



## Review

# Emergency psychiatric care and mental health triage

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### Abstract

Emergency service nurses provide health care to patients who come to emergency units due to mental distress. They should have the ability to evaluate their patients' physical, mental and psychosocial condition, detect the risk of patients harming themselves or others, protect patients who are at risk and maintain their health care. However, good quality and effective health care cannot be provided when the physical conditions of emergency services are not appropriate, when the skills and knowledge of health professionals are inadequate, or when they have negative attitudes toward patients and there is a lack of communication between them. These problems can increase the duration of hospital stays, delay treatment, cause negative attitudes towards patients and lead to their social exclusion. Therefore, it is important to practice of mental health triage in order to reduce negative attitudes towards patients and enhance the effectiveness of treatment. Therefore, this review paper aims to determine the importance of emergency psychiatric treatment, difficulties with it, and emphasize the need for mental health triage approach.

**Keywords:** Emergency psychiatric care; difficulties in psychiatric care; mental health triage.

Psychiatric emergencies are symptoms that occur in one or more of the areas of emotion, thought and behavior, disrupting people's physical, mental, social integrity, functions and quality of life at such a level that they cannot tolerate it.<sup>[1]</sup> Approximately 3-12% of emergency complaints are for mental distress.<sup>[2,3]</sup> Emergency psychiatric cases can be caused by many chronic mental diseases, psychosocial stress disorders and life events. They can also develop following medical illnesses, poisonings, substance abuse, drug side effects and drug-drug interactions leading to psychiatric symptoms.<sup>[1-4]</sup>

Patients in need of emergency psychiatric care due to mental distress and their relatives frequently come to emergency psychiatric units and the emergency services of general hospitals.<sup>[4-7]</sup> Providing quality health care service to these patients and their relatives reduces the material and spiritual burden of the disease and increases the effectiveness of preventive psychiatric treatment.<sup>[5-8]</sup> To provide them with quality health care service, it is necessary to evaluate patient-specific conditions accurately, determine their emergency situation, plan

and implement an appropriate medical intervention correctly, quickly and effectively, evaluate the relevant risk factors<sup>[1,2,5,9-11]</sup> and support the patient's relatives psychophysically.<sup>[1,11-13]</sup> Therefore, it is important for the emergency service workers to have knowledge and skills in many subjects such as evaluating these patients physiologically and psychosocially, ensuring that they receive appropriate medical treatment and health care, anticipating possible risks, creating a safe environment and being competent in crisis management.<sup>[7,9-13]</sup> The first intervention by health professionals with these skills can prevent patients from being exposed to possible second emergency situations, and facilitate the compliance of patients and their relatives with treatment.<sup>[1,2,8,11]</sup> However, evaluation of emergency psychiatric cases is a very complex process because of the need to assess many areas such as underlying medical conditions, existing psychiatric disorders and the psychosocial situation.<sup>[13,14]</sup> Emergency service workers often struggle to determine the real cause of a health problem and provide proper treatment and care for it, especially in the case of emergencies where physical and mental problems coexist

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(such as poisoning and neurological diseases with psychiatric symptoms).<sup>[5-7,11,13-15]</sup> It has been determined that 60% of the patients who applied to general emergency service due to mental distress could not be diagnosed or an appropriate treatment could not be administered to them.<sup>[15]</sup> From this point of view, emergency service workers need to be knowledgeable about and competent in evaluating, intervening and caring for patients with mental distress.<sup>[3,7,16-18]</sup>

Studies conducted with emergency service nurses working in the emergency units of general hospitals have found that they had many difficulties with evaluating and giving care to patients with mental distress.<sup>[3,7,19-23]</sup> These difficulties can negatively affect patients, employees and health institutions. Studies have reported that these difficulties lead nurses to neglect patients' psychological and/or physical problems, ignore their emotional needs, exhibit negative attitudes and behaviors toward patients, delay patients' health care and extend hospital stays.<sup>[21-27]</sup> Studies conducted with patients who visit emergency services due to mental distress have reported that they had difficulties in accessing health care services, were stigmatized, faced increased risks related to patient safety, experienced less patient satisfaction and were denied the full extent of their right to quality health care.<sup>[12,13,16,21-27]</sup> These difficulties also lead to a lack of communication and cooperation among employees, increase risks related to employee safety, and decrease the job satisfaction and productivity of employees. From an institutional point of view, the cost of treatment increases, and low quality services are provided.<sup>[14,28]</sup>

