



## Mental Health and the role of the Hospital

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### When a person arrives in ED:




1. Person is seen by triage to evaluate the situation
2. Person is seen by a nurse for further evaluation
3. Person is seen by the attending physician for a medical work up. Person can then be cleared for discharge home or a psych consult can be ordered
4. If a psych consult is ordered, person is seen by a psychiatric social worker who completes a biopsychosocial evaluation & additional information is collected from collateral sources



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### Time frame for ED process




- People presenting in the ED are assessed by medical need, psych patients often do not have an urgent medical need which can delay the attending physician from seeing them for hours
- If the person is unconscious or under the influence of drugs or alcohol, this will delay the process further
- There are generally 1-3 psychiatric Social Workers working per shift, each evaluation can take 1-4 hours
- Once the psych evaluation is completed the Social Worker develops a disposition

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### ED Behavioral Health Unit (BHU)




- HCGH ED has a 6 bed BHU created to maintain safety and avoid elopement (plans to increase to 8 beds with new construction)
- BHU is staffed with 1 nurse, 1 medical tech and a security guard
- If the BHU is full, psych patients remain in medical ED beds
- Once admitted to the BHU, visitors are not allowed




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### Treatment Challenges for BHU Social Workers




- Time constraints if the patient is brought in on an Emergency Petition (EP): must be seen by attending doc within 6hrs, psych evaluation must occur within 24hrs & disposition must occur within 30hrs
- Difficult to connect with out-patient providers quickly to obtain information on treatment and medication history
- Need to complete a re-evaluation every 24hrs if patient has not been discharged before this time period
- The volume of patients that need to be seen and evaluated continues to rise during a 24hr period (can reach up to 20-25 patients)




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### Disposition Options



1. Discharge home with a referral for out-patient services (therapy, IOP, day program, etc.)
2. Voluntary Admission to a psychiatric in-patient unit
3. Involuntary Admission to a psychiatric in-patient unit



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Numbers from 2016	Patients seen for MH conditions in	
2,884	Evaluated in HCGH ED	
917	Admitted to 1N	
825	Admitted to another psych hospital	
1, 142	Discharged home	