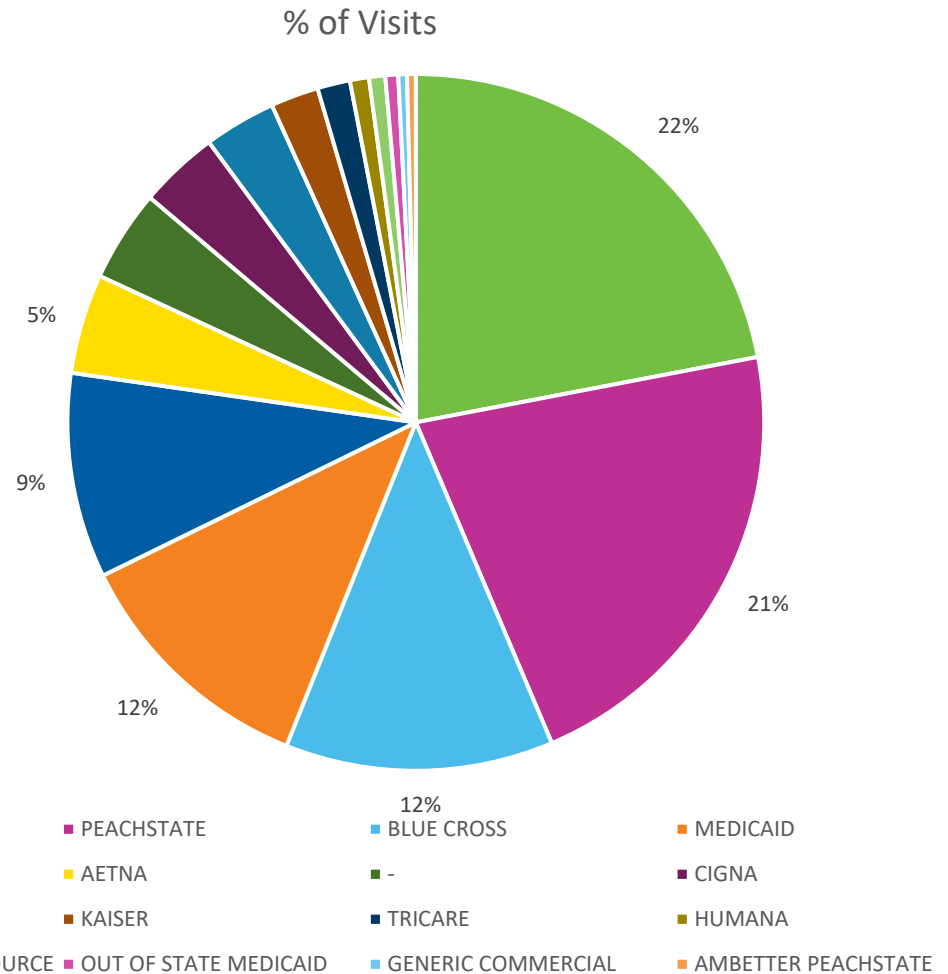
Financial Class (BMH ED patients, ages 12-18)



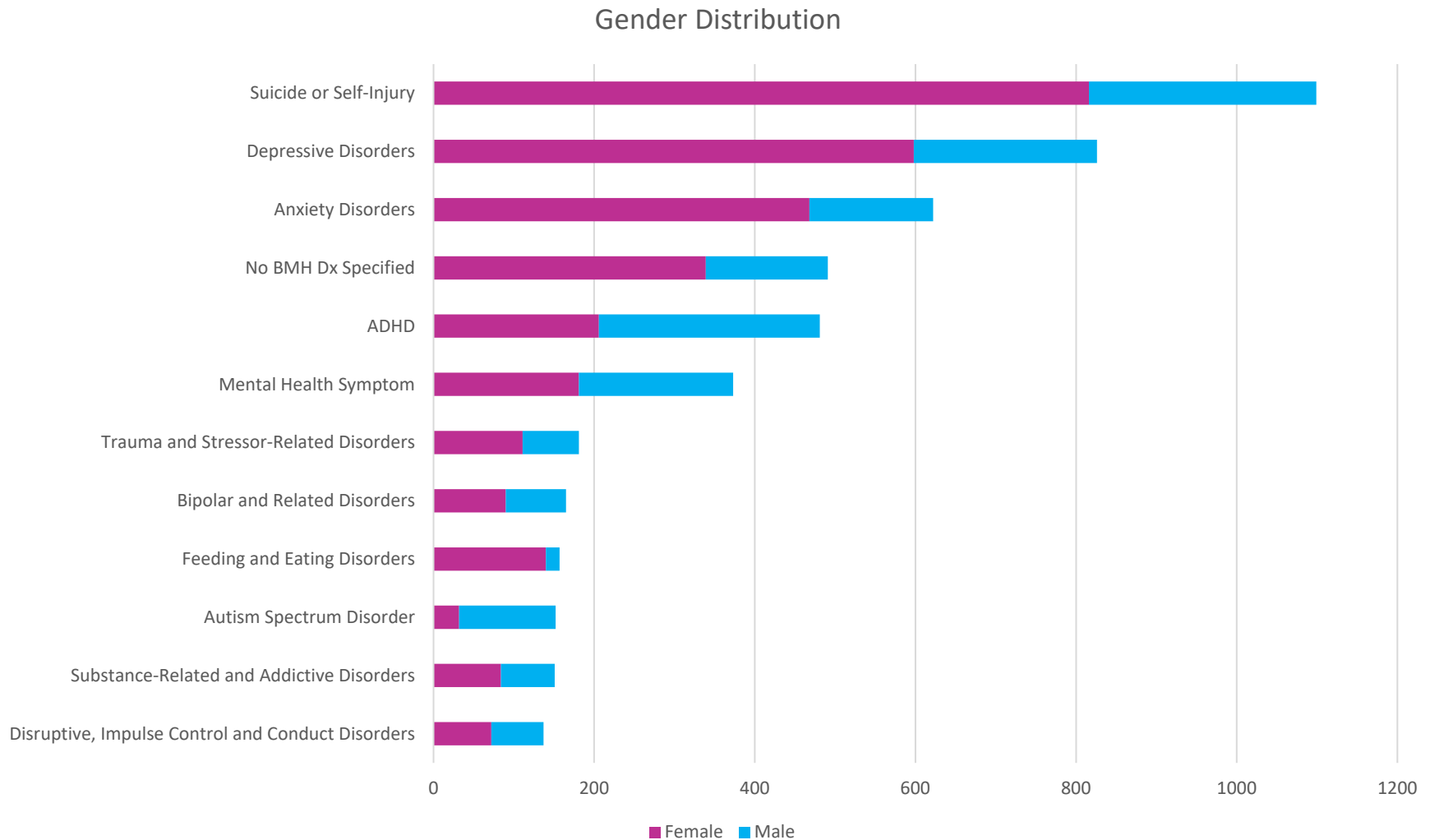
■ CMO Medicaid ■ Managed Care ■ Medicaid ■ Self-Pay ■ Tricare ■ Out of State Medicaid ■ Commercial ■ Medicare

