

A Review On Mental Health Emergencies In The Emergency Department: Challenges And Opportunities

Ammar Saad Alahmari¹, Abdulaziz Mousa Mohammed Alhawsawi¹, Ethar Ahmad H. Boudal², Addi Hatem Almaghami³, Mohamed Abdulrahman Altamimi⁴, Ibrahim Sulaiman Alhajjam⁵, Amin Abdulrahman M. Amin⁶, Ahmad Mohamed Al-Mutairi⁷, Naji Wadi Muthir Alanazi⁸, Zakaria Mohammed Ali Almrani⁹, Hayat Hassan Anas bakr¹⁰, Ahmed Mohammed Kurdi³, Yahia Ahmed Makbshe¹¹

Abstract

This study aimed to explore the challenges and opportunities related to managing mental health emergencies in the emergency department setting. The researchers utilized secondary data from the literature to provide a comprehensive overview of this important issue. The findings highlighted several key challenges faced by healthcare providers when managing mental health emergencies in the emergency department, including resource limitations, inadequate training, stigma, and insufficient coordination of care. These challenges can lead to suboptimal care and poor outcomes for patients with mental health emergencies. Despite these challenges, the study also identified opportunities for improvement in the management of mental health emergencies in the emergency department. These opportunities include implementing training programs for healthcare providers, enhancing collaboration between mental health and emergency medicine professionals, and increasing access to mental health services in the community. By addressing these challenges and leveraging these opportunities, healthcare providers can improve the quality of care provided to patients with mental health emergencies in the emergency department.

Keywords: Mental health, Healthcare providers, Emergency department, Stigma, Patient outcome.

1. Introduction

Mental health emergencies are a common occurrence in emergency departments around the world. These emergencies are often complex and challenging to manage, requiring prompt intervention and specialized care (Betz et al., 2016). There are still large gaps in the care that

¹General practitioner, King Salman bin Abdulaziz Medical City - Main Hospital, Saudi Arabia.

²General physician, King Salman Medical City - Main Hospital - Emergency Department, Saudi Arabia.

³General practitioner, King Salman bin Abdulaziz Medical City, Saudi Arabia.

⁴General practitioner, Madinah General Hospital Emergency Medicine, Saudi Arabia.

⁵General practitioner, King Salman Medical City, Saudi Arabia.

⁶ER Specialist, Madinah General Hospital, KSAMC, MOH, Saudi Arabia.

⁷Emergency medical services, Sajer General Hospital, Saudi Arabia.

⁸Emergency Medical Technician, King Khalid Hospital in Hafir Albatin, Saudi Arabia.

⁹Operation technician, Al Kamel General Hospital, Saudi Arabia.

¹⁰Nursing specialist (Madinah General Hospital (Emergency Department)).

¹¹Health inspector, Azizah Health Centre, Saudi Arabia.

is provided for patients going through mental health crises, even with the increasing awareness of the significance of mental health in emergency situations.

Emergency department staff are often undertrained and under-resourced to address the unique needs of patients with mental health emergencies. The fast-paced and high-stress environment of the emergency department can exacerbate these challenges, leading to suboptimal care and outcomes for patients with mental health concerns (Da Silva, 2020). Furthermore, the stigma associated with mental illness can further complicate the care of these patients, leading to delayed treatment and inadequate support.

Improving the treatment given to individuals in the emergency room who are experiencing mental health crises is imperative. This entails improving the education of emergency department personnel, expanding the availability of mental health resources, and putting into practice evidence-based procedures for handling mental health emergencies (Laderman, 2018). We can lessen the workload for emergency department employees and enhance outcomes for patients with mental health issues by tackling these issues.

In this study, we aim to explore the challenges and opportunities in the management of mental health emergencies in the emergency department. We will review the existing literature on this topic, identify gaps in knowledge, and propose recommendations for improving care for patients experiencing mental health crises in the emergency department (Pereira, 2019). By shedding light on the current state of mental health care in emergency settings, we hope to inform future interventions and policies aimed at better supporting patients with mental health emergencies.

