OT in Pediatric Emergency Mental Health Care

Presentation By **Annie Golay, Maanvi Kisun, and Praveen Injeti**

Table of Content

Pediatric Psychiatric Care

- From 2007-2016, self-harm **increased 329%** & mental health disorders rose 60% (Lo et al., 2020)

- Hospital length of stay (LOS) for pediatric psychiatric vs non-psychiatric ED visits (Nash et al., 2021):

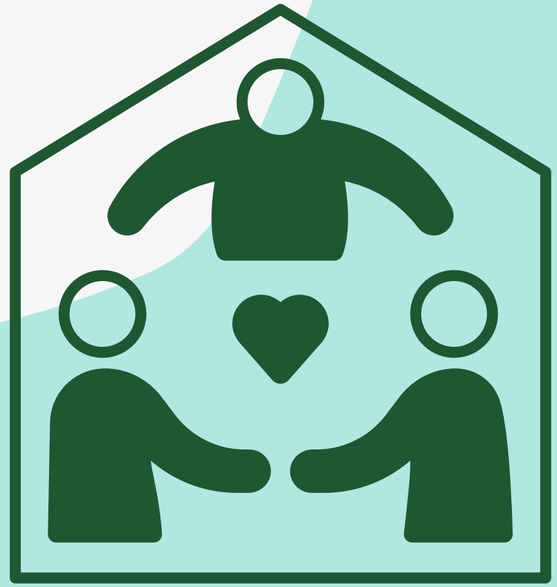
Psychiatric (%)	Non-Psychiatric (%)	LOS
21.2%	4.8%	> 6 hours
7.7%	1.2%	>12 hours
1.9%	0.3%	> 24 hours

- Therapeutic psychosocial treatment in the ED varies but can significantly benefit psychiatric patients (Quinlivan et al., 2021; Xanthopoulou et al., 2020)

Pediatric Psychiatric Care Cont'd

- Current Inpatient Treatments Utilized:
  - **Dialectical Behavior Therapy** (DBT) (Saito et al., 2020)
  - **Cognitive Behavior Therapy** (CBT) (Bailliard et al., 2021; Jones, 2024)
  - **Structured occupational reflection**

- *BUT, inpatient psychiatric care alongside community care service treatment is MOST effective (Ougrin et al., 2021)



Understanding EmPATH Units

- **Emergency Psychiatric Assessment, Treatment, and Healing** (EmPATH) **Unit**
  - Assess & treat acute mental health patients and decrease hospital LOS (Kim et al., 2022; Zeller, 2017)

- Example of EmPATH Unit from M Health Fairview Southdale Hospital in Minnesota (Fairview Health Services, 2022)
  - Features:
    - **Physical**
      - Open layout
      - Comfortable recliners
      - Self-serve refreshment stations (not pictured)
      - Sensory rooms (not pictured)
    - **Services**
      - Nursing assessment
      - Full evaluation by mental health & psychiatry
      - Work on coping techniques, adjusting medication, skills-based interventions, and plan creation

Understanding EmPATH Units Cont'd

- Across the United States, EmPATH units are increasing in prevalence (Zeller, 2025):
  - Currently, nearly 50 in the US
  - More than 100 EmPATH units projected nationally by 2027

- LLUCH Pediatric EmPATH Unit
  - Estimated opening in 2026

- Purpose
  - Identify factors excluding OT treatment of patients with psychiatric admissions
  - Establish a role for OT in pediatric EmPATH units

The Role of Occupational Therapy in Pediatric EmPATH Units

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Introduction

Pediatric mental health-related admissions increased across all racial and ethnic groups[1,2]. From 2007 to 2016, deliberate self-harm increased by 329% and all mental health disorders rose 60% among emergency departments (ED) of all pediatric volumes[2]. Alongside rising psychiatric admissions comes increases in prolonged length of stay (LOS) at hospitals[3]. The LOS for pediatric mental health visits is considerably higher compared with non-mental health ED visits at 21.2% vs 4.8% for > 6 hours, 7.7% vs 1.2% for >12 hours, and 1.9% vs 0.3% for >24 hours, respectively[3]. Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units are designed to be the destination for all acute mental health patients in the ED by offering prompt assessment and treatment within a healing and supportive environment[4]. They even decrease inpatient admissions for suicidal attempt or ideation and LOS[5]. However, the role of OT in this setting is understudied.

