APA Official Actions

Position Statement on Emergency Department Boarding of Patients with Acute Mental Illness

Approved by the Board of Trustees, December 2025
Approved by the Assembly, November 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
Individuals with acute mental illness including substance use disorders are increasingly seeking psychiatric care in emergency department (ED) settings. This situation is, in part, a culmination of a failure of states and localities to invest adequately in preventive mental health and substance use services, coupled with reductions in inpatient and crisis services. The inability or failure to access lower levels of care, such as outpatient services, respite care and subacute services, has led patients and families to seek more expensive emergency care during decompensated states. There are few psychiatric emergency services nationwide dedicated to the evaluation and treatment of patients during an exacerbation. Care is more often being provided by emergency medicine physicians who generally have received limited training in the evaluation and management of psychiatric disorders. As one of the consequences, the default treatment disposition typically becomes psychiatric admission for these patients. Unfortunately, over the years, the number of psychiatric beds has been reduced, leading to a backup of patients in emergency departments awaiting an inpatient psychiatric bed. This is particularly true for the most vulnerable psychiatric populations, including children and adolescents, developmentally disabled individuals, and persons with serious and persistent mentally illness.

Once a patient has been evaluated and is awaiting disposition, the patient is considered to be "boarded" in the ED. The wait for boarded patients can be hours, and even days to weeks. During this time, there is often little active psychiatric treatment available. Furthermore, environmental factors in the ED may result in further exacerbation of underlying psychiatric symptoms.

It is the position of APA that:

- **Prolonged boarding of patients with acute mental illness in emergency departments leads to delayed and inadequate treatment.**
- **All emergency departments should have access to psychiatrists on-site or via telepsychiatry.**