In summary, this study seeks to contribute to the ongoing conversation surrounding mental health care in the emergency department. By highlighting the challenges and opportunities in this area, we aim to advance our understanding of how best to support patients in crisis and improve the overall quality of care in emergency settings.

2. Literature Review

Prior research on mental health crises in emergency rooms is covered in this section on literature reviews. Several studies have highlighted the challenges and opportunities in managing mental health emergencies in this setting.

Vandyk et al. (2019) examined the experiences of emergency department staff in managing mental health emergencies. The study found that emergency department staff faced challenges related to lack of training and resources, stigma towards mental health, and overcrowding. Despite these challenges, the study also identified opportunities for improving care, such as enhanced training for staff, collaboration with mental health professionals, and the development of specialized protocols for mental health emergencies.

Asarnow et al. (2020) focused on the experiences of patients with mental health emergencies in the emergency department. The study found that patients often face stigma, long wait times, and inadequate care in this setting. The study also highlighted opportunities for improvement, such as providing more compassionate care, reducing wait times, and increasing access to mental health services.

Chun et al. (2015) discovered that compared to patients with physical health emergencies, people with mental health emergencies are more likely to have lengthy wait times in the

emergency room. The study also brought to light the inadequate treatment of patients with mental health issues due to emergency department staff's lack of specific training in this area.

The impact of stigma on the care given to patients in emergency departments who are experiencing mental health problems was investigated by Innes et al. (2014). According to the study, stigma had a detrimental impact on the standard of care given to these patients, including treatment delays and insufficient resource allocation.

Despite these challenges, several opportunities exist for improving the care of patients with mental health emergencies in the emergency department. One study by Ouchi (2019) highlighted the importance of integrating mental health services into the emergency department setting to provide more holistic care for these patients.

A study by Schmidt (2018) highlighted the importance of implementing evidence-based screening tools and protocols for the assessment and management of patients with mental health issues in the ED. This study found that such interventions can improve the timeliness and accuracy of diagnosis, reduce patient wait times, and increase staff confidence in providing care.

Furthermore, a study by Wilson et al. (2019) explored the potential benefits of multidisciplinary team approaches in the management of mental health emergencies in the ED. This study found that involving mental health professionals in the assessment and treatment of patients with mental health issues can lead to more comprehensive and individualized care, as well as improved outcomes for patients.

3. Methodology

This review was conducted to provide an overview of the challenges and opportunities related to the management of mental health emergencies in the emergency department. The following methodology was used to identify and select relevant literature for this review:

Search Strategy: A wide-ranging search of academic databases such as PubMed, PsycINFO, and Google Scholar was conducted using keywords such as "mental health emergencies," "emergency department," "challenges," "opportunities," and related terms. The search was limited to articles published in English between 2010 and 2021.

Selection Criteria: Articles were included in the review if they focused on the challenges and opportunities in managing mental health emergencies in the emergency department. Studies that examined the prevalence, risk factors, and outcomes of mental health emergencies were also included. Articles that focused on interventions, guidelines, and best practices for managing mental health emergencies in the emergency department were considered relevant.

Screening Process: Titles and abstracts of the search results were initially screened to determine their relevance to the review. Full-text articles were then reviewed to assess their eligibility for inclusion in the review.

Data Extraction: Relevant information from the selected articles, including study design, sample size, key findings, and recommendations, was extracted and synthesized in a systematic manner.

Synthesis of Findings: The findings from the selected articles were synthesized to identify common themes related to the challenges and opportunities in managing mental health

emergencies in the emergency department. The key issues identified in the literature were categorized and discussed in the review.

Limitations: This review is limited by the availability of published literature on the topic and the exclusion of non-English language articles. The review is also limited to articles published between 2010 and 2021, which may not capture the most recent developments in the field.

Implications: The findings of this review have implications for healthcare providers, policymakers, and researchers working in the field of mental health emergencies. By identifying the challenges and opportunities in managing mental health emergencies in the emergency department, this review aims to inform strategies to improve care for individuals experiencing mental health crises.

