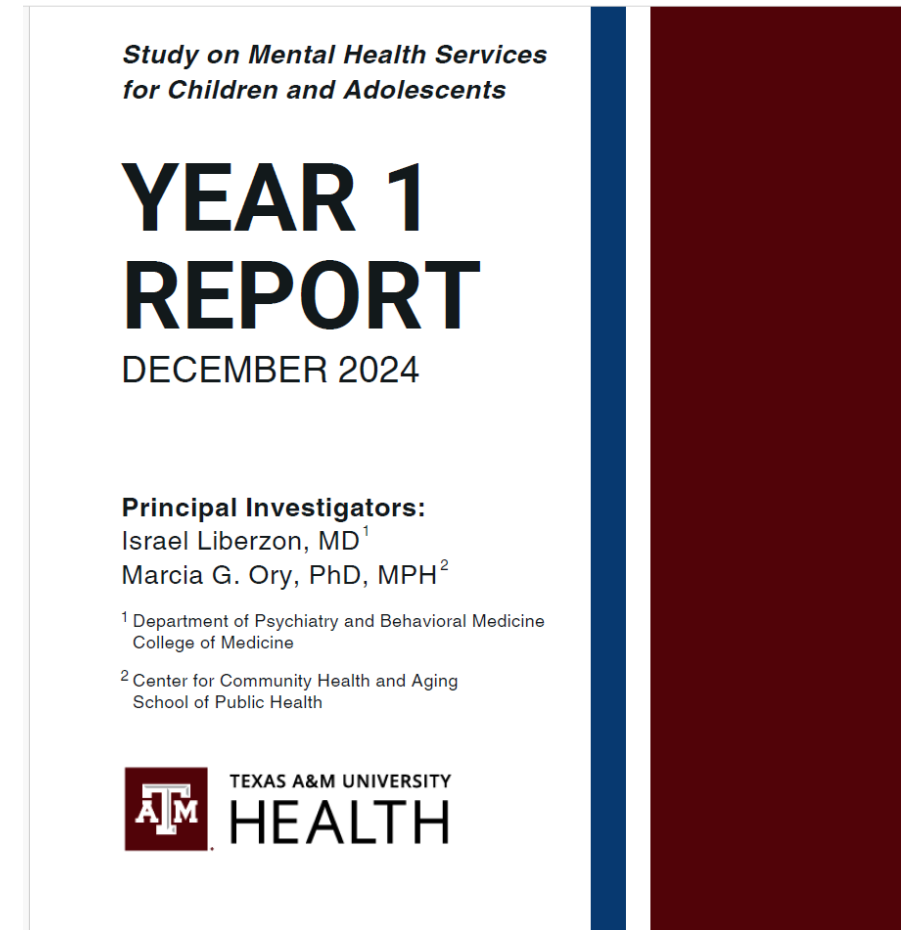


# Texas A&M Inpatient Psychiatric Mental Health Study

## Briefing by Israel Liberzon and Marcia Ory

- Why is this study so important?
- Why Texas A&M asked to address?
- How are we coordinating with other statewide efforts?



