The Journal of Emergency Medicine, Vol. 79, No. C, pp. 60–67, 2025

https://doi.org/10.1016/j.jemermed.2025.04.013
0736-4679/$ - see front matter

Special Issue Paper

The 2024 Core Content of Emergency Behavioral Health

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□ **Abstract—Background: Emergency Behavioral Health (EBH) has emerged as a unique area of expertise that is well-suited to help address the US mental health crisis. Various emergency medicine and psychiatry professional organizations asked the American Board of Emergency Medicine (ABEM) to offer recognition for expertise in EBH. Study Objective: This study aims to describe the process used to define the EBH Core Content through the formation of a Task Force of subject matter experts. Methods: In February 2025, the American Board of Medical Specialties approved EBH as a Focused Practice Designation (FPD). ABEM worked with an EBH Task Force to define the EBH Core Content that would be used as the basis for the FPD in EBH. A modified Delphi approach was used to review and ultimately finalize the elements of the Core Content that include medical, administrative, legal, regulatory concepts within EBH. Results: The EBH Core Content for the FPD addresses 10 major domains. The EBH Core Content defines the knowledge, skills, and abilities considered essential for EBH practice. EBH physicians have the expertise to provide treatment for acute, unscheduled behavioral health emergencies, who otherwise may wait for extended periods of time for an inpatient psychiatric bed. The EBH Core Content will be reviewed and updated every three to five years. Reviews may be conducted sooner if there are key advances in EBH practice that should be incorporated promptly. Conclusion: The Core Content will provide the organizational framework for the development of the portfolio-based assessment for the FPD in EBH. Additionally, program directors may reference the EBH Core Content to design curriculum for EBH fellowship training programs.**

□ **Keywords—emergency behavioral health; core content; curriculum; focused practice designation; mental health treatment**

Introduction

Emergency behavioral health (EBH) expertise has evolved as a unique body of knowledge and expertise to help address the mental health crisis in the U.S.. Approximately 20% of U.S. adults live with a mental health disorder (1). Moreover, up to 10% of all emergency department visits are for acute mental health care (2). Pa-

RECEIVED: 6 March 2025; FINAL SUBMISSION RECEIVED: 11 April 2025;
ACCEPTED: 29 April 2025

tients who seek EBH treatment that is distinct from care sought in an outpatient setting. EBH patients may present in an acute crisis with severe agitation, suicidal ideation or suicide attempt, or with a concomitant substance use disorder. EBH encompasses the acute management and disposition of patients in crisis, which often necessitates different treatment goals and administrative or legal procedures than for patients who are stable enough to seek care as outpatients. This need is further amplified in communities that have a paucity of available mental health care options, resulting in patients waiting in emergency departments for prolonged periods of time, days and weeks, and even months, pending inpatient psychiatric care. The number of patients and the acuity of symptoms, therefore, far outstrips the ability of outpatient community-based providers to provide sufficient care to patients with acute mental health treatment needs.

In August 2022, the American College of Emergency Physicians (ACEP) and the American Association for Emergency Psychiatry (AAEP) asked the American Board of Emergency Medicine (ABEM) to consider offering some type of recognition for expertise in EBH. Emergency physicians and psychiatrists practicing EBH expressed the need for greater standardization between the two specialties in addressing the mental health crisis in the U.S.. The group emphasized that patients seeking acute, unscheduled mental health treatment must no longer continue to wait for a purely systems-based solution (i.e., more inpatient psychiatric beds) to the nation's mental health crisis. Greater standardization of the knowledge, skills, and abilities was needed to encourage physicians from both specialties to consider dedicating a portion or all their careers to the practice of EBH. A defined body of knowledge developed by subject matter experts in both specialties could help guide those physicians considering this practice, provide a pathway for departments and health systems to design an emergency behavioral health unit, and allow for EBH knowledge translation into general emergency medicine similar to that from subspecialties (e.g., Medical Toxicology) and focused practice designations (e.g., Advanced Emergency Medicine Ultrasonography).

The ABEM Board of Directors considered this request by the EBH community at its fall 2022 Executive Committee meeting and agreed that EBH is a unique body of knowledge and expertise warranting some type of recognition within the American Board of Medical Specialties (ABMS). As a result, in January 2023, the ABEM asked the American Board of Psychiatry and Neurology (ABPN) to consider partnering with ABEM to recognize emergency physicians and psychiatrists who have tailored a portion of their careers to the practice of EBH. This request was followed by a virtual meeting convened in March 2023 between ABEM, AAEP, and the ABPN to discuss the opportunity for recognition and determine whether there was a shared mental model for this type of recognition. Both ABEM and ABPN leadership agreed to move forward by applying to the ABMS for a focused practice designation (FPD) in EBH.

