# The Creation of a Rapid Psychiatric Stabilization Team for Psychiatric Surge Volumes

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## Background

The COVID-19 pandemic has impacted our community in many ways, with negative downstream effects on the mental health system. Greater limitations on community resources have resulted in increased emergency room visits for acute mental health treatment. The increase in patients, along with limited resources, has led to patients boarding for hours to days in emergency rooms and medical floors.

## Methods

Given the need for acute psychiatric treatment in the ED and medical floor, a rapid psychiatric stabilization (RPS) team was created. This team consists of 2 complex case Behavioral Health (BH) managers, ED BH case managers, advanced practice clinicians, and adult, consultation and child/adolescent psychiatrists; they meet virtually each morning to deploy resources where needed. The goal is to start active psychiatric treatment at time of presentation.

### Results

Examples of cases treated by the RPS team:

#### **EXAMPLE #1**

J.R. is a 10 yr. old who presented to the ED for increasing aggressive behaviors. Initial recommendation was for inpatient psychiatric admission; however, no bed was able to be secured. A psychiatrist met with J.R. daily and started medication for his aggression. After 4 days in the ED, J.R was stable for discharge, with an aftercare plan arranged by the complex BH case manager. Additionally, the team collaborated with his pediatrician to obtain prior authorization for psychotropic medication until an outpatient psychiatric appointment was secured.

#### **EXAMPLE #2**

H.B. is a 28 yr. old who presented to the ED with SI, however, was medically admitted due to being COVID positive. She was treated psychiatrically on the medical floor. As a result, she was discharged prior to her 10-day quarantine was completed, due to her positive response to treatment and because she no longer met inpatient level of care. Psychiatric follow up was arranged by the complex BH case manager. Prior to establishing the RPS team, discharges from the medical floor would have been difficult due to the inability to set up aftercare and the lack of aggressive psychiatric treatment on the floors.

# Conclusion

Discussion

The increased need for psychiatric treatment, coupled with the reduction of community resources, will cause psychiatric providers to rethink and redesign care in the post-pandemic world. The deployment of a RPS team to actively treat patients in non-traditional psychiatric settings is just one attempt at dealing with the psychiatric crises.

The American Academy of Child and Adolescent

Psychiatry and Children's Hospital Association have

declared a national emergency in children's mental

with a 7.6% increase in Pennsylvania. Additionally,

6% nationally and 16% in Pennsylvania. At Lehigh

Valley Health Network, psychiatric emergency room

Clearly, demand for psychiatric treatment has grown,

creating strain on the limited recourses available.

presentations have increased by 1,401 (20%) compared

to last year and and finished at 8,359 patients evaluated.

health. Data from Mental Health America showed that

any mental illness in 2021 has increased 5% nationally,

adults with serious thoughts of suicide have increased

#### REFERENCES

<sup>1</sup> American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, & Children's Hospital Association. (2021, October). "Declaration of a national emergency in child and adolescent mental health. American Academy of Pediatrics." Retrieved from https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-ofa-national-emergency-in-child-and-adolescent-mental-health/

<sup>2</sup> Reinert, M, Fritze, D. & Nguyen, T. (2021, October). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.



