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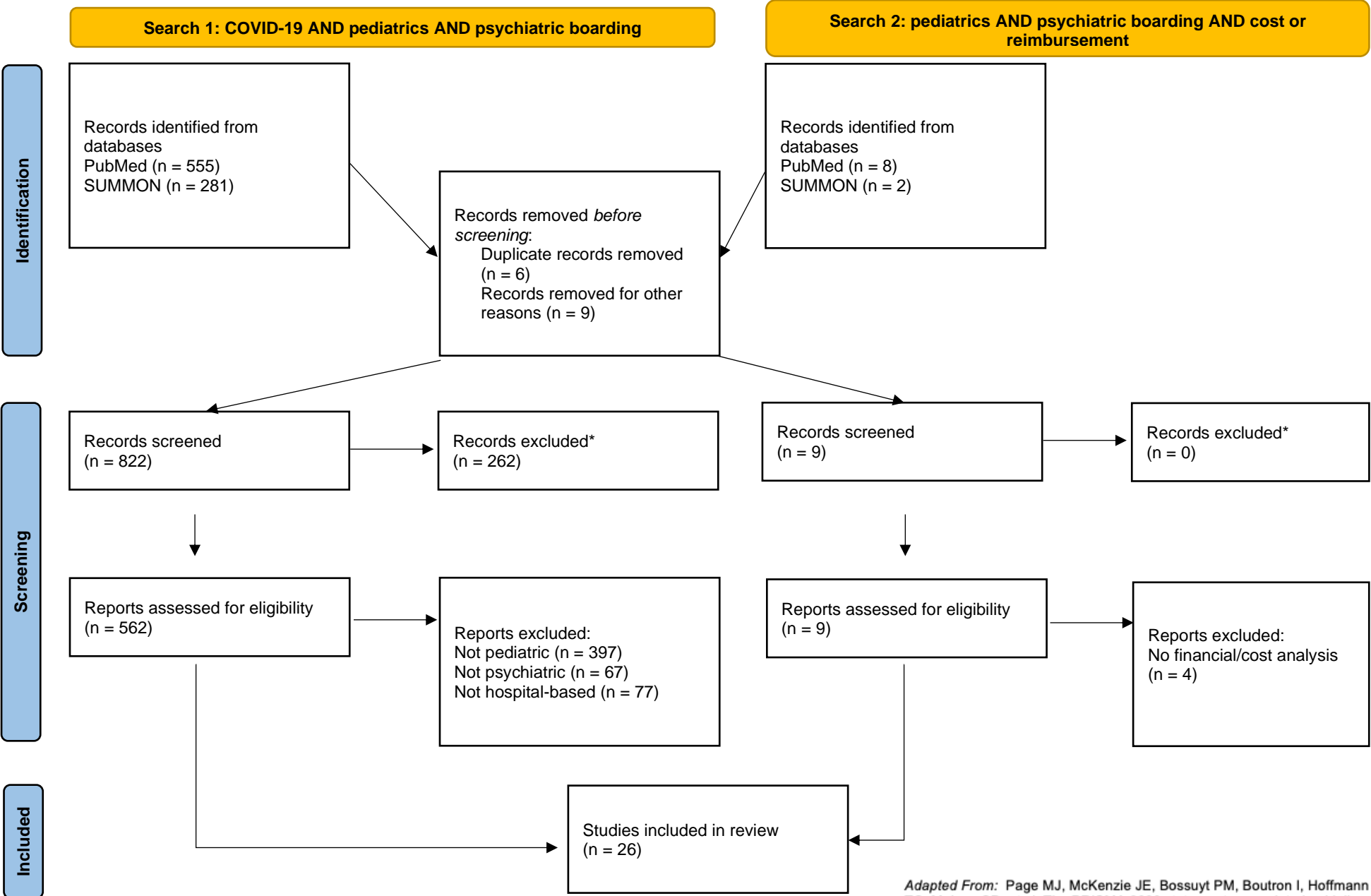
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APPENDIX 1 - PRISMA diagram illustrating the article search and inclusion process



*Exclusion criteria – not scholarly, peer-reviewed articles

Adapted From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.

