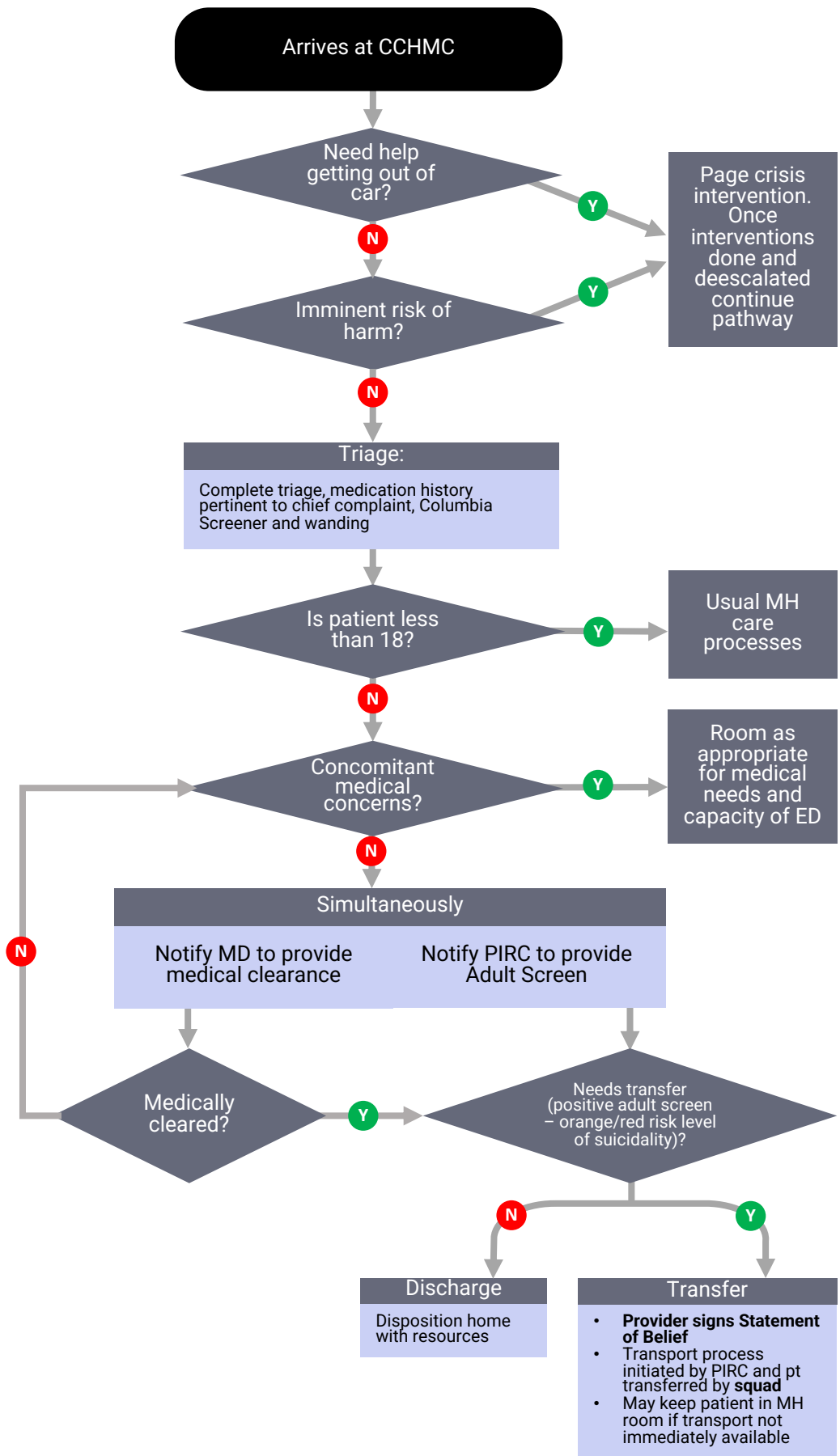


Adult (≥18 years) with mental health concern



Categories of adults

<18: Definitive medical and MH care at CCHMC. Room pt for medical care

18+ MH concern only: Medical and MH screening and transfer if indicated. In triage or room

18-21 with mixed medical/MH concern: Definitive medical care at CCHMC, MH screening and transfer if screens positive once medically cleared. Room pt for medical care

21+ (not in CCHMC-approved program) with mixed medical/MH concern: Medical and MH screening and transfer if indicated. In triage or room

Statement of Belief

Necessary if the patient is 18.00 or older and meets criteria for significant suicide risk/homicide risk/psychosis

Patients **MUST** be transferred by squad if statement signed

Once statement signed, AMA no longer an option

Give completed form to the nurse who will share with ESR for scanning and include at transport

Responsibilities by Role

Nurse: Usual MH care including triage assessment, Columbia screener, secure belongings, etc. Initiates transfer process. Handoff to receiving facility.

