



Behavioral Health in the Emergency Department: Managing Risk, Complexity, and Moral Distress at the Bedside

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Objectives

At the end of the webinar, the participant should be able to:

1. Recognize the clinical, operational, and ethical complexities of managing behavioral health patients in the emergency department, including prolonged boarding, limited resources, and competing priorities.
2. Analyze real-world patient scenarios to identify key safety risks, including suicide, self-harm, elopement, violence, and deterioration while awaiting placement.
3. Evaluate areas where implicit bias can influence emergency department care behavioral health care.

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The Landscape aka The Pitt



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Emergency Care

Immediate

Stabilization

Urgent or life-threatening illnesses or injuries

Multidisciplinary team: Physician, nurse, technician, consultant

24/7

Rapid assessment, diagnosis, intervention

Goal: Preserve life

Goal: Prevent complication

Goal: Relieve Suffering

Goal: Appropriate disposition: DC, Admit, Surgery, or Transfer to higher level of care

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Emergency Psychiatric Care ??

Immediate

Stabilization

Urgent or life-threatening illnesses or injuries

Multidisciplinary team: Physician, nurse, technician

24/7

Rapid assessment, diagnosis, intervention

Goal: Preserve life

Goal: Prevent complication

Goal: Relieve Suffering

Goal: Appropriate disposition: DC, Admit, Surgery, or Transfer to higher level of care

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Why?



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What it feels like



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Stigma

PROBABLE INTERNAL THOUGHTS AND ASSUMPTIONS ABOUT BEHAVIORAL HEALTH PATIENTS

COMMON ASSUMPTIONS (Often Unconscious)

- Less deserving of care and empathy
- Responsible for their situation
- Exaggerating or faking symptoms
- Higher risk of aggression
- Nonadherent or unreliable
- Wasting staff time and resources

THE TRUTH

- Behavioral health conditions are real medical conditions.
- Most patients are distressed, not dangerous.
- Compassion and respect improve outcomes.
- Everyone deserves safe, high-quality care.

REPLACE ASSUMPTIONS WITH COMPASSIONATE CURIOSITY

- What is this person experiencing?
- What do they need right now?
- How can I build trust and safety?
- What strengths do they have?
- How can I support their recovery?
- What would I want if this were me or my loved one?

AWARENESS IS THE FIRST STEP. COMPASSION IS THE NEXT.

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Pitfalls

Care beyond 4 hours is difficult for all ED patients

Changing ED Physicians

Changing ED Nurses

Different medication comfort by physicians – standard guideline like trauma, stroke, etc..

1:1 Observation is difficult at best

Environment traumatizing (physically and mentally)

Coordination of care when in the hospital

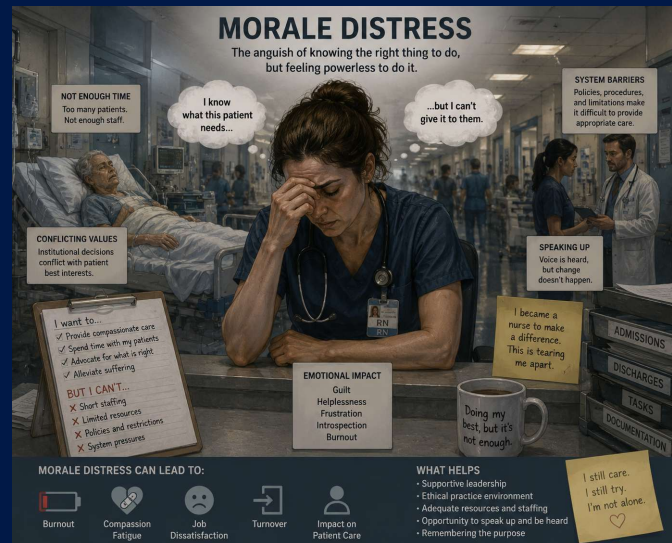
Insurance (commercial, partnership, medi-cal, medicare)

Definitive Care ?? Trauma/Heart attack

Least restrictive – voluntary??

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Moral Distress



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Medical Behavioral Health



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SUD Behavioral Health



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Geriatric Behavioral Health



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Special Needs Behavioral Health



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Adolescent Behavioral Health



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California Behavioral Health Changes

WHY WE REFORM

People Deserve Better
Every Californian deserves access to high quality, culturally responsive behavioral health care.

System Challenges
Too many face long waits, gaps in care, and services that are hard to navigate.

A New Vision
Reform focuses on prevention, early intervention, and whole-person wellness.

Stronger Communities
Investment in behavioral health builds healthier families, safer neighborhoods, and a stronger California.

CALIFORNIA BEHAVIORAL HEALTH REFORM

Transforming Lives. Strengthening Communities. Building a Better California.

California is building a more equitable, accessible, and accountable behavioral health system so everyone can get the right support, at the right time, in the right place.

PROP 1, BEHAVIORAL HEALTH BOND

Prop 1 is a \$6.38 billion investment to build a continuum of behavioral health treatment, support, and housing across California.

REFORM IN ACTION

- More Access, Less Wait**
Expanding services and the behavioral health workforce across California.
- Care in the Right Place**
More options for care in homes, schools, and communities—not just hospitals.
- Focus on Prevention**
Investing in early support for children, youth, and families.
- Supporting the Whole Person**
Addressing behavioral health together with physical health and social needs.
- Data for Better Outcomes**
Using data and feedback to improve services and reduce disparities.

OUR GUIDING VALUES

- Equity**
All communities are valued and supported.
- Compassion**
Caring, respectful services for every person.
- Accountability**
Measuring what matters and doing more.
- Innovation**
We embrace new ideas to improve care.
- Inclusion**
Partnering with individuals, families, and communities.

