

EMPATH

A new approach to mental health crisis

BY LINDA PICONE

The emergency department of a hospital is possibly the worst place for someone having a mental health crisis. Because everyone, by definition, is in crisis, whether it's a possible heart attack, a broken arm or a rash that's suddenly broken out. The ED is bright, loud and busy most of the time—just when someone with a mental health crisis needs a calmer, quieter atmosphere.

The first EMPATH Unit in Minnesota—and one of less than a dozen across the country—opened in April at M Health Fairview Southdale Hospital. The Emergency Psychiatric Assessment, Treatment and Healing Unit is an alternative to dealing with patients in mental health crisis in the ED and has already proven to reduce the number of patients who end up being admitted to the hospital.

“This is about as exciting as anything I've seen in my career,” says Lewis Zeidner, PhD, psychologist and M Health Fairview system director for clinical triage and transition services. “This is a better way to access mental health care; the ED is not set up for mental health crisis.”

The second EMPATH Unit in Minnesota opened in early August at CentraCare's St. Cloud Hospital. “I am very excited for the opportunities the EMPATH



PHOTO BY RICH RYAN PHOTOGRAPHY

Unit brings for helping patients in new and innovative ways, including quicker access to treatment and greater depth and intensity of programming with the potential for shorter stays, all in an environment focused on promoting dignity and respect,” says Larry Hook, MD, leader of the EMPATH team at the hospital. “The EMPATH environment recognizes and emphasizes that our community, neighbors and family members coming to the hospital with a mental health concern deserve, and should expect, the same dignity in care as when they present for a medical condition.”

How EMPATH is different

The EMPATH Unit is a short walk from Southdale's ED, so that patients can be triaged quickly and then, when it seems appropriate, moved to the EMPATH Unit, with a very different atmosphere.

EMPATH is designed to be soothing and relaxing, which means:

- Lots of windows and natural light.
- Fifteen comfortable recliners for people to rest or even sleep in.
- Four private sensory rooms where patients can be alone if they need some distance from others.
- Adjustable lighting in different colors, which patients can control themselves.
- No physical restraints.
- Music that patients can select themselves.

“The traditional ED can be agitating,” Zeidner says. “It's designed for trauma, it's loud, fast-paced and very controlled. When you're distressed emotionally, that's not comforting to you. In EMPATH, we have a more subdued tone. People can be in their streetclothes, they can get something to eat without touching a call button. They retain their agency and take care of their own basic human functions, allowing them to feel more like adults—which they are.”

In the ED, those in mental health crisis are seen by generalists—as is any patient who shows up at the ED. The EMPATH

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Unit has mental health professionals round the clock, trained to work with people in mental health crisis.

One of the surprises for Zeidner has been that, so far, there has been less aggression than he might have feared. “We don’t have any restraints in EmPATH, but we really have had no significant aggression,” he says. “That’s not to say that no one gets agitated. Our colleagues at other EmPATH units told us that there wouldn’t be aggression, but we didn’t believe it until we saw it.”

The concept of the EmPATH Unit at St. Cloud hospital is similar. It’s an open space without the loud noises of the ED. CentraCare terms it “a living room-esque sort of waiting room setting.” It has recliners, showers, bathrooms, laundry and rooms for private conversations or to help relieve stress.

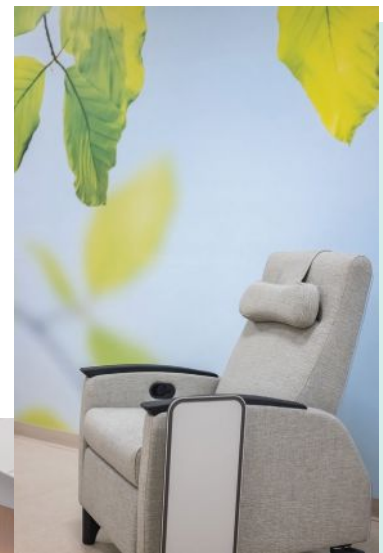
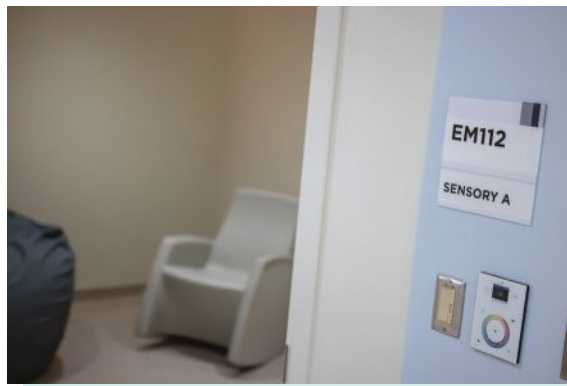
Reduced hospitalizations

