

Approved April 2023

Adult Psychiatric Emergencies

Revised April 2023

Originally approved
October 2020

The American College of Emergency Physicians (ACEP) supports a comprehensive approach to psychiatric emergencies. Psychiatric emergencies can include suicidal and homicidal behavior, psychosis, agitation, anxiety, substance use disorders, depression, mania, and a host of related and overlapping medical problems, such as delirium and dementia. All patients deserve access to emergency care for psychiatric emergencies. Emergency departments (EDs) are a critical component of a comprehensive safety net for patients with psychiatric emergencies, and emergency physicians have an obligation to advocate for high-quality psychiatric emergency care. Psychiatric emergencies should be managed like any other medical emergency, with appropriate risk stratification, tailored laboratory work-up, timely treatment, and safe disposition.

In support of these principles, ACEP believes:

- Open access to high quality care for patients with psychiatric emergencies is an essential component of a comprehensive medical safety net.
- The initiation of appropriate acute psychiatric treatment in the ED should begin rapidly by the emergency physician. Necessary emergency treatment should be coordinated with consulting physicians and psychiatric clinicians to preserve continuity of care, but it should not be delayed pending their assessment or acceptance into an external mental health facility.
- Local communities, state and federal governments, private insurers, hospitals, and healthcare systems should be held accountable to invest adequate resources to assure psychiatric services meet the acute needs of patients in crisis.
- Hospitals and community psychiatric facilities should provide emergency psychiatric care comparable to the care provided for other medical emergencies.
- All EDs should be prepared to accept and stabilize the full range of psychiatric emergencies by providing evidence-based training for physicians and nurses, harm-mitigated facility space, adequate supplies and equipment, and coordination with those providing specialty and continuity of care, including psychiatry, social services, and community psychiatric facilities.

- Screening of patients presenting to the ED to detect acute and life-threatening signs and symptoms of suicide is supported by evidence and should be accompanied by treatment for high-risk individuals. All routine screening should be evidence-based, properly resourced, and not detract from the primary mission of the ED.
- Medical screening or ‘clearance’ that requires automatic, perfunctory testing of all ED psychiatric patients before they can be seen at community or referral psychiatric facilities is not supported by the evidence. Focused screening may be appropriate in selected cases, and the approach should be coordinated and standardized across the community. Any medical testing should be guided by the patient’s history and physical examination.
- Boarding of patients with psychiatric emergencies in the ED is inhumane, does not provide for a therapeutic alliance, impacts the care of all patients in the ED, and is a rapidly growing symptom of a systemic problem. Physicians, hospitals, community agencies, patient advocacy groups, and local, state, and federal governments must work together to find timely solutions to this pressing problem.
- Medically appropriate and humane interventions are necessary to treat acutely agitated patients who are a threat to themselves, staff, the public, or other patients in the ED. All EDs should be adequately prepared for this care.
- Emergent psychiatric care should be age and gender-appropriate and tailored to the specific psychosocial conditions of each patient.
- As an integral component of disaster planning, hospitals and EDs should prepare for the emergent psychiatric effects that disasters and public health crises can bring.
- Emergency physicians, medical associations, and other stakeholders should collaborate to create national consensus guidelines for the care of patients with psychiatric emergencies.
- Research in psychiatric emergencies should be supported at all organizational levels, and emergency departments should be considered as potential sites for the conduct of appropriate studies.