Purpose: To identify the factors influencing the exclusion of occupational therapy (OT) in treating patients admitted for psychiatric conditions in the pediatric ED and the role of occupational therapists in this setting.

Methods

Study Design

A mixed methods research design utilized retrospective pediatric patient chart review and clinician interviews to understand the barriers to obtaining OT in the pediatric ED and the role OT can play in this setting.

Participants

- 9 healthcare clinicians ages 18-65 years old working at the LLUCH Children's Emergency Room were interviewed.
- 200 hundred patient charts from January 1, 2024 to December 31, 2024.

Instruments

4-item semi-structured interviews created by the researcher to understand the intake process, current treatment offered, patient needs, and clinician knowledge of OT services.

Data Analysis

EMR data was collected from EPIC and analyzed using SPSS for Mac version 29.0 (SPSS Inc, Chicago, IL, USA). Interviews were conducted, transcribed, and coded in Dedoose to identify common themes.

Results

Table 1 Demographics of Pediatric ED Patients Admitted in 2024

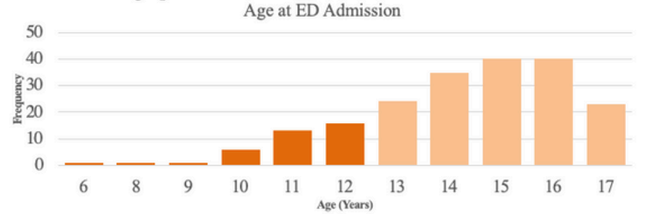


Table 2 Common Themes among Pediatric ED Healthcare Clinicians

Main Themes	Subthemes	Quotes
OT Barriers	• Unclear role • No OT ED referrals • Variable LOS • Limited staff • Budget	"How are you supposed to consult OT if you don't know what you're consulting them for?" – *Chris, psychiatry resident*
Population Challenges	• Unstable home environments • Learning challenges (ADHD & ASD) • Bullying • Negative coping strategies • Impact of social media	"A lot of our kids that come in that are psychiatric patients come from group homes…They don't really have anybody." – *Jim, ED physician*
OT Role	• Establish positive coping skills • Promote self-regulation • Routine management	"You guys [OT] are really good at being able to kind of assess where the needs are and to be able to target that." – *Ariel, clinical therapist*

Discussion

Pediatric ED treatment for psychiatric patients should focus on ages 13-17 years old. Admission increases may be correlated with the time of year—prior to summer vacation in May, the beginning of the school year in September, and coming back from spring break in March were the highest admission times. The population challenges discussed by clinicians indicated unstable home environments as significant stressors for many patients. Patients with limited support often feel lost with conditions like attention-deficit hyperactive disorder (ADHD) and autism spectrum disorder (ASD) further complicating their ability to fulfill their roles as students at school. The lack of positive coping strategies utilized by patients indicates a gap in patient care that OT is prepared to fill.

The largest barrier to OT treatment was an unclear understanding of the role of OT. Before OT treatment can be administered to this patient population, there must first be a clear understanding of OT and its benefits among ED healthcare clinicians to facilitate consults for these services. The ED clinicians who previously worked with OT or were exposed to their services in the mental health setting were much more likely to recognize and support OT treatment in the ED.

Impact

Before OT can be incorporated into EmPATH units, its role in this setting must be clearly defined. By developing relationships with ED clinicians and demonstrating the benefits of treatment, OT can begin establishing itself in the ED. However, this will require consistent effort, trust-building, and time to achieve. This research highlights the need to advocate for mental health-focused OT in pediatric EmPATH units. It also opens future opportunities for increasing psychosocial services among patients admitted for psychiatric challenges to improve access to whole-person healthcare.

References

Available upon request.

OT in Pediatric ED Mental Health Care

Study Design

Mixed methods research combining retrospective pediatric patient chart data and clinician interviews.