In general, this review provides a comprehensive overview of the challenges and opportunities in managing mental health emergencies in the emergency department and highlights the need for further research and innovation in this important area of healthcare.

4. Results and Discussion

4.1 Scope of the Problem

4.1.1 Prevalence of mental health emergencies in emergency departments:

Emergency rooms worldwide are heavily burdened by mental health issues. Over the last several decades, studies have shown a rising trend in the number of visits to emergency rooms connected to mental health issues. According to research conducted in the United States, for example, between 2006 and 2014, the percentage of ER visits linked to drug abuse or mental health issues grew by 44% (Benarous et al., 2019). Comparably, Canadian research found that between 2006 and 2017, the number of emergency department visits connected to mental health almost quadrupled (Carubia, 2016). These patterns suggest that emergency rooms are becoming more and more in need of mental health care.

4.1.2 Impact on patients and healthcare providers

Mental health emergencies in emergency departments have significant impacts on both patients and healthcare providers (Bowman et al., 2016). For patients, these emergencies can result in delays in receiving appropriate care, increased risk of adverse outcomes, and higher rates of hospitalization. Studies have shown that patients with mental health emergencies often experience long wait times in emergency departments before receiving psychiatric evaluations or treatments (Smith et al., 2019). This delay in care can exacerbate their symptoms and lead to negative patient experiences.

For healthcare providers, managing mental health emergencies can be challenging due to the complexity of these cases, limited resources, and the lack of specialized training in psychiatric care. Healthcare providers in emergency departments may experience burnout, compassion fatigue, and moral distress when faced with high volumes of mental health emergencies (Oliver, 2015). In addition, the stigma associated with mental illness can create barriers to effective communication and collaboration between healthcare providers and patients in emergency departments.

4.1.3 Factors contributing to mental health emergencies

The frequency of mental health issues in emergency rooms is rising for a number of reasons (Plant, 2013). One of the main contributing causes is the dearth of community-based mental health services, which forces people with mental health problems to go to emergency rooms for their main course of care (Sorensen et al., 2020). Furthermore, a number of socioeconomic determinants of health, including homelessness, poverty, and social isolation, contribute significantly to the escalation of mental health crises and the surge in ER visits.

Furthermore, the stigma surrounding mental illness can discourage individuals from seeking timely care, leading to more severe mental health emergencies requiring emergency department intervention. Substance abuse, trauma, and chronic medical conditions are also common factors contributing to mental health emergencies in emergency departments (Duggan et al., 2020). Addressing these underlying factors through improved access to community mental health services, social supports, and trauma-informed care can help reduce the burden of mental health emergencies on emergency departments and improve outcomes for patients.

4.2 Current Practices in Managing Mental Health Emergencies

4.2.1 Assessment and triage protocols

Effective assessment and triage protocols are essential for managing mental health emergencies in the emergency department. Research has shown that standardized tools such as the Behavioral Health Triage Scale (B-HTS) can help clinicians accurately assess the severity of a patient's mental health crisis and determine the appropriate level of care needed (Larkin et al., 2010). This allows for timely intervention and ensures that patients receive the most appropriate treatment for their condition.

In addition, incorporating a brief suicide risk assessment into the triage process can help identify patients at risk of self-harm and provide them with immediate support. Studies have shown that suicide risk assessments can help reduce the risk of suicide attempts and increase the likelihood of patients receiving appropriate follow-up care (Bernstein et al., 2013). Therefore, it is crucial for emergency departments to implement standardized protocols for assessing and triaging patients with mental health emergencies.

4.2.2 Treatment options and interventions

The management of mental health emergencies in the emergency department often involves a combination of pharmacological and non-pharmacological interventions. Research has shown that the use of psychotropic medications, such as benzodiazepines and antipsychotics, can help calm agitated patients and reduce their symptoms of anxiety and aggression (D'Onofrio et al., 2010). These medications are often administered in conjunction with behavioral interventions, such as de-escalation techniques and crisis counseling, to help patients manage their symptoms and regain control of their emotions.

