CHAPTER 1

Structured approach to acute psychiatric emergencies

Learning outcomes

After reading this chapter, you will be able to:
- Describe the approach to preparing for an assessment for a patient with possible mental health problems
- Recognise the importance of close working between emergency medicine and psychiatry staff
- Recognise the importance of good communication
- Identify a structured approach to managing psychiatric emergencies

1.1 Introduction

Psychiatric and behavioural presentations to emergency departments are common – if substance abuse is included in these figures then some 35–40% of presentations (6–8 million each year in England) are defined as such.

Systematic assessment and management of a person with acute mental health problems in the emergency department or other acute hospital setting can present major challenges. Key considerations include:

- Emergency department and acute hospital staff receive little training in managing psychiatric emergencies
- Responses of mental health staff can be delayed, inconsistent and unsystematic
- The acute hospital environment is often not conducive to the provision of good psychiatric care

This text seeks to provide a safe, practical system for practitioners.

1.2 Preparation

Before starting any assessment for a patient with possible mental health problems:

- Ensure that appropriate help is available (a person who is showing signs of acute behavioural disturbance requires a team approach)
- Ensure there are appropriate facilities to assess the patient
- Gather any available information

There must be a safe area where people who are acutely disturbed can be assessed and managed appropriately.
1.3 Close working between emergency and psychiatry staff

The safe and successful management of people with acute mental health problems requires close working between emergency/acute hospital teams with liaison mental health teams. Each team needs to carry out their own tasks, be aware of each other’s skills, and work collaboratively to ensure the best possible outcome.

1.4 Communication

Good communication and basic rapport building with a person with acute mental illness are essential. Communication is no less important with families of patients and with clinical colleagues – especially between those of different disciplines. Detailed records of current clinical findings, the patient’s history, prior mental health records, physical test results and management plans must be completed, and communicated to staff who will be taking over the care of the patient when he/she leaves the emergency department.

1.5 Consent

In an emergency, if it is deemed in the patient’s best interests, hospital staff have a duty of care to treat the patient, provided treatment is limited to that which is reasonably required in that emergency situation.

As consent legislation and practice are complex areas with different practices in different countries and jurisdictions, we will highlight the medicolegal aspects of patient care in relevant chapters, by detailing the principle of what they achieve. Chapter 9 summarises legal aspects in more detail and maps the principle of the relevant laws. The details will differ depending on the jurisdictions where the Acute Psychiatric Emergencies (APEx) course is available.

1.6 A structured approach

A structured approach will enable all clinicians (whether mental health trained or not) to manage psychiatric emergencies optimally, so that patients receive high-quality care. It will also ensure that important steps in the care process are not forgotten. As it is common for mental and physical health problems to occur at the same time, both require consideration.

A structured approach focuses initially on a primary assessment designed to identify and manage any immediate threats to safety, either for the patient or for others. This involves a rapid assessment of ABCD physical risk and an AEIO psychiatric risk assessment. These then inform the Unified assessment.

After a primary assessment has been completed and relevant steps have been taken to ensure safety, a secondary assessment needs to be undertaken. This includes establishing the key features of the presentation. In particular, it is important to establish whether the presentation is predominantly a physical health or a mental health problem (or a combination of both). This process involves being able to interact with the patient in a manner which conveys understanding and empathy, builds rapport, reduces anxiety and enables information gathering in an effective and efficient manner. Secondary mental health assessment includes a focused conversational psychosocial history and examination of the mental state, while secondary physical health assessment involves a focused physical history and full top-to-toe examination. Following on from this, an appropriate emergency treatment and management plan can be identified.

The final phase of the structured approach is to stabilise the patient so that transfer to an appropriate care environment can occur.

Throughout this text the same structure will be used so the clinician will become familiar with the approach and be able to apply it to any clinical emergency situation.

Figure 1.1 shows the structured approach in diagrammatic form.
Figure 1.1 The structured approach
1.7 Summary

This book will introduce the structured approach in more detail and then explore its use in the common psychosocial presentations to the emergency department.