



Boarding of Psychiatric, Behavioral and Related Mental Health Patients in Emergency Departments Has Severe Ramifications for Patients, Health Care Providers and Hospitals in Illinois

The practice of boarding in recent months has brought our nation's emergency departments to a breaking point. ED boarding of patients with psychiatric complaints can have a marked negative impact on patients, on providers, and on the broader hospital and healthcare system.

- The most vulnerable patients are some of the most at risk, especially those struggling with mental health challenges.
- The emergency department is not ideal for long-term treatment of mental and behavioral health needs.
 - Patients who experience mental health emergencies wait for care on average three times longer than other patients.
 - Too many Americans, including those in Illinois, have limited options for mental health care outside of the emergency department.
 - Frequently children or adolescents, in a mental health emergency are boarded for months on end in emergency departments waiting for a psychiatric inpatient bed to open anywhere where they can receive more specialized care.
 - Multiple studies show that pediatric patients with mental health conditions are more likely to leave without being treated, and less likely to receive counseling or psychiatric medications.
 - According to the Centers for Disease Control and Prevention (CDC), during March–October 2020, among all ED visits, the proportion of mental health-related visits increased by 24 percent among U.S. children aged 5–11 years and 31 percent among adolescents aged 12–17 years, compared with 2019.
- Emergency departments across the country are at capacity and overflowing.
 - Care teams are sometimes forced to treat patients on stretchers in the middle of the hallway or even in the waiting room until beds become available.

Patient boarding of psychiatric, behavioral, and related mental health emergency patients negatively impacts the quality of patient care and providing the proper resources in which these patients may need longer term care. This also leads to compromising patient and health care provider safety. Collaborative strategies must be put in place to ensure that all patients, health care providers and hospitals are equipped with the proper resources and guidelines in place to ensure this threat is prevented.

The Illinois College of Emergency Physicians is the state medical specialty society representing more than 1,300 emergency physicians across Illinois. As the state chapter of the American College of Emergency Physicians, ICEP works to support quality emergency care.