APPENDIX 2

COVID-19 and Pediatric Psychiatric Admissions – Financial Effects on Children’s Hospitals

- What is your impression of the number of pediatric admissions for psychiatric pathology?
 - Has this number increased during the COVID-19 pandemic?
 - Have the patient demographics for psychiatric admissions changed when compared to pre-pandemic admissions? Are the patients younger or older? Are there more males, females, transgendered, non-binary patients?
- Has the proportion/percentage of patients admitted to general pediatrics for psychiatric pathology changed? For example, if the number of psychiatric admissions increased, has the number of non-psychiatric admissions increased as well or are psychiatric admissions a larger proportion of pediatric patients?
- Have the pediatric patients admitted for psychiatric pathology experienced longer lengths of stay than expected?
 - If so, what is the cause of these longer durations of stay?
- How is the hospital reimbursed for psychiatric admissions?
- How has the children’s hospital been affected financially by the COVID-19 pandemic?
 - How much of an effect have psychiatric admissions had on this overall effect?

Figure 1: Questions asked during semi-structured interviews with subject matter experts

APPENDIX 3 – Tables and Figures

Author & Year	Symptoms	Prevalence	Notes
Jones et al., 2021	Negative mental health impact		Systematic review found 14/16 studies demonstrated negative symptoms
Kim et al, 2021	Suicide Attempt	66.7% (+16%)	
Reece & Sams, 2021	Mental Health Stressors	53%	Analysis of pediatric psychiatric boarding admissions
Selçuk et al., 2021	Anxiety moderate-to-high Depression PTSD*	40.3% 28% 50.8% 61.1%	

Table 1. Pediatric Psychiatric Symptoms during the COVID-19 pandemic

*PTSD = post-traumatic stress disorder

Author & Year	Country	Dates and Diagnoses Studied	# of presentations•
Bortoletto et al., 2022	Italy	March 2018-June 2019	49
		March 2020-June 2021	60 (+22%)
Cella et al., 2020	Italy	March 2019 All ED visits Psychiatric disease	7900 23 (0.3% total visits)
		March 2020 All ED visits Psychiatric disease	1391 (-83.8%) 16 (1.2% total visits)
Cozzi et al., 2022	Italy	2019-2020 All ED visits Psychiatric disorders	10982 161
		2020-2021 All ED visits Psychiatric disorders	5317 (-52%) 107 (-33%)
Cuellar et al., 2021	United Kingdom	Nov 5-Dec 12 2017	54
		2018	62
		2019	58
		2020	76
		Jan 5-Mar 8 2017	61
		2018	108
Davico et al., 2021	Italy	Jan 1 - Feb 24, 2020 All ED visits Psychiatric visits	12,128 93
		Feb 25 - All ED visits Psychiatric visits	3,395 (-72%) 50 (-46.2%)
Díaz de Neira et al., 2021	Spain	2019 ED Inpt**	64 31
		2020 ED Inpt	25 18

Author & Year	Country	Dates and Diagnoses Studied	# of presentations•
Eray & Sahin, 2021	China	Mar 11 – Sept 30, 2019	170
		Mar 11 – Sept 30, 2020	102 (-42%)
Finkelstein et al., 2021	Canada	January-March 2020	
		March-April 2020	(-56%)
Gonçalves-Pinho et al., 2021	Portugal	March-May 2019 ED visits Required inpt tx***	1633 356 (21.8%)
		March-May 2020 ED visits Required inpt tx	780 (-52.2%) 185 (23.7% [+1.9%])
Hu et al., 2022	Australia	2016-2019 ED visits Inpt adm	4086 8162
		2020-February 2021 ED visits Inpt adm	1351 (-66.9%) 3508 (-57.0%)
		July-Nov 2020 ED visits Inpt adm	166, 233, 220, 207, 221 291, 274, 239, 262, 308
Leff et al., 2021	US	Pre-pandemic	378
		Post-pandemic	148 (-60.84%)
McDonnell et al., 2020	Ireland	March-May 2018/2019 All ED visits	39,772
		March-May 2020 All ED visits	21,545 (-46%)
Mourouvaye et al., 2021	France	January 2018-March 2020	2.5 adm*/week
		March 2020-May 2020	1.25 adm/week
Pelletier et al, 2021	US	April 2010-2019 All inpt adm Mental health adm	43,550 (median) 1600 (median)
		April 2020 All inpt adm Mental health adm	23,798 (-45.4%) 1190 (-25.6%)

