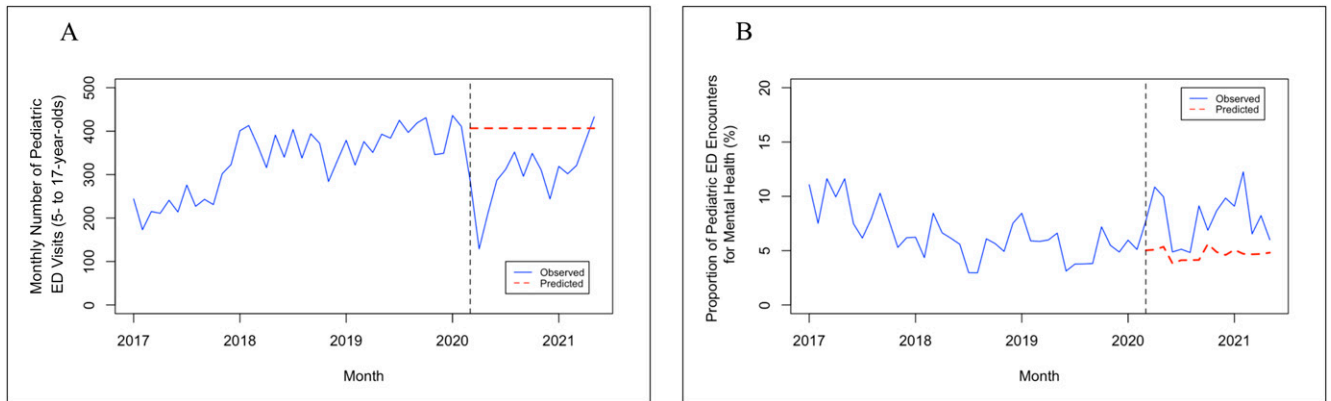


Supplemental Information



SUPPLEMENTAL FIGURE 2 (A) Observed versus predicted number of total pediatric ED visits among 5- to 17-year-olds and (B) proportion of pediatric ED visits with a primary mental health diagnosis, January 2017 to May 2021. Each ARIMA model included visits measured at the per month level as the time interval, measured from January 2017 – May 2021. Each ARIMA model included visits measured at the per month level as the time interval, measured from January 2017 – May 2021. Panel A: Model included a non-seasonal differencing component of lag 1 and a moving average with lag of 1 for the error terms (coefficient = -0.51 ; 95% CI: $-0.76, -0.26$). During March – June 2020 a pulse function indicates there were -119 (95% CI: $-185, -53.5$) fewer ED visits each month than expected and there was an insignificant increase of 4.51 ED visits per month (95% CI: $-11.6, 20.6$) from July 2020 – May 2021. Panel B: Model included a non-seasonal differencing component of lag 1, a moving average with lag of 1 for the error terms (coefficient = -0.65 ; 95% CI: $-0.94, -0.36$), and an autoregressive, 12-month seasonal component with a lag of 1 (coefficient = 0.48 ; 95% CI: $0.17, 0.78$). A step function starting in March 2020 indicates the average monthly proportion of ED visits for mental health are significantly greater than expected (4.69; 95% CI: $1.85, 7.53$); from March 2020 to May 2021 the slope is not significantly different than expected (-0.06 ; 95% CI: $-0.46, 0.34$).