Research & Policy Brief

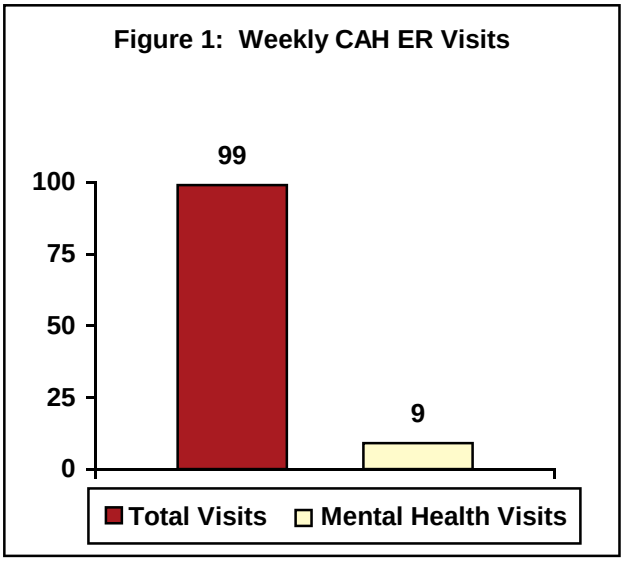
Smallest Rural Hospitals Treat Mental Health Emergencies

Overview

Mental health is frequently identified as a "hole" in the rural safety net. While it is established that rural residents often seek care for mental health problems in primary care settings, or in some cases in a Community Mental Health Center (CMHC), lack of providers and lack of insurance may lead those with mental illness to the hospital emergency room (ER). Better understanding of the extent to which rural ERs encounter and treat mental health patients is an important step in improving the rural safety net.

Emergency department managers in a random sample of 422 Critical Access Hospitals (CAHs) in 44 states completed a telephone survey (response rate 84.7%) responding to questions about prevalence of mental health problems in their ER and what options they had for responding to such problems. In addition, 184 of these hospitals completed ER logs documenting all ER visits in two 24-hour periods, with details about presenting symptoms, treatment, and final disposition.

Figure 1: Weekly CAH ER Visits



Mental Health Visits Represent Significant Proportion of CAH Emergency Room Visits

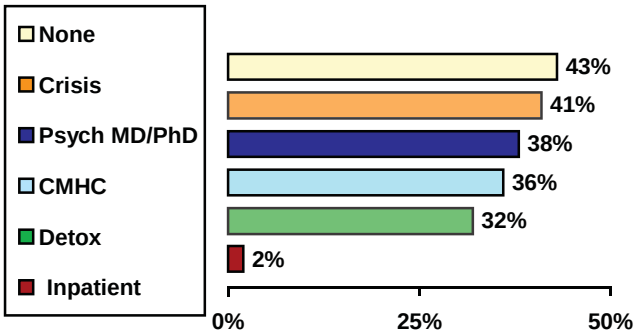
On average, CAHs had 99 emergency room visits per week. Of these visits, 9.4% were mental health related (see Figure 1). Thirty percent of mental health visits involve mental health as a primary diagnosis, while for the remaining 70% a mental health problem is secondary to their reason for visiting the ER.

CAH ERs play a significant role in providing mental health services to rural residents. Although nearly 20% of mental health encounters result in transfers to other facilities, **over 40% of mental health problems are addressed on-site through treatment or referrals**. On-site treatment is most common among patients with hallucinations (56%), delusions (56%), depression (45%) or those exhibiting violence toward others (47%). Transfers to other facilities are most common among patients with suicidal ideations (52%) or those having attempted suicide (50%).

CAH Emergency Rooms Often Lack Local Mental Health Resources

Nearly half (43%) of CAH ER managers report having no access to local mental health providers of any kind. Many have access to crisis intervention services, a specialty mental health provider or a CMHC,but few have medical detoxification or inpatient psychiatric services in their local communities (see Figure 2). Without these services, many CAHs are forced to transfer patients to facilities outside the community, with mean travel times averaging one hour for both services. This lack of community-based services has the potential to put further strain on mental health patients and their families.

Figure 2: Availability of Local Mental Health Services by Service Type (n=422)



Note: Crisis=Crisis Intervention Services

Available Crisis Intervention Services May Be Underutilized

Over 40% of CAH communities have access to crisis intervention services. However, relatively few CAHs reported using these services during their encounters with mental health patients. As shown in Figure 3, only 27% of respondents indicated that they would use crisis intervention services when faced with a suicidal patient; 24% for patients in psychotic crisis; and only 18% for patients with mental health problems that were also intoxicated.

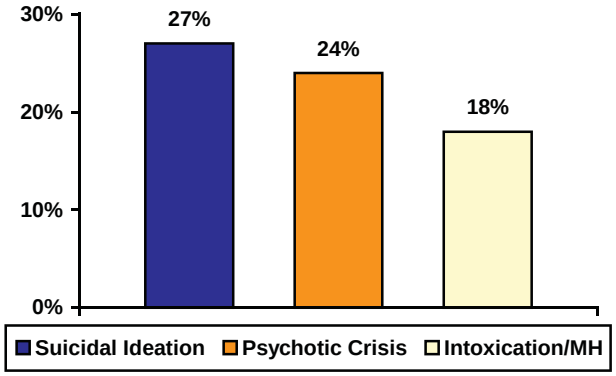
Instead, CAH staff is more likely to transfer patients to a psychiatric unit, especially for patients with suicidal ideations (56%) or those in psychotic crisis (64%). Increasing the use of crisis intervention services could reduce the need for patients to leave their local communities.

Policy Implications

While CAH ERs play an important role in providing mental health services, most lack appropriate treatment and referral options in their local communities. Policymakers must continue their efforts to place mental health practitioners in rural communities and continue to support rural health programs that address this need.

Crisis intervention services could be an important resource for rural emergency departments to use in treating mental health patients. However, there is little information about the provision and use of these services in rural areas. Further research is needed to understand 1) the types of services offered to rural patients, 2) the problems and barriers in providing and using these services, and 3) the best strategies for improving their use and effectiveness.

Figure 3: Proportion of ER Managers Commonly Using Crisis Intervention Services by Presenting Problem



Additional Information

This brief is based on the report *Mental Health Encounters in Critical Access Hospital Emergency Rooms: A National Survey* by David Hartley, Erika Ziller, Stephenie Loux, John Gale, David Lambert and Anush Yousefian.

Copies of the full report are available at http://muskie/usm.maine.edu/Publications/rural/wp32.pdf

For more information about this study, contact David Hartley at (207) 780-4513 or davidh@usm.maine.edu

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