

For Immediate Release: June 18, 2009
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Psychiatric Patients, Including Children, Routinely "Boarded" in Emergency Departments

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.”

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.”