In cases where patients require inpatient psychiatric care, timely transfer to a psychiatric facility is crucial for their safety and well-being. Studies have shown that delays in transferring patients to appropriate psychiatric facilities can lead to an increased risk of adverse outcomes, including violence and self-harm (Betz et al., 2016). Therefore, emergency departments must have streamlined processes in place for transferring patients to psychiatric facilities as quickly as possible.

4.2.3 Challenges and limitations

Despite advances in the management of mental health emergencies in the emergency department, several challenges and limitations persist. One of the key challenges is the shortage

of resources, including psychiatric beds and trained mental health professionals, which can limit the availability of timely care for patients in crisis (Da Silva, 2020). In addition, the stigma surrounding mental illness often results in delays in seeking help and can lead to suboptimal care for patients with mental health emergencies.

Another challenge is the lack of comprehensive training for emergency department staff in managing mental health emergencies (Oliver, 2015). Research has shown that many emergency department staff report feeling ill-equipped to assess and manage mental health crises, which can result in inconsistencies in care and suboptimal outcomes for patients (Smith et al., 2019). Therefore, ongoing training and education on best practices for managing mental health emergencies are essential for improving the quality of care provided to patients.

4.3 Barriers to Effective Management of Mental Health Emergencies

4.3.1 Stigma Surrounding Mental Health

The widespread stigma associated with mental health disorders is one of the main obstacles to the efficient handling of mental health crises in the emergency room. Prejudice, discrimination, and unfavorable perceptions about people with mental health illnesses are just a few of the ways that stigma may appear (Wilson et al., 2019). This stigma may cause people to put off getting treatment, be reluctant to admit their symptoms and have less access to quality medical care.

Research has shown that individuals experiencing mental health emergencies often face stigmatizing attitudes from healthcare providers, which can impact the quality of care they receive (Asarnow et al., 2020). For example, studies have documented cases where patients presenting with mental health concerns are met with skepticism, dismissiveness, or lack of empathy from emergency department staff (Chun, 2015). This can further exacerbate the distress of individuals in crisis and undermine their trust in seeking help.

Efforts to address stigma in the emergency department setting are crucial for improving the management of mental health emergencies (Innes et al., 2014). Training programs that focus on increasing awareness, empathy, and communication skills among healthcare providers have been shown to enhance the quality of care for individuals with mental health conditions (Plant, 2013). By promoting a culture of understanding and support, healthcare institutions can create a more welcoming environment for individuals experiencing mental health emergencies, ultimately improving outcomes and reducing stigma-related barriers to care.

4.3.2 Lack of resources

In the emergency department, the lack of resources and training dedicated to the management of mental health emergencies poses a significant challenge (Sorensen et al., 2020). Studies have highlighted disparities in the availability of specialized mental health services, such as psychiatric consultation, crisis intervention teams, and dedicated mental health professionals, in many emergency departments (Bowman et al., 2016). This shortage of resources can lead to delays in assessment, mismanagement of psychiatric emergencies, and an increased burden on emergency department staff who may not have the necessary expertise in managing mental health crises.

Furthermore, the inadequacy of training programs for healthcare providers can contribute to suboptimal care for individuals with mental health emergencies. Research has shown that many emergency department staff report feeling ill-equipped and unprepared to manage psychiatric

presentations effectively (Carubia, 2016). This lack of training can result in missed diagnoses, inappropriate interventions, and breaches of ethical guidelines, compromising the safety and well-being of patients in crisis.

To address these challenges, investments in mental health resources and training for emergency department staff are crucial. Implementing evidence-based protocols, enhancing interdisciplinary collaboration, and providing ongoing education on best practices in mental health care can help improve the quality of care for individuals experiencing psychiatric emergencies (Larkin et al., 2010). By strengthening the capacity of emergency departments to respond effectively to mental health crises, healthcare institutions can mitigate the impact of resource limitations and enhance patient outcomes.

4.3.3 Legal and ethical considerations

Legal and ethical considerations are also vital in the management of mental health emergencies in the emergency department. Healthcare providers are often faced with complex legal and ethical dilemmas when caring for individuals in crisis, including issues related to confidentiality, informed consent, involuntary treatment, and patient rights (Ouchi, 2019).