The FPD classification was first approved by the ABMS in March 2017 to recognize the expertise of a physician who has chosen to focus some or all of their practice in a specific area within a specialty or subspecialty (3). This area may have evolved within the specialty since the point in time at which the physician was initially certified. An FPD is more limited than the scope of practice required for a subspecialty. The FPD is an extension of the physician's primary certificate, in this case, either emergency medicine or psychiatry. Appropriate clinical experience is required that could include additional formal and informal training.

At its summer 2023 meeting, the ABEM Board of Directors approved the formation of an EBH Task Force with representatives from AAEP, ABEM, ABPN, and the American Board of Family Medicine. The purpose of the Task Force was two-fold: 1) define the Core Content for an FPD in EBH; and 2) develop the eligibility criteria for the ABEM application to the ABMS for approval of an FPD in EBH. The work of this Task Force was both generative and collaborative in nature.

Methods

ABEM convened the first meeting of the EBH Task Force in November 2023 to begin its work to define the Core Content of EBH. ABEM followed its usual and customary process to develop a new Core Content as was used for Medical Toxicology and Emergency Medical Services. ABEM staff developed an initial draft of the EBH Core Content that was based on collating medical knowledge, administrative, legal, and regulatory concepts found in multiple fundamental textbooks within emergency medicine and psychiatry as well as The Model of the Clinical Practice of Emergency Medicine (4–8).

A modified Delphi technique was then used to allow the Task Force to review the initial draft and provide independent edits that were aggregated and considered by the entire Task Force. As each Task Force representative is also a subject matter expert in EBH, they were able to identify content missing from traditional resources that should be included to better capture and define the unique practice of an EBH expert. Two additional iterations were completed by the Task Force to create a comprehensive draft document. More effective categorizations of content were achieved after careful review of a newly published issue on emergency psychiatry by the American Psychiatric Association (9). It was this fifth iteration that was

distributed to the leadership of the AAEP and the ABPN for feedback as well as to the following organizations: American Academy of Emergency Medicine, American Academy of Emergency Medicine/Resident Student Association, American Association of Directors of Psychiatric Residency Training, American College of Academic Addiction Medicine, American College of Emergency Physicians, American Psychiatric Association, Academy of Consultation-Liaison Psychiatry, Coalition on Psychiatric Emergencies, Council of Residency Directors for Emergency Medicine, and the Emergency Medicine Residents Association. Feedback from these organizations was collated into a sixth and final iteration that was approved by the EBH Task Force for recommendation to the ABEM Board of Directors. The Core Content document was approved by the ABEM Board on February 9, 2024.

Definition and Description of the FPD

Emergency Behavioral Health physicians address the acute management and disposition of Emergency Department patients in crisis, which often necessitates different treatment goals and administrative or legal procedures.

The Core Content for the FPD addresses 10 major domains:

1. Approach to the Emergency Behavioral Health Patient
2. Medical Evaluation of the Behavioral Health Patient
3. Suicide Assessment, Management and Mitigation
4. Substance Use Disorders in the Emergency Setting
5. Treatment of the Patient with Agitation
6. Mitigating Aggression in the Healthcare Workplace Environment
7. Psychiatric Diagnoses
8. Ethical and Legal Considerations
9. Special Populations
10. Community-based Care, Law Enforcement Partnerships, and Special Crisis Service Units

Introduction to the EBH Core Content

A Core Content document defines the knowledge, skills, and abilities for a specific discipline, serves as the foundation for developing the curriculum for those seeking such expertise, and provides the basis for certification examinations or portfolio assessments. This inaugural Core Content was developed to address a need expressed by leaders in the specialties of emergency medicine and psychiatry for the standardization of the unique stand-alone body of knowledge, skills, and abilities expected to ensure the highest standards of EBH care in the U.S..

