

Strategies to Reduce Frequent ED Use Among Persons Experiencing Homelessness with Mental Health Conditions: a scoping review.

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Introduction

The emergency department (ED) is an area under much scrutiny to cut costs due to excess usage. The highest utilizers of the ED have been found to be diagnosed with a mental illness or substance use disorder, or be experiencing homelessness. The likelihood for ED utilization increases with each co-diagnosis from these three high risk groups. Interventions to decrease ED utilization have been tried, and many of them have found that the project was not tailored enough to distinct populations. This study reviewed the literature assessing interventions tried in the ED specifically for patients experiencing homelessness with mental health conditions.

Methods

We conducted a scoping review of articles according to the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines using Pubmed and Web of Science databases as well as Google Scholar. We screened studies that evaluated programs that aimed to reduce ED usage by patients with mental illness experiencing homelessness.

Results

Of the 1,574 titles and abstracts screened, 49 full texts were examined for eligibility. Of those, 34 articles were excluded for a final count of 14 included studies. These studies analyzed several types of interventions targeted to decreasing ED usage by the homeless population with comorbid mental health conditions. Of the 14 included interventions, a majority (n = 8), focused on providing housing. The other interventions included providing support teams that assisted with mental health and addiction care (n = 2), case managers that integrated care (n = 3), and medical interventions (n = 1).

Conclusion

Interventions targeted at patients with mental illness experiencing homelessness can decrease ED visits, use of shelters, days spent on the street or in the hospital and increase community engagement, time spent in substance use treatment, and primary care usage. Health care systems and community organizations should tailor assistance to vulnerable individuals in order to best serve their patients and the neighborhood they call home.

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a8-H.pdf>