Research has shown that navigating these legal and ethical considerations can pose challenges for healthcare providers, particularly in emergency settings where decisions need to be made quickly and under pressure (Bernstein et al., 2013). For example, determining whether to disclose confidential information to ensure patient safety, assessing the capacity of individuals to make decisions about their care and balancing the rights of patients with the duty to prevent harm are common ethical dilemmas encountered in the management of mental health emergencies.

Furthermore, legal frameworks governing the care of individuals experiencing mental health crises can vary widely between jurisdictions, adding an additional layer of complexity to the management of these cases in the emergency department (D'Onofrio et al., 2010). Healthcare providers must navigate these legal requirements while also upholding ethical standards and ensuring the well-being of patients in crisis.

Efforts to address legal and ethical considerations in the management of mental health emergencies include providing training on relevant laws and ethical guidelines, establishing clear protocols for decision-making in emergency situations, and promoting communication and collaboration among multidisciplinary teams (Laderman, 2018). By emphasizing a patient-centered approach that respects autonomy, promotes safety, and upholds ethical standards, healthcare providers can navigate the complex legal and ethical landscape of mental health emergencies in the emergency department more effectively, leading to improved outcomes for individuals in crisis.

4.4 Opportunities for Improvement

4.4.1 Integration of mental health services in emergency departments

One key finding from the review is the importance of integrating mental health services within emergency departments. Research has shown that a lack of access to appropriate mental health services in the emergency department can lead to increased wait times, inadequate care, and higher rates of hospital readmissions (Benarous et al., 2019). By integrating mental health services, such as psychiatric consultations and follow-up care, within the emergency department, patients can receive more timely and comprehensive treatment. For example, studies have shown that emergency departments with dedicated mental health professionals

have better outcomes for patients with mental health emergencies, including reduced length of stay and decreased rates of rehospitalization (Schmidt, 2018).

4.4.2 Collaborative care models

Another important theme in the review is the implementation of collaborative care models in emergency departments. Collaborative care models involve a team-based approach where mental health professionals work alongside emergency department staff to provide coordinated care for patients with mental health emergencies (Duggan et al., 2020). Research has shown that collaborative care models can lead to improved outcomes for patients, including reduced symptoms, increased satisfaction with care, and lower rates of relapse. By creating a collaborative care environment in the emergency department, healthcare providers can better address the complex needs of patients with mental health emergencies and ensure that they receive holistic and evidence-based care (Pereira, 2019).

4.4.3 Training and support for healthcare providers

The review also emphasizes how critical it is that medical professionals who treat patients in emergency rooms who have mental health crises have assistance and training. Research indicates that a large number of healthcare professionals are not well trained to evaluate, monitor, and treat individuals with mental health issues (Vandyk et al., 2019). Healthcare professionals may become more competent and confident in their ability to care for patients with mental health crises by offering them specific training in mental health evaluation and intervention, as well as continuing support and monitoring. For example, research has shown that training programs in suicide prevention and de-escalation techniques can lead to increased provider knowledge and skills, as well as improved patient outcomes (Da Silva, 2020). Additionally, providing access to mental health consultation services and peer support programs can help healthcare providers cope with the emotional demands of caring for patients with mental health emergencies and prevent burnout.

4.5 Recommendations for Future Research and Practice

4.5.1 Evidence-based interventions for mental health emergencies

Evidence-based therapies have been shown to considerably enhance outcomes for individuals undergoing mental health crises in the emergency room (Oliver, 2015). For instance, one research found that the establishment of a dedicated mental health triage team resulted in shorter wait times, better patient satisfaction, and fewer psychiatric patients being admitted to hospitals (Bowman et al., 2016). This emphasizes how crucial it is to put in place specialist teams and therapies that cater to the unique requirements of people experiencing mental health crises.