Approach to the Emergency Behavioral Health Patient (Domain #1)

Behavioral Interview and mental status examination
Behavioral Communication skills

- Building a therapeutic alliance
- Interpersonal skills
- Dialectical Behavioral Therapy (DBT) basics
    - Validation
- Patient and family engagement
- Collateral information gathering
- Empathetic and compassionate care management skills
- Informed decision-making
- Verbal de-escalation (Cross Reference Domain # 5)
- Cultural humility
    - Cultural competence
    - Implicit bias
    - Systemic racism
    - Trust building
    - Ageism
    - Gender
    - Socioeconomic
    - Functional

Emergency department boarding

- Medication initiation/continuation
- Observation status
- Physical space modifications
- System changes

Monitoring
Motivational interviewing
Firearm screening/mitigation (Cross Reference Domains # 3, 6, and 8)
Psychological first-aid
Physician Self-Care and Wellness
Therapeutic limit-setting
Trauma-informed care
Service recovery and grievance management
Virtual behavioral health consultation (Telehealth)

- Working in interdisciplinary teams
- Discharge planning and care coordination

Peer support (Cross Reference Domains # 4 and 10)
Triage assessment
    Suicide and homicidal ideation
Transference/Countertransference
Medical Evaluation of the Behavioral Health Patient (Domain #2)
Differentiation of Medical Illness

- Catatonia
- Delirium
- Dementia and other neurocognitive disorders
- Neuroleptic malignant syndrome
- Serotonin syndrome

- Toxidromes
- Withdrawal syndromes
- Other etiologies

Electrocardiogram (ECG) indication and interpretation in behavioral health

History and physical examination for the psychiatric patient

Free-standing psychiatric units (e.g., Institutes of Mental Disease)

Hospital-based psychiatric units

Structured instruments (e.g., SMART form)

Medical Screening

Suicide Assessment, Management, and Mitigation (Domain #3)

Assessment

- Epidemiology
- Risk factors – Static
- Risk factors – Dynamic
- Protective factors
- Assessment Tools
- Universal screening requirements
- Weapon access screening (Cross Reference Domain # 3, 6, and 8)
  - Safe storage
  - Off-site storage
  - State laws
    - Extreme Risk Protection Order **(ERPO)**
    - Do-not-sell laws

Management

- Stratification within the ED
- Differentiation of chronic risk vs. acute risk
- Role of medications/supportive brief therapy
- Placement/physical plan within the ER
- Safety Planning
- Consultation
- Disposition
- Medical decision-making documentation
- Placement of involuntary hold

Mitigation

- Inpatient treatment
- Outpatient treatment
  - Intensive outpatient program (IOP)
  - Partial hospital program
  - Case Management
  - Postdischarge caring contact
  - Sobriety encouragement for patients with substance use disorder (Cross Reference Domain #4)
  - Narcotics anonymous/alcoholics anonymous/Al-Anon/NAMI family organizations/meeting (Cross Reference Domain #4)
  - Medically managed detoxification (Cross Reference Domain # 4)
  - Linkage/Follow-Up for Discharge Planning
- Harm Reduction
  - Means Reduction
  - Safety Planning
- Weapon interventions
  - Extreme Risk Protection Order
  - Safe storage
  - Patient education

Risk stratification

Nonsuicidal Self-Injury (Cross Reference Domain # 7)

- Assessment
- Management

Substance Use Disorders in the Emergency Setting (Domain #4)

Alcohol use disorder (AUD)

- Intoxication
- Withdrawal
- Medications and treatment for AUD

Cannabis use disorder

- Intoxication
- Withdrawal

Opioid use disorder

- Intoxication
- Medication and treatment for opioid use disorder
- Withdrawal

Prescription Drug Misuse

- Prescription diversion
- Electronic prescription monitoring (state registries)

Benzodiazepine use disorder

- Intoxication
- Withdrawal

Stimulant use disorder

- Intoxication
- Withdrawal
- Amphetamine/methamphetamine
- Cocaine

Ketamine

Hallucinogens/Psychedelics

- Lysergic Acid Diethylamide (LSD)
- Psilocybin
- 3,4-Methylenedioxymethamphetamine (MDMA)-based compounds

Tobacco use disorder
Treatment settings
Polysubstance Use
Medically managed detoxification (Cross Reference Domain # 3)

- Sobriety centers

Harm reduction strategies

- Naloxone
- Safe use (patient education, supply kits)

Motivational Interviewing
Screening, Brief Intervention, and Referral to Treatment (SBIRT)
Peer support/peer recovery (Cross Reference Domain # 1 and 10)
Treatment of the Patient with Agitation (Domain #5)
Verbal De-escalation (Cross Reference Domain # 1)

- Family or caregiver engagement

Psychopharmacology to treat agitation and aggression due to psychiatric disorders