- Prior to study implementation, conducted fieldwork observations in the pediatric ED

Participants

- 200 pediatric patient charts from January 1, 2024 to December 31, 2024
- 9 pediatric ED healthcare clinicians ages 18-65 years old at LLUCH

Instruments

- 14-item semi-structured interview

Data Analysis

- EMR data from EPIC was analyzed using SPSS for Mac version 29.0 (SPSS Inc, Chicago, IL, USA)
- Interviews were coded in Dedoose to identify common themes

EMR Data Results

Table 1A: SI Admissions in the Pediatric ED

Variables	Frequency (%)
LOS (In hours)	13.10±6.587
Admission Month	
January	19(9.5)
February	18(9.0)
March	16(8.0)
April	24(12.0)
May	25(12.5)
June	11(5.5)
July	16(8.0)
August	11(5.5)
September	25(12.5)
October	19(9.5)
November	11(5.5)
December	5(2.5)
Sex	
Male	177(88.5)
Female	23(11.5)

Table 1B: SI Admissions in the Pediatric ED

Variables	Frequency (%)
Age at ED Admission (In years)	
6	1(0.5)
8	1(0.5)
9	1(0.5)
10	6(3.0)
11	13(6.5)
12	16(8.0)
13	24(12.0)
14	35(17.5)
15	40(20.0)
16	40(20.0)
17	23(11.5)
Readmission	
No	177(88.5)
Yes	23(11.5)

Interview Data Results

Table 2A: Pediatric ED Clinician Demographics

Variables	Frequency (%)
Age	
25-34 years old	3 (33.33)
35-44 years old	3 (33.33)
Over 55 years old	3 (33.34)
Gender Identity	
Female	7 (78)
Male	2 (22)
Ethnicity	
Hispanic/Latino/Spanish	5 (56)
White	3 (33)
Asian	0 (0)
Multiple Races	1 (11)

Table 2B: Pediatric ED Clinician Demographics

Variables	Frequency (%)
Education	
High School Degree	1 (11)
Bachelor's Degree	3 (33)
Master's Degree	2 (22)
Doctorate Degree	2 (22)
Other	1 (11)
Job Position	
Patient Care Assistant (PCA)	2 (22)
Nurse	3 (33)
Clinical Therapist	2 (22)
Physician	2 (22)
Time Working in LLUCH ED	
Male	177(88.5)
Female	23(11.5)

Interview Data Results Cont'd

Table 3: Pediatric ED Clinician Interviews Themes

Main Themes	Subthemes	Quotes*
OT Barriers	• Unclear role • No OT ED referrals • Variable LOS • Limited staff • Budget	"How are you supposed to consult OT if you don't know what you're consulting them for?" – Chris, psychiatry resident
Population Challenges	• Unstable home environments • Learning challenges (ADHD & ASD) • Bullying • Negative coping strategies • Impact of social media	"A lot of our kids that come in that are psychiatric patients come from group homes...They don't really have anybody. ..They feel kind of lost." – Jim, ED physician
OT Role	• Establish positive coping skills • Promote self-regulation • Routine management	"You guys [OT] are really good at being able to kind of assess where the needs are and to be able to target that." – Ariel, clinical therapist

Implications for Treatment & OT

- **Focus psychiatric treatment**:
  - Patients ages: 13-17-year-old psychiatric patients
  - Increase staffing around high-risk months
    - **April, May, and September**

- **Role of OT**
  - Teaching positive coping strategies
  - Developing self-regulation skills
  - Caregiver education on learning resources (i.e. 504 and IEPs)

- **Addressing OT Barriers**
  - Educate other clinicians on the role of OT in mental health
  - Establish and demonstrate the role of OT among other healthcare clinicians

Implications for Treatment & OT Cont'd

- Advocacy is needed for mental health OT in the pediatric ED setting
- Build relationships with ED clinicians and show the benefits of treatment
  - **Consistency, trust-building, and time**
- Increase psychosocial services among pediatric psychiatric patients

(Ben-Ari, 2022)

Questions?

