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Disordered lives: Life circumstances and clinical characteristics of very frequent users of emergency departments for primary mental health complaints

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ABSTRACT

This study explored the life circumstances and clinical characteristics of very frequent users of emergency departments (EDs) presenting with a primary mental health complaint. Patients with 10 or more EDs visits in 2012 with a primary psychiatric diagnosis in a Canadian regional health authority were identified from electronic administrative files. The hospital charts for these patients were thoroughly reviewed for a three-year period, from 2011 to 2013. A retrospective thematic analysis was undertaken. Very frequent users of EDs were generally young to early middle aged, unemployed, living in transient accommodations, having substance abuse diagnoses, and self-referred to EDs for a variety of psychiatric and health symptoms and/or unmet needs. Four themes were identified: 1) substance abuse and associated health and social problems; 2) common mental disorders, which may include suicidality; 3) social and personal stressors with additional common mental disorders and somatic complaints; 4) cognitive impairment with concurrent psychiatric disorders. Traditional mental health services are ineffective in dealing with patients with complex psychiatric and social problems/needs. Efforts should focus on early detection, intervention, reducing mental and behavior problems, and developing appropriate case management and treatment options. Personalized care models are needed to meet their diverse needs.

1. Introduction

There is a rising tide of health service use for mental problems a result of ever more individuals suffering from mental health problems, as they face the burden of the restricted instrumental relationships characteristic of modernity, aging and increasing prevalence of chronic diseases, and other socio-economic stressors (Kalucy et al., 2005; Hidaka, 2012a; Hidaka et al., 2012b). In contrast, mental health care has shifted from an institution-based structure to community-based services, with an increasing focus on the use of combined resources including general practitioners, outpatient and inpatient health facilities (Durbin et al., 2006; Alwan et al., 2008). The provision of long-term mental health care for those with severe and persistent mental health problems has been challenging (Macpherson et al., 2004). There is an increasing gap between needs of mental health patients with complex problems and community resources accessible to these patients. Consequently, these unmet needs result in an increasing number of individuals repeatedly using a considerable number of mental health resources, especially emergency visits (Kalucy et al., 2005).

Cross-sectional studies have demonstrated that frequent visitors at emergency departments (EDs) with multiple unscheduled emergency visits consume a disproportionate proportion of emergency visits (Macpherson et al., 2004; Vandyk et al., 2013; Morlino et al., 2011). Frequent use of EDs is a target for reducing inappropriate health cost and improving patient care. It is suggested that people with frequent visits to EDs are also the major users of other health services (Pines et al., 2011). Studies have shown that those who are young, unemployed, males, living in transient accommodations, and having a psychiatric disorder, are more likely to use EDs (Vandyk et al., 2013). Studies have also consistently shown that substance abuse and other mental health problems are significantly associated with

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emergency room visits (Fahimi et al., 2015; Brenda et al., 2011; Vu et al., 2015). Active screening for substance abuse and other mental health problems at emergency rooms is recommended. An intervention or a referral for further specialized treatment by a case-management team should be introduced into a general emergency room setting. There are several available care models, including Assertive Community Treatment (ACT), which has been introduced as an effective intervention for people with severe mental illness (Sytema et al., 2007), similarly, crisis resolution teams, which are more clinical effective than inpatient care for a group of outcomes, and crisis houses and acute day hospitals with effective treatment outcomes and better user satisfaction (Paton et al., 2016).

However, little research has documented the life circumstances and clinical profiles of very frequent emergency users more longitudinally. This present study aimed to explore the underlying circumstances leading to the very frequent use of EDs for mental health complaints and offer some suggestions for change. A thorough understanding of very frequent emergency users for mental health complaints is essential to offering appropriate health care services, and providing evidence for future direction of mental health care delivery.

We aimed to explore latent reasons for frequent EDs use through a thematic analysis of hospital charts, and to identify the major themes underlying those frequent visits to EDs for mental health complaints.