- Monitoring

Identifying medical etiologies of severe agitation
Risk stratification
Use and avoidance of restraints and seclusion (Cross Reference Domain # 8)
Use of Sitters
After actions

- Debriefing
- Service recovery

Mitigating Aggression in the Healthcare Workplace Environment (Domain #6)
Affective (emotional) violence
Homicidality
Security
Threat

- Assessment
- Management
- Mitigation
  - Weapons (Cross Reference Domain # 3, 6, and 8)

Use or avoidance of law enforcement
Violence

- Imminent risk factors
- Planned systemic attacks
  - Mass casualty

Workplace violence

- Effects of workplace violence on providers

Psychiatric Diagnoses (Domain #7)
Approach to Diagnosis and Treatment
Psychotic disorders

- Schizophrenia and schizoaffective disorders
  - Delusions
  - Hallucinations
  - Thought disorganization
  - Pharmacology

Anxiety disorders

- Agoraphobia
- Generalized anxiety disorder
- Panic attack
- Panic disorder
- Social anxiety disorder
- Pharmacology

Autism spectrum

- Pharmacology

Bipolar Disorder

- Manic syndrome
- Pharmacology

Catatonia
Disruptive behavioral disorders

- Oppositional defiant
- Conduct disorder
- Intermittent explosive disorder
- Attention-deficit/hyperactivity disorder
- Pharmacology

Eating Disorders

- Anorexia nervosa
- Avoidant/restrictive food intake disorder
- Binge eating
- Bulimia nervosa
- Pharmacology

Grief
Illness anxiety disorder
Intellectual disabilities
Major Depression

- Atypical
- Catatonia
- Postpartum
- Seasonal
- Pharmacology

Obsession-based disorders

- Body dysmorphia
- Hoarding
- Obsessive-compulsive

- Trichotillomania
- Pharmacology
- Nonsuicidal self-injury (Cross Reference Domain # 4)

Personality Disorders

- Potential indications for short-term use of pharmacotherapy
- Cluster A

Paranoid
Schizoid
Schizotypal

- Cluster B

Antisocial
Borderline
Histrionic
Narcissistic

- Cluster C

Avoidant
Dependent
Obsessive-Compulsive

Post-Traumatic Stress/Acute Stress Disorders

- Pharmacology

Secondary to a medical condition (e.g., traumatic brain injury)
Somatic Symptom Disorder
Symptomatic Exaggeration
Ethical and Legal Considerations (Domain #8)
Capacity
Confidentiality

- Health Insurance Portability and Accountability Act (HIPAA)
- Exceptions to HIPAA in the emergency department

Decision making

- Capacity
- Competency

Discharging Behavioral Health Patients and Transitions of Care

- Risk stratification
  - Medical record documentation
  - Discharge planning
  - Medication management
  - Coordination of outpatient care
  - Patient and family education
  - Behavioral/psychosocial interventions

Duty-to-warn

- Third-party (Tarasoff)

Health Equity/Disparities
Emergency Medical Treatment and Active Labor Act
Surrogate decision-making and guardianship (Cross Reference Domain #9)
Informed consent
Law enforcement

- Court-ordered mandatory laboratory (or blood) testing
- Mandatory reporting

Use and avoidance of restraints and seclusion (Cross Reference Domain # 5)
Firearms (Cross Reference Domain # 1, 3, and 6)
Contraband
Liability

- Civil
- Criminal

Involuntary commitment

- Petition and Certification (could also do subsections here on medication orders or forced placements)
- State and federal laws

Risk management
Special Populations (Domain #9)
Medical-legal decision-making (Cross Reference # 8)
Children and Adolescents
Developmental disorders and disabilities
Foreign

- Refugees, asylum seekers, migrants, recent immigrants

Forensic
Geriatric
Interpersonal violence or neglect

- Child
- Intimate partner
- Vulnerable adult
- Elder

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual + (LGBTQIA+)
Military veterans
Postconcussive
Pregnancy-related
Rural
Sexual assault
Transiently Housed and Unhoused
Community-based Care, Law Enforcement Partnerships, and Special Crisis Service Units (Domain #10)

Co-responder models with Emergency Medical Services (EMS)

Co-responder models with Law Enforcement Officers (LEO)

Crisis stabilization units

- Mobile crisis teams
- 988 Suicide and Crisis Lifeline

Disaster mental health training

Emergency department

- Co-located behavioral health units
- Embedding (behavioral health consultation)
- Free-standing behavioral health emergency departments

