

**VERMONT MEDICAL SOCIETY RESOLUTION****Addressing Pediatric Mental Health Needs in Vermont**

*Submitted to VMS Council, September 15, 2021*

WHEREAS, containment measures, including pandemic-related restrictions and school closures, have been associated with the development and exacerbation of pediatric mental health disorders;

WHEREAS, inadequate treatment for patients with mental health concerns has been an issue for decades with two resolutions passed by VMS in 2014 to try and alleviate boarding of mental health patients in emergency departments;

WHEREAS, acute pediatric mental health needs are rising and mental health boarding times are increasing with increased lengths of stay due to a lack of acute mental healthcare infrastructure and resource availability;

WHEREAS, the emergency department is not a setting with the ability to provide ongoing treatment for patients with primary mental health concerns;

WHEREAS, the impact on emergency department operations is significant, and resources including beds and staff are being diverted from other patients resulting in prolonged wait times and delay in treatment of those with emergent medical conditions;

WHEREAS, the current availability of inpatient psychiatric care continues to be unable to accommodate the need of children and adults in Vermont;

WHEREAS, community-based and transitional units, such as peer respite models, have been shown to reduce the number of acute mental health visit emergency department,

WHEREAS, Child Psychiatry Access Programs (CPAP) are consultation programs for pediatric primary care aimed at improving access to and quality of mental health care for children and adolescents with evidence that CPAPs increase parent satisfaction of care provided by the pediatrician, with a purpose of beginning to address specialist shortages in a rural state like Vermont;

WHEREAS, the impacts of pediatric boarding in the emergency department include increased mortality risk, poor quality of care, emergency department crowding, and practitioner burnout;

WHEREAS, as an estimated 20% of children in the US were diagnosed with a behavioral/mental health condition in 2019, which is exponentially growing due to the COVID

43 pandemic, now is the time to assess a comprehensive and multi-faceted approach to children's  
44 mental health in Vermont, that includes both short-term measures to alleviate the current acute  
45 boarding crisis as well as longer-term interventions designed to support the growing need for  
46 mental health services both inside and outside the hospital setting; therefore be it

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48 **RESOLVED, that VMS Work with partners such as the Vermont Association of**  
49 **Hospitals and Health Systems and Vermont Department of Mental Health to advocate**  
50 **for sustainable & appropriate funding for a comprehensive and multi-faceted approach**  
51 **to children's mental health in Vermont, that includes both short-term measures to**  
52 **alleviate the current acute boarding crisis as well as longer-term interventions designed**  
53 **to support the growing need for mental health services both inside and outside the**  
54 **hospital setting, including, but not limited to, the following specific areas:**

- 55     1. **Build/bolster the statewide infrastructure to meet the needs of all patients in**  
56     **need of mental healthcare including:**
- 57         a. **Inpatient mental health facilities**
  - 58         b. **Community based & transitional units focused on addressing acute mental**  
59         **health concerns (PUCK, Mobile response, emPATH units, peer respite),**
  - 60         c. **Creation of a comprehensive forensic mental health system**
  - 61         d. **Fully funding the Vermont CPAP as a service available full time for**  
62         **pediatric primary care providers**
- 63     2. **Workforce capacity building - continue to support initiatives and funding which**  
64     **will bolster the mental health workforce capacity in Vermont**
- 65     3. **Advocate for the Department of Mental Health to fund statewide chart**  
66     **auditing/quality measurement of children admitted to emergency departments**  
67     **for mental health services in order identify gaps in care/treatment services to**  
68     **make systematic change, which must include a process to synthesize chart audit**  
69     **results, then review and implement change**

## Reference List

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