

APA Official Actions

Position Statement on Emergency Boarding of Patients with Acute Mental Illness

Approved by the Board of Trustees, July 2016

Approved by the Assembly, May 2016

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Individuals with acute mental illness are increasingly seeking psychiatric care in emergency department (ED) settings. This situation is, in part, a culmination of a failure of states and localities to invest adequately in preventive mental health and substance use services, coupled with reductions in inpatient and crisis services. The inability or failure to access lower levels of care, such as outpatient services, respite care and subacute services, has led patients and families to seek more expensive emergency care during decompensated states. There are few psychiatric emergency services nationwide dedicated to the evaluation and treatment of patients during an exacerbation. Care is more often being provided by emergency medicine physicians who generally have received little training in the evaluation and management of psychiatric disorders. As a consequence, the default treatment disposition typically becomes psychiatric admission for these patients. Unfortunately, over the years, the number of psychiatric beds has been reduced, leading to a backup of patients in emergency departments awaiting an inpatient psychiatric bed. This is particularly true for the most vulnerable psychiatric populations, including children and adolescents, developmentally disabled individuals, and persons with serious and persistent mentally illness.

Once a patient has been evaluated and is awaiting disposition, the patient is considered to be “boarded” in the ED. The wait for boarded patients can be hours, and even days to weeks. During this time, there is often little active psychiatric treatment available. Furthermore, environmental factors in the ED may result in further exacerbation of underlying psychiatric symptoms.

POSITION:

Prolonged boarding of patients with acute mental illness in emergency departments leads to inadequate care, may be harmful, and is unacceptable. All efforts should be made to help place each patient at the appropriate level of psychiatric care. When boarding is unavoidable, the emergency department should ensure that the patient is receiving active, appropriate, and humane mental health treatment in a safe setting with periodic re-evaluation for any emerging physical health problems. Depending on the needs of each patient, this treatment may include appropriate interventions for agitation and other acute symptoms, supportive therapy, and initiation of medications for their primary mental illness. Attention should also be paid to patient comfort and the ED staff should provide regular updates for the patient and family. All emergency settings should have access to psychiatrists, on-site or via telepsychiatry, to assist in conducting an adequate evaluation and in providing optimal care.

Authors: Kimberly Nordstrom, Jon Berlin, Naomi Schmelzer, Sejal Shah, David Gitlin
Council on Psychosomatic Medicine

Adoption Date: July 2016