

# Seeking Treatment in an Emergency Department During a Psychiatric Emergency

Experiences of Individuals Living with a Mental Health Condition, and Their Families<sup>1</sup>

## How various factors correlate to a patient's overall experience in an emergency department (ED) during a mental health crisis\*

A look at the patients who agreed with each of the following factors and their corresponding overall experience in the ED



Good ED Experience	FACTORS	Bad ED Experience
2%	The staff didn't treat me with respect	78%
3%	The staff didn't communicate effectively and listen to my concerns	72%
4%	The staff made me feel ashamed as a result of my mental illness	71%
7%	When agitated, I was injected or restrained without consent	68%
10%	I waited over 10 hours to be seen by a mental health professional	60%

\* With no single factors isolated, 20% of patients had a good experience and 44% of individuals had a bad experience in the emergency department.

<sup>1</sup> Survey results based on over 3,000 responses: 1,193 individuals living with a mental health condition; 1,557 family members, caregivers, friends and significant others of an individual living with a mental health condition.

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## How patients were treated by the staff

While in the ED, the staff:



\* Roughly 200 patients reported that they didn't remember and for 50 it was not applicable.

## Information provided to patients and families

The ED staff provided me with information about:

My or my loved one's mental health condition and/or mental health conditions in general



"[There was] no explanation of the meds they first gave me when admitted. I asked what it was and they just said take it."

— Patient

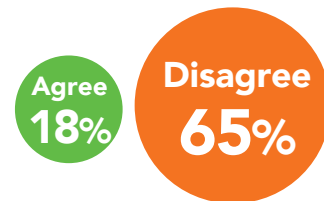
Medications given in the ED and their side effects



"I was not given any information about what I should do if I continue to feel suicidal, which I certainly did."

— Patient

Where to get mental health services (community and outpatient)



"Actively push NAMI information, especially the NAMI Family-to-Family class. This saved my family and gave us the correct information in order to provide [our son] with better care."

— Family member

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## Primary contributors to negative experiences for patients

### WAIT TIME / LEFT ALONE



"It was very isolating. It was scary and I felt alone."

"Finding a facility with an open bed and the length of time to be transferred was highly **agitating** and **distressing** and took nearly 12 hours."

"I think **waiting** in the general waiting area when you are in crisis is the most **difficult** part."

"The **delay** in speaking with someone with psychiatric knowledge made all symptoms **worse**."

"Being left **alone** for 7 hours was **unbearable**."

### CRIMINALIZATION / DEHUMANIZING

"They treated me like I was **subhuman**."

"Being put in **handcuffs** and transported an hour with my hands cuffed behind my back was very **traumatizing**. I posed no threat."

"I felt like a criminal and was ashamed when the truth was, I was only sick."



"[The] doctor [spoke] to me as if I was a vehicle with car problems ... running down a list with **no eye contact** or anything."

### LACK OF RESPECT

"The nurses and doctor I came into contact with did nothing to ease my **anxiety** or **fears**, instead **threatened** me to do as I was told or I would be **restrained**."

"[The] doctor talked to my parents **like I wasn't there**."



"Not one staff member took my symptoms seriously. The medicine I take can cause heart conditions, and I was very concerned that my condition could be serious. I am an RN, and cannot fathom treating a patient with such disregard."

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## Positive experiences

They checked in on me in the room so that I didn't feel like I was forgotten.

— Patient

The psychiatrist treated me with respect and answered all my questions.

— Patient

The counselor who did my intake assessment was very kind and supportive.

— Patient



The doctors kept me updated regularly. The female police officer was supportive, empathetic, and well trained.

— Family member

The psychiatrist listened to my concerns and worked with me to develop the best plan for short-term emergency care.

— Family member

Staff included us, asked questions, knew how to handle psych emergencies and realized how important family and caregivers are.

— Family member

## How staff can improve the ED experience

"Have **compassion**, treat someone with **respect** and withhold personal judgments. Make the patient feel as if you **care** and that you will try to help them to the best of your ability and with the resources that you have available." — Patient

"If a long wait time is likely, **check back** with them **frequently**." — Patient

"Tell them that they are **safe**, about the **meds** to be given and the follow-up options for ongoing **treatment** for a chronic condition that worsens at times." — Patient

"Keep [the family] **in the loop**. Assume they should be in the loop as you would assume a **family** would be involved with a broken leg. Unless [the] patient requests they not be involved, or red flags indicate otherwise, the family should be able to be **involved** and **hear [the] treatment plan**, etc. firsthand." — Family member

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