

# **Psychiatric Emergencies**

**How to Accurately Assess  
and Manage the Patient in Crisis**

**DEBORAH ANTAI-OTONG**

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## About the Author

**Deborah Antai-Otong, MS, RN, PMH-NP, CS**, is a certified specialist, educational, organizational and legal consultant. She is a national speaker on psychosocial topics including addiction, depression, anxiety disorders, dementia, psychopharmacology and psychiatric emergencies. Ms. Antai-Otong is also a motivational speaker on empowerment, caring for the caregiver, team building, anger management, conflict resolution and assertiveness training. She is the author of many publications including book chapters and journals, such as *American Journal of Nursing*, *Nursing*, *Nursing Clinics of North America*, *MED SURG Nursing*, *Geriatric Nursing* and *Journal of Addictions Nursing*. She is a member of several editorial and review boards including *CLINICAL NURSE SPECIALIST*, *Issues in Mental Health Nursing* and *Journal of Addictions Nursing*. Ms. Antai-Otong is also a manuscript reviewer for *Issues in Mental Health Nursing*, *Psychiatric Services* and psychosocial topics for *American Journal of Nursing*. She is the author of *Psychiatric Nursing: Biological and Behavioral Concepts* (W. B. Saunders) and co-author of *Decision-Making in Psychiatric and Psychosocial Nursing* (BC Decker, CV Mosby). Her clinical expertise includes psychiatric emergencies, medication management, crisis intervention and psychiatric consultation in clinical settings. Ms. Antai-Otong is also an expert communicator and organizational consultant helping staff improve work relationships through conflict resolution, anger management and team-building skills. She is a psychotherapist working with clients experiencing depression, grief, early childhood trauma and borderline personality disorders. She received her MS in psychiatric mental health nursing and BS from Texas Woman's University in Denton. She is also a Psychiatric Mental Health Nurse Practitioner.



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# *Introduction*

# 1

The treatment of psychiatric inpatients has undergone dramatic changes in the managed care era. Managed care, changes in health care delivery systems, and decreasing access to mental health services are increasing the prevalence of psychiatric emergencies. Moreover, managed care has narrowed the parameters of hospitalization resulting in an increased utilization of care in emergency departments and the community-based settings (Lazarus, Sharfstein, 1994; Wickler, Lessler, Travis, 1996). Frequently, only the suicidal, homicidal or seriously ill clients with complex and major psychiatric disorders are being hospitalized. Cost-containment pressures, shorter lengths of stay, and a lack of opportunities to form therapeutic alliances contribute to poor treatment compliance and increase the risk of relapse and psychiatric emergencies. Psychiatric emergency refers to a severe disturbance of mood, thought or behavior that needs immediate attention. This generally means that the client presents to an Emergency Department (ED) or other health care settings with complaints of acute symptoms, psychological and/or physical distress that overwhelms his or her present coping capacity.

The emergency department or psychiatric triage unit often serves as an entry to the health care system due to problems with access, lack of knowledge regarding mental health help, or concerns about the stigma attached to seeking help at mental health centers. These factors often result in clients seeking care during a time of crisis resulting

in increase use the ED. High use of emergency departments and shorter lengths of stay place tremendous pressures on providers in diverse clinical settings. Most health care facilities offer 24-hour staffing with mental health professionals who can evaluate, diagnose, provide crisis intervention, stabilize, and triage or make appropriate referrals. Other facilities are inadequately staffed with mental health professionals and provide an initial assessment and disposition. Facilities inadequately staffed with mental health professionals often misdiagnose and make inappropriate referrals (Garbrick, Levitt, Barrett, & Graham, 1996).