Payor Distribution

Payor Distribution	
Payor	% of Visits
AMERIGROUP	21.83%
PEACHSTATE	21.47%
BLUE CROSS	12.36%
MEDICAID	11.61%
CARESOURCE	9.46%
AETNA	4.60%
-	4.23%
CIGNA	3.68%
UNITED	3.32%
KAISER	2.21%
TRICARE	1.51%
HUMANA	0.88%

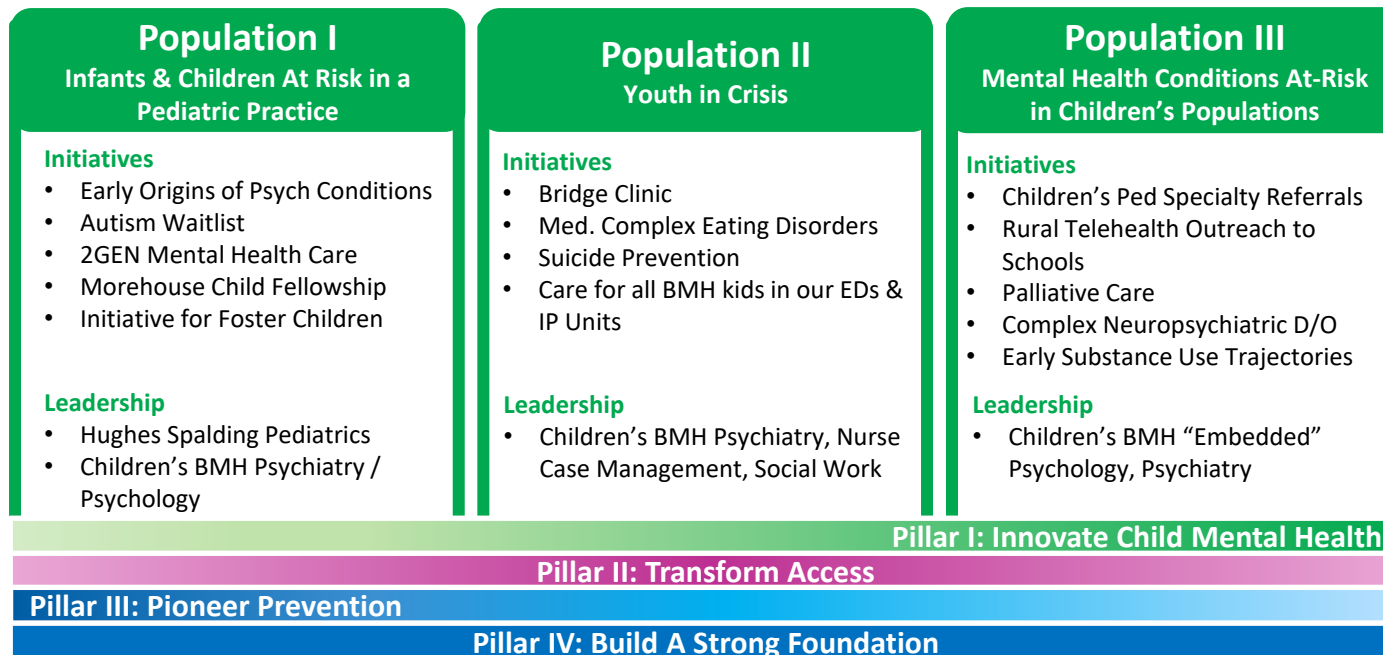


Gender Distribution per Top 12 BMH Dx



2023 BMH Initiatives

Strong Focus on Building Outpatient Capacity at the Zalik Behavioral & Mental Health Center



Bridging the Divide Between Health and Mental Health: New Opportunity for Parity in Childhood

John N. Constantino, MD 



Children's Board approved a **\$0.5B endowment to subsidize new Behavioral and Mental Health programs in perpetuity** for its population.



In 2022, the Legislature of the State of Georgia unanimously passed H.B. 1013 to enforce federal mental health parity law

Constantino JN (2023) *J Am Acad Child Adolesc Psychiatry*



Questions?