Various studies have found that there are different ways to increase the quality of service for patients who come to the emergency services of general hospitals due to mental health problems. One of them is having consultation liaison psychiatry (CLP) nurses in emergency services.<sup>[5,6,18,29]</sup> This first began in North America in 1990. Today, there are many CLP nurses in emergency services in the UK, Canada, Australia and Europe.<sup>[29]</sup> The basic duties of CLP nurses include education, research, and supervision and support in emergency services.<sup>[29]</sup> Wynaden et al.<sup>[18]</sup> (2003) conducted a study with CLP nurses working in general emergency services and reported that thanks to their activities, the negative emotions and attitudes of emergency nurses toward patients were reduced, the number of patients required to be seen by clinical specialists decreased significantly, and the quality of patient care in emergency units increased. Another study found that patients who come to emergency service due to mental distress stated that a psychiatric nurse should be present in the general emergency rooms of health institutions.<sup>[12]</sup> In Turkey, CLP in emergency services is provided only by physicians, and CLP nurses are not employed for this purpose.

Another way to improve the quality of service of patients who come to the emergency services of general hospitals due to mental distress is mental health triage.<sup>[14,23,26,27]</sup> Mental health triage was first applied in Australia using a regional mental health triage scale. Today, mental health triage is supported by

Ministry of Health in Australia and implemented throughout the nation.<sup>[30-35]</sup> The mental health triage scale is a guide for nurses in general emergency services who do not have knowledge about and experience in emergency psychiatry. Mental health triage reduces nurses' uncertainties about how to approach patients, increases patient satisfaction and improves the quality of emergency psychiatric treatment.<sup>[25-27,30,35-38]</sup>

In Turkey, emergency psychiatric treatment is provided by the emergency services of regional hospitals, special field hospitals and general hospitals. The National Mental Health Action Plan (2011-2023) published by the Ministry of Health aimed to convert mental health services into community-based models and decided to reduce the number of beds in regional hospitals and allocate additional beds in general hospitals for psychiatric patients.<sup>[39]</sup> This increased the number of patients with mental disorders who come to general hospitals. Emergency nurses do not have special knowledge and skills about how to approach patients with mental distress, and no standard training program supported by the Ministry of Health has been implemented to ensure that they do.<sup>[21]</sup> Efforts to increase the quality of emergency psychiatric treatment have been inadequate, as are the number of studies of the difficulties experienced by patients who come to the emergency services of general hospitals and nurses who provide health care to them and their causes. With this in mind, this research addresses the difficulties in emergency psychiatric care and their causes, and demonstrates the importance of mental health triage in emergency psychiatric care. It is thought that this research will help to identify the difficulties that patients and their relatives as well as caregiver nurses encounter in emergency psychiatric treatment in Turkey, and provide insight for future studies about improving the quality of emergency psychiatric care.

## Difficulties in Emergency Psychiatric Care and Their Causes

The difficulties experienced in the evaluation and care of patients with mental distress in emergency services are mostly due to lack of appropriate physical conditions,<sup>[6,16,28]</sup> the negative emotions, thoughts, attitudes and behaviors of emergency service health professionals toward patients,<sup>[6,7,12,20-22]</sup> their insufficient knowledge of and skill in emergency psychiatry,<sup>[3,7,16-18]</sup> and inadequacies in emergency service operation and mental health triage.<sup>[17,18,23,26,27]</sup>

The inadequacy and inappropriateness of physical conditions in emergency psychiatric care services is an important risk factor for patient and employee safety. Emergency psychiatric care services should have waiting rooms, private meeting rooms with fewer environmental stimuli and areas where emergency interventions can be performed while protecting patient privacy.<sup>[11,33,30]</sup> However, many studies have indicated that the current physical conditions of emergency psychiatric care services are poor, and safety measures for patients and employees are not sufficient.<sup>[5,6,11,16,23]</sup> Another study found

the patients who come to emergency services due to mental health problems stated that interviews should be done in a private room to protect patients from stigmatization.<sup>[12]</sup>

