

Typology of patients who use emergency departments for mental and substance use disorders

Enhanced understanding of the typology of patients who use hospital emergency services in Québec for mental health or substance use disorders (MH-SUD) could guide the development of interventions that more accurately target the needs of these patients. The goal of this study was to create a typology of those patients that takes into account frequency of use of emergency services linked to MH-SUD, using Anderson's model. A total of 320 patients who had used six emergency departments in Québec were recruited. Their sociodemographic and clinical profiles, which included SUD and use of emergency services for MH-SUD, were documented. Results highlight the importance of adapting interventions to different patient profiles, and recommendations are made based on these profiles.

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Background/Issue

Reforms made in the field of health over the past decades have mostly encouraged provision of out-patient services and services to the community. However, successive transformations of the health system have had major effects on access to services and have resulted in high use of emergency services, especially by people with mental health and substance use disorders. Emergency departments provide rapid access to MH-SUD services and a safety net for people who need immediate care. If used too frequently or inappropriately, emergency departments are also considered to be indicators of the quality of a health system. The goal of this study was to identify a typology of patients who use emergency services for MH-SUD, taking into account the diversity of these individuals' profiles.

Methodology

The study was conducted in six emergency departments located in four administrative regions in Québec; 320 patients were recruited from January to June 2017. To be eligible, patients had to be 18 years of age or older and have been to emergency departments for reasons related to MH-SUD. Just over half of participants were women (52%), and the average age was 39 years. All participants completed questionnaires documenting their sociodemographic and clinical profiles including SUD via two standardized instruments (*Alcohol Use Disorders Identification Test* [AUDIT] and *Drug Abuse Screening Test-20* [DAST-20]), as well as their use of services for MH-

-SUD. Health administrative data (RAMQ-health services, Med-Écho-hospitalization, BDCU-emergency services, etc.) collected for participants were also used to supplement clinical data and information about service utilization over the 12 months preceding participants' visits to emergency (recruitment date). Cluster analyses revealed four distinct profiles of emergency department users for MH-SUD reasons.

Highlights

Profile 1 (23% of the sample) – This profile presented moderate use of emergency departments (average of 0.75 visits over the past 12 months). Compared with the other 3 profiles, this one showed the lowest use of emergencies, although it was not statistically different from Profiles 3 and 4. Profile 1 was composed primarily of young men with low levels of education and low incomes. It included mostly patients with SUD (especially alcohol, but also drugs) and fewer patients with mental health problems. Compared with the other profiles, most of these patients did not have family doctors, and few used primary care or services specializing in MH-SUD.



Highlights

Profile 2 (21% of the sample) – This profile reported the highest frequency of emergency department use; these patients can be described as “high users” of emergencies (4.64 visits/12 months). It included patients who have more multiple mental disorders (common, severe and personality disorders) and SUD (specifically drugs, but also alcohol). Compared with the other profiles, Profile 2 had the heaviest users of specialized services (an average of 22.26 consultations with a psychiatrist, and 2.11 hospitalizations/12 months). No specific sociodemographic characteristics distinguished this profile from the other three.

Profile 3 (28% of the sample) – This profile as well as Profile 4 used emergency services moderately (1.14/12 months). Compared with the other profiles, Profile 3 included more middle-aged women (30–44 years), who were more educated, were employed and of higher socioeconomic status. It was comprised mostly of patients with common mental disorders, especially depression. These patients were the ones who most often reported having a family physician as well as the highest number of visits to a general practitioner (3.11 visits/12 months).

Profile 4 (28% of the sample) – This profile also reported moderate use of emergency services (1.32/12 months). It included more older patients (+45 years), with chronic physical conditions. Compared with the other profiles, these patients reported more severe mental disorders and fewer SUD. A higher number of these patients also reported having a family physician and had consulted out-patient services, that is primary and specialized care (general practitioner: 2.24; psychiatrist: 12.30/12 months), compared with most of the other profiles.

Conclusion

This study demonstrated the diverse profiles of patients using emergency departments for MH-SUD. Profile 1, especially men, primarily presented SUD and, on the whole, used services very little. Profile 2 included mostly concomitant MH-SUD, and stood out by heavy use of emergency and specialized services. Profiles 3 (especially women with common mental health disorders) and 4 (also chronic physical conditions, more severe mental disorders, but few SUD) reported mostly moderate use of emergency services and greater use of primary care; Profile 4 also reported use of psychiatric care.

These profiles support implementation of more targeted out-patient interventions to help patients. In particular, for Profile 1: addiction liaison teams, motivational, harm reduction and outreach intervention strategies; for Profile 2: intensive or variable intensity follow-up and crisis teams; for Profiles 3 and 4: collaborative care (Profile 3: two general practitioners, psychiatrists; Profile 4: also including other specialists); and for Profile 4: also peer-support groups and other community services. Overall, access to family physician care should be improved.

Keywords

- / Use of emergency services
- / Patient profiles
- / Mental disorders (common: depression and anxiety; severe: schizophrenia and bipolar disorders; and personality disorders)
- / Substance use disorders (alcohol and drugs)
- / Cluster analysis

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