Author & Year	Country	Dates and Diagnoses Studied	# of presentations•
Ridout et al., 2021	US	2019 Suicidal ideation/attempt	2339
		2020 Suicidal ideation/attempt	2123 (-9.2%)
Rømer et al., 2021	Denmark	Jan 2018- March 2020	1918
		March 11-May 17, 2020	1554 (-19%)
Sheridan et al., 2021	US	2019 All ED visits Suicidal ideation	14,108 46
		2020 All ED visits Suicidal ideation	“under half the normal volume” 16 (-65.2%)
Wallis Gómez et al., 2021	Canary Islands	2018	37
		2019	53
		2020	43 (164.5%)

Table 2. Pediatric Psychiatric Presentation and Boarding Rates before and during the COVID-19 pandemic

•psychiatric presentations/boarding unless otherwise specified in table

*adm = admission **inpt = inpatient ***tx = treatment

Author & Year	Country	Dates Studied	Length of Stay
Díaz de Neira et al., 2021	Spain	2019	14.32 ± 10.23 days
		2020	8.94 ± 4.87 days
Kose et al., 2021	Turkey	Dec 2019-Mar 2020	480 min
		Mar 2020-June 2020	87 min (-81.7%)
Leyenaar et al., 2021	US	Mar 2021	48 hr
Pearlmutter et al., 2017	US	-	9.32 hr

Table 3. Pediatric Psychiatric Boarding Length of Stay before and during the COVID-19 pandemic

<p>On the number of pediatric psychiatric admissions and boarding during COVID-19</p>	<p>“Nationally we’ve seen an increase in the number of pediatric patients presenting to Eds for depression, suicidality, self-harm... I don’t have the specific data to tell you what the increase in patients has been here but it’s clearly higher than it was prior to 2020.”</p>
	<p>“There’s been a decrease in admissions, total patient days... I don’t have psychiatric admissions but I do know that we have more overdoses, more suicidal ideation admissions for that.”</p>
	<p>“Oh, ginormous increase. I don’t know how you spell ginormous but just, it has been a huge increase in admissions. 10 years ago when I took this job it was rare that I had to do a psych admission, and then like 5 years ago is when I started to see a huge jump. When COVID hit 2, 2.5 years ago I started noticing more for ideation. I’ve never had this many overdose patients like I have in the last 6-9 months.”</p>
	<p>“The first year that COVID hit, I felt like the kids were coming in in droves.”</p>
	<p>“We have been seeing an increase in the psychiatric admissions overall even before COVID, however, we saw a drastic increase during COVID and even now as COVID numbers are starting to decrease.”</p>
	<p>“I think we, at certain times during the pandemic, we were seeing more psychiatric admissions versus non psychiatric admissions, and sometimes it was a 50/50.”</p>
<p>On boarding lengths of stay</p>	<p>“I don’t think that I’ve seen an increase in the severity of self harm attempts. If there was a question of safety in the home and CPS becomes involved, and they have to investigate and say it’s safe for them to go home or not, that can delay a discharge and I don’t know that I’ve seen more of that then I did before. I think issues related to placement are the primary thing that is driving the length of stay.”</p>
	<p>“I feel like they’ve been staying a lot longer than they used to. I think they’ve shut down beds at a lot of these facilities due to COVID. I think they lost staff. I do know a whole unit locally shut down; and two in the state shut down anything 12 and under.”</p>