In a hospital with a typical ED, about 60 percent of people who come in with a mental health crisis end up being admitted to the hospital. “No other specialty does that,” says Allison Holt, MD, physician chief for M Health Fairview Mental Health and Addiction.

Add some mental health resources—a psychologist or clinical social worker—to the ED and the percentage drops to about 40 percent, which was true for M Health Fairview Southdale Hospital before EmPATH opened. Now, Holt says, the percentage of patients who are admitted to the hospital after coming to the ED in mental health crisis is between 15 and 20 percent. “And that’s a huge difference.”

“Why is that?” Zeidner asks. “I like to draw the distinction between taking a camera picture of someone and shooting a movie. In the ED, it’s more like a picture, one point in time of a patient’s life. In EmPATH, we get to do more of a movie. They may come in very agitated, but over 24 to 48 hours, they may de-escalate and feel better. That’s really the advantage of an EmPATH Unit; we have the gift of time, of environment, of clinician.”

CentraCare’s St. Cloud Hospital sees about 10 patients a day come to the ED



LEFT: Allison Holt, MD, physician chief for M Health Fairview Mental Health and Addiction, and Lewis Zeidner, PhD, psychologist and M Health Fairview system director for clinical triage and transition services, see the EmPATH Unit at M Health Fairview Southdale Hospital as an important change for patients in crisis.

THIS PAGE: The EmPATH Unit at Southdale Hospital has recliners, private sensory rooms and lots of open space and natural light. Patients in the unit can control the color of the ceiling lights, the music and their food. There are no physical restraints in the unit.

for mental health services, or nearly 4,000 patients a year. Mental health emergencies are the sixth most common reason for coming to the ED. EmPATH is “a space for patients who do not need long-term mental health care, but that more brief stabilization period,” says Hook,

Holt says the crisis that brings someone to the ED is just the tip of the iceberg—and emergency department physicians don’t have time to look deeper. “EmPATH is a place where we can stop, find out what the real problem is and then address that. We’re doing that in a way that we can have a psychiatric professional assess and start treatment, with therapists who can gently provide support to the patient. You just can’t do that in the ED.”

Zeidner says EmPATH is a place for everyone. “We’re seeing people who are fully functioning in their world, who are working, but they are stressed. No one wakes up in the morning saying, ‘I need to go to the emergency department.’”

Getting patients in mental health crisis out of the ED quickly is good not only for them, but for the emergency physicians and other patients waiting for treatment there. “The medical ED staff have embraced the EmPATH Unit,” Zeidner says. “They really value it.”

Hook says that initially, CentraCare will use patient, provider and staff feedback to measure the success of the EmPATH Unit as they continue to develop processes around treatment in that setting. “During this period, we will define those measurable goals that will provide the greatest information in terms of how to improve the patient experience, as well as patient outcomes,” he says. “These goals could potentially include such things as repeat presentations to the emergency room, repeat psychiatric hospitalizations, average length of stay in the emergency room, average length of stay in the EmPATH Unit, number of treatment contacts within the EmPATH space, etc.”

Returning to pre-crisis status

Zeidner says that the average time people in mental health crisis spend at M Health Fairview Southdale Hospital is about 24

hours, with 2-1/2 of those in the ED for medical evaluation, the rest of the time in the EmPATH Unit. “Time on the medical side will be even shorter when we get past the pandemic,” he says, “because 90 minutes of it is waiting for the results of a COVID test.” There are no hard rules for how long someone can stay in EmPATH before being discharged or admitted to the hospital, Zeidner says, but 48 hours seems to be a reasonable cap.

