



## Psychiatric Patients, Including Children, Routinely Boarded In Emergency Departments

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Washington, D.C. - People with psychiatric illnesses, including children, who are admitted to the hospital from the emergency department can wait 24 hours or longer for an inpatient bed, principally because of a lack of psychiatric beds. The findings of a survey of emergency department directors are reported today by the American College of Emergency Physicians (ACEP).

"Boarding' is an appalling fact of life in our nation's emergency departments, and too often our most vulnerable patients - psychiatric patients in this instance - bear the biggest burden," said Dr. Linda Lawrence, ACEP's president. "The lack of access to psychiatric care is creating a very dangerous situation for people with mental illness and for emergency patients in general. Emergency physicians report that these patients can wait several days for inpatient treatment, which may include being transferred to a hospital a long way away."

### **Additional Resources:**

- [Boarding Report Summary](#)  
- [Study Results](#)  
- [Audio News Release \(mp3\)](#)

Of the 328 emergency department directors who responded to the survey, almost 80 percent said their hospital "boards" psychiatric patients in the emergency department. ("Boarding" is the practice of holding admitted patients in the emergency department instead of moving them to an inpatient bed.) Thirty percent said their hospitals board psychiatric patients between eight and 24 hours, and more than one-quarter said that their hospitals board children with psychiatric illnesses for that long.

The main reasons given for boarding of psychiatric patients in the emergency department are the lack of in-house inpatient psychiatric beds, and either absence or inability of any facility to accept transfers of these patients. Sixty percent of respondents said their emergency department does not have a dedicated area in the emergency department for psychiatric patients.

"While these patients are being boarded, their care rarely involves a psychiatric specialist," said Dr. David Mendelson, the principal author of the survey. "The environment of a busy emergency department may function to exacerbate their

symptoms, often requiring them to be sedated, rather than providing the specific care they need."

Eighty-five percent of the doctors in this survey said that wait times for all emergency patients would improve if there were better psychiatric services available. More than 80 percent agreed that regional dedicated emergency psychiatric facilities nationwide would work better than the current system for dealing with psychiatric emergency patients.

"People with psychiatric emergencies have nowhere else to turn, and they are suffering," said Dr. Lawrence. "The harmful delays that they experience in the emergency department compound the delays that everyone else experiences as well. About three-quarters of survey respondents agreed that psychiatric patients in the emergency department require more nursing and other resources than non-psychiatric patients. This problem affects every emergency patient."

ACEP is a national medical specialty society representing emergency medicine with more than 26,000 members. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.

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## 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* patents. 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.

**SURVEY OF ED MEDICAL DIRECTORS REGARDING PSYCHIATRIC SERVICES**  
**Combined Results**

**DEMOGRAPHIC INFORMATION**

Are you a department director/chair?

Absolute Analysis % Responses	Base	Are you a department director/chair?	
		Yes	No
	328	289	39
	100.0%	88.1%	11.9%

In what state do you practice? 326

Alaska	2	0.6%
Alabama	3	0.9%
Arkansas		
American Samoa		
Arizona	2	0.6%
California	30	9.2%
Colorado	8	2.5%
Connecticut	5	1.5%
District of Columbia		
Delaware	2	0.6%
Florida	19	5.8%
Georgia	10	3.1%
Guam		
Hawaii	1	0.3%
Iowa	7	2.2%
Idaho		
Illinois	24	7.4%
Indiana	14	4.3%
Kansas		

Kentucky	2	0.6%
Louisiana	4	1.2%
Massachusetts	5	1.5%
Maryland	8	2.5%
Maine	5	1.5%
Michigan	15	4.6%
Minnesota	2	0.6%
Missouri	7	2.2%
Mississippi	1	0.3%
Montana		
North Carolina	8	2.5%
North Dakota	1	0.3%
Nebraska	1	0.3%
New Hampshire	1	0.3%
New Jersey	10	3.1%
New Mexico	1	0.3%
Nevada	4	1.2%
New York	26	8.0%
Ohio	9	2.8%

Oklahoma	1	0.3%
Oregon	4	1.2%
Pennsylvania	17	5.2%
Puerto Rico		
Rhode Island	5	1.5%
South Carolina	3	0.9%
South Dakota	1	0.3%
Tennessee	9	2.8%
Texas	14	4.3%
Utah		
Virginia	8	2.5%
US Virgin Islands		
Vermont	4	1.2%
Washington	7	2.2%
Wisconsin	8	2.5%
West Virginia	5	1.5%
Wyoming	2	0.6%