Pediatric Psycho-Social Occupational Therapy Emergency Department Evaluation Form

Maanvi Kisun[1], Praveen Injeti[2], Heather Javaherian-Dysinger[3], Shane Gemoto[3]
[1]Capstone Student, [2]Capstone Content Expert, [3]Faculty Advisors

DEPARTMENT OF OCCUPATIONAL THERAPY, LOMA LINDA UNIVERSITY

Introduction

Among the 140 million annual emergency room visits, an estimated 12-15% are behavioral health based (CDC, 2024). Therefore, the need for psychiatric services have become greater than ever. Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units were designed to provide immediate psychiatric care and support to individuals seeking care for their mental health emergencies. Occupational therapy services play a crucial role in supporting mental health amongst adolescents suffering from suicidal ideations (Kirby et al., 2020). Occupational therapy enhances the lives of individuals of all ages and abilities by providing them the opportunity to participate in tasks, activities, and occupations that are the most meaningful to them (Beck et al., 2021). Being deprived of these occupations due to illnesses, life circumstances, and environmental barriers often contributes to suicidal ideations (Hewit et al.,2019). Alongside the implementation of an occupational therapy team, program and policy development is crucial for this diagnosis. Therefore, this capstone project was created to design an evaluation form that can be utilized by occupational therapy practitioners (OTPs) to record their patient's prognosis upon evaluation.

Methods

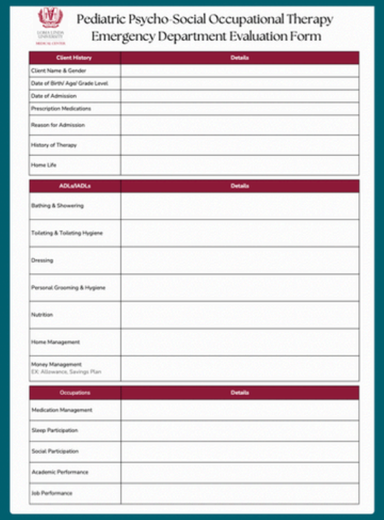
Capstone purpose
This capstone project was created to develop an evaluation form for OTPs to utilize amongst youth patients, suffering from suicidal ideations, in the emergency department at Loma Linda Childrens Hospital.

Participants
A total of 6 OTPs completed the evaluation form and participated in the post survey questionnaire.

Conceptual Framework
The driving conceptual model for this capstone project is the Model of Human Occupation (MOHO). Using MOHO, the evaluation form seeks to determine these clients volition, habituation, and performance capacity to interpret how their diagnosis has affected their ability to perform in their desired occupations.

Data collection & analysis
Data was collected through observation of the OTPs utilizing the evaluation form and through a post survey questionnaire. Each feedback was systemically reviewed and used to guide program development.

Product



Pediatric Psycho-Social Occupational Therapy Emergency Department Evaluation Form

Client History	Details
Client Name & Gender	
Date of Birth/ Age/ Grade Level	
Date of Admission	
Prescription Medications	
Reason for Admission	
History of Therapy	
Home Life	

ADLs/IADLs	Details
Bathing & Showering	
Toileting & Toileting Hygiene	
Dressing	
Personal Grooming & Hygiene	
Nutrition	
Home Management	
Money Management EX: Allowance, Savings Plan	

Occupations	Details
Medication Management	
Sleep Participation	
Social Participation	
Academic Performance	
Job Performance	

Client's Self Report	Item	Details
Emotional Well-Being	Client Identified Emotions	
Barriers	Client Identified Barriers	
Client Identified Support Systems	EX: Family, Friends, Pets	
Current Coping Skills	EX: Self-harm, Substance Abuse, Isolation, Aggression, etc.	
Hobbies & Interests	Leisure Activities	

Objective Observations	Details
Behavior in Session	
Client's Affect	
General Appearance	
Cognition	

Evaluation Summary	Details
General Recommendations	
Therapy Interventions Used	
Plan/Referral	

Discussion

The findings from this study support the effectiveness of the newly developed occupational therapy based evaluation form in Loma Linda Hospital's Children's Emergency Department.This form showcased reliability, as many occupational therapy practitioners can utilize it for all mental health diagnosis' and pediatric patient populations. Practitioners also reported the form was user-friendly and straightforward making it easier to implement during patient evaluations. Positive feedback from occupational therapists indicates strong clinical utility, which is essential for permanent application of this form within this setting. Considering the sample size of the interviewees are relatively small and from a limited number of clinical sites, there is potential for limited generalizability and for bias. Overall, the results suggest that the pediatric psycho-social occupational therapy evaluation form is a reliable and relevant tool that can support comprehensive evaluations within the Children's Emergency Department. It holds promise for allowing occupational therapy practitioners to enhance the quality of evaluations that will be provided to the psych patients.