2. Methods

2.1. Context

Though federally mandated, provincial governments in Canada take the responsibility of most health services delivered within their provinces with the services provided varying somewhat from province to province. These services include almost all hospital and physician services, prescription drug subsidies, a significant proportion of nursing home, and public health services (Marchidon and O'Fee, 2007). Saskatchewan is a prairie province in Canada. Saskatoon is a city in central Saskatchewan. It is the largest city in the province with a population of 222,189 in 2011. The Saskatoon Health Region (SHR) is the largest health region in the province, and about 30% of the province's population resides within the region's geography (http://www.saskatoonhealthregion.ca/about_us/about_us.htm). SHR is an integrated health delivery agency providing a comprehensive range of services and programs including hospital, long-term care, public health, home care, mental health and addiction services, and prenatal and palliative care. Emergency psychiatric services are provided through the Emergency Departments in the three hospital sites in Saskatoon.

2.2. Study design

This is a retrospective thematic analysis of frequent users with 10 or more emergency visits to hospitals of the SHR due to a primary reason of mental health problems. Electronic administrative data was used to identify patients with 10 or more visits to EDs for the treatment of mental health complaints. This study further undertook a detailed analysis of clinical hospital files for these identified clients. The study was approved by the Research Ethics Board of the University of Saskatchewan and the Saskatoon Health Region, Canada.

2.3. Study population

A total of 34 patients with 10 or more emergency visits for primary mental health complaints was identified over 1-year period from January 1st to December 31st, 2012. Primary diagnosis was assigned by the treating physician, according to the ICD-10 criteria. Health records of all these patients at three sites were thoroughly reviewed for the period from 2011 to 2013. Two authors (XM and CD) independently reviewed all their hospital charts. Information on social-demographical characteristics (age, gender, marital status, accommodation, employment, education, aboriginal status, income source), childhood maltreatment, ever being assaulted, social stressors, emergency visits, hospitalization, medications, physical health, psychiatric diseases, and ever registered in the community mental health services system, were systematically extracted from their hospital charts.

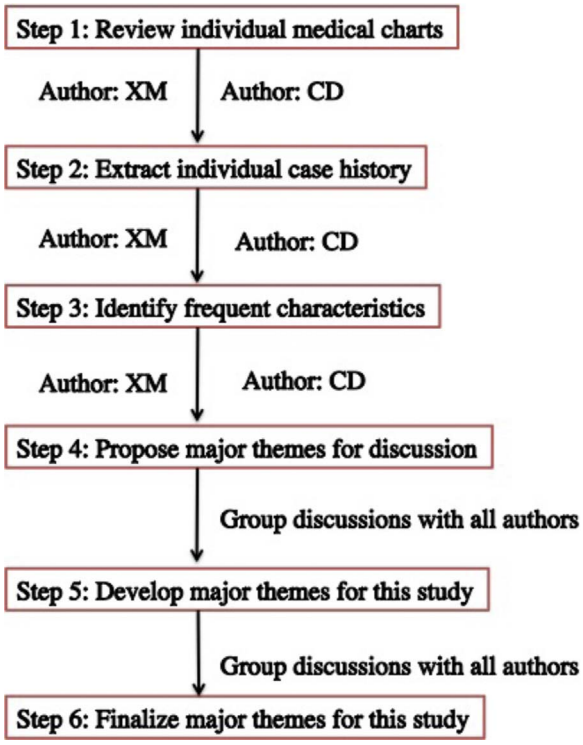

Fig. 1. A flowchart of thematic analysis process.

2.4. Thematic analysis

After a full review of all health records of 34 patients, a thematic analysis was used to explore potential themes or categories for these patients. Fig. 1 illustrates the flowchart of the process of identifying thematic dimensions and case histories. Two authors (XM and CD) independently reviewed and proposed potential dimensions for group discussions. Four thematic dimensions were finalized after group discussions. Inconsistencies in interpretation of themes were resolved through group discussions with all contributing authors.

A quantitative approach was used to describe the basic characteristics of this patient group. All the analyses were completed using SPSS version 21 (SPSS IBM, New York, USA). Proportions were calculated for demographic characteristics, childhood maltreatment, ever being assaulted, social stressors, emergency visits, hospitalization, medications, physical health, psychiatric diseases, and ever registered in regional community mental health services system.

3. Results

3.1. Descriptive findings

Table 1 presents the detailed information on the 34 patients whose charts were reviewed. There were 22 (65%) males and 12 (35%) females. Their median age was 40, ranging from 16 to 63. These patients were generally young to early middle aged, unemployed, transient, diagnosis of substance abuse (alcohol abuse), self-referring to EDs for psychiatric and physical health symptoms and/or unmet needs (e.g. accommodations), and very frequent users of emergency