The psychiatric care given by nurses in emergency services is adversely affected by the fact that nurses are more likely to prioritize patients with physical illnesses and trauma, focus mostly on medical care, do not try to understand patients with mental distress and display negative emotions, attitudes and behaviors towards them.<sup>[12,20,21,24,25]</sup> In relevant studies, nurses have stated that they felt "fear, sadness, anxiety, pity, anger and hopelessness" about the patients with mental distress,<sup>[6,21,24]</sup> felt "inadequate and weak" giving health care to them<sup>[6,21]</sup> and exhibited attitudes of "anxiety, fear and avoidance" toward them.<sup>[6,12,16,20,21]</sup> The nurses also stated that they were "disappointed" because of their uncertain caregiver role in the treatment of these patients, which includes only medical treatment and record keeping.<sup>[16,28]</sup> In a study conducted by Botega et al.<sup>[25]</sup> (2005) with emergency room nurses, the nurses stated that they had a "condemnatory" attitude towards suicidal events and felt "ambivalent and hesitant" during medical care. In a study conducted by Wand and Happell<sup>[16]</sup> (2001), the nurses reported that they felt "weak" because of their inadequate communication skills with aggressive patients and the lack of clear intervention procedures for these patients. From another point of view, in a study with psychiatric patients who came to emergency services, the patients stated that the emergency room health professionals did not listen to what they said so they felt isolated and forgotten, and also reported that they were kept waiting for a long time in the emergency services. [5] Another study of patients who came to emergency services due to mental distress were asked what could be changed in emergency rooms; patients wanted non-psychiatric emergency workers (doctor, nurse, paramedic, security and so on) to be more sensitive in approaching them and have awareness in understanding their distress.<sup>[12]</sup>

However, the negative emotions, attitudes and behaviors of the emergency service nurses arise from lack of their knowledge on mental diseases and emergency psychiatric approach as well as lack of their self-confidence in giving care for the patients with mental distress.<sup>[5,6,12,16,25,28,36]</sup>

This situation also makes it difficult to assess mental state of the patients who come to emergency service, distinguish the mental problems of the patients who have physical symptoms and take the medical actions that patients need.<sup>[30]</sup> Emergency service nurses who are trained in emergency psychiatry have more skill at evaluating patients and determining the type of emergency, intervention and care, and more positive attitudes and behaviors toward patients than nurses without such training.<sup>[7,30,31]</sup>

One of the most important factors in emergency psychiatric care is deficiencies in emergency service operation. These deficiencies cause uncertainty about what nurses should do in an emergency because there are no relevant guides for nurses,

which means that mental health triage cannot be done properly.<sup>[7,14,23,27]</sup> Deficiencies in emergency service operation lead nurses to have negative emotions and attitudes towards patients,<sup>[6,12,16,20-23]</sup> and hesitate during the medical care,<sup>[3,13,16,28,31]</sup> causing patients to be kept in emergency services for longer periods.<sup>[23,27,31,36-38]</sup> Many studies have stated that mental health triage is important, especially in emergency services, because it involves evaluating the patients who come to the emergency service and shortens waiting times by meeting their needs quickly and efficiently.<sup>[17,18,24,26-28,30-34,36-38,40]</sup>

## Mental Health Triage

Triage is the assessment and classification of patient care prioritization according to the patient's condition.<sup>[19]</sup> Triage is performed to diagnose and categorize patients in vital danger, relieve and intervene in patient flow and unit traffic according to emergency classification, facilitate non-critical patient care, alleviate patients' fears through systematic order and operational speed, ensure workers' efficiency, and invigorate teamwork.<sup>[19,41]</sup> Triage is performed by doctors, nurses or paramedics according to the characteristics of the patient groups served by hospitals and emergency services.<sup>[19]</sup>

Mental health triage involves rapid medical assessment of the patients who come to emergency services due to mental health problems, determining care priorities, implementing quick and effective interventions and meeting patients' needs.<sup>[16-18,31-33]</sup>

