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Title: Trends in Psychiatric Emergency Department Visits among Medicaid-insured Youth

Objective:

Over the past two decades, the expanded use of psychotropic medications particularly among Medicaid-insured youth has been profound. However, patterns of emergency department (ED) use among these youth due to psychiatric reasons are largely unknown. We assessed the recent trends of psychiatric and non-psychiatric ED use among Medicaid-insured youth.

Methods:

Repeated cross-sectional design was applied to administrative claims data for Medicaid-insured youth aged 2 – 17 years in a mid-Atlantic state for calendar years 2007 through 2012. Trends in annual prevalence of psychiatric and non-psychiatric ED visits were examined across 6 years by Medicaid-eligibility category [income-eligible youth, youth with disabilities (Supplemental Security Income), and foster care youth] as well as by age, gender, and race/ethnicity. In addition, we identified the leading psychiatric and non-psychiatric diagnostic groups most commonly reported in youth ED visits.

Results:

The study population was largely African American, and eligible due to low-family income. From 2007 to 2012, there was a >10.0% increase in the annual rate of psychiatric-ED visits (1.2% to 1.4%), most notably for foster care youth (32.0% increase from 4.7% to 6.2%). However, across 6 years, non-psychiatric related ED visits remained relatively stable (29.1% to 30.6%) in total as well as by Medicaid-eligibility group. Depressive disorders (34.2%), and injury/poisoning (24.0%) were, respectively, the leading diagnoses reported in psychiatric and non-psychiatric related ED visits.

Implications:

Increasing rates of psychiatric-related ED use, particularly among foster care youth, indicate a growing financial burden on state Medicaid programs and may reflect gaps in the continuity of *evidence-based* care.

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