

Use of the Emergency Department for Mental Health and Substance Abuse among Women

Frequent users of the emergency department (ED) are more likely to have chronic medical conditions, drug or alcohol problems, and mental illness diagnoses.¹ During 2015, roughly 43.4 million adults in the U.S. were diagnosed with some type of mental illness; an additional 15.1% were diagnosed with an alcohol use disorder.² Typically, women are more likely than men to present to the ED for mental health (MH) diagnoses while men are more likely than women to present with substance abuse (SA) issues.³ The use of EDs for MH increased from 4.9% of all ED visits in 1992, to 6.3% during 2001; the rate continues to rise.⁴

The ED may be an important gateway to care for both MH and SA. However, there is concern around the over reliance on the ED for MH and SA services with focus on lack of resources, cost of care, quality of care, increased waiting times, and overcrowding.⁴ Understanding who is using the ED more often for both MH and SA may allow communities to identify preventive services for these individuals, reducing the strain on EDs, and providing more relevant, appropriate, and less costly care.

Methods

Data for this study were obtained from the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project. Data were gathered from the State Inpatient Database and State Emergency Department Database for calendar year 2013. States included were Arizona, Iowa, Kentucky, New Jersey, North Carolina, Vermont, and Wisconsin, which was representative of the four Census Bureau Regions. ICD-9 codes for MH and SA were included; those codes for Alzheimer's Disease and Dementia were excluded because these diagnoses frequently require more medical than psychiatric interventions, and are characterized by the development of multiple cognitive impairments. ED visits meeting the diagnostic criteria were analyzed for statistically significant differences at $p < 0.05$ or better.

Use of ED for MH/SA Diagnoses

In the sample, there were 11,129,457 cases. Women accounted for a majority (71.7%) of all ED visits (any diagnosis). Roughly 14.6% of all ED visits were for a MH/SA diagnosis. Overall, individuals between 18 and 44 years of age used the ED for MH/SA diagnoses (48.7% of all MH/SA ED visits) more than those 45-64 (32.2%), and those ages 65 and older.

Much like general ED use, a majority (61.0%) of all MH/SA ED visits were for women. Women were more likely than men to utilize the ED for MH/SA concerns across Urban, Large Rural, Small Rural, and Isolated Rural areas. See Figure 1.

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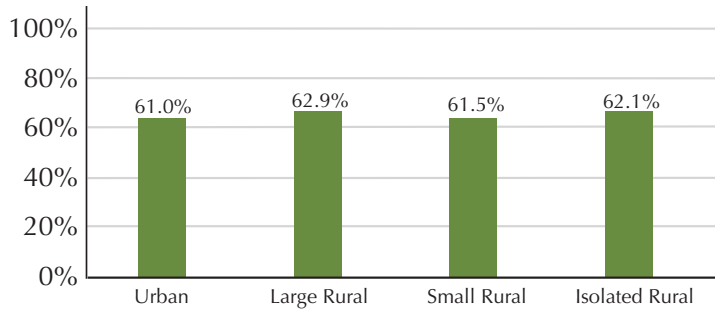
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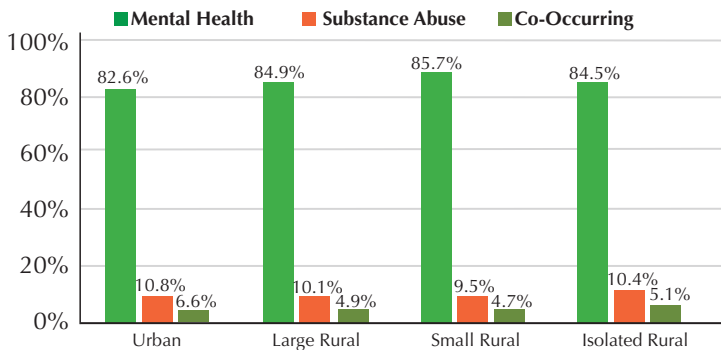
Support was provided by the
Health Resources and Services
Administration, PHS Grant No.
U1CRH24742

Figure 1. Percent of MH/SA ED Visits that were Women, by Geography



Results indicated that women used the ED for MH diagnoses at a much higher rate than for SA. These results were consistent across Urban, Large Rural, Small Rural, and Isolated Rural areas. See Figure 2. Females in Urban communities were slightly more likely to present with a co-occurring MH/SA condition. The two most common primary MH diagnoses for women presenting to the ED for MH/SA were anxiety, and mood disorder.

Figure 2. Percent of SA, MH, & Co-Occurring ED Visits among Women



Conclusions

The use of the ED for MH/SA diagnoses is increasing. Women were more likely than men to use the ED for MH/SA related diagnoses. When looking at MH and SA separately, women were significantly more likely to be presenting with a primary diagnosis of a MH disorder than SA, or a co-occurring diagnosis of both MH and SA.

It is important to recognize who is using the ED for MH services to develop targeted interventions. One example would be addressing gender sensitivity when training primary care givers. This would allow for identification of gender specific barriers that women experience when accessing primary care for mental health services.⁵

Outreach groups for women with mental health conditions may also reduce overcrowding and ensure women have appropriate mental health care. Outreach groups have been recommended to provide patients with treatment options and to remind them of their appointments. Researchers found that patients were more likely to attend their first MH related appointment when utilizing these services.⁴

Regardless of the chosen intervention, EDs would be well served to identify community and support services for women presenting to the ED for MH conditions. As research continues to highlight the need for mental and behavioral health providers,⁶ studies must continue to explore the impact this workforce shortage may have on increased ED utilization for both MH and SA.

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Additional Information

Support for this Fact Sheet was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, PHS Grant No. U1CRH24742. This fact sheet has a corresponding policy brief entitled *Rural and Urban Utilization of the Emergency Department for Mental Health and Substance Abuse Disorders* available at ruralhealth.und.edu/assets/355-922/rural-urban-utilization-emergency-department.pdf.

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