Increased Elderly Utilization of Psychiatric Emergency Resources as a Reflection of the Growing Mental Health Crisis Facing Our Aging Population

TO THE EDITOR:

The elderly population continues to soar in the United States, with the number of those older than 65 years expected to double from 2010 to 2050.[1] Many are predicting an imminent mental health crisis for our seniors, as available resources lag further behind the demand.[2] One contributing factor is the ever-growing number of individuals with dementia-related behavioral symptoms. In Hawaii, a top retirement destination known for longevity of life,[3] we have experienced greater use by elderly patients of the psychiatric emergency department (ED) at the largest general hospital in the state. As evidence of this trend, we present age-specific psychiatric ED utilization patterns from 2007 to 2011, a period during which local resources for geriatric mental health had remained static.

We collected data (age, mode of arrival, main diagnosis, length of stay [LOS], and disposition) for all psychiatric ED visits (N = 22,124) in the 5-year period. Patients were grouped as younger (aged <65 years) or older (aged ≥65 years, N = 1,370). Within this period, there was a general trend of more access by elderly patients, with yearly numbers and proportions at 234 (5.7%) in 2007, 220 (5.5%) in 2008, 301 (7.2%) in 2009, 298 (6.2%) in 2010, and 319 (6.5%) in 2011. A more pronounced and alarming progression was seen in law enforcement being increasingly relied upon, usually because of violent behavior, to bring older patients to the ED (12.5% in 2007, 11.0% in 2008, 16.9% in 2009, 18.4% in 2010, and 24.5% in 2011; $\chi^2_{(8)} = 41.56$, $p < 0.01$), whereas the numbers of those who arrived by ambulance (64.7%, 50.7%, 59.5%, 59.2%, 54.5%, respectively) or with caregivers/self (22.8%, 38.4%, 23.6%, 22.4%, 21.0%, respectively) trended downward. Behavior due to dementia of all types was recorded as the main presenting diagnosis among 14% of older patients. This number is likely much higher as we were unable to capture secondary diagnoses reliably.

Using LOS to estimate ED utilization, older patients had longer LOS (median: 400 minutes) than younger patients (median = 351 minutes, U = 12,362,765, $p < 0.01$). Among older patients, those receiving medical admission (11% of all elderly visits) had the highest LOS (median: 519 minutes), followed by psychiatric admission (31%, median = 431 minutes) and discharge (58%, median = 352 minutes, Kruskal-Wallis (df 2) = 76.43, $p < 0.01$; post-hoc medical > psychiatric > discharge). Further, highly advanced age (≥80 years defined as "older old"), compared with "younger old" (aged 65–79 years), was associated with an even greater LOS, but only among those who were psychiatrically admitted ($F_{(2, 1364)} = 5.36$, $p = 0.01$, using log-transformed LOS because of positive skew), with the significant interaction term characterized by a median LOS of 457 minutes in "older old" and 409 minutes in "younger old". Such findings were not surprising. Because of a shortage of geriatric mental health services, exhausted caregivers were often unwilling accept patients back from the ED (usually cases involving the oldest old), where they had to endure lengthy (often multi-day) searches for a limited number of appropriate psychiatric beds.

Our observations reflect worrisome outcomes of a fairly stagnant geriatric mental health system, during a period in which growth of the elderly population outpaced other age groups.[3] As a result, symptom acuity and potential for harm rose steadily, as indicated by more law enforcement being invoked by caregivers for transfer to the ED.[4] Lack of acute placement options further worsened crowding in the ED, straining finite acute resources further. Our study period (2007–2011) ushers the very beginning of the baby boomer cohort becoming 65 years or older. Thus, the degree of reliance on ED behavioral services by seniors, especially those with dementia, and their caregivers is likely to increase. Long-term solutions to shore up widening gaps in geriatric mental health are becoming even more urgent.[5]

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