PIRC: Completes Psychiatric Adult Screen, communicates recommendation to provider, identifies facility for transfer

Protective Services: Usual MH processes

Provider: Signs Statement of Belief (if needed). Calls OSH facility to arrange acceptance before transport.

Talking Points (for communication with families)

Staff “talking points” patients 18+ years with a primary MH/BH concern

- As an emergency department, we assess every patient who comes to us asking for help and care.
- Our care for patients who are legal adults (at/past the age of 18 years) if they present for a mental or behavioral health concern does have some unique steps. Our assessment includes attention to any medical concerns as well as mental health related concerns.
- Because our psychiatry partners do not admit patients who are legal adults, we follow a screening process led by our mental health clinical consult team (PIRC) who help us understand your current needs and risks to your health.
- If your needs and risks are high, we will need to discuss how best to safely transfer you to an adult facility. We will update you with the results of our assessment as soon as we complete our screening steps.

Staff “talking points” for invoking a statement of belief process

- We have completed a medical screen, and with the support of our mental health clinical consult team, have also completed a mental health risk screening step.
- We are **highly concerned about your level of risk** (for suicide, for being a danger to yourself or other), **and we want to ensure that you safely get to an adult hospital where a comprehensive mental health assessment can be completed.**
- I have signed a form that documents my concern for your mental health, and **we will arrange for safe transport for you in an ambulance. As a licensed physician in the state of Ohio, I have the legal responsibility to keep you safe and to ensure this next step of assessment happens.** We ask for your cooperation as we arrange for safe transportation in an ambulance.

Care of Adult Patients with Mental Health or Behavioral Concerns in CCHMC EDs

This document assists with the management of the adult patient in need of psychiatric evaluation at the Burnet Campus ED and Liberty Campus ED of CCHMC. For the purposes of this document, adult indicates a patient equal to or over the age of 18.00 years.

An adult patient who presents to the ED for help may need mental health care and assessment as part of their care seeking in that moment. This document is intended to be inclusive of either a primary mental health concern or a mixed concern, including medical or trauma complaints. This document specifically uses the term “adult patient in the pediatric ED” to ensure consistent language around the obligation to the patient and avoids the label of a patient as “psychiatric”, “belonging to psychiatry”, or related terms.

Key principles that apply to adult patient in the pediatric ED where mental health is part of the chief complaint:

- EMTALA guides our approach to screen and care for patients of any age, who request help at triage
- All patients registered in the ED are under the care of the pediatric ED attending (faculty or clinical staff).
- Our system of care makes distinctions between adult patients between the ages of 18.00-20.99 years and those who are aged 21 years and older for how we approach screening and treatment. We also recognize that certain subspecialties follow patients well beyond 21 years at CCHMC, and that those patients may have both medical and mental health concerns on arrival to the ED. The applicable policies for the evaluation and disposition of patients 21 years or older should be followed, and this reference is not intended to replace or alter those policies.

This document will address four distinct aspects of our model of care for the adult patient in the pediatric ED with psychiatric concerns: **triage, medical screening, risk screen for mental health, and disposition.**

Triage.

All patients who present for care to the pediatric ED, regardless of age, will have a full triage assessment completed, per standing guidelines of emergency nursing practice. At the completion of triage, the nurse is expected to identify the patient as belonging to one of the following groups:

- 1) Emergent and in need of resuscitation: STS or Big Room
- 2) Emergency Services Index (ESI) 2-5 and 18.00-20.99 years of age with a *mixed* concern for mental health and medical/trauma complaints: requires rooming for full assessment, care, and disposition
- 3) ESI 2-5 and 18.00-20.99 years of age with an isolated mental health concern: hold at triage for medical screening and risk screen. At times, placement in a room may be appropriate based on crowding and arrival patterns.
- 4) 21.00 years of age or older with primary mental health or mixed presentation: hold at triage for screening and risk screen if needed, as well as medical screening and stabilization. If the patient has a medical mixed presentation and is in a CCHMC adult-approved program and presents with a complaint related to the program of which they are a part, according to hospital policy medical care will take priority and the patient should be roomed.

