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## Written Testimony in favor of LD118:

### An Act to Address Maine's Shortage of Behavioral Health Services for Minors

#### Submitted by Maine Chapter of the American Academy of Pediatrics:

#### Dr. Deborah Hagler of Harpswell and Dr. Jennifer Jewell of Portland

We can all agree that the best way to inform healthcare system changes is to collect and analyze data. Then, we can develop and implement the correct healthcare solutions, and we are able to assess the future impact and results of these solutions. In addition, we can all agree that extended stays in Emergency Departments – days and weeks – for youth with behavioral health crises is inappropriate, delaying needed care and negatively impacting youth and their families and caregivers. LD118 addresses the gap in data for youth in behavioral health crisis who are waiting in Emergency Departments for needed psychiatric care.

Youth and their families or caregivers seek crisis behavioral healthcare in Emergency Departments at the height of their distress. They need comfort, care, and a plan for problems that often have been percolating and plaguing them for years. The role of Emergency Departments is to assess them – medically - making sure no urgent medical care is required and then, to alert behavioral healthcare experts of the need for urgent behavioral healthcare evaluation and potential psychiatric hospitalization.

Ideally, youth in need of intensive behavioral care then are transferred to the appropriate psychiatric provider, including admission at a psychiatric facility when warranted. Over the last several years, increasing numbers of patients are spending days, even weeks, in the Emergency Department awaiting placement in psychiatric hospitals. Our Emergency Departments are designing behavioral health wings to accommodate these longer holds, so that families have easier access to amenities, such as kitchenettes, and these Emergency Department remodels are happening more and more. This is not a solution for youth with intensive behavioral healthcare needs, their families and caregivers, or Emergency Departments.

Rates of depression and other behavioral concerns in adolescents have doubled over the last decade<sup>1</sup>. As these numbers increase, we are seeing these youth in our offices and Emergency Departments. However, we are not systematically collecting and tracking statewide data - how many and how long youth who require urgent psychiatric hospitalization are waiting for appropriate and available services. Without this information, we cannot understand completely how often our young patients in Maine are waiting in Emergency Departments for urgent psychiatric care, and we are unable to plan appropriately for addressing the full breadth of behavioral health care needs of youth in our state.

1. Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Bindu, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005–2017. *Journal of Abnormal Psychology, 128*(3), 185–199.