# Study Overview

## Goals:

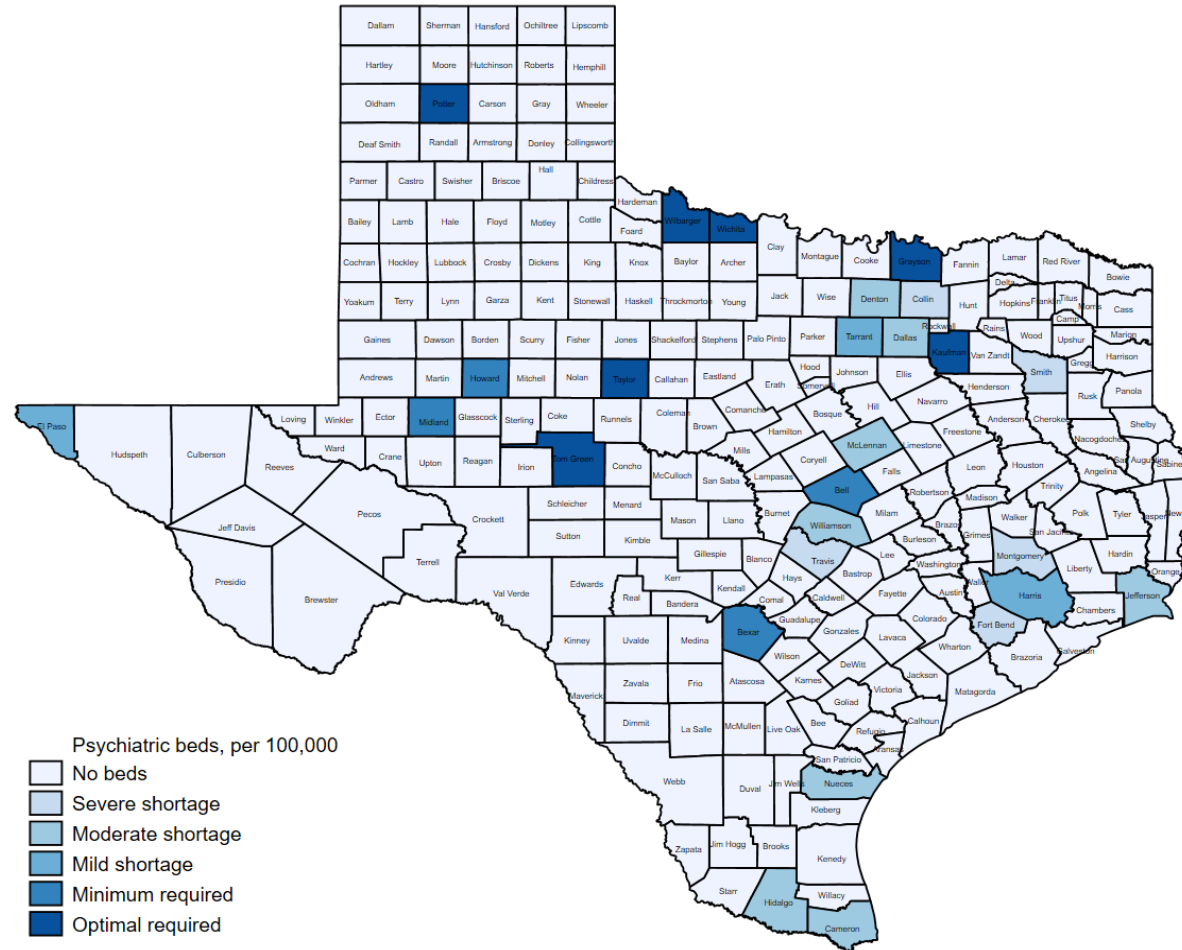
- Estimate the current use of and need for psychiatric inpatient child and adolescent care
- Understand the challenges and opportunities in providing such services to families in need
- Coordinate with other state-wide efforts placing inpatient care within continuum of care