Medical Screening.

Medical screening at triage for an adult patient in the pediatric ED seeks to identify immediate life threats and need for stabilization prior to likely transfer to an adult ED. A physician (PEM faculty or clinical staff) completes the medical screen. The physician is expected to partner with the triage nurse to identify whether the patient has medical, trauma, or mental health concerns or a combination thereof.

An adult patient over the age of 21 years with primary medical, surgical or trauma concerns should be transferred to an adult facility, unless they are followed by a CCHMC specialty or hospital policy otherwise dictates evaluation in the pediatric ED. If mental health concerns are primary or a significant element of the presenting complaint of a stable adult patient, the ED triage nurse or ED physician will request consultation from PIRC for a risk screen.

Risk screen for mental health

The Adult Psychiatric Risk Screen will be completed by the PIRC consultant and include the CSSR-S instrument. This evidence-based tool offers consistent and reliable risk levels. An adult patient who is screened in the yellow range may be eligible for discharge from the pediatric ED with resources provided on where adult care for mental health can be sought. An adult patient who is screened in the orange or red zone is considered at significant risk making them ineligible for discharge and requires a full assessment from an adult provider.

Columbia-Suicide Severity Rating Scale – Screen Version Recent

	Current	
Ask Questions 1 and 2	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. Have you been thinking about how you might do this? E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4. Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts but I definitely will not do anything about them."		
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: Was this within the past three months?		

Disposition

The ED physician is responsible for determining the disposition of the adult patient in the pediatric ED. In collaboration with PIRC, if the primary concern is mental health, the ED physician should review the risk screen and their own independent assessment to determine risk level and the optimal disposition. The final determination for safety of disposition is entrusted to the treating physician.

A competent adult patient in the yellow range for mental health risk *may* be eligible for primary discharge, with resources provided for follow up, at the discretion of the ED physician.

An adult patient in the orange/red range is considered at significant risk for self-harm and is expected to require safe transfer via medical squad transport to an adult facility under a statement of belief form. Ohio law gives a licensed physician the authority to detain and transport an adult felt to be at substantial risk of harm to themselves or others.¹ The statement of belief form documents the physician's rationale for this determination (see example Appendix A and B.) The statement of belief form is a temporary measure intended to secure the patient's safe arrival to an adult facility and is NOT a 72-hour hold. **As the patient's risk is deemed substantial once the statement of belief is signed, they would not be eligible to be transported by private vehicle to the adult facility.** CCHMC will coordinate transfer by medical squad transport to the adult facility.

Special circumstance – neurobehavioral patients. Historically, a neurobehavioral patient followed by CCHMC specialists in DDBP and/or psychiatry, regardless of patient age, has remained eligible for admission to College Hill. As of August 2023, this exemption ended for patients 18.00 years or older. This specialized patient population will require transfer to an adult psychiatric assessment facility for further psychiatric evaluation if substantial risk is present.

1. Ohio Revised Code. Title 51 Public Welfare. Section 5122. Hospitalization of Mentally Ill. Last revised 4.2023

SAMPLE STATEMENT OF BELIEF

TO: The Chief Clinical Officer of _____
(Regional Psychiatric Hospital - RPH/Facility Name) (Date/Time)

The undersigned has reason to believe that: _____
(Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B Section 5122.01 of the Revised Code, i.e., this person

- (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed clinical psychologist, licensed physician, health or police officer, sheriff or deputy sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

SAMPLE STATEMENT OF BELIEF

APPLICATION FOR EMERGENCY ADMISSION
In Accordance with Section 5122.10 ORC

Name of Person to be Admitted

STATEMENT OF BELIEF (continued)

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Signature

Title/Position/Badge or License No.

Place of Employment

**STATEMENT OF OBSERVATION BY PSYCHIATRIST, LICENSED PHYSICIAN,
OR LICENSED CLINICAL PSYCHOLOGIST, IF APPLICABLE**

Place of Observation (e.g., community mental health center, general hospital, office, emergency facility)

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Signature

Title

Approved

Yes No

Signature of Chief Clinical Officer

Date/Time