Emergency Psychiatry

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Government of **Western Australia**
WA Country Health Service

PEACE course

Psychiatry in Emergency Settings

- Settings
  - Hospitals eg ED, MHUs, General Wards
  - Community eg GP, MHSs, Crisis Teams, anywhere
- Conditions
  - Self Harm / Suicidal Behaviour
  - Substance Related
  - Medically Complex
  - Mood Disorders
  - Acute Psychosis
  - Agitation / Aggression / Violence
  - Rapid changes in Behaviour

The “Unspoken” Factors

- Politicised Issues
- Waiting Times (eg NEATs)
- Length of Stays
- Bed Availabilities
- Adverse Outcomes and Patient Harm
- Suicide / Homicide
- Physical / Chemical Restraints
- Staff Assaults
- Stigmatisation
- Perceived Roles and Responsibilties


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NEWS

Staff Involvement

- Medical Practitioners Interns →GPs→ ED Physicians→ Psychiatrists
- Nursing Staff
- Psychologists
- Social Workers
- Youth and D+A Workers
- Hospital Aid Assistants
- Security
- Police
- Ambulance Staff

Situational Awareness

- Safety, Safety, Safety
- Physical Environment
- Adequate Preparation
- Team Involvement
- Observations
- Necessary Resources

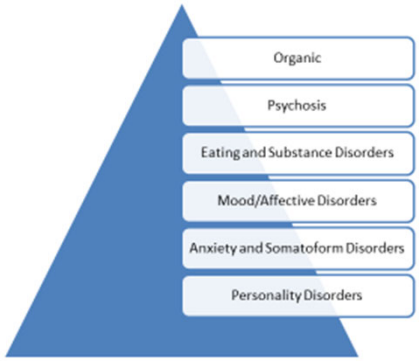
Psychiatry Emergency Principles

- Safety
- Minimal Restraint
- Calmness is the goal
- Thorough Assessment
- Medical Stabilization
- Risk/Safety Assessment
- Post event documentation
- MHA 2014

Medical Assessment

- Site specific thresholds/policies
- Presenting vs comorbid medical conditions
- Delirium (and Dementia)
- Intoxicated patient vs Toxidrome
- Vitals, Physical Examination, Ix

Diagnostic Hierarchy



Agitation

- Environmental Control
- Non Verbal De-escalation
- Verbal De-escalation
- Effective communication incl familes/friends
- Pharmacological (goal is calmness)
  - Benzodiazepines eg lorazepam
  - Antipsychotics eg haloperidol, olanzapine
  - Mode of administration SL>PO>IMI>IV
  - Local protocols
  - Delirium
- Monitoring

Intoxication and Duty of Care

- Duty to attend
- Duty to assess and diagnose
- Capacity to accept treatment/intervention
- Duty to treat, advise and instruct
- Family and friends

Capacity

- Assumption of capacity >18yo
- Support to maintain capacity is required
  - Communication
  - Appropriate information
  - Management of conditions to enhance capacity
- Bad decisions and capacity
- May fluctuate
- Decision specific

Assessing Capacity

- 1.Understand and believe the information relevant to the decision
- 2. Retain that information
- 3. Weigh up the information
- 4. Communicate their decision

MHA 2014

- "Referral for an examination by a psychiatrist"
  - Medical Practitioners and AMHP (Police)
  - Referral to an authorised hospital or "another place"
- Criteria for referral

  1.The person has a mental illness and is in need of treatment

  2. Because of the MI, there is significant risk to health or safety to the person (or another person)

  3. The person does not demonstrate capacity to make treatment decisions

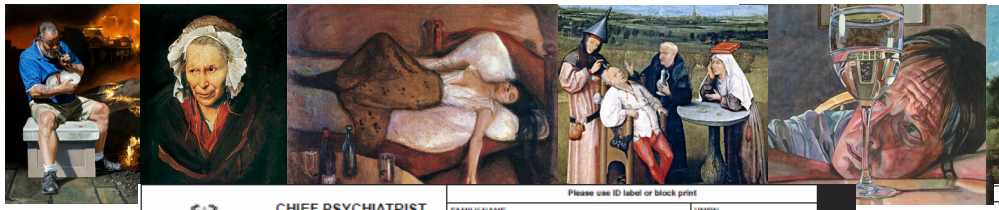
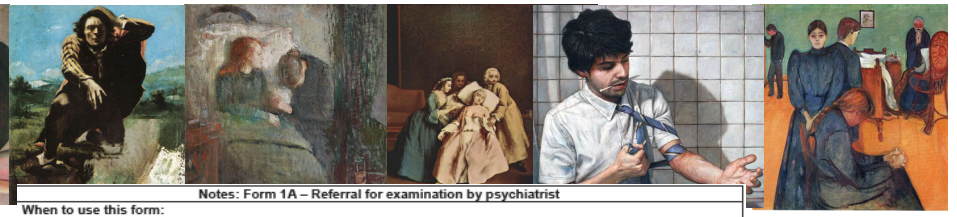
  4. No lesser restrictive way to provide treatment
- Emergency Psychiatric Treatment
  - Save life or prevent harm