**Section 1: Psychiatric Boarding in the Emergency Department**

1. Does your hospital "board" psychiatric patient in your emergency department (ED) or in an area for which ED physicians maintain primary responsibility for patient care? (Boarding occurs when the decision is made to admit a patient, yet the patient remains in the ED for 4 or more additional hours)

Absolute Analysis % Responses	Base	Does your hospital "board" psychiatric patient in your em...	
		Yes	No
	327	259	68
	100.0%	79.2%	20.8%

2. How frequently are psychiatric patient boarded in your ED?

Absolute Analysis % Responses	Base	How frequently are psychiatric patient boarded in your ED?				
		One or more times per day	One to three times per week	Four to six times per week	Six or more times per week	Less than once per month
	259 100.0%	91 35.1%	72 27.8%	51 19.7%	21 8.1%	24 9.3%

3. How frequently are pediatric psychiatric patients boarded in your ED?

Absolute Analysis % Responses	Base	How frequently are pediatric psychiatric patients boarded...				
		One or more times per day	One to three times per week	Four to six times per week	Six or more times per week	Less than once per month
	253 100.0%	13 5.1%	95 37.5%	4 1.6%	1 0.4%	140 55.3%

4. On average what is the length of time for each of the following in your ED?

Absolute Analysis % Responses	Base						
		<1 hour	1 to <2 hours	2 to <4 hours	4 to <8 hours	8 to <24 hours	24+hours
Base	1260	41 3.3%	152 12.1%	338 26.8%	355 28.2%	295 23.4%	79 6.3%
Psychiatric patients in the ED once the decision to admit has been made	258	4 1.6%	17 6.6%	66 25.6%	69 26.7%	78 30.2%	24 9.3%
Pediatric psychiatric patients in the ED once the decision to admit has been made	242	14 5.8%	23 9.5%	57 23.6%	69 28.5%	64 26.4%	15 6.2%
Medical patients in the ED once the decision to admit has been made	259	15 5.8%	74 28.6%	91 35.1%	61 23.6%	16 6.2%	2 0.8%
Total ED length of stay for a patient requiring psychiatric evaluation	257	1 0.4%	3 1.2%	31 12.1%	95 37.0%	100 38.9%	27 10.5%
Psychiatric evaluation to be completed in your ED? (from the time the referral is placed to completed evaluation)	244	7 2.9%	35 14.3%	93 38.1%	61 25.0%	37 15.2%	11 4.5%

5. What is the most common reason(s) for extended ED stays for psychiatric patients? (Select all that apply)

Absolute Analysis % Responses	
Base	967 100.0%
What is the most common reason(s) for extended ED stays f...	
Does not apply: Hospital does not experience extended stays	2 0.2%
Lack of in-house inpatient psychiatric beds	160 16.5%
Lack of on call psychiatric providers	53 5.5%
Length of time required for evaluation by psychiatric personnel	128 13.2%
Lack of crisis residential services	80 8.3%
Emergency physician not authorized to hold patient involuntarily for psychiatric evaluation (additional authorization police, magistrate, etc. required)	20 2.1%
Lack of accepting transferring facility	192 19.9%
Requirement for lab work (follow up EOH, drug screen..)	123 12.7%
Inability to transfer to an accepting facility (no beds)	189 19.5%
Other	20 2.1%

6. Is there a dedicated area in the ED for psychiatric patients?

Absolute Analysis % Responses	Base	Is there a dedicated area in the ED for psychiatric patie...	
		Yes	No
	259 100.0%	102 39.4%	157 60.6%

7. Is this area secure (lock-down capability)?

Absolute Analysis % Responses	Base	Is this area secure (lock-down capability)?	
		Yes	No
	102 100.0%	71 69.6%	31 30.4%

8. When boarding a psychiatric patient in the ED, are there psychiatry staff involved in their psychiatric care?

Absolute Analysis % Responses	Base	When boarding a psychiatric patient in the ED, are there ...	
		Yes	No
	258 100.0%	98 38.0%	160 62.0%

