

Social Determinants of Mental Health in National Spotlight

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New white paper addresses behavioral healthcare in the ED and the SDoMH

The social determinants of health (SDoH) are on everyone's watch list, but attention must also go to the social determinants of mental health (SDoMH). The costs incurred to treat behavioral health and substance abuse in emergency departments are rapidly escalating. Poor management of these patients drains already tapped resources and provides limited meaningful treatment.

A recently released white paper by the Institute for Healthcare Improvement and Well Being Trust organizations hopes to shift the care dilemma. The paper, [Improving Behavioral Healthcare in the Emergency Department and Upstream](#), provides hospital EDs and their community partners with strategic guidance to render more compassionate, seamless, and effective systems of care for patients with mental health conditions. The guidelines are important considerations to mitigate gaps in care, enhance treatment processes, and reduce costs and readmissions.

The SDoMH invokes major challenges for EDs. They drive [unnecessary visits](#); the average patient with psychiatric needs directly costs an ED \$1,198-\$2,264 per visit. These patients can easily present dozens of times annually, and for varied reasons: inability to access appropriate and timely psych follow-up, and access of prescriptions, to name a few. To make matters worse, mental health and substance abuse treatment deserts exist throughout the country, especially in rural regions. This fact leaves EDs as often the only site to access care. Assorted reports identify how Medicaid recipients face greater challenges in obtaining needed behavioral health and substance abuse treatment. Creative ways to incorporate behavioral health models in EDs, as well as in primary care, is a clear mandate. These types of proactive solutions to the SDoH and SDoMH minimize the currently rampant reactive responses.

Eight U.S. hospitals engaged in agreeing to become part of an 18-month learning community. One of the hospitals recognized is in Maine: Maine Medical Center (MaineHealth), Portland

Participants tested strategies for improving patient outcomes and experiences of care. They were able to profoundly decrease avoidable repeat ED visits for individuals with mental health and substance use disorders. Additionally, several of the hospitals reduced:

ED length of stay; The number of patient-to-staff assaults; Restraint use

This triple-headed monster impacts workforce safety, retention, and burnout across every setting, further impacting the fiscal and human toll incurred by the SDoMH.

The white paper provides a number of recommendations, including:

- Leveraging community partnerships and inter-professional team expertise.
- Prioritizing trauma-informed care training to enhance response to patients.
- Addressing the needed cultural shift in practices for behavioral health and addiction.
- Enhancing the information flow to create standardization and accountability.
- Updating hiring procedures to support new roles.

- Soliciting family input in how the treatment should work.
- Standardizing ED processes, while making sure organizational cultures support process changes.

The recommendations should be implemented across healthcare organizations. It is expected that they will contribute to much-needed efforts that effect change toward providing holistic healthcare to ED consumers.