

GETAC Medical Director's Position Statement on Mental Health Emergencies and Their Effect on EMS and EDs

Context

Patients with a variety of mental health conditions find themselves in crisis and unable to manage their diseases. The emergency health care system is, and should be there, to assist them. Additionally, persons may engage in self-destructive behavior that puts themselves or others at risk for harm. As a result, they often come in contact with Emergency Services at the crossroads of health care and law enforcement. Sometimes they seek help voluntarily while at other times family, friends or bystanders may go to an emergency department or contact either EMS or law enforcement seeking help for them or protection from their behaviors.

Scope of Current Problem

1. Patients with mental health disorders often consume a disproportionate percentage of EMS, law enforcement and emergency department resources.
2. The traditional 911 response consisting of a lights and sirens' response by ambulance, fire trucks and police officers has little to offer the patient and often exacerbates the patient's condition.
3. Mental health emergencies often result in prolonged scene times which remove resources from the system, making them unavailable for other emergencies and increasing costs.
4. Mental health patients, including those with substance abuse and self-destructive behavior, often make up a large percentage of system "high utilizers."
5. In most systems, the only help EMS can offer is transport to an Emergency Department.
6. For patients with mental health issues only, i.e. no concomitant medical problems, the average ED is ill-equipped to meet the patient's needs. The patients most often have extended stays in the ED while awaiting transfer to an appropriate mental health facility. The patients generally receive little or no mental health care during this holding time.
 - a. These extended stays almost always exacerbate the patients underlying condition, frequently necessitating chemical sedation, which may make their ultimate treatment more difficult.
7. There is a shortage of beds available to accept patients with acute mental health crises. This shortage has turned EDs into poorly functioning waiting rooms.
 - a. As long as the psychiatric patient, for whom the ED has nothing of value to offer, remains in an ED room, that room (and the nursing, physician and

- staff resources caring for them) is unavailable to care for other patients, thus worsening already overcrowded Emergency Departments.
8. Inpatient psychiatric facilities often require a “medical clearance” exam, intended to assure the patient does not have a medical condition which is either causing the acute psychiatric disturbance or an unrelated medical problem that the facility would not be able to treat.
 - a. This “medical clearance exam” is ill-defined and seems to be situational.
 9. Texas law does not allow medical personnel to hold a patient against their will even if the patient is a clear threat to themselves or others.
 - a. Medical personnel have an obligation to report these events and may be held liable in civil court for not forcibly restraining these patients.
 - b. Medical personnel often feel they have an ethical obligation to restrain these patients but also feel they are unable to do so without risking civil liability for false imprisonment or battery.
 - c. EMS personnel are often asked to transport a patient against their will to an ED for “medical clearance” but are asked to do so without legal authority.

Position

It is the position of the Medical Directors Committee of GETAC that DSHS:

1. Work with mental health inpatient facilities to create a standard definition of a medical clearance examination that includes examination and testing requirements.
2. Work with professional associations representing emergency medical care, law enforcement and inpatient psychiatric services to obtain endorsement of a “medical clearance examination” meeting the agreed upon definitions.
3. Determine if there are situations in which EMS personnel would be able to perform these medical clearance examinations and transport directly to inpatient psychiatric facilities or other non-traditional facilities (i. e. sobering centers, crisis intervention centers.)
4. Collaborate with professional organizations to draft legislation authorizing emergency detention of patients at risk of harming themselves or others by non-law enforcement personnel.