

Psychiatric wait times in emergency departments

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Patients with mental illness visiting emergency departments in Ontario have shorter waits to see a doctor during crowded periods and only slightly longer waits during less busy periods, found a study in *CMAJ* (*Canadian Medical Association Journal*).

The Schizophrenia Society of Ontario recommended in 2008 that the Ontario government add a psychiatric wait times measure to its Emergency Room Wait Times Strategy. The Kirby Report on mental illness and addiction in Canada also referred to differential emergency treatment for patients with mental illness.

"Perhaps surprisingly, as crowding increased, the delays experienced by patients with mental illness were actually lesser than the delays experienced by other patients; this is in contrast to concerns that these patients are disproportionately affected by crowding in the [emergency department](#)," writes Dr. Clare Atzema, Institute for Clinical Evaluative Sciences and Sunnybrook Health Sciences Centre, Toronto, Ont., with coauthors.

In a study of 51 381 emergency visits by people with manic, depressive or [psychotic disorders](#), researchers found that most people received a triage score of 3 (out of triage levels of 1, 3 or 4), higher than the scores of most other emergency department patients. However, people with [mental health issues](#) waited a median of 10 minutes longer than others to see a physician. As crowding increased in the emergency department, patients with mental illness waited less time to be assessed by a physician

than other patients (mild crowding 14 minutes less; moderate crowding 39 minutes less and severe crowding 48 minutes less). Patients with mental illness had shorter waits from decision to admission and to being transferred to a ward compared with other patients.

The researchers suggest that the presence of psychiatric teams, available in many emergency departments in academic and larger [community hospitals](#), may help in identifying higher priority patients.

"Our findings support our belief that triage nurses follow the guidelines, and do not systematically "down-triage" patients with mental illness," write the authors. "Instead, our results show an increase in high priority triage scores during periods of crowding, which was greater than what occurred for other patients."

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.111043

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