Emergency Psychiatric Assessment Treatment and Healing (EmPaTH) units

Regional emergency department behavioral health programs (Alameda model)

Voluntary crisis centers

Psychiatric emergency services

Community

- Community mental health centers
- Shelters
- Peer-run respite and support (Cross Reference Domain # 1 and 4)

Hospital

- Psychiatric observation
- Crisis stabilization
- Comprehensive Psychiatric Emergency Program

Outpatient clinics

- Social workers
- Mental health therapists

Discussion

EBH physicians will be experts at providing acute care for behavioral health patients needing emergent treatment as well as bridging those patients to outpatient follow up. EBH physicians will also be able to provide ongoing management of emergency behavioral health patients who need an inpatient psychiatric admission but wait for extended periods (days to weeks) in an emergency department for an appropriate psychiatric bed. During this time, it is critical to the well-being of the patients and their families to have appropriate acute treatment, beyond that of custodial care, initiated and delivered throughout their boarding stay (10). Moreover, EBH will increase access to care for emergency department patients seeking mental health treatment who routinely experience disparities of care based on insurance status, race, and age (11–13).

The 2024 Core Content of Emergency Behavioral Health defines the practice of an EBH expert through the lens of its two primary specialties: emergency medicine and psychiatry. ABEM has received unanimous support from all Emergency Medicine professional societies regarding this opportunity to ensure the highest standards of care for patients seeking acute mental health treatment. ABEM applauds the collaboration of the ABPN and all relevant psychiatric professional societies for joining together to take one step forward in addressing this nation's mental health crisis. The Core Content is a living document that will be reviewed and updated every three to five years consistent with ABEM's usual and customary practice. The reviews may be conducted sooner if there have been key advances in EBH practice that should be incorporated in a timely manner. Similarly, the Model will be updated accordingly to reflect acceptable terminology or aspects of regulatory or legal requirements that mandate an earlier update for accuracy.

ABEM submitted its application for an FPD in EBH on May 23, 2024. The application was approved by the ABMS Committee on Certification on November 15, 2024. EBH was ratified as a focused practice on February 26, 2025. The Core Content supports the establishment of this recognition for physicians who tailor their careers to caring for a vulnerable patient population often in their greatest hour of need and helps to ensure the highest standards of such care.

Limitations

The Core Content is designed to reflect the knowledge, skills, and abilities expected for a physician holding an FPD in EBH. It should not be considered generalizable to other providers or physicians outside of the U.S. healthcare system.

The EBH Task Force was comprised of physician representatives from emergency medicine, psychiatry, and family medicine. It is conceivable that there are views not represented that would have been provided from gathering perspectives from members of the care team, such as case managers, social workers, and pharmacists. Additionally, although the edits provided to the iterations were identified by the submitting organization, the authors believe that the process was collaborative and harmonious and that there was no undue influence; all emergency medicine organizations provided letters of support on behalf of ABEM to the ABMS for its application for an FPD in EBH.

Conclusion

This Core Content was developed to address a need expressed by emergency medicine and psychiatry leaders

to recognize and better standardize the knowledge, skills, and abilities expected to ensure the highest standards of EBH care. The EBH Core Content will provide the organizational framework for the development of the EBH FPD examination and continuing certification. Program directors may reference the EBH Core Content to design curriculum for EBH fellowship training programs to prepare their graduates for autonomous EBH practice.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Dr. Barton, Dr. Munger, and Ms. Livingston are employees of the American Board of Emergency Medicine (ABEM). Dr. Keim and Dr. Wang serve on the ABEM Board of Directors. ABEM receives revenue from the In-training Examination, the Qualifying Examination, and the Oral Certification Exam.. Dr. Price is employed by the American Board of Family Medicine (ABFM).

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.jemermed.2025.04.013.

CRediT authorship contribution statement

Samuel M. Keim: Writing – review & editing, Writing – original draft, Methodology, Conceptualization. **Tony W. Thrasher:** Writing – review & editing, Writing – original draft, Conceptualization. **Ernest E. Wang:** Writing – review & editing, Writing – original draft. **Michael J. Gerardi:** Writing – review & editing, Writing – original draft. **Sejal B. Shah:** Writing – review & editing, Writing – original draft. **David W. Price:** Writing – review & editing, Writing – original draft. **Benson S. Munger:** Writing – review & editing, Writing – original draft, Methodology. **Colleen E. Livingston:** Project administration. **Melissa A. Barton:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization.

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