Structural Abstract

LOCAL PROBLEM
The need to increase access to psychiatric health care in the northwestern Georgia geographic area is paramount. Currently, there are only three mental health facilities in the local area. Psychiatric presentations were ranked as the ninth highest reason for emergency department (ED) visits. The three psychiatric healthcare facilities offer inpatient and outpatient mental health treatment, but they are unable to provide psychiatric help to all of those in need.

PROJECT PURPOSE
The purpose of this project is to highlight the importance of providing quality, safe, and secure access to psychiatric healthcare for the vulnerable mental health population and to show that improved access to telepsychiatry may decrease the burden that is placed on emergency departments and in-patient psychiatric facilities.

METHODOLOGY
The Ace Star Knowledge Model of Transformation provided the framework for this project. The nursing staff were trained to provide every psychiatric patient that was deemed as non-crisis (not suicidal or homicidal) a survey to determine if they had access to telepsychiatry and if they felt that talking to a licensed professional over a telephone would have prevented them presenting to the emergency department. The survey was dispersed in triage for patients presenting via the lobby and in the dedicated behavioral area for patients presenting via ambulance. Data concerning psychiatric ED presentations was collected for 30-days before, 30-days during, and 30-days after the telepsychiatry project. The total time for the project was 90 days and consisted of three phases. Phase I consisted of gathering quantitative data of all psychiatric presentations to the ED. Phase II consisted of presenting the survey to non-crisis psychiatric patients and supplying the telepsychiatry phone number. Phase III consisted of collecting quantitative data on all psychiatric presentations to the ED since supplying the telepsychiatry phone number to determine if a reduction in psychiatric patients presents to the ED had occurred.

RESULTS
There were 376 suicidal/homicidal patients and 191 non-suicidal/homicidal mental health patients for a total of 567 psychiatric presentations to the ED for the 90-day observation period. The intervention portion of the project (Phase II) resulted in 162 mental health presentations to the ED for psychiatric evaluation and treatment. Of these patients, 111 were at risk for being suicidal/homicidal, therefore, only 51 were deemed eligible to participate in the project. There were 21 patients that chose not to participate and 30 that did participate in the telepsychiatry project.
The results are as follows for the 30 participants:

- 11/30 (36%) reported that they had access to telepsychiatry
- 19/30 (64%) reported they did not have access to telepsychiatry
- 16/30 (53%) reported that having access to telepsychiatry would have prevented their presentation to the ED
- 14/30 (47%) reported that having access to telepsychiatry would not have prevented them presenting to the ED

**IMPLICATIONS FOR PRACTICE**

Benefits of telepsychiatry include more prompt access to psychiatric assistance to those in need and a reduction in the use of emergency resources.

The results of this project revealed that 53% of the patients surveyed felt that having access to telepsychiatry would have prevented their presentation to the ED. These results support the idea that telepsychiatry has the potential to improve access to mental health care. The ED is very fast-paced and often too busy to adequately provide information on the availability of telepsychiatry to patients. ED providers and administrators should consider the benefits of providing this information to patients who present with mental health conditions in order to save time, money, and perhaps even lives.

*Keywords: telepsychiatry, access, need, mental health*

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