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Emergency Room Mental Health Services: *can we do better?*

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PICOT Statement

<u>Population</u> – Mental health patients seeking interventions/treatments.

<u>Intervention</u> – Utilization of crisis treatment centers and onsite trained professionals as the standardized point of contact for mental health services.

<u>Comparison</u> – Using more outpatient psychiatric resources rather than emergency department resources that lack adequate staffing, environment, and is overall not effective for these patients' needs.

<u>Outcome</u> – Improved quality and safety of psychiatric and mental health patients who obtain services quicker by more qualified professionals.

Abstract

The purpose of the research provided is to determine if emergency departments are the best standard of care for patients seeking psychiatric and mental health crises. Currently, emergency rooms are the standard initial contact point for those seeking mental health treatment. However, there is a profound lack of quality patient care with psychiatric patients and a lack of resources health care providers can provide in these settings. In addition, emergency departments have reported feeling an increased burden with the dramatic increase in this population causing overcrowding and being unable to provide adequate accommodations for these patient's safety. Research has indicated that providing patients with alternative locations for these needs - such as crisis centers or hotlines - has provided better 1:1 patient services and allows for a quicker time frame from onset to stabilization. Although there is a need for more research, there seems to be a multi-benefit for the patient's health, safety, and emergency department resources.

Recommended Interventions

- Patients seeking isolated crisis centers rather than emergency departments. This could range extensively from outpatient services, telehealth, urgent behavioral centers, or true mental health crisis centers.

- If local resources are limited, hospitals should provide a dedicated nurse or physician specially trained in mental health that can dedicate the time, understanding, and interventions related to this patient's individualized care.

Research Question

Are emergency departments the best standard of care for psychiatric and mental health crisis?

Background Information

- Emergency rooms are the standardized initial point of contact for mental health services and suicidal treatment. However, there is a profound lack of mental health resources that often causes patients to be held in psychiatric boarding causing over-crowding and delayed stabilization by trained professionals.

- Emergency room environment: over-stimulating and pressured critical-care environment that does not provide adequate healing / calming environment required for those struggling with mental health needs.

Research

- One study implemented "BEST" triages when a psychiatric patient presents to the emergency room and recommends the best treatment alternative of where they should seek this care – whether this be a separate crisis center, hotline, or determining if they do need to seek emergency room treatment (Oblath et. al., 2023).

- A research study of surveys of those who presented or had family members present indicated that a drastic negative impact of adverse experiences which most often correlated to, "…lack of expertise and resources" (Roennfeldt et. Al., 2021). The study revealed that more often than not, resources and mental health screenings had to be done outside of the emergency room facility leaving these individuals waiting exponentially long times in the unpredictable circumstances of the emergency room – delaying their psychiatric treatment.

- patients who presented to the emergency department (ED) with mental health concerns and locally encouraged individuals to seek alternative / better-supported resources for these needs rather than acute emergency rooms – led to a 25% reduction in these cases in the ED, being provided more sufficient care elsewhere (Dove & Leveson, 2022).

- "People who present with psychiatric emergencies report being locked in small, bare rooms with no toilet...they may be forcibly stripped of their clothing...resisting efforts to disrobe may be cause for restraining and being treated impatiently and roughly, without regard for how this treatment might affect an already fragile, vulnerable person" (Stefan, 2006, p. 4). Although some of these instances described are unnecessary and without regard, lawfully, the biggest priority when a psychiatric patient enters the emergency room is to keep the individual safe from themselves.

- The stigma of psychiatric care is also evaluated by interviews conducted with individual patients and their families – describing these inequities as the biggest negative correlation to seeking mental health care in these types of settings (Hilton et al., 2023).

Outcomes

- Patient improvements on safety and satisfaction. Patients would be able to be seen, treated, and stabilized in a much easier, affordable, and faster process.
- Patients that do need 1:1 nursing care would have someone dedicated to them.
- Emergency departments would not feel the burden or stress from overcrowding and obligations between patient safety.
- Emergency departments can focus on medical and life-altering emergencies that remain priority for survival.
- Better resources can be provided to patients and in return emergency room resources are not been over-used.

Gaps in the Literature

Emergency Medical Treatment and Labor Act (EMTALA) ensures that there is public access to emergency services regardless of ability to pay. Therefore, no one can be denied services such as psychiatric care in the emergency department even if they could receive more substantial treatment elsewhere. Therefore, these studies regarding the benefits of seeking other services rather than using an emergency department depend on those individuals who make that decision for themselves.

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