

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 of a patient with possible mental health problems
 - Explain the importance of close working between emergency medicine and psychiatry staff
 - Outline the importance of good communication
 - Identify a structured approach to managing psychiatric emergencies
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1.1 Introduction

Psychiatric and behavioural presentations to Emergency Departments (EDs) are common. If substance misuse is included in the figures then some 35–40% of presentations (6–8 million each year in England) are defined as such. This means that on each shift staff are highly likely to have to manage patients with acute psychiatric and/or behavioural emergencies, and as will be explored below, they often do so with limited specialist training.

Adults with mental health illness are three times more likely to attend the ED and five times more likely to have a general admission to hospital (NICE and NHS England (2016)).

Systematic assessment and management of a person with acute mental health problems can present major challenges wherever they arise. Key considerations include:

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- ED 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 rarely conducive to the provision of good psychiatric care

These considerations make clear the importance of the Acute Psychiatric Emergencies (APEX) course that seeks to provide a safe, practical system for practitioners. The approaches discussed in APEX are as relevant when seeing a patient in the ED as in any acute setting, including prehospital, the patient's home and prison. As such the APEX course is not just aimed at psychiatric and emergency medicine clinicians and allied professionals, but also at many other staff groups involved in the management of the patient who is presenting with a possible mental health emergency.

1.2 Preparation

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

- Gather any available information to allow you to make an assessment of the risk (to self and to the patient) and rapidly identify the need for emergency medical or psychiatric management using the Unified approach (ABCD/AEIO), which will be covered later in this chapter
- Ensure that appropriate help is available (a person who is showing signs of acute behavioural disturbance requires a team approach)
- Ensure there are suitable facilities to assess the patient

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 and 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 they leave the ED.

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 is a complex area with different practices in different countries and jurisdictions, we will highlight the medicolegal aspects of patient care in relevant chapters by detailing the principles of what they achieve. Chapter 12 summarises legal aspects in more detail and maps the principles of the relevant laws. The details will differ depending on the jurisdictions where the 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 physical risk – **Airway, Breathing, Circulation, Disability (ABCD)** – and a psychiatric risk assessment of **Agitation/Arousal, Environment, Intent, Objects (AEIO)**. 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 that 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 implemented.

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.

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Figure 1.1 shows the structured approach in diagrammatic form.

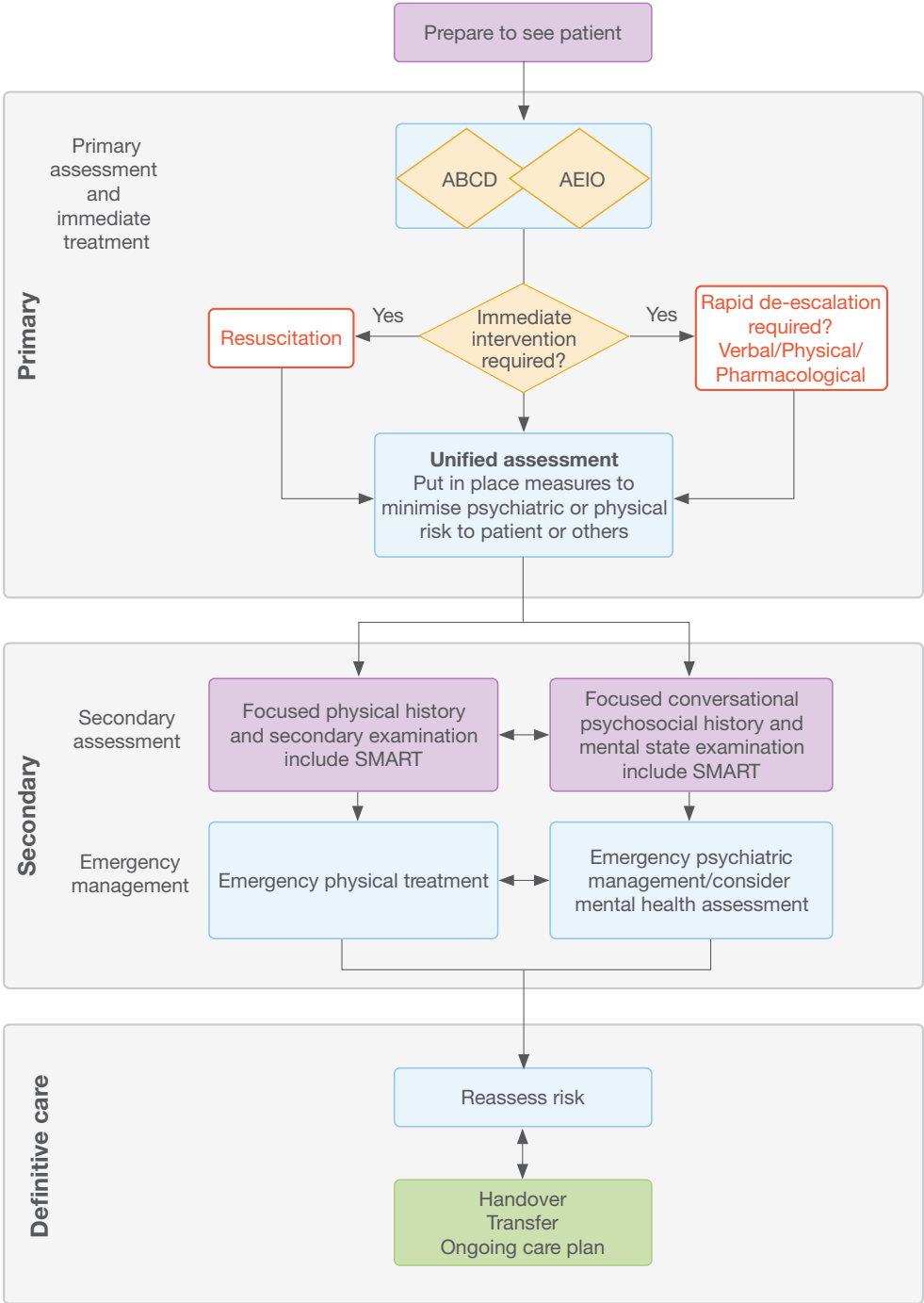


Figure 1.1 The structured approach

See Figure 3.2 for more detail on the SMART Form

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 ED.