Mental health triage was first implemented with a mental health triage scale developed in Australia. Giving priority to patients who come to hospital emergency rooms due to physical injuries and medical illnesses caused many problems. Therefore, in Turkey's First National Mental Health Plan, which was published in 1992, it was decided to include mental health services in general health services and use a community-based model instead of an institution-focused model.<sup>[23,37]</sup> As a result, the number of patients who come to emergency services due to mental distress has increased. It was observed that emergency service nurses did not know how to care for patients with mental distress, abstained from approaching them, displayed negative attitudes and emotions toward them and did not prioritize them so that these patients did not receive good quality medical care.<sup>[23,37,38]</sup> Smart et al.<sup>[23]</sup> (1994) found that such problems in the Royal Hobart Hospital in Tasmania occurred due to the inadequacy of emergency service nurses in evaluating and directing patients with mental distress and the lack of descriptions of patients with psychiatric problems in the triage system.<sup>[37]</sup> They conducted a study between 1994 and 1998 to train nurses and develop the mental health triage scale (MHTS). In this study, they trained nurses how to approach patients with depression, suicidal tendencies, anxiety disorder, acute psychosis, personality disorder and thought process disorder, how to evaluate patients with mental distress, how to do triage, interventions and discharge patients. Then they prepared a guide booklet with these top-

ics.<sup>[23,37]</sup> They found that the mental health triage scale facilitated the integration of patients who come to emergency services into general emergency service by reducing their waiting and transfer times.<sup>[23]</sup> However, Tobin et al.<sup>[26]</sup> (1999) found that the mental health triage scale used at the Royal Hobart Hospital was not adequate for many subjects, could not be generalized due to its regional cultural specificity, was not understood sufficiently by the nurses because of its mental health terminology, which made it difficult for nurses to use the scale for triage.

Tobin et al.<sup>[26]</sup> (1998) carried out a pilot project in the South Eastern Sydney Area Health Service (SESAHS) in accordance with mental health policies to improve mental health triage. This project was implemented by a research team working in the emergency service departments of five different hospitals, four mental health emergency units and one community mental health care center. The large-scale field work of this study demonstrated the effective and successful use of the MHTS in a large area.<sup>[26,36-38]</sup>

In addition, Broadbent et al.<sup>[17]</sup> (2001) conducted a project at the Barwon Health Emergency Service in Victoria to develop the MHTS created by SESAHS. At the end of this project, it was reported that patients' waiting times in emergency rooms were shortened. The project results indicated that triage nurses did not experience difficulty evaluating, directing and caring for patients with mental problems, had more positive attitudes towards these patients, increased cooperation with mental health professionals and started to use a common language.<sup>[17,27,30]</sup> The results of this project are similar to those of many other studies in the literature.<sup>[13,26,31,32]</sup>

The SESAHS MHTS developed by Broadbent et al. is now used throughout Australia.<sup>[30-34]</sup> In particular, the New South Wales (NSW) Ministry of Health published a guidebook on the basic principles of mental health triage, the features of MHTS and the principles of interventions for patients with mental problems, in the context of mental health legislation and policies.<sup>[33]</sup>

The basic goal of mental health triage is the "rapid assessment and determination of the emergency levels and appropriate interventions." The mental health triage scale is a guide that facilitates effective mental health triage.<sup>[27,30-38]</sup> It has five categories to clearly define, assess and classify patients with mental problems:<sup>[30,33-35,37,42]</sup> category 1, "cases with a definite danger to themselves or others and a high level of risk (immediate intervention);" category 2, "cases with a risk of danger to themselves and others (intervention within the first 10 minutes);" category 3, "cases with a possibility of danger to themselves or others (intervention in the first 30 minutes);" category 4, "cases with moderate distress but no immediate risk to themselves or others (intervention in the first 60 minutes);" and category 5, "cases with no acute distress, behavioral impairment, and danger to themselves or others (intervention in the first 120 minutes)."<sup>[26,27,33,34]</sup>

The patients' "general appearance characteristics (observed status, reported status)" and "general intervention principles

(observation time, intervention principles and conditions to be considered)" are indicated in each category of the MHTS, unlike other triage scales. The symptoms and behaviors of the patients who come to emergency service are described as general appearance characteristics in each category of the scale. This feature helps to classify patients, determine their emergency situations and identify levels of patient observation by non-psychiatric emergency service nurses without the need for expert knowledge or terminology. In addition, the guidelines on intervention principles that nurses should apply and note are indicated in the field of general intervention principles in each category of the scale. This feature allows the emergency service nurse to intervene quickly and accurately without uncertainty.<sup>[30-34,37]</sup> Thanks to these features, the MHTS can guide nurses to make the right decisions.<sup>[30-38]</sup>

