Argumentative Essay

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**Introduction**

We often come across certain situations to which it becomes hard to critically reflect in all aspects before passing judgment on anything. Similar is the case with the presence of mental health patients in the emergency rooms of the hospitals. The United States of America is a country in which it sometimes becomes challenging to live peacefully. People develop different types of mental illnesses due to the situations they are involved in. In the past few decades, more and more people are observed to be getting affected by the mental disorders that are also becoming a threat to their lives e.g. Major depressive disorder, Social anxiety disorder, Bipolar disorder, and many more disorders. Initially, people try to cope up with them but ultimately it becomes difficult for them to even take breathe when the mind is collapsing due to which they immediately rush to hospitals for assistance (Lam, Arora & Menchine, 2016). As the most convenient as well as an accessible place in the hospitals are the emergency rooms so psychiatric patients occupy the entire space in the hopes that a doctor will soon arrive in relieving them the mental pain (Knaak, Mantler & Szeto, 2017). This is getting a very problematic situation as in many states of America, mental health patients are doing this on an almost daily basis. The question of ethics and morality arises here as to whether the hospital emergency departments should be used to treat mental health patients or another platform should be provided for them. This paper critically analyzes all the aspects related to the availability of emergency departments for mental health patients. The paper aims to answer the ethical dilemma linked with this prevalent practice that is evidently occurring in many states. The paper will present arguments systematically from both sides made on this social dilemma that is creating serious ethical issues in hospital management. *Hospital emergency departments should not be used to treat mental health patients because this practice might threaten someone else’ life who needs to be treated urgently and is more serious.*

**Discussion**

It is often said that never blame someone for something if you have not walked in their shoe for a mile. This can be easily used to justify the argument that mental health patients should not be blamed for occupying the emergency departments of the hospitals as they are already mentally unstable and needs immediate treatment (Smith, Stocks & Santora, 2015). They cannot stand a queue and wait for their return because during that time they might end up having a nervous breakdown. Emergency departments are used for all the kinds of emergencies which include mental health emergency as well because mental health care is also important.

Many people do not understand the severity of the mental illness and treat the disease to be casual affection or something that can go untreated. This is not the case especially when the individual becomes suicidal and might threaten to take his life if someone does not come to rescue. It's the state's responsibility to take care of all the health patients irrespective of the fact whether they are physical or mental. Hospital management cannot wait for someone to end their lives and then claim that the mental health patient was very serious and needed immediate treatment. This is the extreme point in the case but is not impossible to happen therefore hospital emergency departments should be equally used to treat the mental health patients because they have nowhere to go and seek medical help (Clarke et al.,2014).

Many people find this approach to be unethical on the basis of fairness and equity. It will not be fair with those who are brought to the hospital’s emergency departments in the most critical conditions. These people are more serious and are facing the matter of life and death in survival than the ones who are standing there and screaming from the anxiety attacks. There are more chances of death in those who are physically critically injured than those who are mentally damaged and needs doctor attention in treatment (Zun, 2012). The severity and intensity of real emergency patients cannot be compared with the mental health patients because of the reasons for which emergency departments were built.

The purpose for the creation of emergency departments was that on the spot medical help should be provided to save someone from the death not by panic and anxiety attacks. Mental health patients should not be allowed to visit the emergency departments of the hospitals as they make the situation worse to handle by the doctors and nurses (Nazarin et al.,2017). Although mental health illnesses have severe symptoms that need spontaneous medical treatment if not provided immediately on the spot then the patient can wait and till then might as well feel a little better. This measure cannot be taken with someone who is bleeding severely and is asked to wait because till then it will become too late to save him and the blame will be placed on the doctors who were helpless in the present situation.

**Conclusion**

Looking at both the aspects of the argument being made on whether to allow treatment to the mental health patients in emergency departments or not, it is concluded that the central approach should be followed. Both the arguments are not the sole solutions to the problem. Mental health patients should not be given permission to be treated in emergency departments as it will be fairly wrong with other patients who truly deserves the urgent treatment there. But, it will also be wrong to give no access to mental health patients anywhere in hospitals. It is not completely their fault if they do not have another alternative to opt for. Hospitals must take their responsibility by providing enough resources for them, make the medical specialists equally available in mental health centers and separate systems for their treatment to help the patients in the middle of his mental health crisis.

**References**

Clarke, D., Usick, R., Sanderson, A., Giles‐Smith, L., & Baker, J. (2014). Emergency department staff attitudes towards mental health consumers: A literature review and thematic content analysis. *International journal of mental health nursing*, *23*(3), 273-284.

Knaak, S., Mantler, E., & Szeto, A. (2017, March). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. In *Healthcare management forum* (Vol. 30, No. 2, pp. 111-116). Sage CA: Los Angeles, CA: SAGE Publications.

Lam, C. N., Arora, S., & Menchine, M. (2016). Increased 30-day emergency department revisits among homeless patients with mental health conditions. *Western Journal of Emergency Medicine*, *17*(5), 607.

Nazarian, D. J., Broder, J. S., Thiessen, M. E., Wilson, M. P., Zun, L. S., & Brown, M. D. (2017). Clinical policy: critical issues in the diagnosis and management of the adult psychiatric patient in the emergency department. *Ann Emerg Med*, *69*(4), 480-98.

Smith, M. W., Stocks, C., & Santora, P. B. (2015). Hospital readmission rates and emergency department visits for mental health and substance abuse conditions. *Community mental health journal*, *51*(2), 190-197.

Zun, L. S. (2012). Pitfalls in the care of the psychiatric patient in the emergency department. *The Journal of emergency medicine*, *43*(5), 829-835.