

## Administration of Emergency Medicine

### THE CARE OF MENTAL HEALTH PATIENTS IN THE EMERGENCY DEPARTMENT: ONE RURAL HOSPITAL'S APPROACH

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**Abstract—Background:** The need for mental health services in the Emergency Department (ED) has been steadily increasing, with long waits being reported for patients needing mental health services. In the present setting, patients waited an average of 2–3 h to see a mental health professional. **Objective:** The objective of this intervention was to greatly decrease the wait times for ED patients with mental health needs. **Discussion:** Four mental health professionals were trained to complete crisis assessments for patients in the ED, and an Access Center (AC) was added to the ED. The AC is staffed 24 h a day, 7 days a week. The purpose of the AC was to meet the mental health needs of ED patients as quickly as possible. **Conclusion:** Patients with mental health needs now receive services in a timely manner (< 30 min) despite the fact that the number of patients needing mental health services is steadily increasing. The addition of an Access Center to the ED has resulted in the provision of mental health services within time limits acceptable to both the patients and the medical staff. © 2009 Elsevier Inc.

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#### INTRODUCTION

According to the American Hospital Association, 25% of all hospital Emergency Departments (EDs) in the United States (US) report being at capacity, and 23% report being over capacity (1). Being at or over capacity means that there are not enough staffed beds to meet the need. The trend is similar in rural hospitals, where 20% of EDs

report being at capacity and 11% report being over capacity. The uptrend in people seeking services through hospital EDs is not a recent phenomenon (2). A review of the American Medical Association's most recent report reveals that 22% of EDs in the rural setting reported a moderate increase in the number of behavioral health patients waiting for suitable placement.

Patients with mental health problems have been present in EDs for as long as these departments have existed. Persons with mental health needs, as well as ED patients in general, often experience long waits before being treated. Sometimes the wait for patients with mental health problems is extended due to not having the resources available to treat mental health needs in the ED. Patients often become frustrated if they have to wait a long time to receive services and may leave the ED without receiving services. Mental health patients who leave without being seen are at risk for deterioration of the mental health condition and the risk of serious behaviors, including suicide and homicide. In some cases, mental health professionals may be difficult to access at certain times, or sometimes there is no availability to mental health services at all.

The need for mental health services in the ED has been documented (3). Some hospitals have added mental health services in their EDs. In one hospital, the use of a mental health triage and crisis counselor decreased waits for mental health patients and improved post-intervention success (4). The problem in our hospital was typical of many US hospitals, with a steady increase in the number

of patients accessing ED services (including mental health patients) and long waits for patients needing mental health services. There are over 30,000 visits annually at our hospital, which is staffed with a physician, a physician assistant or nurse practitioner, and three nurses from 12:00 noon until 10:00 p.m. The remainder of the time it is staffed with a physician and two nurses. Under the previous system, patients appropriate for mental health services waited an average of 2–3 h before seeing a mental health professional, and quite often they were not seen at all.

## DISCUSSION

### *A Plan for Change*

The Michigan Mental Health Commission reported that the public mental health system needed to ensure access to services as quickly and accurately as possible (5). In response to this need, a standards group was established as a partnership between the Michigan Department of Community Health and the Community Mental Health system. The standards group established an access system throughout the state to meet local individual need identification and response (6). The local community mental health board worked with the Physician Supervisor of the ED, the Director of Nursing (DON) who oversees nursing in the hospital’s ED, and the hospital’s Director of Behavioral Health to establish an Access Center (AC) and to train local mental health professionals. The mental health professionals include two master’s level social workers and two master’s level mental health therapists. Funding for the implementation and ongoing operation of this program was provided through a contract with the local community mental health board. The contract covered the costs associated with training, AC

coverage by the four mental health professionals, and administrative supervision of the program.

The setting is in a rural hospital in south-central Michigan. To reduce the wait for services, an AC was opened in 2006 in the hospital’s ED.

### *Plan Implementation*

An AC was established and four local mental health professionals were trained to complete standardized crisis assessments and referrals. Training of the mental health professional began in November 2005 and the AC began seeing patients in February 2006. The DON introduced the AC plan to the medical staff of the ED. In addition, the DON provided training to the medical staff about making referrals to the AC. The AC program management was assigned to the DON and the Director of Behavioral Health.

