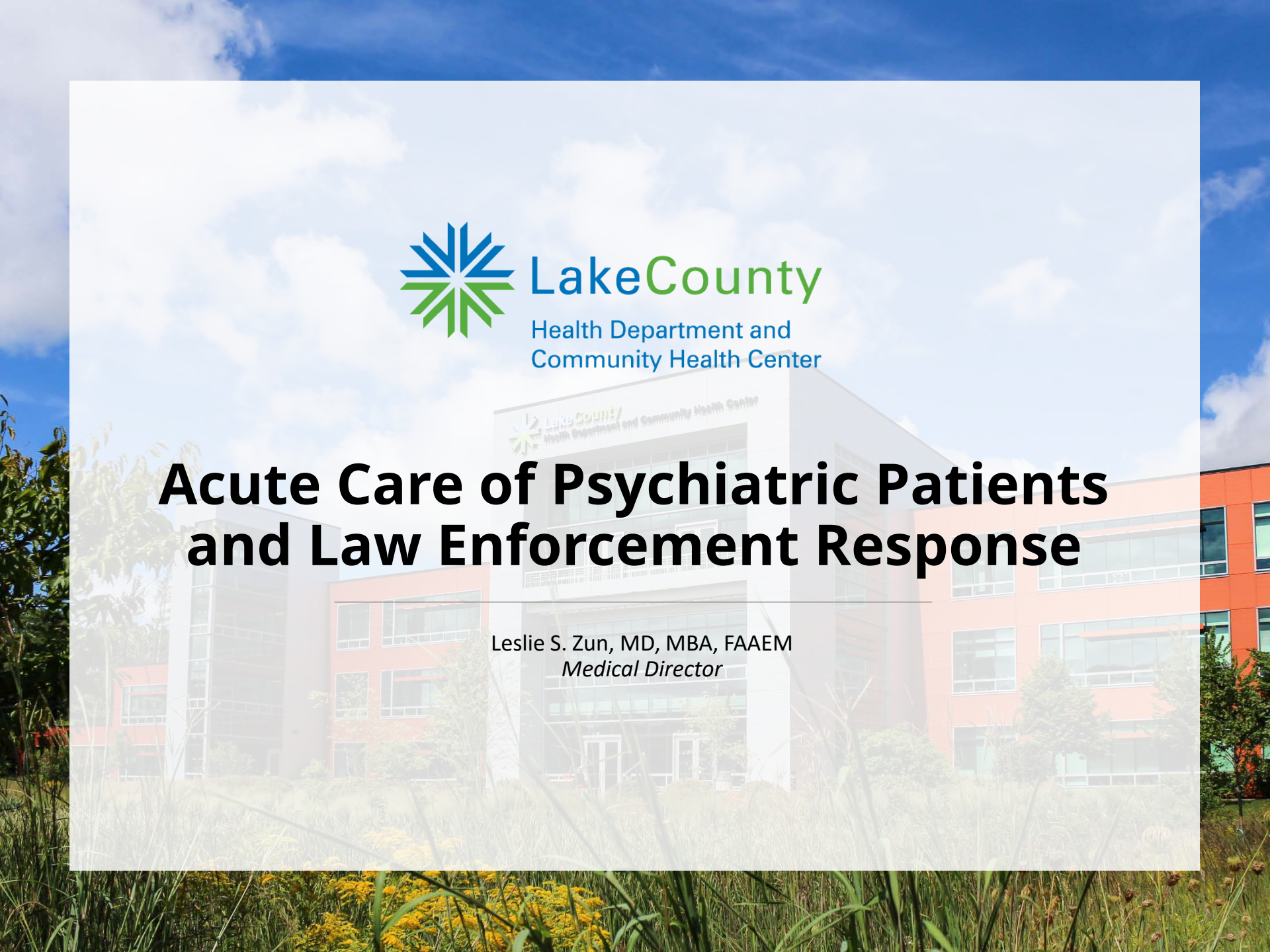

Acute Care of Psychiatric Patients and Law Enforcement Response

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What is a Mental Health Crisis?

- Non-life threatening situation
- Extreme emotional disturbance or behavioral disturbance
- Considering harm to self or others
- Disoriented
- Compromised ability to function
- Otherwise agitated and unable to calm

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Mental Health Services: PRACTICE GUIDELINES: CORE ELEMENTS FOR RESPONDING TO MENTAL HEALTH CRISES. www.samhsa.gov. Accessed April 24, 2016.

What is an Emergency Psychiatric Condition?

- Imminently threatening harm to self or others
- Severely disoriented
- Severe inability to function
- Otherwise distraught and out of control

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Mental Health Services: PRACTICE GUIDELINES: CORE ELEMENTS FOR RESPONDING TO MENTAL HEALTH CRISES. www.samhsa.gov. Accessed April 24, 2016.

What Do Psychiatric Patients Want?

- Verbal interventions
- Collaborative approach to care
- Input from patient regarding medication experiences and preferences
- Increased training of staff
- Peer support services
- Improved discharge planning
- Concerns about triage process
- Shorter waits for treatment
- More privacy

Allen 2013.

What is the Right Setting?

