

of stay (LOS) (1 hour or less, 2-5 hours, 6 hours or more), and substance-related diagnosis. Variables are compared between each quarter using a generalized linear model.

Results: There were 938 visits total during this time (467 male, 467 females, 4 missing). 598 were Hispanic, 274 non-Hispanic White, 147 Native American, 45 Black, 8 Asian, 4 NH/PI, and 146 declined or unknown. The vast majority of visits were in adolescents 15-17yrs old. The most common diagnosis was cannabis-related disorder at 306 encounters, followed by alcohol n=303. The trajectory of visits from July 2019-March 2022 showed a decline from 98 visits in July-Sept 2019 to 51 visits in April-June 2020, followed by increase to 102 visits in Jan-Mar 2022. Comparisons of equivalent quarters for each year were as follows: Q1 (2020 n=71; 2021 n=71, 2022 n=102). Q2 (2020 n=51; 2021 n=81). Q3 (2019 n=98; 2020 n=75; 2021 n=107, 2019-2021). Q4 (2019 n=90; 2020 n=57; 2021 n=111). There were fewer female visits prior to onset of COVID-19 (n=40 in females vs n=58 in males in 2019 Q3) and decreased further early in the pandemic (N=29 vs 46 in males in 2020 Q3), but then rose more rapidly than males (n=59 female, n=48 male, 2021 Q3). The proportion of visits with LOS 5 hours in Q3 initially decreased from 27.8% of visits(n=25) in 2019 to 19.3% (n=11) in 2020, then increased significantly to 35.1% in 2021 (n=39). There was not a significant effect of other variables.

Conclusions: The COVID-19 pandemic resulted in a rapid decrease in ED substance-abuse pediatric presentations, which rebounded to levels greater than pre-COVID. Females increased more than males. Visits with longer LOS increased during later pandemic. Future work includes understanding how mental health comorbidities and other socioeconomic stressors may relate to these findings.

3 Patient-specific Characteristics that Influence a Psychiatrist, Perception of a Patient, Risk for Attempting Suicide in the Emergency Department

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Background: There is evidence that factors such as unstable housing, substance use, and past psychiatric history may elevate one, lifetime risk of suicidality. However, data is limited regarding how these factors relate to the perception of acute risk of suicidality. Thus, psychiatrists may consider the presence of known chronic risk factors when assessing a patient, acute suicide risk level. It is thus possible that chronic risk level may be conflated with acute risk level. At our institution, patients in the Emergency Department (ED) are considered to be at high risk for attempting suicide in the hospital if they score positively on a suicide screening tool or

if an ED physician assesses them as high-risk. Those who are considered high-risk are assigned a one-to-one safety assistant for constant visual observation. All patients assigned a safety assistant for suicidality are then formally evaluated by the psychiatric consultation team, who assess the patient, level of acute suicide risk and recommend whether to continue or discontinue the safety assistant. Notably, there is limited data on which patient-specific variables may influence a psychiatrist, clinical assessment of acute suicide risk in the ED.

Objective: We sought to measure how certain patient-specific variables influence a psychiatrist, assessment of acute suicide risk level. We therefore evaluated how each of these variables might affect a psychiatrist, decision to continue or discontinue an assigned safety assistant.

Method: This was a retrospective study examining 218 patient encounters for whom a one-to-one safety assistant was ordered for suicidality. We analyzed patients, 1) demographic data such as age, race, housing situation, and socioeconomic status; 2) ED workup including urine drug screen results and blood alcohol level; and 3) past psychiatric history such as prior psychiatric hospitalization(s), suicide attempt(s), and presence of outpatient mental health care. We used a multivariate logistical regression to analyze how each of these variables contributed to a psychiatrist, decision to continue or discontinue the assigned safety assistant.

Results: Female sex and positive blood alcohol levels resulted in increased likelihood that the psychiatric consultation team recommended discontinuing a safety assistant. The presence of at least one past suicide attempt resulted in increased likelihood that the psychiatric consult team recommended continuing a safety assistant.

Conclusion: The results suggest that past suicide attempt(s) were directly correlated with a psychiatrist, perception of acute suicide risk. The presence of ethanol, on the other hand, was inversely correlated with a psychiatrist, perception of acute suicide risk, contrasting existing data that supports ethanol use as a chronic risk factor for suicide. We propose several theories for this finding, including clinician distrust of an intoxicated patients, provided history and symptoms, confirmation bias favoring discharge over prolonging care via ED observation, and the disinhibitory effects of ethanol resulting in statements that may not reflect true intentions. However, further data is required to explain this discrepancy.

4 To Screen, or Not to Screen, that is Depression

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Introduction: Universal mental health screening has been shown to effectively identify people with previously