ED Psychiatric Management Overview

Presenting symptoms may be a combination of:

- Behaviours (e.g. self-harm, aggression, bizarre actions)
- Emotions (e.g. distress, anger, worry, sadness)
- Thoughts (e.g. suicidal ideation, delusions)
- Physical (e.g. agitation, overactivity)

Common mental health presentations can be grouped into 8 broad themes, but often mixed:

- Self-harm and suicidal behaviour or ideation
- Aggressive or threatening violence
- Confused or not making sense
- Bizarre behaviour or speech
- Sad, depressed, withdrawn or distressed
- Hyperactive, loud, grandiose or elevated mood
- Nervous, anxious, panicky or excessively worried about health
- Physical symptoms in the absence of identifiable physical illness

Assessment and management points

The essential processes of assessment and management in the ED are covered by 'SACCIT'.

***S**afety:*

- Ensuring risks of self harm & harm to others are minimised.

***A**ssessment:* (See Psychiatric Assessment Article)

- Clear and reliable history
- Mental state examination
- Vital signs and physical examination.
- Risk assessment: Risk of absconding, harm to self/others, suicide, missed physical illness

***C**onfirmation of provisional diagnosis:*

- NB: Definitive mental health diagnoses rarely made in the ED
- Obtaining corroborative history:
    - From family, friends, Police, Ambulance, GP or case manager.
    - The lack off corroboration reduces the confidence in an assessment.
    - Consider the patient's right to confidentiality.
- Performing investigations to confirm or exclude organic factors

***C**onsultation:*

- ED consultant, local Mental Health Services and/or Drug and Alcohol, Aged Care or Child and Adolescent Mental Health Services.

***I**mmediate treatment:*

- Providing the right short-term intervention, using the biopsychosocial paradigm:
    - **Biological:** e.g. treat any underlying cause, drug Rx for presenting psychiatric symptoms, medication for sedation.
    - **Psychological:** e.g. therapeutic engagement, supportive counselling, using de-escalation.
    - **Social:** e.g. mobilising social supports, family and others to provide care post-discharge, finding emergency accommodation.

***T**ransfer of care:*

- Safe, appropriate & timely transfer of care to inpatient or community settings.

Relationship between mental health and physical disorder

- Mental health symptoms may be due to underlying physical illness, a new mental illness or exacerbated pre-existing mental illness.
- Mental illness may prevent the effective communication of physical symptoms.

Mental Health Emergency Presentations

Major risks include:

- Patients at risk who abscond
- Aggression
- Self-harm/suicide
- Mental illness not being recognised
- Misdiagnosis or missing a physical cause for the problem
- Severity of risk/s not being identified
- Attempting to manage risks without the available resources, especially in rural EDs.

Strategies to de-escalate the risk

- A calm, courteous approach.
- Keep patients and families informed of waiting times, delays and the reasons for these.
- Listen and talk to the patient, explaining actions, and providing reassurance.
- Anticipate the patient's needs (e.g. analgesia, information, drink, food).
- Reduce the stimulation from the environment if possible.
- Involve trusted others (friends, family).
- Where de-escalation failing or severe risk is imminent, use other aggression management strategies, include security staff, chemical/physical restraint, Police.

Cultural considerations

- Use health care interpreter service if NESB in preference to family members.
- Cultural differences can influence symptomatology and help-seeking behaviour.
- Religion and dietary considerations may also be relevant to a full assessment.
- For indigenous patients consider involving Aboriginal Mental Health Workers, Aboriginal Health Service or the Aboriginal Medical Service.

Duty of care

- Does not overrule the autonomy of patient except in certain emergency situations where the failure to act would endanger the patient's life or seriously injure their health.
- A person can be treated without or against their consent if life-threatening emergency, urgent Rx is needed to prevent serious illness/injury, or in a mentally ill or mentally disordered patient who requires treatment for their mental condition.
- The Mental Health Act is NOT an instrument to be used to authorise non-psychiatric emergency medical or surgical treatment in the ED.

Consultation with Mental Health Services

Generally patients who require mental health assessment/consultation are those with:

- Suicide attempt/ideation
- Self-harm
- Agitation
- Mental health related aggression
- Severe distress
- Severe depression
- Psychosis
- Patients who request mental health services
- Patients with complex or difficult mental health problems.
- Confusion with behavioural disturbance
- Sedation issues