- Mental Health or Psychiatric Office
  - Walk in?
  - Primary Care
  - Psychiatry
- Alternatives
  - Drop off center
  - Sobriety center
  - Community Mental Health
  - Living room
  - Hospital at home
  - Home health
- Hospital - Outpatient
  - Emergency Department
  - Psychiatric Urgent Care
  - Crisis Stabilization Unit
- Hospital - Inpatient

Care Models

- Police Drop Off Center
- Emergency Department
- Sobriety Centers
- Acute Psychiatric Care

People with Mental Illness Interface with Police

- **Offender**
  - A person with mental illness commits a personal or property crime or a drug crime.
  - A person with mental illness threatens to commit suicide, suicide by police, threatens to injure someone else.
- **Disorderly person**
  - A family or community member reports annoying or disruptive behavior by a person with mental illness.
  - A hospital, group home, or mental health facility calls for police assistance in controlling a person with mental illness.
  - A police officer on patrol encounters a person with mental illness behaving in a disorderly manner.

People with Mental Illness Interface with Police

- **Victim**
  - A person with mental illness is the victim of a personal or property crime.
  - A family member, caretaker, or service provider neglects or abuses a person with mental illness.
  - Police are asked to transport a person with mental illness to or from a hospital or mental health facility.
  - Police encounter a person with mental illness who is neglecting his or her own basic needs (food, clothing, shelter, medication, etc.)

What Does Law Enforcement Want?

- Highly visible program
- Single point of entry
- No refusal
- Streamlined intake
- Cross training
- Linkage to community services

Steadman, HR, et al: A specialized crisis response site as a core element of police-based diversion programs. Psych Services 2001; 52:219-222.

Establishing Crisis Response Sites

- Jail diversion programs
- Several jurisdictions, including Memphis, Montgomery County (PA), and Multnomah County (OR)
- May include crisis intervention, telephone hotline, mobile crisis outreach, crisis center, detox, chemical dependence treatment and referral to outpatient services
- All associated with hospitals or on medical campuses

Steadman, HR, et al: A specialized crisis response site as a core element of police-based diversion programs. Psych Services 2001; 52:219-222.

Police Drop Off

- Pros
  - Place to drop off people with intoxication or mental health issue
  - Diverts people from jail
  - Variable staffing costs albeit 24/7/365
  - Provides police with quick turnaround time
- Cons
  - Need medical/psych/substance abuse evaluation
  - Cost to build or renovate appropriate and secure facility
  - Limited services

Emergency Departments and Psychiatric Emergency Services

	Psychiatric Emergency Services	Emergency Departments
Patients	Psych only	All comers
Physicians	Psychiatrists	Emergency Physicians
Length of Stay	1-3 days	Hours to days
Psych Treatment	Therapeutic	Non-therapeutic
Treatment Modalities	Limited	All except psych treatment

- 3,964 Emergency Departments
  - 42,000 ED MDs / 27,900 EM Board Certified
  - 86% ED administrators indicated they are often unable to transfer patients
  - >70% of ED administrators report boarding > 24 hrs.; 10% report > 1 wk.
- 140+? Psychiatric ERs or Psychiatric Emergency Services (PESs)
  - Staffed by psychiatrists with psych training
  - No sub-specialty in emergency psychiatry

Emergency Departments are Overwhelmed with Psych Patients

- Number of ED Psych Patients
  - 15% of all ED visits
  - Psych patients admitted to hospital – 30 to 40%
  - Medical patients admitted to hospital – 14%

Emergency Department

- Pros
  - Can obtain medical and psych evaluation
  - Can provide medical treatment
- Cons
  - Overwhelms ED
  - Little treatment
  - Patients board in ED
  - Not designed as sobering center

Sobering Center Definition

- Facilities that provide a safe, supportive environment for mostly uninsured, homeless, publicly intoxicated persons to become sober
- Safe place to “sleep it off”
- Alternative to jail holding cell or ED
- May go directly to sobering center by police, ambulance or center sponsored transport
- May go to an ED first
- May receive counseling and referrals

Sobering Center

- Better care for homeless, alcohol dependent persons
- Decrease ambulance transports
- Decrease inappropriate visits to EDs
- Alternative for persons arrested for public intoxication

Sobering Center

- Pros
  - Appropriate place for sobering
  - Referrals for alcohol and substance treatment
  - Limited staffing cost
- Cons
  - Limited medical and psych evaluations
  - Cost to build or renovate facility

Acute Psychiatric Care

- Psychiatric Emergency Service (PES)
- Psychiatric Observation
- Comprehensive Psychiatric Emergency Program
- Psychiatric Emergency Department
- Acute or Crisis Stabilization Unit

Acute Psychiatric Care

- Functions
  - Allows time for diagnostic clarity
  - Develop alternatives to admission
  - Respite function
  - Denies dependency needs
- Patient types
  - Schizophrenics
  - Personality disorder
  - Suicidality
  - Substance use disorders
- 41% of total ED patients seen qualified for this unit

Breslow, RE, Klinger, BI, Erickson, BJ: Crisis hospitalization on a psychiatric emergency service. Gen Hops Psych 1983:15:307-315.

Regionalization of Acute Psychiatric Care

- Prior 30 day period efforts have focused on increasing inpatient beds
- Alternative is prompt access to treatment
- Evaluate and treat patients in a given area and take patients from EDs
- 30 day period examined all patients from 5 EDs on voluntary holds
- 144 patients had average boarding time of 1 hour and 48 minutes
- 25% were admitted from this unit

Zeller, S, Calma, N, Stone, A: Effects of regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments. West J Em 2014;15:1-6.

Acute Psychiatric Stabilization

- Pros
  - Evaluation and treatment of psychiatric and intoxicated patients
  - May divert psychiatric admissions
  - Reduction in admissions
  - Gain in earlier functional independence
  - More immediate use of community resources
  - Higher level of patient satisfaction
  - Promotes better coordinated care
- Cons
  - Cost to build and staff
  - May not take involuntary people (unless on a medical campus)

Considerations

- Need for volume and client data
- Based on data, what services will be provided
- Need for funding

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