Conclusion

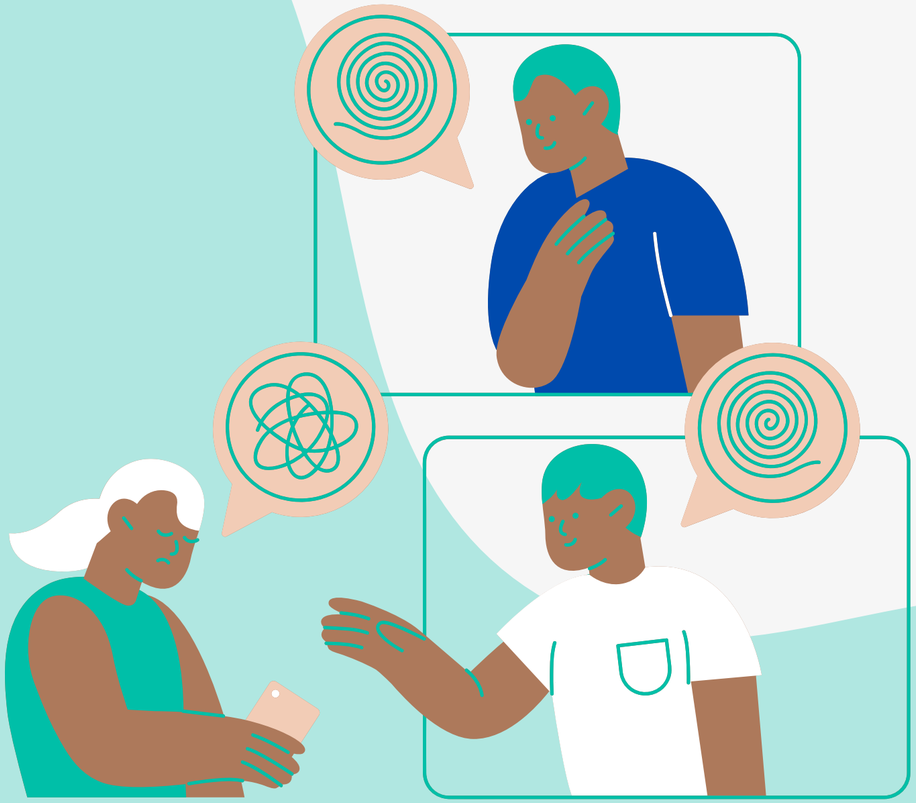
Although the EmPATH unit remains in the planning stages, this capstone cannot currently be classified as a direct contribution to its development. Instead, it offers a valuable clinical tool intended for use by occupational therapy practitioners in the evaluation of pediatric patients with psychosocial needs in the Emergency Department setting. The evaluation form developed through this project has demonstrated usability and relevance, with the potential for integration into interdisciplinary care. Ultimately, this project represents an important first step in the broader effort to advocate for and expand the presence of occupational therapy within pediatric mental health care.

References available upon request

Needs Assessment

- Suicide has been found to be the second leading cause of death amongst individuals between the ages of 10-14 and 25-34; and the third leading cause amongst individuals between ages of 15-24 (Suicide, n.d.).
- Occupational therapy services play a crucial role in supporting mental health amongst adolescents suffering from suicidal ideations (Kirby et al., 2020).
- 75% of patients treated inside an EmPATH unit stabilize and are able to discharge home within 24 hours, reducing cost of impatient admission and emergency department boarding (Empath units, n.d.).

What was the process?



Annotated Bibliography

Created a collection of researched sources that explore various aspects of mental health, such as disorders, treatments, and societal impacts.

Interviews with OTPs

Interviewed 5 mental health occupational therapists.

Teacher's Assistant

Communicated chart review and report between an interdisciplinary team of physicians, nurses, social work, and clinical therapists while providing clinical and educational suport to students.

Interview Questions

1. How do you assess the mental health needs of the clients at your facility?
2. Are there any specific tools or assessments you use?
3. What specific populations (e.g., depression, anxiety, schizophrenia, PTSD) do you work with in this mental health setting?
4. What areas of functioning (e.g., cognitive skills, emotional regulation, social interactions) do you prioritize in your initial evaluation with a client?
5. Does your initial OT intake process have a section to measure cultural competence when working with clients from diverse backgrounds?
6. How do you collaborate with other healthcare providers (e.g., psychiatrists, psychologists, social workers) to ensure your evaluation is comprehensive?
7. How do you communicate your evaluation and care plan with family members, caregivers, and other healthcare disciplines?

