

Psychiatric Emergencies - An Urgency in Emergency-Current Trends in Managing

Christulas Jyoti

Assistant Professor, Department of Psychiatric Nursing, Nootan College of Nursing, Visnagar, India

Abstract: *Have you ever seen people wandering in road? Or lying by the railway tracks or someone screaming on your way? Or someone is lying in the same posture? Or someone is giggling at you as you walk by their side? What do you consider? What do you feel regarding their mental well-being? Do feel that they should be considered as they are wandering or roaming without a reason? Do you feel that there is urgency in emergencies? Yes, indeed it can be, minor or major emergencies which cannot be recovered but it can be prevented.*

Keywords: Psychiatric Emergency

1. Introduction

Have you ever seen people wandering in road? or lying by the railway tracks or someone screaming on your way? Or someone is lying in the same posture? or someone giggling at you as you walk by their side? What do you consider? What do you feel regarding their mental well-being? Do feel that they should be considered as they are wandering or roaming without a reason? Do you feel that there is urgency in emergencies? Yes, indeed it can be, minor or major emergencies which cannot be recovered but it can be prevented.

Apart from that if we look into some of the facts where our country stands for the mental health, it will keep you stunned. India is among the countries where it pays only tiny sum of money for the mental well-being of its citizens. Only 0.06 percent of the health budget is being spent for the mentally disabled people, where on the contrary where every day mental crisis is taking its hike. Country like ours should know regarding the psychiatric emergencies, where even the normal person can give their helping hand to prevent the country from becoming the "country having highest number of mentally ill people". The budget for the mental illness has been reduced from 50cr. to 40cr. which indicates the minimal use of the budget allotted in the National Health policy, which stresses the minimal availability of mental health professions to take care of people in the country to improve the mental well-being.

Psychiatric emergency is mental emergency where there is need to take care of the individual as well as the society in which the individual dwell in to protect them from harming self and others. Psychiatric Emergency can be minor or major emergency which needs to be looked into it, to protect and prevent individual from injuring themselves in the absence of their insight.¹⁻²

2. Definition

Psychiatric emergency is basically defined as a behaviour or thought or mood of patient if psychiatric emergency is an acute disturbance of untreated may lead to harm, either to individual or others in the society.³

Objectives of Psychiatric Emergencies:

- 1) To safeguard the life of patient
- 2) To reduce anxiety of patient.
- 3) To provide emotional security
- 4) To educate the client and family members.

Characteristics of Psychiatric Emergency are:⁴

- 1) Certain condition or stressors predisposes the client family member to seek immediate intervention as they feel discomfort.
- 2) Disharmony between the client and environment.
- 3) Sudden unexpected disorganisation in a person.
- 4) Unable to cope with the family stressful situation or the family handling the stress.

Classification of Psychiatric Emergencies⁴⁻⁵

- 1) Minor Emergencies
- 2) Major Emergencies
- 3) Medical Emergencies in psychiatric emergencies.

Minor emergencies include grief reaction, rape, disaster and panic attack. Minor emergencies are something was of little seriousness but it needs attention where it needs immediate care for the person who are facing minor psychiatric emergency.

Major Emergencies includes suicide patient, violent patient /agitated patient. Suicide is one of the leading cause of the death globally. The incident of suicide has been increasing every day. The management of suicide

- Medical stabilization
- Reducing immediate risk and treatment planning
- Managing underlying factors and psychiatric disorders
- Monitoring and follow-up

The violent behaviour is severe form of aggressiveness. During this stage, patient will be irrational, uncooperative, delusional and assaultive. The emergency physician who encounters patient with aggressive behavior may use the SAFEST approach which includes **Spacing, Appearance, Focus, Exchange, Stabilisation, Treatment.**

Spacing: Health care worker need to maintain adequate distance with equal access to the door.

Appearance: Allow primary care giver to develop empathetic approach and to cultivate rapport with the patient. Have security guard along in order to show the manual strength.

Focus: Watch the patient for probable weapons and watch patient's hands. Lookout the accelerating agitation.

Exchange: Stay calm, unremitting talking is crucial to permit de-escalation of the situation. Avoid disciplinary or judgmental statements. Use good listening skills. Target the existing problem or circumstances in order to find face-saving substitutes for perseverance and to elicit the patient's cooperation with treatment.

Stabilization: This is performed to control the patient's state. This can be physically, chemically or sedation can be done for the patient.

