

# Psychiatric Care, Our Nation in Crisis

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The ENA 2009 – 11 Strategic Plan identifies practice priorities addressing the issues of crowding/boarding, workplace violence and emergency psychiatric care. To address the issues involving the care of patients with mental illnesses and/or substance use disorders, the Emergency Department Psychiatric Care Committee was formed to:

1. Recommend position statements on legislative and regulatory initiatives addressing emergency care for patients with mental illnesses and/or substance use disorders.
2. Monitor mental health advocacy coalitions on which ENA is a member.
3. Provide articles for *ENA Connection*.
4. Organize courses and/or activities to raise awareness about issues concerning emergency department care of patients with mental illnesses and/or substance use disorders.
5. Oversee the ENA initiative promoting collaboration between emergency department and community agencies to coordinate mental health services into an integrated system of care.
6. Coordinate effort with Psychiatric Patient Education Product Development Work Team.

Linked to the Committee's fifth charge is the need to educate our constituency about issues facing consumers of psychiatric services. One of those issues is understanding that the emergency department has always been a safety net for all people in our communities, including those with mental illnesses. Another issue concerns the mental health system in the U.S., described as "Kafkaesque," that is, marked by senseless, disorienting, often menacing complexity (Smith, 2009).

The current mental health care system prevents people with serious symptoms from getting help except when they are in imminent danger of harming themselves or others. A comparable analogy using a common medical example to understand the barriers preventing access to mental health care, would be to allow people with serious heart disease to access health care services only when they were having a MI or other life-threatening problem.

Because of deinstitutionalization and the lack of an adequate mental health infrastructure,

many people come into contact with the criminal justice system due to actions resulting from their mental illness and/or chemical dependence. Many people are being criminalized for nonviolent crimes instead of receiving the treatment they need. According to a 2006 Bureau of Justice Statistics report, more than half of all prison and jail inmates, including 56 percent of state prisoners, 45 percent of federal prisoners and 64 percent of local jail inmates, were found to have a mental health problem (Bureau of Justice Statistics, 2006). Prisons are the new mental health facilities where people with mental illnesses are boarded until their sentence is completed, only to be released into the community to begin the cycle again.

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To further add to our burden as a society, more than a million Americans have served in the military in combat zones. The Department of Veterans Affairs has determined that certain illnesses have been associated with military service (e.g., post-traumatic stress disorder, depression, generalized anxiety disorder, substance use disorder, bipolar disorder). Studies reveal that one in three of the men and women returning from Iraq and Afghanistan will suffer mental health problems, impacting the health and well being of our active duty, veterans, and their families, sometimes manifesting years later and often not connected by the veterans to their time in uniform. With very little outreach to the men and women who served our nation, many of our community emergency departments are caring for these people and their families.

The inadequacy of the mental health care system has the potential to affect us all, because

one in four Americans experience mental illness at some point in their lives, and twice as many of us live with schizophrenia than live with HIV/AIDS (Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., Metlzer, K. et. al, 2009).

As emergency nurses on the frontline of health care, we have an opportunity to impact the lives of our individual patients and families on a daily basis. Because the mental health system is fragmented, we are often at a loss to give our patients the care their families are seeking. This can leave the emergency nurse frustrated and feeling inadequate, but there are a number of actions that can be taken.

## What Can Emergency Nurses Do?

- Contact your local chapter of the National Alliance on Mental Illness. Through NAMI, you will find a partner that is regarded as a powerful advocate for mental health services. You also will have many resources to educate yourself.
- Read the 2009 NAMI "Grading the States" report, which offers a comprehensive perspective on the mental health care system in our country.
- Partner with key allies in your community—law enforcement, crisis team members and

community mental health resources—to open up lines of communication, to improve the care for members in your community.

- Educate yourself. Chances are, you or a family member has or will be affected by a serious mental illness at some point in life.
- Help stamp out the stigma of mental illness. Advocate for your patients when they cannot speak for themselves.

Often the family of the individual with a mental illness is left feeling hopeless and helpless when the system does not work as desired. This can be especially true when the patient presents voluntarily, only to face multiple hurdles when attempting to get help. To aid family members assist their loved ones, emergency nurses can offer the following list of resources:

## General Mental Health Resources

- **ENA Web site** contains numerous mental health associations, agencies, and resources

relevant to caring for psychiatric patients in the emergency department. <http://www.ena.org/practice/practpriority/Psych/Pages/Default.aspx>

- **Mental Health America** (formerly known as the National Mental Health Association) is the country's leading nonprofit dedicated to helping all people live mentally healthier lives. More than 320 affiliates nationwide. <http://www.nmha.org>
- **Bring Change 2 Mind** is a non-profit organization created by actress Glenn Close, The Child and Adolescent Bipolar Foundation, Fountain House and the International Mental Health Research Organization. The mission is to provide people with misconceptions about mental illness, provide quick and easy access to information that combats stigma, and people with mental illness and those who know them quick and easy access to information and support. <http://www.bringchange2mind.org>
- **National Institute for Mental Health** is the largest scientific organization in the world dedicated to research focused on the understanding and treatment of mental health

disorders. <http://www.nimh.nih.gov>

- **National Institute on Drug Abuse (NIDA)** drug use screening tools, NIDA-Modified Alcohol, Smoking, and Substance Involvement Screening Test. <http://www.nida.nih.gov/nidamed/>
- **National Alliance on Mental Illness** is a grassroots mental health advocacy organization dedicated to improving the lives of those affected by a mental illness. <http://www.nami.org>
- **HOPES** is a nonprofit organization based in Madison, Wisconsin, composed of suicide survivors whose losses have motivated them to action. <http://www.hopes-wi.org>
- **Suicide Prevention Resource Center** provides support, training and resources to assist organizations and individuals to develop suicide prevention programs. [www.sprc.org](http://www.sprc.org)

### Resources for Veterans

- **Veteran's Health Council** <http://www.veteranshealth.org/>
- **Iraq and Afghanistan Veterans of America** is the nation's first and largest nonprofit, nonpartisan advocacy organization for

veterans of the Iraq and Afghanistan wars.

<http://www.iava.org>

- **Grantmakers in Health – Filling the Gaps in Military Mental Health** [http://www.gih.org/usr\\_doc/Issue\\_Focus\\_2-11-08.pdf](http://www.gih.org/usr_doc/Issue_Focus_2-11-08.pdf)

### References

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