Main Findings from the Interview

- 5 Mental Health Occupational Therapists were interviewed to gain insight on the evaluation process
- All 5 OTs stated there was not a direct form or outline to aide their evaluations
- 3/5 OTs stated they gain insight for their evaluations using the occupational profile and through observations
- All 5 OTs stated they prioritize emotional regulation in their initial evaluation.
- All 5 OTs stated they collaborate with other healthcare providers through weekly staff meetings
- 1/5 OTs stated they address spiritual wellness in their evaluation
- 1/5 OTs stated having training on cultural competence to address clients from diverse backgrounds

Methods

Capstone Purpose

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LOMA LINDA UNIVERSITY MEDICAL CENTER

Pediatric Psycho-Social Occupational Therapy Emergency Department Evaluation Form

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Behavior in Session	
Client's Affect	
General Appearance	
Cognition	

Evaluation Summary	Details
General Recommendations	
Therapy Interventions Used	
Plan/Referral	

Post Survey Questions

1. How clear and easy to understand was the evaluation plan?
   - Very clear
   - Somewhat clear
   - Neutral
   - Somewhat unclear
   - Very unclear
2. How would you rate the overall usability of the evaluation plan?
   - Excellent
   - Good
   - Fair
   - Poor
3. Did the evaluation plan help you achieve your objectives or desired outcomes?
   - Yes, fully
   - Yes, partially
   - No, not really
   - No, not at all
4. What areas of the evaluation plan could be improved to make it more effective?
5. Do you have any other feedback or suggestions for improving the evaluation plan?

Discussion

- The evaluation form showcased
  - Reliability
  - User-friendly
  - Straightforward
- High satisfaction amongst therapists
- Considering the sample size of the OTPs are relatively small and from a limited number of clinical sites, there is potential for limited generalizability and for bias.

What’s in store for the future of EmPATH?

- Although the EmPATH unit remains in the planning stages, this capstone offers a valuable clinical tool intended for use by occupational therapy practitioners in the evaluation of pediatric patients with psychosocial needs in the Emergency Department setting.
- Future Capstone Projects

Summary of Evaluation Form

The evaluation form developed through this project has demonstrated reliability, usability, and relevance, with the potential for integration into interdisciplinary care.

This project represents an important first step in the broader effort to advocate for and expand the presence of occupational therapy within pediatric mental health care.

Questions?

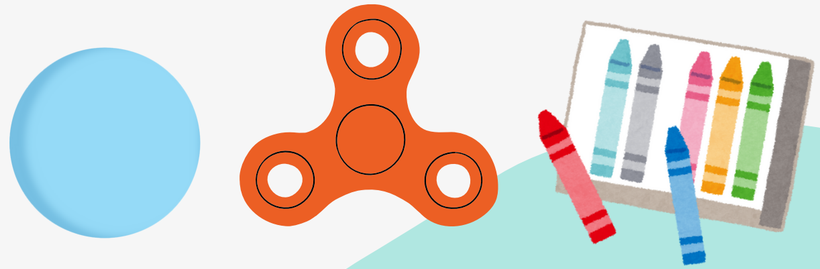
OT Interventions for EmPATH Units

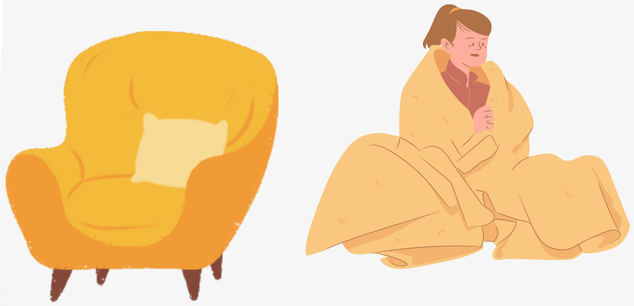
- EMPATH unit (Emergency Psychiatric Assessment, Treatment, and Healing) is a short-term, recovery-oriented space for patients experiencing psychiatric crises. When working with pediatric patients in this setting, occupational therapy (OT) should focus on regulation, safety, engagement, and beginning to build coping resources during their brief stay.