	<p>“Yes. 100% [I have noticed that patients admitted for psychiatric admissions have had longer lengths of stay than expected]. And a lot of that, again, is not necessarily due to their medical complexity or acuity because many times we're able to get them if they're an overdose or some sort of like, you know, physical manifestations of you know, suicide. A lot of times we can turn them around quite quickly and medically they are stable to be discharged home, but from a psychiatric perspective, we have no place for them to go if they're not contracting to safety. So 100% They've been longer stays then compared to before COVID. And I think a lot of that has to do with the resources and the personnel that's available.”</p>
<p>On hospital reimbursement</p>	<p>“[Hospitals] are not reimbursed for psychiatric boarding, and that’s been a significant issue. The hospitals have patients that are sitting in beds for long periods of time for which they’re not getting paid.”</p>
	<p>“There’s no doubt that the children’s hospital lost a lot of money... How much of it was psychiatric? Probably not the bulk of it, but certainly didn’t help.”</p>
	<p>“Suicidal ideation patients all come in as observations. Overdoses, it depends on the condition when they get here. An hourly obs rate for peds generally is like \$95 an hour versus an inpatient bed charge of \$2,200 a day. Most insurance payers will only pay up to usually 72 hours for an unexpected admission. A patient walking in off the street being admitted as an obs, the rate is usually only good for 24-48 hours.”</p>
	<p>“We’re not getting reimubrsed for these extra days. We still have to feed them, keep them in a bed, and have a nurse sit with them. So I feel like it’s a lot of resources on the inpatient side that we’re not going to be able to recoup no matter how you do it.”</p>
	<p>“I think that everybody has taken hit including the children's hospitals, and that's one because you know, we are still taking care of patients... we have personnel that still you know, needed to be paid and we still had to keep a full staff. So you're still paying for that all of that no matter what your patient load may be. I do think that a good chunk of that is from a psychiatric admissions. You still have a patient in that bed. You still need to be providing personnel. A lot of these patients need a one-on-one sitter. So you have to provide for that. They still need meals. They are having consultants come in and you know and look at them every day every other day, depending on how acute they are. And so you still have to provide all of those medical needs for them even though they might not meet medical necessity.”</p>
<p>On local experience vs. national trends</p>	<p>“It’s not unique to us. It’s throughout the country.”</p>

	<p>“The whole system was backed up, and it made it very difficult during COVID to get needed services for kids that were acutely depressed and suicidal. Even for patients that weren’t necessarily suicidal, who just had maybe severe depression or anxiety. Even now there’s a long waitlist.</p>
	<p>“Number one, we haven’t seen an increase in beds. We’ve actually seen a decrease, and some of the hospitals have struggled because of staffing issues.”</p>
	<p>“The effects that [the increase in patients] has had...you have a finite number of mental health resources in any state... those include acute psychiatric beds for kids, residential beds for kids that need longer term treatment, and then outpatient support systems. There’s only so many patients that any one of those resources can handle at a given time.”</p>
<p>On research which demonstrated a decrease in pediatric psychiatric visits and boarding</p>	<p>“I couldn’t find anything in PubMed that anyone had published on a shortage of beds during COVID. It’s a well known thing that we’ve had a shortage of beds. And, again, it’s not limited to our hospital or our state. It’s been a nationwide thing. Some states have struggled more than others but [a delay in research publication] would explain why it hasn’t caught up yet.”</p>
	<p>“We obviously didn’t experience that. That’s not what the perception was, especially at the beginning. I’ve read that too, and it surprised me because that’s not what I’ve been hearing from colleagues.”</p>
	<p>“I’m surprised because we’ve been seeing a lot more but I think it’s also been on our forefront because, you know, these children through the pandemic haven’t been supported. And so they’re feeling a lot of hopelessness, and that’s manifesting in a lot of psychiatric issues. At the same time, though, you have a lot of these children that aren’t seeing people in school and aren’t seeing other family members that might be seeing some changes either in their mental status or their medical status. And so I think a lot of kids are being missed, both from a medical need and from a psychiatric need. So I wouldn’t be surprised if the numbers were down.”</p>

