

8-14-2023

Impact of Mental Health Boarding in the Emergency Department and Recommendations on How We Can Improve

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Recommended Citation

Buettner, Kyra, "Impact of Mental Health Boarding in the Emergency Department and Recommendations on How We Can Improve" (2023). *Master of Science in Physician Assistant Studies Capstone Presentations (Center City)*. 2.

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Impact of Mental Health Boarding in the Emergency Department and Recommendations on How We Can Improve.



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Introduction

Every year in the United States there is an estimated 2 million adolescents who experience suicidal ideation or attempt suicide¹. The shortage of behavioral and mental health professionals has led to an increase in emergency department (ED) visits. “Boarding” is defined as “the practice of holding patients in the ED or another temporary location after the decision to admit or transfer has been made.”² The purpose of this study is to evaluate the following question - **in adolescent patients with suicide attempt or mental health crisis, does boarding in the ED result in poorer mental health outcomes?** Information from experiences of adolescents who have been boarded in the ED will be used to provide guidelines for emergency departments to better prepare for patients admitted for suicidal and mental health crisis.

Methodology

The National Library of Medicine and Scopus databases were used with the key phrases “pediatric” AND “mental” AND “health” AND “boarding.” Publication date was narrowed to only allow articles between 2019 and 2023 to appear in the results. Additionally, “Pediatric Mental Health Boarding” meta-analysis written by McEnany et al. provided several research articles that added to the depth of knowledge surrounding pediatric mental health boarding in the emergency room.

Results and Discussion

Activity/Environment

- Parents expressed concern regarding the potential risks to mental health during the boarding period in the ED stating that it “**very much felt like it was a holding pen or a cell**” due to the blank walls, harsh lighting, small spaces, lack of windows and limited socialization⁴.

Patient Communication

- Discontinuity of care caused many patients to feel embarrassed and intimidated by having to repeat their history to multiple staff members over the course of their stay.
- **“I just want to know what’s happening. That would put my mind at ease, but I am not really getting anything. So that’s freaking me out,”**¹.
- Parents stated that there was a gap in communication to both patients and their families about the timeline of when they would be transferred to inpatient care and the options for facilities².

Clinician Concerns

- Unclear roles about who is primarily responsible for the patient.
- Clinicians in the ED commented on their lack of adolescent psychiatric care knowledge which limited their ability to provide counseling or treatment during the boarding period^{2,4}.

Outcomes

- 33% of youth were found to have overall improvements in their functioning during the boarding period³.
- Within one year, 21% of adolescents had experienced more than two hospital readmissions³.
- Patients presenting with suicidal ideation/suicidal attempt at hospitals with a pediatric inpatient psychiatric unit (IPU) had lower admission (32.4% vs. 34.9%) and transfer rates (36.9% vs. 53.7%) compared to hospitals without a pediatric IPU⁵.

Conclusion

The purpose of this study was to assess the consequences experienced by adolescent mental health patients whilst boarding in the ED to provide recommendations aimed at improving mental health outcomes.

ACTIVITIES	EDUCATION	FACULTY RESOURCES
<ul style="list-style-type: none">• Games, crafts, limited phone communication• Routes for physical activity• Daily schedule (meal-times, activities, visitors, physical activity, mental health care)	<ul style="list-style-type: none">• Pictures/online tours of facilities, list of facilities, sample schedule• Initial family meetings to explain need for admission,• Daily check-in about status	<ul style="list-style-type: none">• Staff behavioral health training• Pediatric behavioral intervention team• Standardized approach to ED care

Figure 1. Summary of recommendations

Physician assistants, given the appropriate training, can have a unique role in increasing access to patient care by providing counsel, educating patients and families, and acting as a bridge between provider and patient.

The larger issue contributing to the mental health epidemic in the United States is the lack of outpatient resources, leading to more patients being admitted to the ED in a mental health crisis⁴.

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Limitations and Future Research

Limitations of this study include the different age parameters of adolescents in the research articles utilized. Additionally, the COVID-19 pandemic’s impact on adolescent mental health boarding and differences in boarding length of stay with type of insurance or ethnicity were not addressed. Areas of future research opportunities include readmission rates for adolescent mental health patients in the ED as well as the proportion of patients who follow up consistently with outpatient care after being discharged from an inpatient facility.