- Here are 6 practical OT suggestions:

1. Regulation & Sensory Modulation

Provide access to **sensory tools** (stress balls, fidgets, weighted lap pads, theraputty, coloring materials).





Create a “**calm corner**” with dim lighting, soft seating, or blankets to reduce overstimulation

Teach simple **grounding techniques** (5-4-3-2-1 senses check, deep breathing with visuals, blowing bubbles).

2. Emotional Expression & Coping

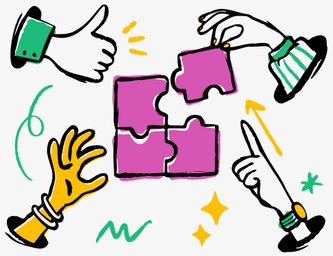
- Offer **structured journaling or drawing prompts** (e.g., “Draw your safe place” or “What helps me feel calm”).

- Introduce **coping skills cards** that list healthy strategies (listening to music, doodling, stretching, asking for help).

- Use **feelings charts** to help identify and label emotions.

3. Skill-Building Activities

- Short social skills games (turn-taking, cooperative puzzles, storytelling cards).



- Role-play help-seeking and safe ways to communicate needs.

- Practice problem-solving tasks with age-appropriate activities (e.g., building with blocks, collaborative crafts).

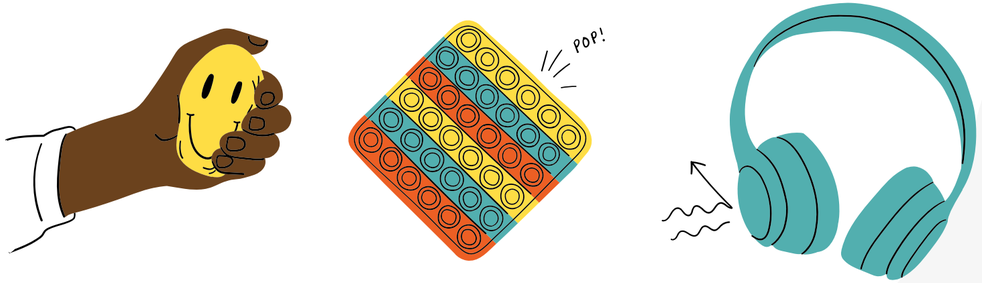
4. Routine & Structure

- Help establish a **predictable daily rhythm** even within the short stay (quiet activity, snack, stretch, journaling).

- Use **visual schedules or checklists** to give the child a sense of control and orientation.

5. Family/Caregiver Involvement

- Provide **psychoeducation** for caregivers on supporting regulation at home (sensory strategies, coping tools).



- Encourage **family participation** in calming activities when safe and appropriate.

6. Discharge Preparation

- Develop a **personal coping plan** with the child (favorite sensory tool, calming activity, safe person to talk to).

- Create a simple **“take-home kit”** (fidget, coping card, small coloring book, breathing exercise handout).

- Collaborate with the team to ensure **continuity of care** and referral to outpatient or school supports.

OT Role in Pediatric EmPATH Summary

Promote **self-regulation & coping** during crisis

Support **safe engagement in meaningful activities** to decrease agitation and distress.

Lay groundwork for **resilience and smoother transition** after discharge.

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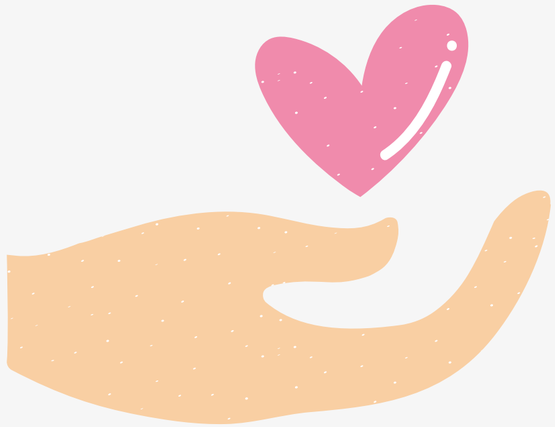
Thank You!

Questions?



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