

## Psychosocial Risk Factors Associated with Emergency Department Visits and Hospital Admissions among Child and Adolescent Patients

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The purpose of this study was to determine which factors are associated with psychiatric emergency department (ED) visits and admissions in pediatric patients. 600 charts of pediatric patients, seen in the psychiatric ED from January through December 2014, were reviewed. Sociodemographics, diagnoses, ED visits, and inpatient admissions were collected. Descriptive statistics, chi-square tests and independent t-test analyses were utilized in analyses. Patients from two biological parent households had significantly fewer ED visits (1.2 vs. 1.7,  $p < 0.01$ ) and admissions (0.09 vs. 0.26,  $p < 0.01$ ). Patients who reported sexual, physical or emotional abuse had a significantly greater number of ED visits (2.1 vs. 1.5,  $p < 0.01$ ) and admissions (0.61 vs. 0.14,  $p < 0.01$ ), as did those that were sexually active, had legal issues, or substance abuse with marijuana (0.43 vs. 0.17,  $p < 0.01$ ), (0.54 vs. .18,  $p < 0.01$ ) and (0.46 vs. 0.18,  $p < 0.01$ ) respectively. Results show that dual parenting may create a safe and stable atmosphere for a child to develop healthy. Abuse is traumatic and can exacerbate existing psychiatric illness or initiate onset of new disease. While it is known that substance abuse and legal issues result in early induction to the criminal system, only marijuana correlated with higher incidence of psychiatric ED visits; other illicit substances, while reported, did not have similar correlation. This may speak to the psychotropic nature of tetrahydrocannabinols and their role in mental illness. This study demonstrates the psychosocial factors that lead to pediatric ED visits and admissions.

### Biography

Dr. Lalanthica Yogendran has completed her MD, MPH at the St. George's University SOM with a clinical research fellowship in psycho-oncology from Memorial Sloan-Kettering Cancer Center and is currently in her residency. Her recent publications include health disparities, psychiatry and oncology.

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