

Trends in Psychiatric Emergency Service Use by Asian American Youth Before and During COVID-19 Pandemic

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BACKGROUND:

The COVID-19 pandemic era brought in new challenges for youth in the United States, leading to a mental health crisis, as declared by the United States surgeon general two years ago (Abrams, 2023). Little work explores the way this crisis has unfolded for Asian American Pacific Islander (AAPI) youth. Coronavirus-related discrimination and studies finding Asian Americans are likely to underutilize psychiatric services (Yang et al., 2019) point to the urgency in understanding how young Asian Americans use psychiatric care.

OBJECTIVE:

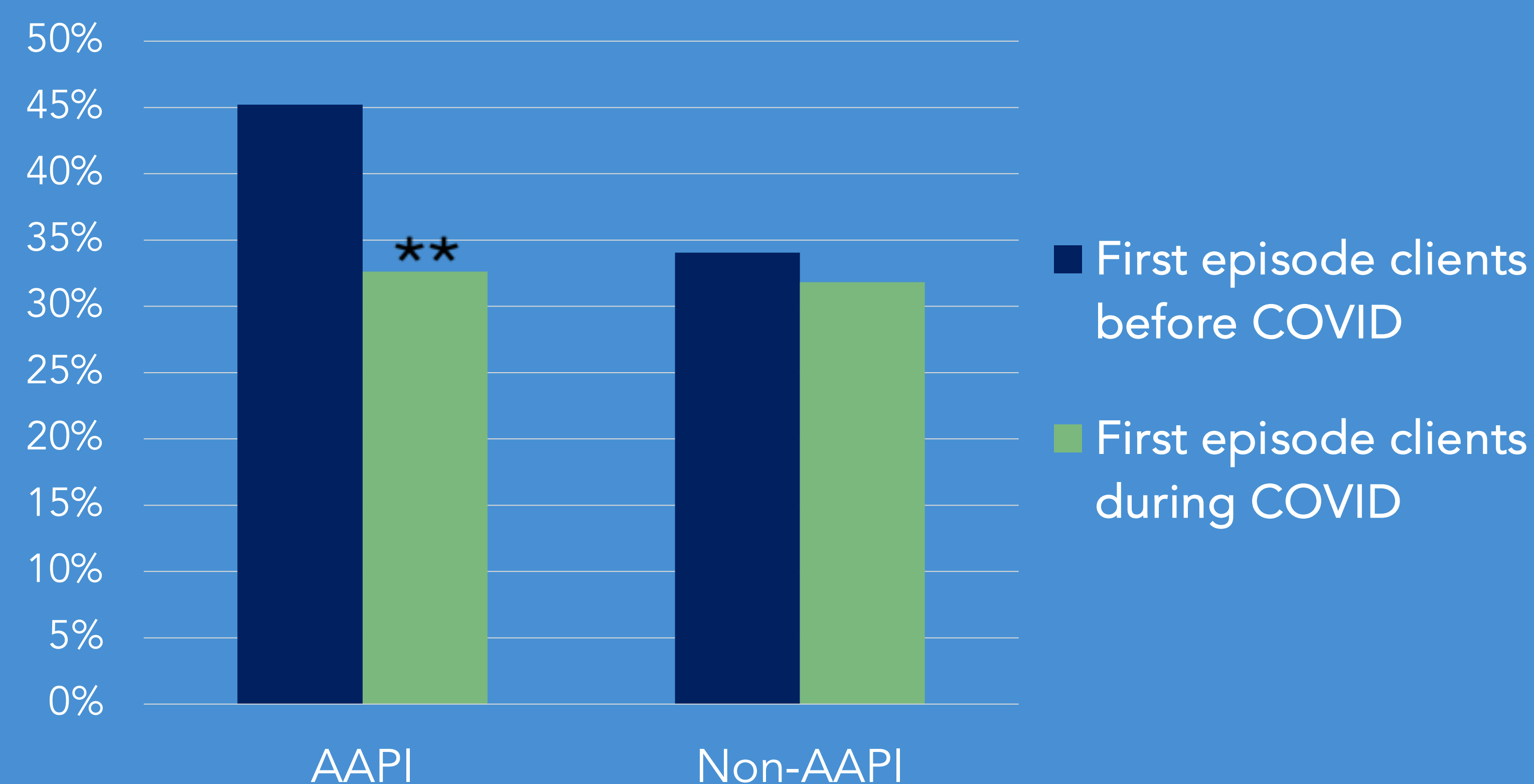
We explored changes in the utilization of Psychiatric Emergency Services (PES) by Asian American youth before and during COVID as compared with non-AAPI youth.

METHODS:

Data Source: Electronic health records from a total of 19,717 episodes of clients ages 12-21 who visited a multi-channel PES program in the Northeastern US during the study period from September 2017 to August 2021.