The complexity of client needs and tremendous changes in mental health delivery systems make it imperative for health care providers to sharpen their clinical skills. Expert clinical skills in the management of psychiatric emergencies offer the client quality mental health services and immediate access to assessment and treatment. Emergency mental health care plays an important role in the continuum of psychiatric health care. Because of the impact of managed care on mental health delivery systems, the prevalence of psychiatric emergencies and provision of care have become an integral aspect of psychiatric services (Dubin & Fink, 1986; Nicholson, Young, Simon, Fisher, & Batemen, 1998). Major advantages of emergency mental health services include expediting access to treatment of the mentally ill client; thwarting a crisis or decreasing its potential deleterious effects; and reducing incarceration of the mentally ill client by making appropriate dispositions.

Triage or psychiatric emergency decisions determine client placement at appropriate levels of care often parallel the client's presentation and include the following

- danger of harm to self or others
- level of functioning, and capacity for self-care
- severity of psychiatric symptoms
- ability to comply with treatment recommendations

- comorbid psychiatric and physical disorders
- quality and availability of support systems
- client and family preferences
- available resources

Overall, the mental health continuum of care comprises vast individual elements or services and extends from acute inpatient to diverse community-based settings. Regardless of treatment setting, the appropriate identification and management of psychiatric emergencies requires an array of clinical expertise that offers the client appropriate, expeditious and quality mental health services.

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# *Principles of Psychiatric Emergencies*

# 2

## Safety Considerations

Managing psychiatric emergencies begins with appreciating the importance of personal and staff safety. Personal safety often eludes health care providers because of their need to take care of others often at the expense of compromising their own safety. During the initial assessment of the client presenting in crisis, health care providers must gather as much information as possible through client records, discussions with referring agencies, family members and of course the client. This often involves discerning if the client has a history of violence, including domestic violence, past arrests, and past and present legal problems. This process also involves asking referring agents about the client's history of violence towards self and others.

Prior to taking a client into a closed area also requires exploring one's work area for items that may be used as weapons, such as scissors. Clinicians must position themselves between the client and an exit. Waiting until the client becomes aggressive before insuring this position is an often ignored safety issue even for the experienced men-

tal health professional. Health care providers must also be able to muster assistance in the event that help is needed. Recognizing that all clients have the potential to become violent is basic to creating a safe work environment.

A summary of key safety issues is:

- Make personal and staff safety a priority!
- Realize that violence can occur anywhere
- Position yourself between the client and exit
- Gather as much information as possible about the client, including history of violence and legal problems

## Developing a Sense of Severity of the Clients' Symptoms

Another area of concern for clinicians dealing with psychiatric emergencies is differentiating an emergent situation from an urgent or non-emergent situations. The assessment of the client's presenting symptoms requires identifying a imminent danger situation from a non-dangerous situation. (see **Table I:** Psychiatric Triage and Process for a further discussion of these categories)

The foremost challenge for health care providers dealing with psychiatric emergencies is determining what is an emergent versus non-emergent psychiatric situation. Once an emergent situation is determined, decreasing noise, activity and anxiety in the client and staff reduce the client's symptoms. Table I offers some strategies for discerning the nature of the client's presenting symptoms and possible interventions. Along with determining the nature of the client's presenting symptoms and possible interventions and dispositions, the mental health provider must also create a therapeutic relationship