Treatment: Planned based on patient's symptoms.

Medical emergencies in psychiatric emergencies would be quite difficult in recognizing as its one of the co-existing condition in the psychiatric patients, which may include delirium due to life threatening condition, neuroleptic malignant syndrome, serotonin syndrome, overdose of common psychiatric medication and overdose and withdrawal from addicting substance. This all condition would not be identified if the nurses working in the emergency area are not effective to identify the co-existing problem in patient which may lead to further emergencies.

The new ways of delivering emergency psychiatric care are:

- Pre hospital care initiatives to improve care by police and ambulance crews
- Tele-psychiatry
- Integrated care in ED
- Regional collaborations to support psychiatric emergency services
- Enhanced psychiatric training among non-mental health providers.

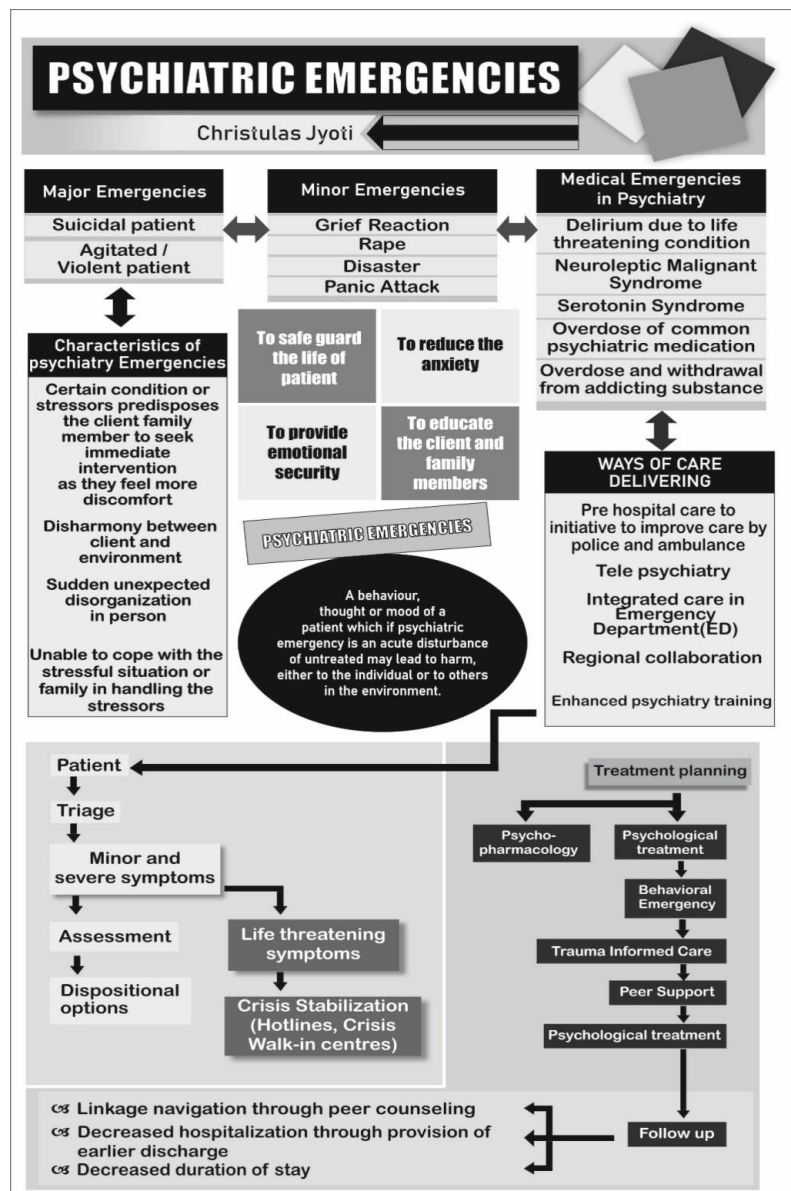


Figure 1

Treatment planning⁶⁻⁷

Treatment of psychiatric emergency is managed by different ways like psychopharmacology psychological therapy and physical therapy. In this treatment phase when the patient is brought for emergency treatment where the physician should be knowledgeable enough to deal with the patient is brought up for to emergency department. Physician in emergency department should first make triage for the patient, further the assessment of minor and major symptoms (life threatening symptoms) where they can utilize the crisis hotlines and crisis walk in interview.