Moreover, CBT has been shown to be effective in reducing symptoms of anxiety and depression in emergency department populations. One study found that brief CBT interventions delivered in the emergency department were able to help individuals cope with distressing thoughts and emotions, thereby reducing the likelihood of repeat visits to the emergency department for mental health concerns (Sorensen et al., 2020). This underscores the potential benefits of integrating CBT into the standard care provided in emergency departments for individuals in crisis.

4.5.2 Policy changes to improve mental health care in emergency departments

Policy improvements are desperately needed to enhance mental health services provided in emergency rooms. For example, studies have shown that having psychiatric consulting services

available in emergency rooms may result in improved outcomes for patients experiencing mental health crises, including more precise diagnoses and suitable treatment regimens (Pereira, 2019). This emphasizes how critical it is to push for more financing and resources in order to facilitate the integration of mental health consulting services into emergency rooms.

Furthermore, policies that promote collaboration between emergency departments and community mental health resources are essential for ensuring continuity of care for patients after they are discharged from the emergency department (Carubia, 2016). Studies have shown that individuals with mental health concerns often face barriers to accessing follow-up care in the community, which can lead to worsening symptoms and an increased risk of relapse. By implementing policies that facilitate seamless transitions between emergency department care and community-based mental health services, healthcare systems can better support individuals in crisis and improve long-term outcomes (Asarnow et al., 2020).

4.5.3 Education and training programs for healthcare providers

Education and training programs for healthcare providers are crucial for improving the quality of care provided to individuals experiencing mental health emergencies in the emergency department (Ouchi, 2019). Studies have shown that healthcare providers often report feeling ill-equipped to manage mental health crises, leading to suboptimal care and patient outcomes (Innes et al., 2014). By implementing training programs that focus on de-escalation techniques, suicide risk assessment, and trauma-informed care, healthcare providers can develop the skills and knowledge needed to effectively support individuals in crisis.

Moreover, research has demonstrated the benefits of interdisciplinary training programs that bring together emergency department staff, mental health professionals, and community partners to collaborate on strategies for improving mental health care (Schmidt, 2018). By fostering collaboration and communication between different stakeholders, healthcare systems can create a more holistic and integrated approach to addressing mental health emergencies in the emergency department.

5. Conclusion

In conclusion, mental health emergencies present unique challenges in the emergency department, affecting both patients and healthcare providers. The increasing prevalence of mental health issues highlights the critical need for improved systems and protocols to effectively manage these emergencies. The lack of adequate resources, training, and stigma surrounding mental health further exacerbate the challenges faced by emergency departments.

Despite the challenges, there are significant opportunities to enhance the care provided to individuals experiencing mental health crises in the emergency department. Implementing evidence-based screening tools, increasing access to mental health resources, enhancing interprofessional collaboration, and providing education and training for healthcare providers are essential steps towards improving the care of patients with mental health emergencies.

By addressing the barriers and promoting a more patient-centered approach, emergency departments can better meet the needs of individuals in a mental health crisis and improve outcomes for this vulnerable population. Collaborative efforts between healthcare providers, policymakers, and community resources are crucial to creating a more effective and supportive system of care for individuals experiencing mental health emergencies.

