Physical Health Care Experiences in the Emergency Department for Patients with Mental Illness and Substance Use Disorders - A Qualitative Study

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Introduction

Individuals with mental illness and/or substance use seek physical care in Emergency Departments (EDs) more frequently than the general population1,2. This tendency stems from systemic healthcare disparities, as such the shortage of inpatient services and community clinics, complex hospital onboarding, and insurance procedures3,4. Challenges are exacerbated in Emergency Departments given constant medical demands, insufficient operational resources, and a lack of pre-existing patient-provider relationships5. However, not much is known about mental health patients’ experiences in the ED as research mainly centers around providers’ perspectives6.

Objectives

- Enrich the understanding of mental health patients’ experiences in accessing physical treatment in the ED.
- Inform future research, practice, and policy on health care disparities for patients with mental illnesses and/or substance use to improve patient care and outcomes.

Methods

Using Grounded Theory, we conducted semi-structured interviews with 52 ED patients who had a history of mental illness and/or substance use disorder and presented to a Level I Trauma center in New England with a physical complaint (e.g., back pain, chest pain). Following a review of medical records, eligible patients were approached in the ED, and invited to participate in this study. If they consented to participate, they were asked about aspects of their care experience and follow-up questions based on their responses. Patients were interviewed twice: in person during their ED visit and by phone up to 3 weeks following their visit. Interviews were audio recorded and transcribed verbatim by trained research assistants (RAs). RAs then used NVivo to code transcripts. Coding proceeded under constant verbatim by trained research assistants (RAs). RAs then used NVivo to code transcripts. Coding proceeded under constant

Participant Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>17 (32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>14 (27)</td>
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</tr>
<tr>
<td>Transgender</td>
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<tr>
<td>Race</td>
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<tr>
<td>Black</td>
<td>4 (8)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>3 (6)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>3 (6)</td>
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</tr>
<tr>
<td>Other</td>
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<tr>
<td>Ethnicity</td>
<td>Hispanic</td>
<td>6 (12)</td>
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<tr>
<td>Non-Hispanic</td>
<td>36 (72)</td>
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<tr>
<td>Age</td>
<td>Mean (SD)</td>
<td>49 (14.1)</td>
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<tr>
<td>Range</td>
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</tbody>
</table>

Patient Health Records (Past and Present)

- Mental Health Concerns or Disorders (40 Participants n(%))
  - Anxiety: 27 (52)
  - Depression with Anxiety: 13 (25)
  - Depression without Anxiety: 10 (19)
  - Bipolar Disorder: 9 (17)
  - Other (e.g., ADD, Eating Disorder): 13 (25)

- Substance Use Disorders (33 Participants n(%))
  - Alcohol: 19 (57)
  - Opioid and Other Pain Medications: 6 (18)
  - Marijuana: 5 (15)
  - Crack/Cocaine: 4 (12)
  - Other: 5 (15)

Grounded Model of Patients’ Experience in the Emergency Department and Recommendations

NEGATIVE MODEL

Patient Health Concerns or Disorders: Anxiety, Depression with Anxiety, Depression without Anxiety, Bipolar Disorder, Other (e.g., ADD, Eating Disorder)

Substance Use Disorders: Alcohol, Opioid and Other Pain Medications, Marijuana, Crack/Cocaine, Other

Provider-Level
- Stigma against patients’ mental illness and substance use disorder
- Dismissive or inattentive of patient concerns
- Lack of communication and explanation
- Lack of professionalism

Treatment-level
- Prolonged treatment time
- Medication errors
- Lack of diagnostic tests
- Diagnostic errors: misdiagnosis or no diagnosis

System-level
- Long waiting time
- Lack of physical and human resources
- Lack of patient privacy
- False information on patient handoff
- Busy and overcrowded environment

SYSTEM LEVEL

Lack of physical and human resources
Busy and overcrowded environment
Long waiting time
Lack of diagnostic tests
Medication errors

POSITIVE EXPERIENCE

Provider-Level
- Attentive of patient concerns
- Sufficient communication and explanation
- Good professionalism

Treatment-level
- Fast diagnosis and treatment
- Thorough diagnostic tests and treatment
- Good care outcome and accurate diagnosis
- Holistic consideration of patients’ mental illness and substance use disorder

System-level
- Short waiting time
- Efficient patient handoff and outpatient care
- More thorough diagnosis and treatment
- Holistic consideration of patients’ mental illness and substance use disorder

RECOMMENDATIONS

Provider-level
- More attention and respect to patient concerns
- More communication and explanation

Treatment-level
- More thorough diagnosis and treatment
- Holistic consideration of patients’ mental illness and substance use disorder

System-level
- Shorter waiting time and improved waiting area
- More resources
- Better patient handoff and outpatient care

Conclusion

- Patients with a history of mental health and/or substance use had a range of positive and negative experiences when accessing physical healthcare in the ED.
- Patients’ positive experiences provide a basis for recommendations to inform research, practice, and policies in health care that will improve patient care and outcomes.

Acknowledgements

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References

1. Ronaldson et al., 2020
2. Santo et al., 2021
3. Chang et al., 2012
4. Nordstrom et al., 2019
5. Crossley, 2019
6. Chadwick et al., 2012