### *The Process*

The process of assessment and referral for a mental health patient is summarized in Figure 1. A patient can access services in one of three ways. The patient can come to the department as a “walk-in” to the AC and request an evaluation for mental health services. A patient can also be referred to the AC by a physician, an area human services agency, or a number of other local sources. With any of these methods, a triage nurse completes an assessment to determine the patient’s needs. A patient may also receive services from the AC by presenting first to the ED with a need for medical treatment and a need for mental health services. Once the patient is determined medically stable, the physician refers the patient to the AC.

The AC is staffed 24 h a day, 7 days a week. Access Center workers are not actually on site at all times. One

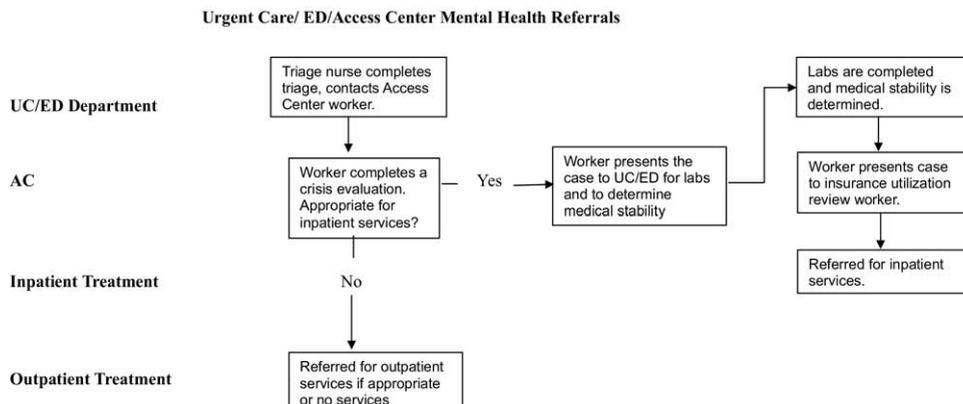


Figure 1. Access Center referrals. UC=urgent care, ED=Emergency Department, AC=Access Center.

of the AC workers is a hospital social worker, employed Monday through Friday during the first shift. This person provides coverage for the AC during these times. During evenings and weekends, the AC is staffed on an on-call basis by one of the four workers, who respond within 30 min of being called by the triage nurse or an Emergency physician. AC workers are scheduled to cover every fourth weekend and every fourth weekday. When a patient is presented to the AC, the worker completes a standardized evaluation and determines the need for mental health services. The patient's eligibility for services and insurance or their ability/inability to pay for services is determined and appropriate providers are identified accordingly.

The AC has resulted in increased access and resources for non-crisis mental health patients. If the patient is appropriate for a referral to outpatient mental health services, the AC worker makes the referral and provides information to the patient about the outpatient services. When possible, the AC worker assists the patient in making an initial appointment with the outpatient provider. For example, a patient may come to the AC because they have recently moved into the area and need to find a new psychiatrist. The AC worker identifies available psychiatrists based on the patient's insurance and then assists the patient in making an initial appointment.

In cases where the patient is appropriate for inpatient services, the AC worker works with the ED nurse to complete appropriate laboratory assessments and tests. Once the tests are completed, an ED physician determines that the patient is medically stable and appropriate for inpatient treatment. The AC worker presents the patient's needs to the patient's insurance utilization review worker. Once approved, the patient is referred and transferred to inpatient treatment. About 17% of the AC patients are referred to inpatient mental health treatment. A typical referral takes about 2 h from the time the patient first arrives at the ED until they are ready to be transported to an inpatient program.

## CONCLUSION

The mean wait time for the period of February 1, 2005 to January 31, 2006 was 122.5 min. The mean number of

mental health patients per month during this period was 24. The program was introduced February 1, 2006. The mean wait time for the period February 1, 2006 to January 31, 2007 was 15.1 min. The mean number of mental health patients per month during this period was 38. Patients with mental health needs now receive appropriate services in a timely manner despite the fact that the number of patients has steadily increased over this time period. During the first year of this new service, 34% of the patients assessed by the AC staff started out receiving ED services first, and were then referred for mental health services by an Emergency physician. Physicians and nurses in the ED are pleased with the availability of mental health services and the speed with which those services are provided. The provision of services for patients with mental health needs now occurs within time limits acceptable to both the patients and the medical staff.

The same four mental health professionals continue to staff the AC. With a limited turnover of medical staff in the ED, we now have a group of professionals that work very effectively as a team. The result is rapid and readily available care for patients with mental health needs.

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