Treatment of psychiatric emergency can involve the following categories of psychopharmacology and the psychological treatment. Psychopharmacology involves in the treatment of the existing symptoms of the patient which they present during their admission in emergency department in order to control the complicated symptoms of the emergent patient. The emergency physician can manage the symptoms priorly, then they need to triage the patient according to his condition. If the patient is referred for the psychological treatment it includes various therapy like behavioural emergency, the new intervention of behavioural emergency in psychological treatment is inclusive of:

- Peer support
- Psychological and medication treatments
- Trauma informed care

There are various innovation done in the traditional psychiatric care for such patients, is innovation in the

psychiatric care .There are different kind of innovation are used to develop each step carefully.(Figure 2)

First contact in community:

The first contact in community for the psychiatric emergency can be the police officer, health professional working in the periphery level. During the emergency they can utilise the mobile crisis services, crisis hotlines and the mobile crisis walk in centres for the management of the emergencies in the community level.

Improving ED Treatment:

The physician or the other health worker working in the emergency department plays a very vital role in triaging the patient but based on the current trend treatment is more important than to triage the patient whenever received in the emergency department, where they should be diagnosed accurately by the physician in the department. There should be provision of providing speciality care when necessary through integrated care. There should be awareness among the physician regarding the evidence based care and trauma informed care. Medical assisted treatment for substance use can be used according to the symptoms of the patient in the ED.

Connection with follow up care

Follow up care is one of the important aspects in the branch of psychiatry. This mainly focuses on three aspects, they are: to reduce the duration of the stay through integrated care, to reduce hospitalisation with provision of earlier, the intensive treatment, linkage navigation through peer counselling.

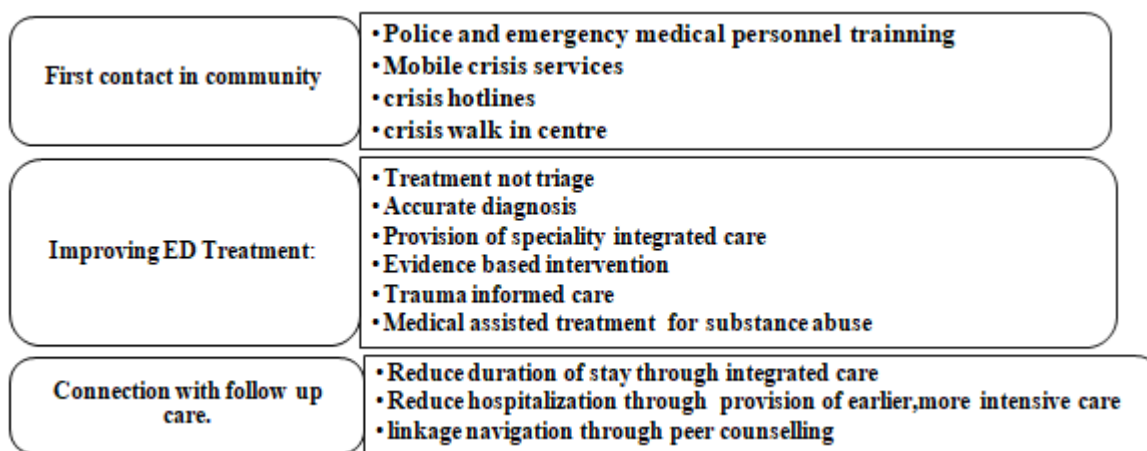


Figure 2

3. Conclusion

Emergency is one kind of urgency where prompt treatment should be provided to the patient to enhance their quality of livelihood and restore the best from the effect of evidence based care and the provision of integrated care.

References

[1] Nina Kler “Mental Health and the budget” She the people women’s channel-31 January2020
 [2] Soumitra Pathare “Less than 1% of budget is spent on mental health” Info change Agenda published on 22July2017.

[3] R Sreevani “A guide to Mental Health and Psychiatric Nursing”2nd Edition, Jaypee publication,240-244.
 [4] Dr. Bimla Kapoor “KPH A Textbook of psychiatric Nursing” vol 2, Kumar publishing house:
 [5] Niraj Ahuja “A short textbook of Psychiatry”7th edition, Jaypee publication,220-228
 [6] Col Sudarsann et.al. “Psychiatric Emergencies” MJAFI 2004:60,59-62
 [7] Eric J. Brown, Lori Whelan “Chapter 49-Pyschiatric Emergencies”-Current diagnosis and treatment, Lange publishers.