Table 4. Common themes from semi-structured interviews with supporting quotes

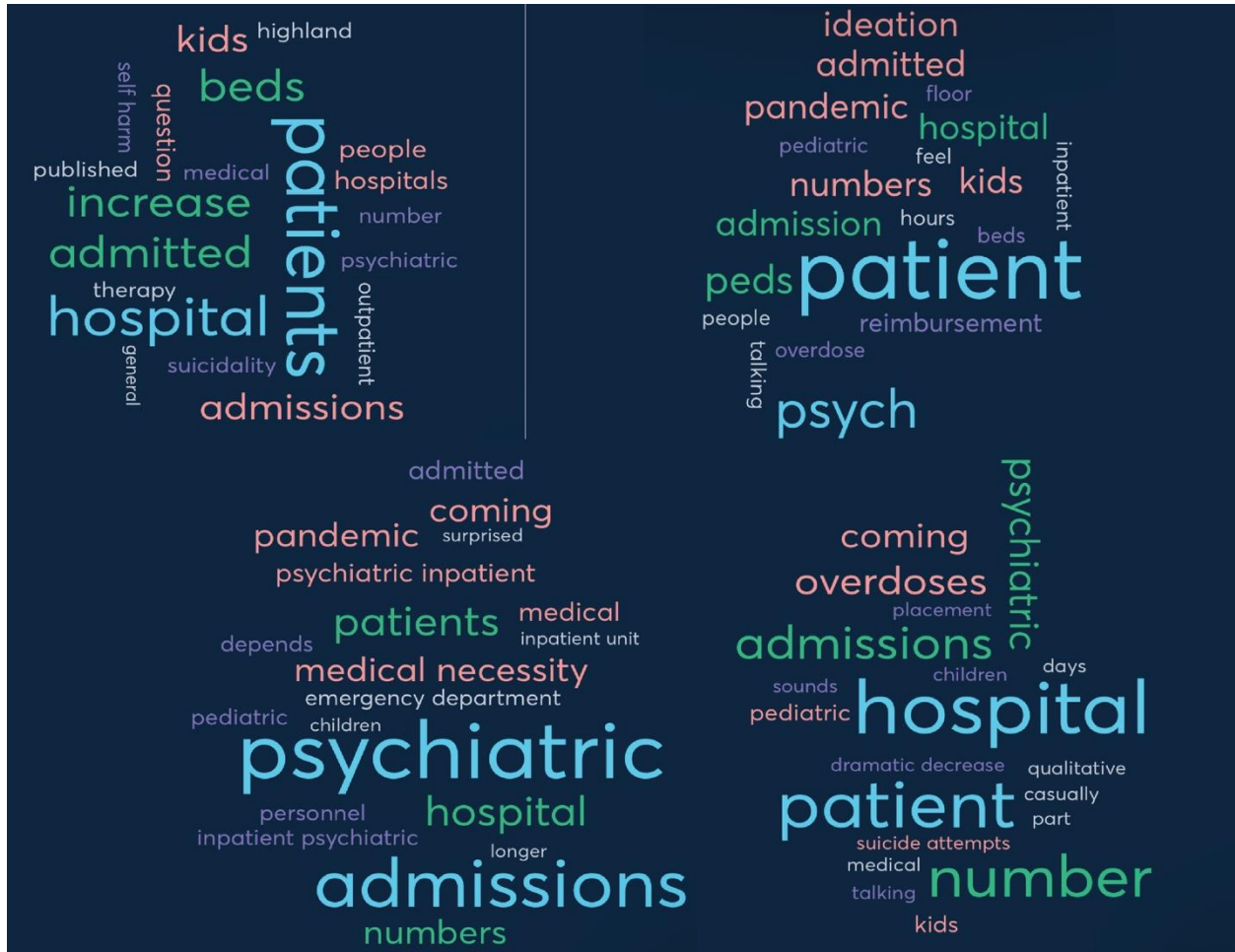


Figure 2. Word Clouds generated from text analysis of semi-structured interviews