Pattern and Adequacy of Psychiatric Emergency Assessment in the General Hospital

Yousreya Amin[1], Salma Youssef[2] and Mona Rakhawy[3].

[1]Consultant Psychiatrist, Priority House Maidstone (Kent), UK; [2]Associate Specialist General Adult Psychiatry, Medway Maritime Hospital, Medway (Kent), UK and [3]Associate Professor of Psychiatry, Faculty of Medicine, Cairo University, Egypt.

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Background: Psychiatric emergency assessments are constrained by their nature, and by the limited time and setting available for conducting them. Their targets and method have not been sufficiently understood and practiced.

Aim & Methods: We undertook content analysis of one hundred consecutive referrals to the psychiatric emergency room using a specially designed instrument. The aim was to screen case notes for key concepts that should affect clinical decision making in the emergency room.

Results: Clinicians screen adequately for the presence of general psychopathology, specific evidence for psychosis and the reasons for emergency referrals. The evaluation of depressive phenomena, the study of self harm behaviour, the enquiry about the availability of social support and the observation for the ability to cooperate with the treatment plan were less complete yet still satisfactory. However, the exploration for alcohol and drug related problems and the ability to care for oneself were deficient. The examination for the presence of impulsivity and the potential risk to others were the least considered and covered in the assessment.

Conclusion: The emergency psychiatric interview remains unbalanced in favour of symptom detection and routine history taking. Specific competency training should emphasize equal consideration to the evaluation of dangerousness, current crisis and adaptive resources of the individual. The emergency interview should focus on the essential information related to risk, clinical manifestations, and living circumstances that can be readily translated into an immediate treatment plan.

Keywords: Psychiatric emergency, General hospital, Assessment, Interview.

Abbreviations:
UK: The United Kingdom

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INTRODUCTION

The expanding role of the psychiatric emergency room in the delivery of mental health services is widely recognized (Bassuk, 1985 and Hanson, 2005). Psychiatric emergency situations constitute 15% of all emergencies and rank fourth after internal medicine, neurology and surgery situations (Pajonk, et al. 2004). De-institutionalization of mental health services and the development of community care have contributed to increasing utilization of psychiatric emergency services (Gerson and Bassuk, 1980). A greater number of young patients with emotional and drug related problems are seen in the emergency room (Sandifer, 1972). Evaluation is first directed to contain serious behavioural disturbances and facilitate further evaluation (Way, et al. 1998). It is necessary to separate medical problems with secondary psychiatric symptoms from primary psychiatric morbidity. The most recommended model aims at 'rapid evaluation, containment and referral of the patient in crisis' (Gerson and Bassuk, 1980). It also refers to the focus on the patient's adaptive resources and competence. In this context diagnostic considerations are minimized. Often high arousal, a charged atmosphere and a pervasive sense of time urgency in the emergency room places a high premium on brevity. As a consequence the need for practice and the need to learn about brief interventions are important. Despite the importance and difficulty of emergency assessments, research in the domain remains scarce.

METHODS

Study Setting:

The study was undertaken in the Accident/Emergency Department of Medway Maritime Hospital. As a District General Hospital it provides a wide range of local mental health services to a population of almost 1 million. Amongst the variable services, it offers 24-hour/7 days a week cover for psychiatric emergency referrals. An on call consultant psychiatrist and a resident Senior House Officer receive and assess urgent referrals. This service caters for internal and external referrals receiving patients from the community and from the different wards of the hospital.

Subjects:

The Medway towns are divided into five catchment areas with one consultant providing cover for