



Emergency Rooms

Many individuals living with serious mental illness (SMI) do not adhere to outpatient treatment, often resulting in increased rates of suicide and self-harm, violent behavior, insecure housing, high utilization of ERs, violent behavior, and frequent contact with law enforcement. These behaviors and vulnerabilities lead to high rates of inpatient psychiatric hospitalization and incarceration. Assisted outpatient treatment (AOT) is a legal mechanism for providing outpatient treatment to individuals living with SMI whose non-adherence places them at risk for negative outcomes. AOT works by compelling the recipient to receive specific treatment that will prevent their condition from worsening and by committing the mental health system to provide treatment. AOT orders allow concerned parties (such as families and treatment providers) to intervene on behalf of an individual living with an SMI without having to wait until that individual reaches a crisis, increasing the individual's ability to function in the community.

Action steps for Emergency Rooms:

- Educate staff on [patients eligible for AOT](#).
- Adopt a process based on existing evidence to screen patients eligible for AOT.
- Work with county Probate Court(s) to create a system to easily file [petitions](#).
- Identify a contact person within the community mental health authority(s) to assist in the tracking and monitoring of the AOT process.

Click here to learn more
about how AOT works and
how to file an order



Why does AOT matter to emergency rooms?

Emergency rooms (ERs) have seen significant increases in admissions for patients presenting with [mental health concerns](#). In Michigan, psychiatric emergencies were the [most common](#) reason for ER visits from 2017-2021. Patients admitted for mental health concerns stay [disproportionately longer](#) than other patients, often because of factors outside of the ER (such as [limited inpatient beds](#)). This results in an enormous financial burden to hospitals and limits capacity to provide other emergency services. In many cases, these increases can be [attributed](#) to frequent admissions of a small portion of patients with [SMI](#) in need of more sustained intervention.

People living with SMI often experience an inability to recognize their illness or symptoms which make them suspicious of treatment, making it challenging for them to adhere to outpatient treatment. This can lead to further decompensation and high utilization of ERs for healthcare. Many of these individuals are more familiar to ER staff than community mental health professionals, creating a unique opportunity for ER staff to directly address the problem of high utilization by starting the process for AOT. Research has found that individuals on an AOT order have less frequent ER visits, reduced suicidal and violent behavior, and reduced substance misuse.

AOT is designed to address the issue of non-compliance among people living with SMI, particularly those that cannot recognize that they are ill. Under Michigan law, the AOT process can be easily initiated by completing the same [form](#) used for involuntary hospitalization (PCM 201 "Petition for Mental Health Treatment"). It can be submitted to the Probate Court for those being discharged home or sent along with the standard documentation for those being transferred to an inpatient psychiatric facility.