“The goal is to get people comfortable about moving back into their home life,” Holt says. “People are afraid, families are

Hospital, says the idea of the EmPATH Unit is to “pull a network of support people and resources to follow each patient back into the community.”

EmPATH for children and adolescents

Even before the unit at Southdale opened, M Health Fairview was planning a second EmPATH Unit at its Riverside Hospital—with one area for adults and a separate area for children and adolescents. “We’ve been talking to other organizations around the country to find out best practices,” Holt says. “There are no EmPATHs for kids that

PHOTOS COURTESY OF CENTRACARE-ST. CLOUD HOSPITAL



afraid. If we take some time to set up a truly effective discharge plan and transition to their next level of care, people feel more comfortable leaving the ED.”

Holt says community support—families, friends and social agencies—is important to the success of patients who come to EmPATH in crisis. “It’s another level of care that is effective and low-cost, and that actually fixes what ails them,” she says. “It might not be that they’re on the wrong medication, it might be that they have a dysfunctional relationship in the family or a housing situation that’s blown up. We don’t fix that medically.”

Kristin McNutt, physician assistant in Behavioral Care at CentraCare-St. Cloud



we know of, so there isn't a model that we can completely base our practice on. Even though EmPATH is EmPATH is EmPATH, these are not little adults; they have much different needs for space, for play, for family and support, for engagement in activities. We are researching that right now to make sure we have the best model for care."

Just as in the EmPATH Unit at Southdale, the unit at Riverside will have natural lighting, lots of open space, sensory rooms and time-out places, with mental health professionals staffing them. It will be next

to the ED, on the first level of the hospital. It will be much bigger than the unit at Southdale.

Holt says the development of the new EmPATH Unit is likely to happen in the first quarter of 2022, the opening sometime in the second quarter.

The need for EmPATH for children and adolescents is great, Holt says. M Health Fairview saw 20 children a day last spring in EDs. They set up an EmPATH-like situation in the

The EmPATH Unit at CentraCare-St. Cloud Hospital, opened in August, offers a peaceful setting, lots of natural light and recliners for patients in mental health crisis.

ED, she says, which was not ideal, but they were able to successfully discharge 20-25 percent of those children, rather than admitting them to the hospital—"we've been monitoring that and they're not bouncing back."

Addressing the current and future need

Hook says EmPATH is another step towards developing new models of care for patients. "With this new emergency psychiatric paradigm, we have transitioned away from mental health nurse assessments in the ER to psychiatric provider assessments throughout CentraCare," he says. "These providers also provide the care on the EmPATH unit, helping to create a more seamless transition from the emergency room into immediate care in the EmPATH space. With this new paradigm, we are also better able to provide care by a psychiatric provider to child and adolescent patients in the emergency room. The paradigm is new, having been 'in action' for one week, but has been met with positivity among mental health and emergency medicine teams, as well as patients.

"We will continue to look for opportunities to improve assessment and interventions for individuals presenting to our emergency rooms with mental health concerns as we grow into this new modality. We fully expect that our EmPATH unit and larger psychiatric efforts to support our community's emergency rooms will look different in six months, one year and two years from now. We are excited for the opportunities that exist around improved access for child and adolescent patients as well and continue our efforts to supporting these populations in even greater ways."

Holt says new ways of delivering care to psychiatric patients are needed. "We have about six to eight psychiatrists per 100,000 population in Minnesota. A severe shortage is 27 or less; adequate is 47. So, we are way off the mark—and we are not alone in this. It's true for much of the country."

Most people who have mental illness aren't necessarily seen by a psychiatric

provider, which Holt says can be fine because a primary care physician can do a lot with many patients. But the shortage of psychiatric professionals means that the healthcare system has to look at new models of care.

"This is really where we go next," Holt says. "We have to decrease the number of people going into the hospital in mental health crisis. There aren't enough psych beds and there aren't enough psychiatrists. How do we change the model so there's not just this desert of psychiatric need that isn't getting met?"

"We have to start getting upstream. So many people are worried about hospital beds, but if we keep putting our money into that, we are never going to get the interventions that we need."

EmPATH, she says, "feels like it truly is a step in the right direction." MM

Linda Picone is editor of *Minnesota Medicine*.

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