**Table I: Psychiatric Triage Determination and Process**

Category	Rationale	Initial Intervention(s)
<b>Emergent</b>	Requires immediate attention: <ul style="list-style-type: none"> <li>• unstable or abnormal vital signs</li> <li>• impending alcohol withdrawal</li> <li>• violent or threatening behaviors</li> <li>• drug toxicity</li> <li>• acute drug-related side effects, such as acute dystonia,</li> <li>• suicide attempts (high lethality level)</li> </ul>	<ul style="list-style-type: none"> <li>• Assess physical status and rule out medical conditions and make appropriate medical or psychiatric referral</li> <li>• Initiate psychosocial and/or pharmacological interventions</li> <li>• Assess mental status</li> <li>• Initiate appropriate physical controls including:                             <ul style="list-style-type: none"> <li>• verbal de-escalation</li> <li>• restraints</li> <li>• 1:1 observation</li> <li>• seclusion</li> </ul> </li> </ul>
<b>Urgent</b>	Requires attention, but does not constitute an emergency: <ul style="list-style-type: none"> <li>• bizarre behavior</li> <li>• acute agitation</li> <li>• suicidal/homicidal risk</li> <li>• intoxication</li> <li>• evaluations for commitments</li> <li>• suicide gestures</li> </ul>	(same as above)
<b>Non-emergent</b>	Situation does not require immediate attention, but client must be assessed in a timely manner. Examples include: <ul style="list-style-type: none"> <li>• situational disturbances</li> <li>• mild to moderate anxiety</li> </ul> desire to talk medication questions	<ul style="list-style-type: none"> <li>• Afford a courtesy and reassurance</li> <li>• Inform client of estimated time he/she will be seen</li> <li>• Offer alternatives, such as keeping present mental health appointments</li> <li>• Address other treatment issues when appropriate</li> </ul>

that afford the client safety, reassurance, empathy, and a supportive environment.

Areas of interest that create the appropriate environment include providing ample space, privacy, minimal noise or stimuli. **Ample space** refers to one that reduces the client's anxiety and distress that is about leg's length. It is important to realize the clients experiencing crisis and psychological distress are very sensitive to environmental stimuli. Leg's length is a comfortable distance that reduces anxiety and severity of symptoms. It also provides a safe distance for the health care provider. An exception to this rule is the client who presents in a manic episode of bipolar disorder who may be intrusive and get into the clinician's comfort zone. It is important for the clinician to ensure safety by maintaining a safe distance.

**Privacy** is essential to forming therapeutic interactions, however, it should never compromise one's personal safety. Talking to the client in an open area, particularly if the client is under the influence of intoxicants or cognitively impaired, is crucial to maintaining staff safety. Certainly, when the client is mentally stable, privacy is crucial to the data gathering process and enables the clinician to obtain personal information. Ample space and privacy along with creating an environment with **minimal noise or stimuli** also reduce the client's anxiety. A seclusion room can also be used, but the client's vital signs must be assessed prior to placing him or her in this type of enclosure. Restraints may be necessary long enough for an in-depth evaluation, particularly when the client is unknown or etiology of symptoms is indecisive. This is particularly important when clients are experiencing delusions, delirium or acutely agitated. Making sure that the room is **well lit** also reduces illusions and other environmental misperceptions that may increase the risk of violent or aggressive behaviors. Creating a safe and non-threatening environment also involves determining how much time is required to manage a particular psychiatric emergency.

Clinicians often find themselves dealing with a large number of clients experiencing psychiatric emergencies. Effort to manage the

clients care in a **timely manner** challenges them to make quick and important decisions about the client's presenting symptoms and appropriate disposition. Most psychiatric emergencies require about 30 to 45 minutes to assess and manage. An exception to this time frame is working with children, individuals requiring crisis intervention and those who are cognitively impaired. Gathering pertinent information from various resources can also facilitate timeliness. Moreover, psychiatric emergencies must be managed expeditiously to minimize further deterioration, restore health, initiate appropriate treatment, and return the client back to a previous or higher level of functioning. Specific time for seeing clients presenting in a psychiatric emergency must be individualized. Individualized and client-centered approaches must determine time required assessing the client's presenting symptoms, level of dangerousness to self and others, and appropriate disposition. Ordinarily, child and adolescent emergency situations and geriatric emergencies, particularly with severe cognitive deficits require more time than others. An exception to this premise is the suicidal or depressed client who requires crisis intervention.

Crisis intervention is an important part of psychiatric emergency care. It provides the client with immediate emotional support and a problem solving process and helps the client explore options for dealing with the present crisis.

Summary of Strategies for Creating an Appropriate Environment include:

- Provide ample space, at least leg's length
- Afford privacy, but not at the risk of compromising personal safety
- Minimize noise and environmental stimuli
- Make sure the room is well lit
- Deal with the situation in a timely manner



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