## Data Approaches:

- Literature review
- Secondary analysis
- Key informant interviews



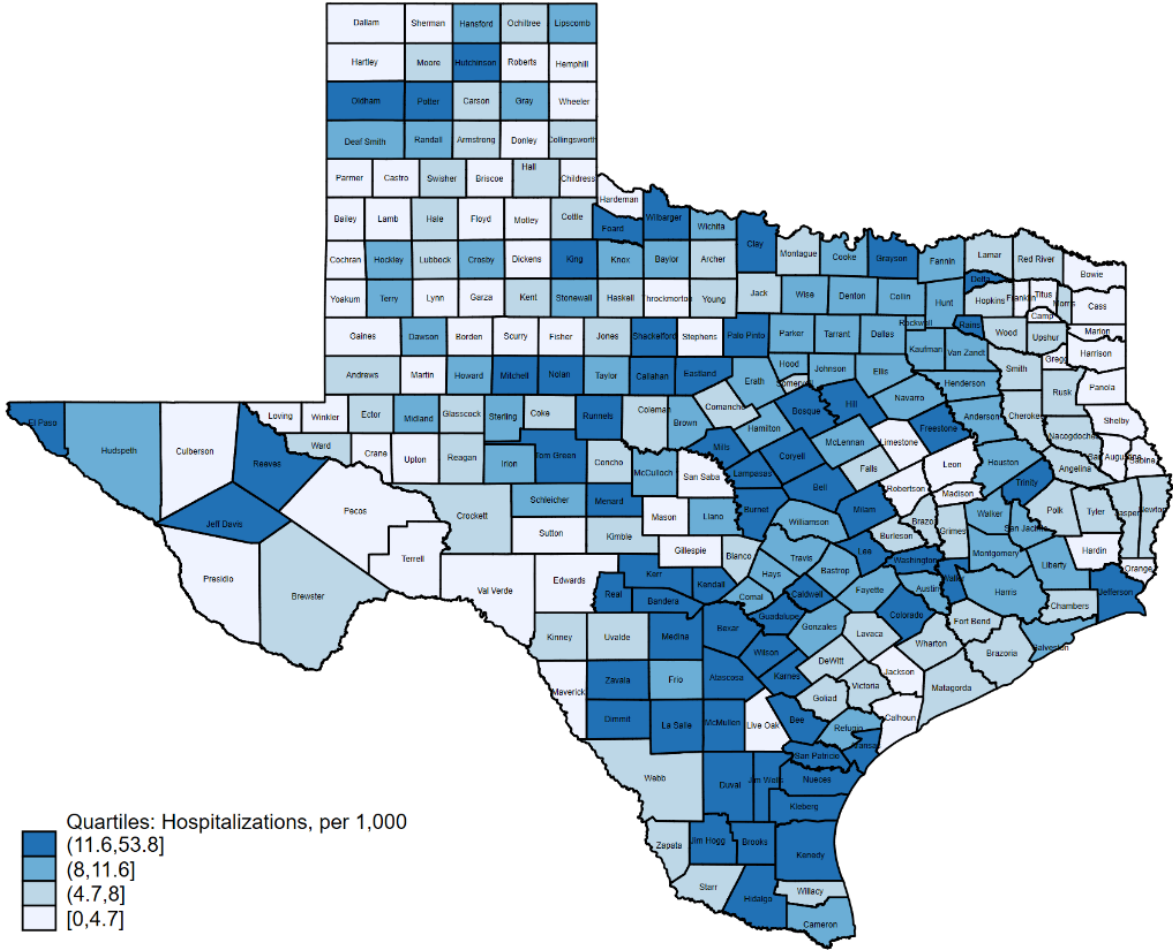
**In 2022, Texas was experiencing a moderate shortage of inpatient psychiatric beds with 22 beds per 100,000 total population (30 beds per 100,000 total population is considered the minimum standard bed count), but there was substantial variation across counties.**