Many studies have reported that general triage scales have low reliability in evaluating patients with mental distress, but the MHTS has high reliability<sup>[27,30-37]</sup> and is highly sensitive in patient identification.<sup>[30,43]</sup> In addition, the MHTS was determined to affect patient outcomes positively by reducing patient waiting and transfer times, increasing patient satisfaction and contributing positively to nurses' attitudes and behaviors toward patients.<sup>[26-30,36,40]</sup> The MHTS was also reported to affect patients on an equal basis in standard care, provide evidence-based care as the provided services were recorded,<sup>[12,16,17,30,31,36,38]</sup> increase employees' confidence and competence, positively influence communication with patients, improve cooperation with CLP employees and others and enable the use of a common language.<sup>[16-18,28,31,35,41]</sup> Finally, a review study of the studies that were conducted between 1993 and 2010 found that the MHTS had good inter-peer reliability and proven efficacy, and was the most used and recommended triage scale for patients who come to psychiatric emergency services.<sup>[30,35,36]</sup>

In Turkey, triage is carried out for all patients who come to hospitals using the three-category color coding and triage standards that were stipulated by the "Communiqué on Implementation and Procedural Principles of Emergency Services in Inpatient Health Facilities of the Ministry of Health" issued in 2008.<sup>[44]</sup> Recent studies comparing the three- and five-category scales have indicated that the five-category scales are more reliable.<sup>[41,43,45]</sup> There is no detailed evaluation area for mental health in the three-category color coding and triage standards. Studies abroad have also found that triage scales for general patients were inadequate for evaluating patients who come to emergency service due to mental distress.<sup>[23,35,36]</sup> Therefore, studies of this subject are needed in Turkey. Domestic studies have been frequently conducted to characterize psychiatric emergencies. However, no studies have been conducted to identify and eliminate the problems of patients who come to emergency services and their caregiver nurses, and to determine the effectiveness of current triage practices.

Studies abroad have found that triage in emergency services

was often performed by nurses and the duties, authority and responsibilities of the triage nurse were properly defined.<sup>[30]</sup> In Turkey, although the "Communiqué on Implementation and Procedural Principles of Emergency Services in Inpatient Health Facilities of the Ministry of Health" says that triage can be performed by nurses and other health workers, and the duties, authority and responsibilities of emergency service nurses are defined in the nursing regulation published in 2011, this document contains no description for triage nurses. It is also known that the knowledge and skills of emergency service nurses are not sufficient for evaluating, classifying and planning interventions for patients with mental problems.

## Conclusion

In Turkey, triage is mainly utilized to evaluate and classify physical illnesses so there is no specific triage application for patients who come to emergency services due to mental distress. In addition, it is observed that the number of studies which have been conducted to increase the quality of mental health care services in emergency units and revealed the problems and difficulties experienced by emergency nurses who care patients with mental problems and these patients, are not enough.

In this regard, individual and institutional studies and activities should be undertaken in Turkey to improve the emotions, behaviors and attitudes of general emergency service nurses toward patients who come to emergency services due to mental distress, reduce ambiguities in patient care, shorten patient waiting and transfer times, give patients quick, effective and quality medical care, increase patient and employee satisfaction, and develop a common language and cooperation among all employees. To achieve this:

First of all, it is necessary to carry out studies to evaluate the attitudes and behaviors of emergency service nurses toward patients who come to emergency units due to mental distress, and determine their difficulties and problems and underlying causes. In addition, standard training programs to be supported by the Ministry of Health should be organized in health institutions to improve the knowledge, communication and skills of emergency service nurses in matters such as emergency psychiatric evaluation, intervention and care. Furthermore, it is important to organize focus group interviews to identify the difficulties experienced by both nurses and patients, to perform group activities (such as psychodrama) to cope with these difficulties and improve communication skills, and conduct training programs with practical techniques (such as role play) to change nurses' negative attitudes and behaviors.

To enhance emergency psychiatric care and services in Turkey, the physical conditions of general emergency services should be improved to prevent patients from being stigmatized and enable them to meet their needs. By defining the triage duties and responsibilities of emergency service nurses, the Ministry

of Health can reduce their uncertainty in patient care and positively affect triage for patients with mental distress.

The ability of non-psychiatric emergency service nurses to evaluate patients with mental distress, identify their emergencies and make quick and effective interventions should be improved to develop emergency psychiatric care services in Turkey. Therefore, it is important and necessary to conduct individual and institutional studies to determine the effectiveness of mental health triage and to support them with pilot applications to be performed by the Ministry of Health.

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