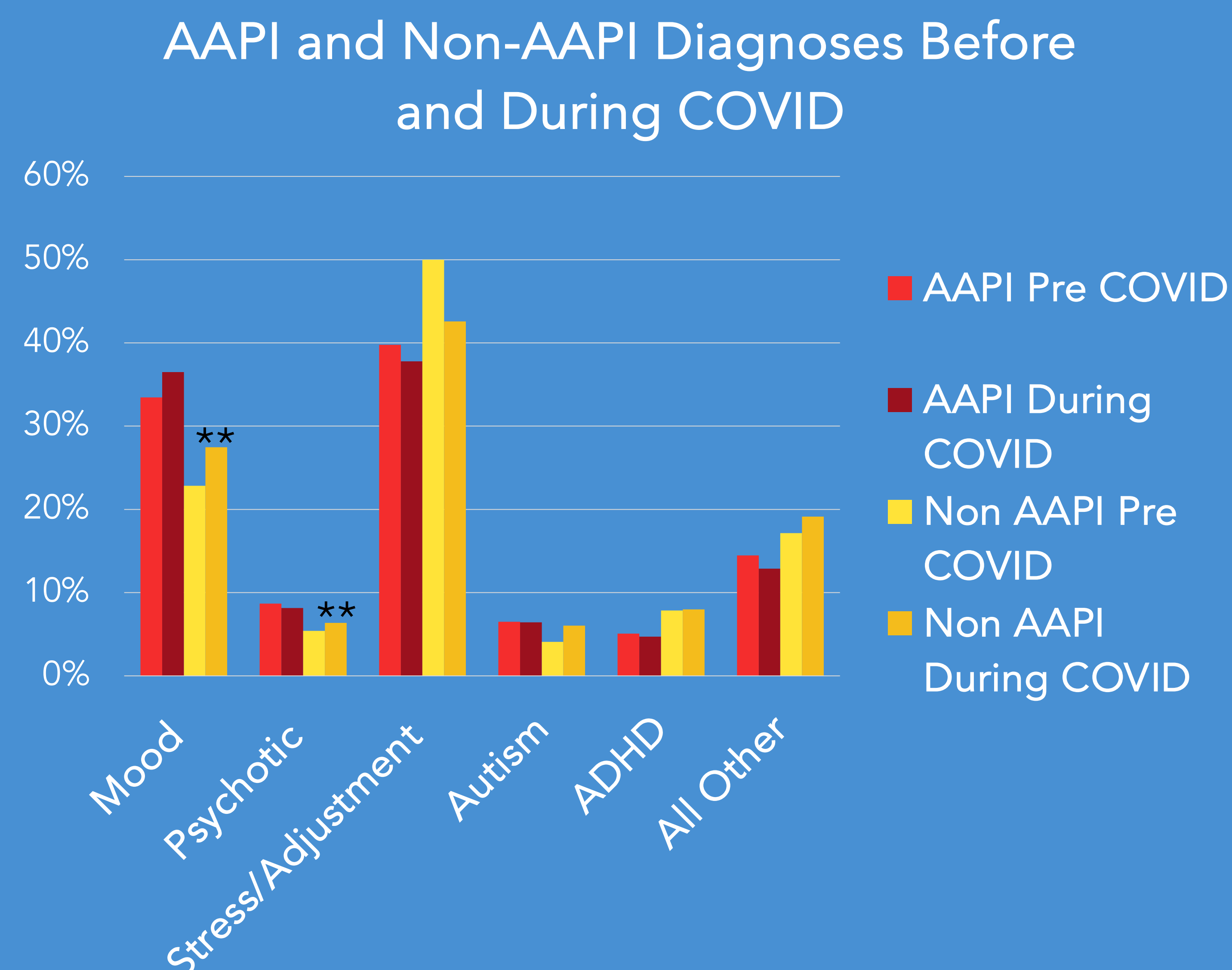
Analysis: We estimated changes in rates of psychiatric diagnosis and episode disposition between pre-COVID and during COVID periods.

