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MENTAL HEALTH AND LEARNING DISABILITY NURSING COMPETITION - WINNER

## Experiences of people with mental health problems who frequently attend general and psychiatric emergency departments: a qualitative systematic review

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### Background

The impact of frequent attenders to the Emergency Department (ED) has reached concerning proportions (Burns, 2017). Frequent attenders to the ED are often described as heterogeneous (Heyhurst, Smith and Chamber 2017). An increasing body of research on frequent attenders is developing understanding on the characteristics of the cohort, including the burden of work, associated costs and interventions to reduce attendances. Quantitative studies show that a significant proportion, 71%, of frequent attenders have mental health problems (Jacob, 2016). Despite the association between frequent attenders to ED and mental health comorbidities there have been few studies examining the experiences of this cohort.

### Method

JBI qualitative systematic review methodology was used (Jordan *et al.*, 2018 & Pearson *et al.*, 2005). Qualitative and mixed-method studies considering adults with mental health problems who frequently attended ( $\geq 3$  attendances per year) the ED were included. Data was analysed using a meta-aggregation approach.

### Results

Four study papers were included (Aagaard, Aagaard and Buus, 2014, Digel Vandyk *et al.*, 2018, Lunksy and Gracey, 2009, Wise-Harris *et al.*, 2016). Sixty findings were extracted, 50 detailing negative experiences and 10 detailing positive experiences. These findings were placed into five categories then combined into two synthesised findings: Stigma and discrimination coupled with negative interactions with ED staff appears to result in people with mental health problems who frequently attend the ED feeling embarrassment, shame, and that their needs are not being met  
A small proportion of people with a mental health problem who frequently attend the ED have positive experiences

## Discussion

Stigma and discrimination were key when considering the accessibility and availability of healthcare, having a significant impact on peoples' experiences. Participants felt that their needs were not met, and a small proportion felt shame and embarrassment. This resulted in negative experiences, even though ED may not be the correct place for the presenting needs to be met. Directed campaigns to reduce emergency attendances and to meet expectations, coupled with appropriate signposting could contribute to improved experiences and outcomes. Bespoke training is required, to include perspective taking, empathy and compassion, to better equip staff with the knowledge, skills and resilience required to meaningfully support this cohort.

## Practice implications

The Trust has introduced a flag to identify frequent attenders to ED. This enables support to be provided to promote a positive experience. Within the Frequent Attender Multidisciplinary Team Meeting, in partnership with the patient, rationale for repeat attendance is explored and appropriate interventions provided.

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