

Introduction

Individuals with mental illness and/or substance use seek physical care in Emergency Departments (EDs) more frequently than the general population^{1,2}. This tendency stems from systemic healthcare disparities, such as the shortage of inpatient services and community clinics, complex hospital onboarding, and insurance procedures^{3,4}. 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 comparative analysis guidelines, and a master codebook was developed. After open coding, axial and selective coding were used to determine emerging themes and their relationships.

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

NEGATIVE EXPERIENCE

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

"Because you're basically here just to get pills and that's not what we're here for." And basically he was calling me- I felt that he was calling me nothing but a crooked drug addict." (Patient 39)

"When I brought up any sort of concern, the doctor ended up coming back and doing other tests just to kind of I think ease my mind." (Patient 2)

"I know they have a queue and they put, you know, more high-risk things first, so you could be bumped down the list or something. I don't know what their criteria for that is, obviously. But I- I wish it was more efficient." (Patient 29)

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
- Sufficient physical and human resources
- Efficient patient handoff and outpatient resources

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

Participant Demographics

(52 Participants)

Gender n(%)	Male	12 (23)
	Female	38 (73)
	Transgender	1 (2)
	No Response	1 (2)
Race n(%)	White	45 (87)
	Black	1 (2)
	American Indian/ Alaskan Native	3 (6)
	Biracial/Other	3 (6)
	Hispanic	6 (10)
Ethnicity n(%)	Non-Hispanic	44 (85)
	No Response	2 (4)
	Age	
	Mean (SD)	49 (14.15)
	Range	18 - 69

Patient Health Records (Past and Present)

*Due to patients being coded in multiple categories, the total percentages may exceed 100%

Mental Health Concerns or Disorders (40 Participants) n(%)		Substance Use Disorders (33 Participants) n(%)	
Anxiety	27 (52)	Alcohol	19 (37)
Depression with Anxiety	13 (25)	Opioid and Other Pain Medications	6 (12)
Depression without Anxiety	10 (19)	Marijuana	5 (10)
Bipolar Disorder	9 (17)	Crack/Cocaine	4 (8)
Other (e.g., ADD, Eating Disorder)	13 (25)	Other	5 (10)

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.

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QR Code



References

1. [Ronaldson et al., 2020](#)
2. [Santo et al., 2021](#)
3. [Chang et al., 2012](#)
4. [Nordstrom et al., 2019](#)
5. [Croskerry, 2015](#)
6. [Chadwick et al., 2012](#)