**Section 2: Inpatient Psychiatric Beds/Services**

9. Do you have psychiatric inpatient beds at your hospital?

Absolute Analysis % Responses	Base	Do you have psychiatric inpatient beds at your hospital?	
		Yes	No
	328 100.0%	158 48.2%	170 51.8%

10. Are there inpatient beds for voluntary and involuntary psychiatric patients? (Select one)

Absolute Analysis % Responses	Base	Are there inpatient beds for voluntary and involuntary ps...			
		Voluntary committals only	Involuntary committals only	Both	Neither
	157 100.0%	27 17.2%	3 1.9%	126 80.3%	1 0.6%

11. How frequently do you admit psychiatric patients to your psychiatric inpatient beds?

Absolute Analysis % Responses	Base	How frequently do you admit psychiatric patients to your ...				
		One or more times per day	One to three times per week	Four to six times per week	Six or more times per week	Less than once per month
	156 100.0%	100 64.1%	22 14.1%	12 7.7%	21 13.5%	1 0.6%

12. How frequently do you transfer psychiatric patients to other facilities (no psychiatric beds available at your hospital)?

Absolute Analysis % Responses	Base	How frequently do you transfer psychiatric patients to ot...				
		One or more times per day	One to three times per week	Four to six times per week	Six or more times per week	Less than once per month
	155 100.0%	48 31.0%	52 33.5%	21 13.5%	16 10.3%	18 11.6%

**Section 3: Community Based Psychiatric Resources (Evaluation and management services outside of the hospital)**

13. Do you have community based psychiatric resources available to your ED?

Absolute Analysis % Responses	Base	Do you have community based psychiatric resources availab...	
		Yes	No
	327 100.0%	252 77.1%	75 22.9%

14. Are community based psychiatric resources responsive to your ED?

Absolute Analysis % Responses	Base	Are community based psychiatric resources responsive to y...	
		Yes	No
	251 100.0%	193 76.9%	58 23.1%

15. How frequently do you use community based resources for disposition of your psychiatric ED patients?

Absolute Analysis % Responses	Base	How frequently do you use community based resources for d...				
		One or more times per day	One to three times per week	Four to six times per week	Six or more times per week	Less than once per month
	253 100.0%	99 39.1%	64 25.3%	40 15.8%	27 10.7%	23 9.1%

**Section 4: Other Services**

16. Which of the following services do you provide (select all that apply)?

Absolute Analysis % Responses	Base	Which of the following services do you provide (select al...		
		Psychiatric resources for children ages 12 and under	Psychiatric resources between ages 13 and those under the adult age of consent (>18; differs in some states)	Geriatric psychiatric care
	362 100.0%	85 23.5%	118 32.6%	159 43.9%

17. Do you have services for substance abuse/dual diagnosis patients?

Absolute Analysis % Responses	Base	Do you have services for substance abuse/dual diagnosis p...	
		Yes	No
	313 100.0%	127 40.6%	186 59.4%

18. Do you use the police to transfer psychiatric patients (rather than an ambulance service)?

Absolute Analysis % Responses	Base	Do you use the police to transfer psychiatric patients (r...	
		Yes	No
	311 100.0%	95 30.5%	216 69.5%

19. Are emergency physicians allowed to place patients on an involuntary hold in your state?

Absolute Analysis % Responses	Base	Are emergency physicians allowed to place patients on an ...	
		Yes	No
	322 100.0%	261 81.1%	61 18.9%

22. Please rate your agreement with each of the following statements.

Absolute Analysis % Responses	Base					
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Base	1302	585 44.9%	367 28.2%	215 16.5%	109 8.4%	26 2.0%
Allowing emergency physicians to place patients on psychiatric holds would improve management of psychiatric patients in our ED	322	112 34.8%	64 19.9%	88 27.3%	37 11.5%	21 6.5%
Regional dedicated emergency psychiatric facilities nationwide would work better than the current system when caring for psychiatric patients	327	163 49.8%	103 31.5%	40 12.2%	18 5.5%	3 0.9%
Psychiatric patients in our ED require more nursing and other ancillary resources than most other patients	327	119 36.4%	116 35.5%	52 15.9%	38 11.6%	2 0.6%
Wait times for all patients in our ED would improve if we had better psychiatric services	326	191 58.6%	84 25.8%	35 10.7%	16 4.9%	- -