



## Improving Mental Health Access from the Emergency Department

Nearly one in five American adults struggle with some form of mental illness, and emergency department visits for children who attempt suicide or had thoughts of suicide have almost doubled. The current health care system is failing too many of these patients, often leaving no other option for appropriate care. As a result, patients can remain in the emergency department for hours, sometimes days, as we locate and secure follow-up community care. More must be done to make sure patients with mental illness can get the care they need and deserve.

### Better Coordinated, Connected Care

The emergency department is an invaluable resource, and the hub for care and care transitions. Needs vary by patient, provider, and community, and some cases, dedicated regional psychiatric emergency service networks offer a holistic approach that can be faster and more effective than a patchwork of inpatient care, outpatient treatment and community-based recovery programs.

Some emergency departments are deploying new technology to better connect patients with resources in the community, as well, telepsychiatry holds significant promise and can link hospitals and care providers across the country.

### Emergency Physicians Are Leading

More connected, collaborative care improves treatment options, avoids delay, and better supports patients in their recovery.

The “Improving Mental Health Access from the Emergency Department Act” would:

- Expedite transition to post-emergency care through expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services;
- Increase the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric units; and,
- Expand approaches to providing psychiatric care in the emergency department, including tele-psychiatric support and other remote psychiatric consultations, peak period crisis clinics, or creating dedicated psychiatric emergency service units.

“Patients with mental health issues come to the emergency department because they have nowhere else to go.

Resources directed toward more collaborative and connected care models will improve, and possibly save, the lives of millions of people struggling with mental illness.”

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ACEP urges lawmakers to co-sponsor the  
“Improving Mental Health Access from the Emergency Department Act”