PROF 1 BY THE NUMBERS

- \$6.38 BILLION**
Bond investment
- 10+ YEARS**
Strengthening California's behavioral health system
- COMMUNITIES**
Investments where the need is greatest
- MODERNIZE \$150B**
Investment in digital systems
- IMPROVED DATA SYSTEMS**
Investment in digital systems
- IMPROVED DATA SYSTEMS**
Investment in digital systems

WHO WE SERVE

Everyone. Everywhere. No one is left behind.

Children and Youth, Adults, Older Adults, Communities, Color, Gender, Sexual Orientation, Disabilities, Communities.

KEY REFORM AREAS

- EXPAND ACCESS**
Increase capacity for mental health and substance use services.
Reduce wait times.
Improve crisis response statewide.
- INTEGRATE CARE**
Connect behavioral health with physical health, housing, and social services.
Improve care coordination across systems.
- STRENGTHEN THE WORKFORCE**
Recruit, train, and retain a diverse behavioral health workforce.
Support community-based providers.
- INVEST IN COMMUNITIES**
Increase funding for local programs and providers.
Practice advanced and telehealth-enabled care.
Improve lived experience in decision-making.
Practice culturally responsive and transparency.
Streamline processes and reduce barriers.

REFORM MILESTONES

- Legislation & Investment (2018-2021)**
Laid the foundation for transformation.
- Building Infrastructure (2021-2025)**
Expanding capacity through investments in workforce, technology, and community programs.
- Measuring & Improving (2025-2030)**
Using data and feedback to drive continuous change.

A HEALTHIER CALIFORNIA STARTS WITH BEHAVIORAL HEALTH

Together, we can build a future where everyone has the opportunity to heal, thrive, and belong.

HOW YOU CAN GET INVOLVED

- Listen**
Stay informed and speak your voice.
- Support**
Volunteer, partner, and uplift your community.
- Advocate**
Use your voice to support policies that heal.
- Engage**
Share your experience and help shape reform.

PROP 1, REAL CHANGE. LASTING IMPACT.

SB 43, ACCOUNTABILITY. TRANSPARENCY. RESULTS.

A BETTER CALIFORNIA FOR ALL

Stronger Communities, Better Care, Brighter Future, Stronger Together. Better Every Day.

CalHOPE
CALIFORNIA HOPE LINE
800-577-6000 (TDD)

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Pitfalls of California Behavioral Health Changes

CHALLENGES TO CALIFORNIA BEHAVIORAL HEALTH REFORM

Critical risks that could undermine progress and impact lives.

POLICING POLICY CHANGES

Shifting responsibilities from law enforcement to behavioral health requires clear policy, training, and resources.

- Inconsistent implementation across counties
- Lack of co-responder and CIT program expansion
- Continued over-reliance on pricing for behavioral health crises

IMPACT
People in crisis may be harmed, diverted to get instead of care, and disparities will persist.

POTENTIAL DEFUNDING OF MOBILE CRISIS

Mobile crisis services are a critical lifeline that helps prevent hospitalizations, incarceration, and homelessness.

- Funding is time-limited and not guaranteed
- Growing demand with limited vehicles and staff
- Risk of program cuts or service reductions

IMPACT
People may not get help in time, leading to worse outcomes and higher overall costs.

NO STACKED 5150 HOLDS

Eliminating stacked 5150 holds limits the ability to keep individuals in care when they continue to meet criteria.

- Increased cycling in and out of crisis
- Safety risks for individuals and communities

IMPACT
People may be discharged too soon, leading to injuries, harm, or repeated crises.

STAFFING RATIO CHANGES FOR PSYCHIATRIC FACILITIES

Changes to mandated staffing ratios may reduce costs but compromise safety and quality of care.

- Harder to meet complex patient needs
- Recruitment and retention already strained

IMPACT
Staff burnout, safety incidents, and poorer patient outcomes may increase.

ONE BEAUTIFUL BILL ACT (OBBA) FUNDING THREATS

Federal budget changes and shifting priorities threaten critical behavioral health funding streams.

- Risk to Medicaid and other federal funds
- Potential cuts to grants and block funding
- Uncertainty jeopardizes long-term planning

IMPACT
Funding instability will slow progress, limit services, and widen inequities.

ABSENCE OF PRIVATE INSURANCE IN PUBLIC REIMBURSEMENT

Private insurance is not included in reimbursement for public behavioral health services.

- Creates an unsustainable gap in funding
- Shifts costs to counties and taxpayers
- Discourages investment and innovation in the system

IMPACT
Public systems remain underfunded, limiting capacity and the ability to respond care.

THE BOTTOM LINE

Without addressing these challenges, California risks undermining the promise of reform and failing the people who need help the most.

Protect progress. Prioritize people. Build a stronger behavioral health system for all Californians.

INVEST IN PEOPLE, SUSTAIN SERVICES, ENSURE EQUITY, PROTECT FUNDING, SUPPORT THE WORKFORCE, BUILD A STRONGER, MORE RESILIENT SYSTEM.

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Learned Helplessness? NO!

Care beyond 4 hours is difficult for all patients – standardizing protocols with the RN and CAN driving the care

Changing ED Physicians

Changing ED Nurses

1:1 Observation behaviors – engagement – training to develop rapport – own ADLs and observations

Constant reprioritization – try to put these patients together with one RN

Medication comfort – getting psychiatrist to develop PMGs for all physicians

Solitary – OUTSIDE!!

Coordination of care – we can be the glue that makes everyone talk

Definitive Care – receivers can say no – leverage partnerships

PADs – execute psychiatric advanced directives

Relationships BHAB – be apart of the greater conversation

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Questions?

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