Mental Health Presentations to a Paediatric Emergency Department during a Global Pandemic

Association of Paediatric Emergency Medicine

MENTAL HEALTH PRESENTATIONS TO A PAEDIATRIC EMERGENCY DEPARTMENT DURING A GLOBAL PANDEMIC

Background
Recent anecdotal reports suggest that more and more children are experiencing poor mental health as a result of multiple factors relating to the ongoing pandemic and subsequent school closures. We aimed to describe this change within mental health presentations at our own Paediatric Emergency Department. The department is located at a large children’s hospital where, in 2019, we saw nearly 60,000 patients. Since March 2020 and the onset of the coronavirus pandemic, we have seen less than half that number.

Objectives
To understand the impact of the coronavirus pandemic and school closures on the mental health of the population attending a paediatric emergency department.

Methods
All patients under 16 who attended the emergency department with a mental health problem between 01/02/2019 and 31/01/2021 were identified. The number of presentations and admissions were analysed, as well as the index of multiple deprivation based on the patient’s postcode.

Results
Over the 24 month period we had 1431 mental health presentations with a mean of 61.5 per month. Presentations were made by 83.6% (95%CI 82.2%–84.9%) of children <10 years, compared with 62.2%–81.3% of the odontoid peg views in children <10 years were of inadequate quality, compared with those in children ≥10 years (50.2%; 95%CI 43.8–56.6).

Conclusions
Although uncommon, upper CSI are still seen in children <10 years. However, significantly more (72.8%; 95%CI 62.2%–81.3%) of the odontoid peg views in children <10 years were of inadequate quality, compared with those in children ≥10 years (50.2%; 95%CI 43.8–56.6).

There was no significant difference in the proportion of adequate quality views in children in whom additional views were obtained (to improve quality/adequacy), compared with those who had 3 views only.

Additional views do not improve adequacy, hence inadequate initial views should prompt consideration of CT (after senior review and reassessment). Experience with injured children suggests some may have resolution of symptoms or be calmer, allowing more accurate senior assessment.

Quality Improvement and Patient Safety

CAN ONLINE VIRTUAL INSTRUCTION DELIVER SUCCESS FOR RCPCH COVID-ADAPTED CLINICAL EXAMINATION CANDIDATES?... WE THINK SO

Background
Most doctors find examinations very stressful. In order to gain membership to the Royal College of Paediatrics, paediatricians are required to sit a clinical exam. Since November 2020, candidates have had to undertake a new COVID-Adapted Clinical exam involving new examination techniques and an online platform. We noticed the change caused increased anxiety and stress amongst our fellow trainees during an already challenging time.

Objectives
To improve exam preparedness and wellbeing for trainees in Wales sitting the COVID-Adapted Clinical exam.

Methods
We collaborated with the RCPCH examination team to gain insights into the new exam structure and expected standard. Prior to exam diets in November 2020 and February 2021 we provided 4–6 weeks of virtual teaching delivered via Microsoft Teams by registrars (ST4 and above) and Consultants. In November 2020, we organised the first COVID-Adapted Clinical Mock Exam in the UK using the online platform ‘Zoom.’ We wrote a range of simulated stations and utilised break out room sessions to facilitate the migration of presentations was 53.6 and the median, 61.5. Based on this data, we found that there has not been a significant increase or decrease in the number of attendances over the period studied, with the month with the most attendances being January 2020. It must be remembered that there has been a significant reduction in ED attendances overall and so the proportion of our patient population suffering from a mental health problem has increased.

The mean number of admissions over this time was 28.8 and the median 28.5. There has been an increase in admissions over this time period, which avoids unhelpful additional views is acceptable.

In children < 10 years, the lateral and AP views should first be reviewed, and only if adequate, should an odontoid peg view be performed.

Additional views do not improve adequacy, hence inadequate initial views should prompt consideration of CT (after senior review and reassessment). Experience with injured children suggests some may have resolution of symptoms or be calmer, allowing more accurate senior assessment.