

AEM CONSENSUS CONFERENCE

BREAKOUT SESSION

MENTAL HEALTH & EMERGENCY MEDICINE

Napoleon Room C2-3 Third Floor, Sheraton

11.30 AM -12.30 PM Wednesday 13th May 2009

CHAIRS: Dr Gregory Luke LARKIN (Yale)

Dr Anthony SPIRITO (Brown)

Overview

The burden of mental illness is profound and growing. As a result, Emergency Medicine (EM) is evolving from its 40-year origins in trauma and resuscitation medicine to an increasing role in providing mental health care. Indeed, mental disorders are the fastest growing component of emergency medical practice (Larkin et al, 2005): EMTALA legislation, desinstitutionalization, psychiatric bed shortages, and mental health insurance carveouts, have all conspired to ensure that emergency departments (EDs) become the default, *de facto*, primary and acute care provider for mental health patients in the US.

In this break out session we will discuss relevant epidemiology of mental health disorders in US Emergency Departments, and develop a research agenda to meet the need for improved education, screening, surveillance, and ED-initiated interventions for mental health problems that affect a majority of patients who pass through the revolving doors of US emergency departments. Pertinent problems include challenges at the micro-, meso- and macro-levels: i. the art and science of acute mental health care; ii. ED psychiatric patient oversubscription and recidivism; iii. chemical and physical restraint; iv. overdose and psychopharmacologic therapeutics and side effects; v. occult suicidal ideation and planning; vi. PTSD prevention and treatment; vii. management of acute psychotic states; viii. geriatric mental health including dementia; ix. alcohol and substance abuse.

To illustrate the scope of the session and provide a focus for discussion illustrative recommendations are attached – page 2.

DRAFT RECOMMENDATIONS

MENTAL HEALTH & EMERGENCY MEDICINE

- Recommendation 1** Establish the prevalence and optimal surveillance for individual or comorbid mental health problems in patients presenting to general EDs
- Recommendation 2** Develop a brief, feasible, acceptable and cost-effective screening program for mental health problems for patients presenting to general EDs. Examine scalability and applicability to young, old and special populations.
- Recommendation 3** Develop feasible, acceptable and cost-effective ED-initiated interventions for patients with mental health problems, which enhance patient safety, self- management skills, adherence to medical recommendations and appointment-keeping. Examine the extent to which implementation of these programs reduces recidivist ED visits.
- Recommendation 4** Examine tailored risk factor minimization strategies in subpopulations of ED patients with mental health problems who are most likely to benefit from ED-initiated treatment and interventions.
- Recommendation 5** Develop and evaluate core educational programs for medical students, and emergency medicine (EM) residents and physicians which validate mental disorders and psychosocial issues as core components and responsibilities of emergency medicine. Impart training which ensures providers treat mental health patients with professionalism, sensitivity and compassion.
- Recommendation 6** Develop and test EM resident and physician selection criteria to ensure providers are chosen who have the attitudes, abilities, interests and virtues that enhance professional behaviors and communication with patients with mental disorders and emotional and behavioral problems.
- Recommendation 7** Improve ED-based referral practices for patients with mental health problems which reduce ED recidivism and enhance service linkages.
- Recommendation 8** Increase quality of EM mental health research training to include EM mental health research fellowships and increased EM researcher participation with federal partners in grant reviews and on study sections at NIMH, CDC, AHRQ, etc.
- Recommendation 9** Increase the interface between EM and public health and injury prevention researchers to address ED-relevant policy-level mental health issues.
- Recommendation 10** Enhance knowledge translation and uptake of best practices for ED screening, treatment and management of mental disorders and psychosocial issues amongst all stakeholders (including patients, providers, funders, researchers).