

ACEP PSYCHIATRIC AND SUBSTANCE ABUSE SURVEY 2008

Emergency psychiatric care in America is extremely limited in 2008 and getting worse. The inability to access psychiatric care has caused patients needing psychiatric care to seek care in emergency departments or go without. They often require resources that are not available in many hospitals and subsequently become part of the growing trend of patients requiring admission for psychiatric care being held in the ER until an inpatient psychiatric bed is available. They become part of the group of patients hanging in limbo in the emergency department and are referred to as *boarded* patients. Their numbers are escalating in America's emergency departments.

Since the 1950s inpatient regional psychiatric hospitals have been replaced by a shrinking number of outpatient and community-based treatment options. While questions about the quality and conditions of inpatient mental health facilities in the past helped fuel this outpatient trend, financing of mental health services, hospital budgetary pressures and managed care certainly have contributed.

Due to the decreasing availability of psychiatric and substance abuse services for patients to access care, the American Psychiatric Association (APA), the National Alliance for the Mentally Ill (NAMI), the National Mental Health Association (NMHA), the American College of Emergency Physicians (ACEP), the American Medical Association (AMA) and others have gathered data over the last several years regarding access to psychiatric and substance abuse services and its effects on hospitals and emergency departments in the United States. According to a survey of emergency physicians conducted by ACEP in 2004, psychiatric patients board more than twice as long as medical patients

Survey

As part of the completion of a 2006 ACEP Council resolution addressing psychiatric and substance abuse patients, generated from member concerns, ACEP has conducted a survey of emergency department medical directors investigating these very same issues. The survey was conducted from February to April 2008 and distributed to more than 1,400 emergency department directors. Three-hundred and twenty eight physicians responded.

The survey consisted of 19 questions and was administered online. Eighty-eight percent of those responding indicated that they were emergency department medical directors or the department chair.

Results

Some specific response data summaries are listed below:

- 79 percent said psychiatric patients are boarded in their emergency department.
- More than 90 percent indicated that they board psychiatric patients every week with more than 55 percent daily or multiple times per week.
- Over 60 percent of psychiatric patients needing admission stay in the emergency department over 4 hours after the decision to admit has been made and 33 percent are boarded over 8 hours with 6 percent over 24 hours.

- 62 percent indicated there are no psychiatric services involved with patient care while patients are being boarded in the emergency department prior to admission or transfer.
- 99 percent reported admitting psychiatric patients every week and 64 percent reported admitting psychiatric patients daily.
- 89 percent transfer psychiatric patients every week due to unavailable psychiatric beds at their hospital.
- 23 percent state they have no community psychiatric resources available.
- Less than one-third of those responding had pediatric psychiatric service available while 43 percent reported available geriatric psychiatric care.
- 59 percent had no substance abuse or dual diagnosis patient services available.
- 81 percent agreed that regional dedicated emergency psychiatric facilities nationwide would be better than the current system
- 72 percent agreed that psychiatric patients in the emergency department require more nursing and other resources than non-psychiatric patients.
- 85 percent said wait times for all patients in the emergency department would improve if there were better psychiatric services available.

Comments

Just as important as responses to the survey questions were some of the freeform comments. In response to the question “In your ED, what is the most common reason(s) for extended stays of psychiatric patients” some of the responses were:

- Unwilling psychiatrist to evaluate patient between 1 pm and 10 am, despite being on-call.
- Finding available pediatric and adolescent psych beds at other institutions.
- Time spent trying to get the admission pre-certified by insurance carrier.
- Cannot get appropriate transfer - "lack of ambulance willing to transport"
- As inpatient psychiatric beds were decreased, there was not an increase in outpatient psychiatric resources so there is a critical shortage of outpatient placement facilities for inpatients so inpatients remain inpatients for an excessive time.
- They don't accept patients after 9 pm in state facility.
- No local pediatric psychiatric beds.
- Pre-authorization of insurance carrier prior to admit from ED.
- Need to wait for 1)alcohol level to normalize 2) waiting for funding issues to be resolved
- Requirement for patient to have ethanol level less than 50-100 to be accepted for admission at neighboring psychiatric facility.
- Lack of insurance.

As with previous studies, this most recent ACEP survey indicates that services for psychiatric patients in the United States are inadequate. As a result, psychiatric patients are using emergency department for their acute care needs. The increasing use of America's emergency department for psychiatric care along with the lack of available resources has a negative effect on all patient care in the emergency department.

America's emergency departments handle more than 115 million patient visits annually and wait times have increased by 36 percent between 1997 and 2004. Due to emergency department overcrowding 500,000 ambulance diversions occur each year (on average, one every minute) due to overcrowded emergency departments. One of the causes of emergency department overcrowding is the lack of psychiatric resources available which is negatively impacting all emergency care in the United States. The lack of available psychiatric beds and services adds to the burden of already overcrowded emergency departments and impacts access for all patients requiring emergency care.