Changes in Rates of First Episode Clients between AAPI and Non-AAPI Youth

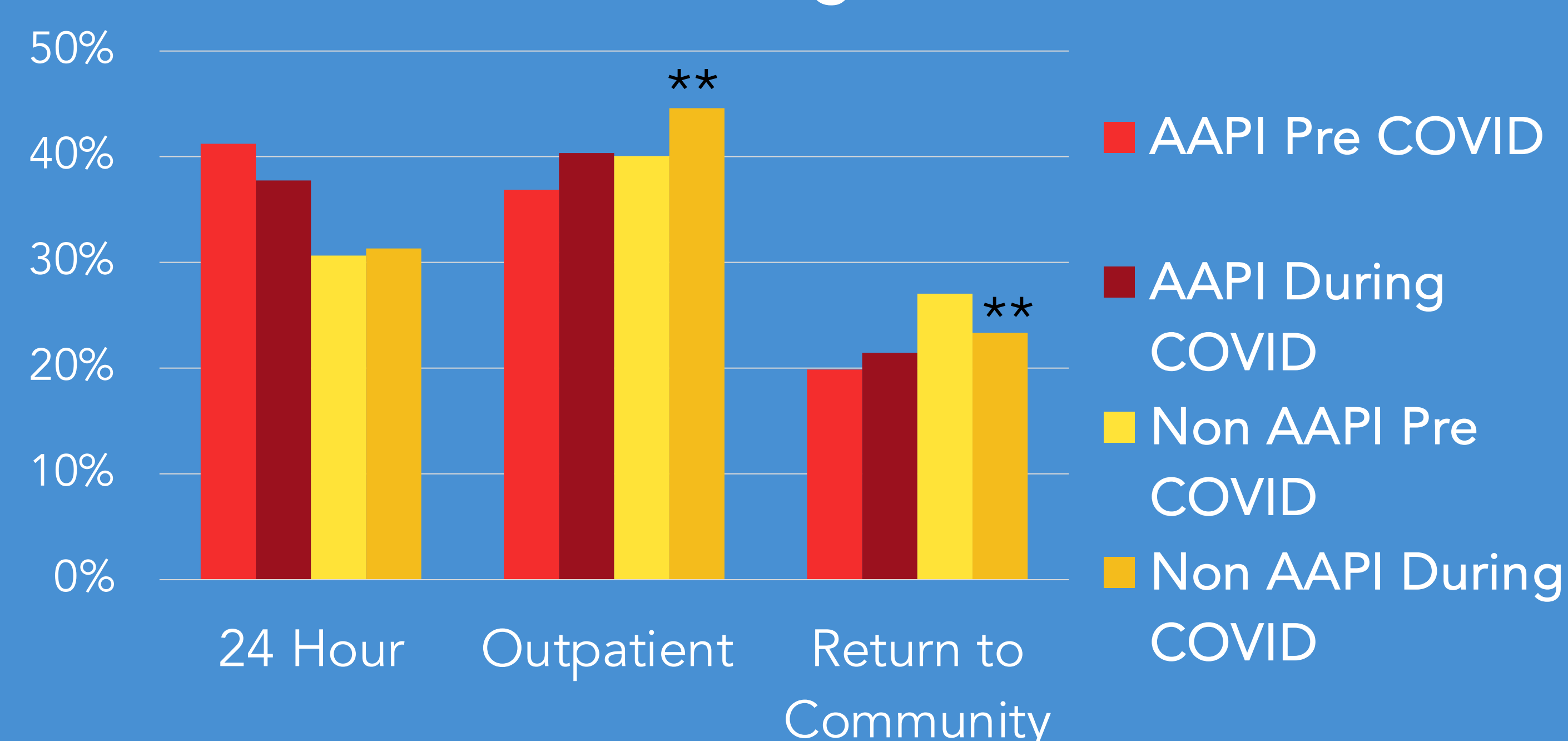


AAPI first episode visits decreased during COVID more drastically than non-AAPI

Differences in diagnosis for non-AAPI are significant among mood and psychotic disorders, but not among AAPI youth.



AAPI and Non-AAPI Dispositions Before and During COVID



Differences in dispositions for non-AAPI are significant among outpatient discharge and return to the community, but not among AAPI youth.

RESULTS:

Disposition Odds Ratios of Non AAPI Youth		
Diagnosis and Disposition	OR	95th CI
Inpatient discharge	0.88**	[0.81, 0.96]
Outpatient discharge	1.33***	[1.23, 1.43]
Return community discharge	0.84***	[0.76, 0.91]
First episode visit	0.93	[0.85, 1.01]

Disposition Odds Ratios of AAPI Youth		
Inpatient discharge	0.72	[0.48, 1.09]
Outpatient discharge	1.22	[0.85, 1.75]
Return community discharge	1.06	[0.65, 1.71]
First episode visit	0.58**	[0.41, 0.83]

DISCUSSION:

First time visits dropped for AAPI, but not for non-AAPI. The AAPI population who had not previously accessed PES may have:

- Not known how to access PES
 - Feared infection when accessing PES
- All youth faced increased mental health difficulties during the pandemic. However, AAPI face additional challenges that could have further exacerbated outcomes. Challenges include:
- Cultural stigma with the onset of pandemic-related discrimination (Zhou et al., 2021)
 - Disproportionate reliance on school referrals prior to the pandemic
 - Preference for non-professional help
 - Reluctance to stay in treatment that results in underutilization of mental health care services (Yang et al., 2019).

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