Data from 2022 American Hospital Association (AHA) Annual Survey

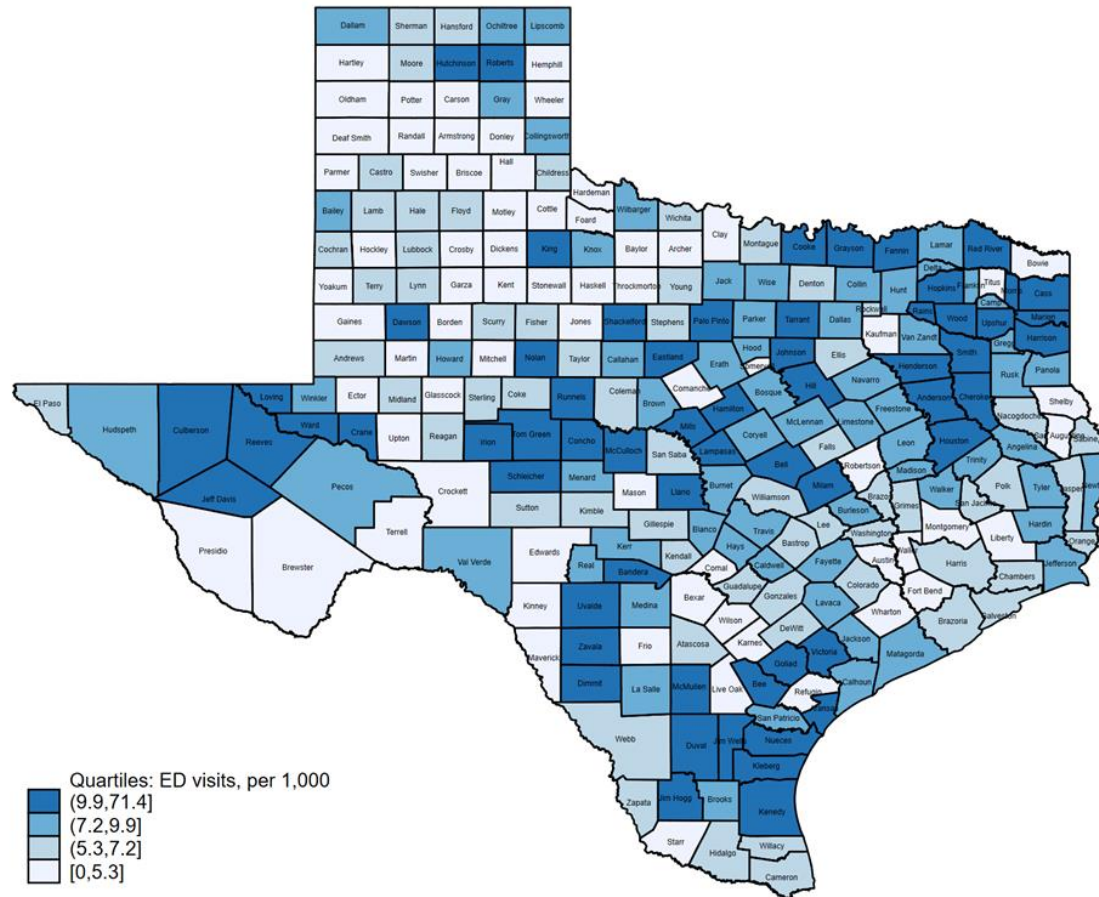
Psychiatric bed capacity need is based on Mundt et al. (2022).

Approximately half of all inpatient discharges of children and adolescents in Texas in 2022 involved psychiatric diagnoses. Depressive disorders and specified and unspecified mood disorders accounted for more than 80% of all psychiatric inpatient discharges in the pediatric population.



Inpatient Discharges per 1,000 Children and Adolescents

There were more than 40,000 ED visits by children and adolescents in 2022 for psychiatric conditions. Suicidal ideation/attempt/ intentional self-harm was the most common emergency department primary diagnosis (43.97%), followed by anxiety and fear-related disorders (14.42%), and depressive disorders (13.82%).



Emergency Department Discharges per 1,000 Children and Adolescents



# Selected Takeaways from TAMU study

- Require hospitals to annually report the number of licensed and staffed dedicated inpatient pediatric psychiatric beds.
- Develop an infrastructure that supports the adoption of best practices.
- Enhance the integration and coordination of services across the continuum of care.
- Strengthen workforce capacity to ensure high-quality care.
- Improve access to geographically convenient inpatient care.
- Continue improving reimbursement levels to create and maintain necessary staffing infrastructure.

At the current time, Texas lacks the capacity to deal optimally with inpatient psychiatric needs of children and adolescents

# Questions or Comments

Are any of these findings surprising?

What does TCMHCC see as greatest barriers to providing inpatient care?

What solutions can TCMHCC leadership recommend?

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