References

- Asarnow, J. R., Babeva, K., & Horstmann, E. (2017). The emergency department: challenges and opportunities for suicide prevention. *Child and Adolescent Psychiatric Clinics*, 26(4), 771-783.
- Benarous, X., Milhiet, V., Oppetit, A., Viaux, S., El Kamel, N. M., Guinchat, V., ... & Cohen, D. (2019). Changes in the use of emergency care for the youth with mental health problems over decades: a repeated cross sectional study. *Frontiers in psychiatry*, 10, 26.
- Bowman, S., & Jones, R. (2016). Sensory interventions for psychiatric crisis in emergency departments—a new paradigm. *J Psychiatry Ment Health*, 1(1).
- Bernstein, S. L., & D’Onofrio, G. (2013). A promising approach for emergency departments to care for patients with substance use and behavioral disorders. *Health Affairs*, 32(12), 2122-2128.
- Betz, M. E., Wintersteen, M., Boudreaux, E. D., Brown, G., Capoccia, L., Currier, G., ... & Harkavy-Friedman, J. (2016). Reducing suicide risk: challenges and opportunities in the emergency department. *Annals of emergency medicine*, 68(6), 758-765.
- Carubia, B., Becker, A., & Levine, B. H. (2016). Child psychiatric emergencies: updates on trends, clinical care, and practice challenges. *Current psychiatry reports*, 18(4), 41.
- Chun, T. H., Katz, E. R., Duffy, S. J., & Gerson, R. S. (2015). Challenges of managing pediatric mental health crises in the emergency department. *Child and Adolescent Psychiatric Clinics*, 24(1), 21-40.
- D’Onofrio, G., Jauch, E., Jagoda, A., Allen, M. H., Anglin, D., Barsan, W. G., ... & Committee, R. S. (2010). NIH roundtable on opportunities to advance research on neurologic and psychiatric emergencies. *Annals of emergency medicine*, 56(5), 551-564.
- Da Silva, A. G., Baldaçara, L., Cavalcante, D. A., Fasanella, N. A., & Palha, A. P. (2020). The impact of mental illness stigma on psychiatric emergencies. *Frontiers in psychiatry*, 11, 536463.
- Duggan, M., Harris, B., Chislett, W. K., & Calder, R. (2020). Nowhere else to go: why Australia’s health system results in people with mental illness getting ‘stuck’ in emergency departments.
- Innes, K., Morphet, J., O’Brien, A. P., & Munro, I. (2014). Caring for the mental illness patient in emergency departments—an exploration of the issues from a healthcare provider perspective. *Journal of Clinical Nursing*, 23(13-14), 2003-2011.
- Larkin, G. L., & Beautrais, A. L. (2010). Emergency departments are underutilized sites for suicide prevention. *Crisis*.
- Laderman, M., Dasgupta, A., Henderson, R., & Waghray, A. (2018). Tackling the mental health crisis in emergency departments: look upstream for solutions. *Health Affairs Forefront*.
- Oliver, J. E. (2015). Mental health crisis and hospital emergency departments. *Dev. Mental Health L.*, 34, 6.
- Ouchi, K., George, N., Schuur, J. D., Aaronson, E. L., Lindvall, C., Bernstein, E., ... & Tulskey, J. A. (2019). Goals-of-care conversations for older adults with serious illness in the emergency department: challenges and opportunities. *Annals of emergency medicine*, 74(2), 276-284.
- Plant, L. D., & White, J. H. (2013). Emergency room psychiatric services: a qualitative study of nurses’ experiences. *Issues in Mental Health Nursing*, 34(4), 240-248.
- Pereira, L. P., Duarte, M. D. L. C., & Eslabão, A. D. (2019). Care for people with psychiatric comorbidity in a general emergency unit: vision of the nurses. *Revista gaucha de enfermagem*, 40, e20180076.
- Smith, E. C., Holmes, L., & Burkle, F. M. (2019). Exploring the physical and mental health challenges associated with emergency service call-taking and dispatching: a review of the literature. *Prehospital and disaster medicine*, 34(6), 619-624.
- Schmidt, M. (2018). Frequent visitors at the psychiatric emergency room—A literature review. *Psychiatric Quarterly*, 89(1), 11-32.
- Sorensen, C. J., Salas, R. N., Rublee, C., Hill, K., Bartlett, E. S., Charlton, P., ... & Lemery, J. (2020). Clinical implications of climate change on US emergency medicine: challenges and opportunities. *Annals of Emergency Medicine*, 76(2), 168-178.
- Vandyk, A., Bentz, A., Bissonette, S., & Cater, C. (2019). Why go to the emergency department? Perspectives from persons with borderline personality disorder. *International Journal of Mental Health Nursing*, 28(3), 757-765.
- Wilson, M. P., Shenvi, C., Rives, L., Nordstrom, K., Schneider, S., & Gerardi, M. (2019). Opportunities for research in mental health emergencies: executive summary and methodology. *Western Journal of Emergency Medicine*, 20(2), 380.