



# Research Week 2020

## Gaps in Emergency Department Care for Suicidal Refugees: A Conceptual Model and Case Example

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### Abstract

#### Aims

Refugees are at increased risk of mental health challenges, encounter many social issues such as homelessness and food insecurity, and experience barriers to accessing culturally appropriate outpatient care. As such, many refugees who experience a mental health crisis present to emergency departments (EDs) to seek mental health care and support for physical needs.

To investigate gaps and barriers in care, this project integrates literature on ED treatment of suicidality and an applied case example of a homeless, US-settled Somali refugee with PTSD, polysubstance abuse, and chronic suicidal ideation seeking ED care.

#### Methods

We reviewed documentation of the patient's initial ED visit and any treatment occurring in the six months before and after the ED visit. We looked for documentation of enhanced suicide screening, safety planning, structured follow-up, and support of physical needs (e.g. housing).

We applied a patient-centered access to care model from the literature to characterize gaps and barriers in care. Determinants of access described in this model include availability and acceptability of care, characteristics of care settings and opportunities (e.g., outreach, coordination), and patient abilities (e.g. perception of care needs).

#### Conclusions

The present case demonstrated several areas for enhancing ED treatment of suicidal refugees. Although the patient engaged in many primary care, ED, and case management visits in the six months after their ED visit, appropriate follow-up mental health care for the patient's recurrent suicidal ideation was not documented.

Missed opportunities and barriers involved provider perceptions of patient needs, accommodation of the patient's abilities, and continuity of care. Each may have contributed to further delay and gaps in appropriate suicide preventive care limiting mitigation of suicide risk factors.

We provide recommendations for improving access to appropriate care given the unique barriers faced by refugees. Future research should solicit provider and patient perspectives to contextualize the care provided.