MHA 2014 Rules

- Physically seen and assessed the patient with 48 hours
- Least restrictive assessment
- By VC if rural/remote
- ATSI support person
- Fill in the form properly and given to the patient if safe (1A)
  - Extension 72-144hrs rural and remote (1B)
- Detention order (3A), reasonable force
- Transport order (4A)
- Apprehension and Return order (7D)

MHA 2014 Rules

- Seek advice! Call the duty Psychiatrist of ETS MH
- Office of Chief Psychiatrist Website
- Seek advice!

GOVERNMENT OF WESTERN AUSTRALIA

CHIEF PSYCHIATRIST OF WESTERN AUSTRALIA

WA MENTAL HEALTH ACT 2014

SECTIONS: 26, 31, 36, 37, 41, 42

Please use ID label or block print

FAMILY NAME	UMRN
GIVEN NAMES	CMHI
BIRTHDATE	GENDER
ADDRESS	

FORM 1A - REFERRAL FOR EXAMINATION BY PSYCHIATRIST

Assessment completed: Date: DD/MM/YY Time: HH:MM

Place: _____ (If AV used, place of assessment is referred person's location.)

☐ Metro area ☐ Non-metro area (For non-metro there is possibility of extending referral - see Form 1B.)

Basis on which it is suspected that the person needs an involuntary treatment order:

Distinguish whether information obtained from referred person, their medical record or another person. Refer to Form 1A Attachment if required.

Referred person is to be examined at: _____

☐ Authorised hospital ☐ Other place

I certify that I have assessed the person being referred and, having regard to the criteria in section 25 of the *Mental Health Act 2014* (see overleaf), reasonably suspect that the person: is in need of an involuntary treatment order; or is on a community treatment order and is in need of an inpatient treatment order.

Name of referring practitioner: _____

Qualifications: _____ **Signature:** _____

☐ Medical practitioner ☐ AMHP

Date and time referral made: Date: DD/MM/YY Time: HH:MM

Must be within 48 hours of (or if referring voluntary inpatient at authorised hospital, immediately after) assessment.

Date and time referral will expire: Date: DD/MM/YY Time: HH:MM

72 hours after referral made. This may be extended under Form 1B.

REVOCATION OF REFERRAL (If required)

Reason for revoking referral:

☐ I am satisfied that the referred person is no longer in need of an involuntary treatment order.

Is the referral being revoked by the practitioner who made the referral?: ☐ Yes ☐ No

If No, practitioner who made referral must be consulted. Provide details of the consultation, or, if the referring practitioner could not be contacted, a record of the efforts to do so:

Name of revoking practitioner: _____ Date: DD/MM/YY Time: HH:MM

Qualifications: _____ **Signature:** _____

☐ Medical practitioner ☐ AMHP

Receival at place of examination:

Date: DD/MM/YY Time: HH:MM Signature:

FORM 1A - REFERRAL FOR EXAMINATION BY PSYCHIATRIST

Notes: Form 1A – Referral for examination by psychiatrist

When to use this form:

A medical practitioner or authorised mental health practitioner may refer a person (including a voluntary inpatient – s36) for an examination conducted by a psychiatrist if, having regard to the criteria specified in section 25, the practitioner reasonably suspects that:

- the person is in need of an involuntary treatment order; or
- if the person is under a community treatment order – the person is in need of an inpatient treatment order (s26(1)).

If the referred person needs to be detained in order to be taken to the place of examination see *Form 3A – Detention Order*. If the referred person is in need of a transport order to be taken to the place of examination see *Form 4A – Transport Order*.

Section 25 criteria for an involuntary treatment order:

Criteria for an inpatient treatment order (all of the requirements must be met) (s25(1)):

a) the person has a mental illness requiring treatment;
b) because of the mental illness there is a significant risk to the health or safety of the person or to the safety of another person, or a significant risk of serious harm to the person or to another person;
c) the person does not demonstrate the capacity to make a decision about provision of treatment to himself or herself (see Part 5 of Act for consideration of capacity matters);
d) treatment in the community cannot reasonably be provided to the person; and
e) there is no alternative that would be less restrictive to the person's freedom of choice and movement.

Criteria for a community treatment order (all of the requirements must be met) (s25(2)):

a) the person has a mental illness requiring treatment;
b) because of the mental illness there is a significant risk to the health or safety of the person or to the safety of another person, or a significant risk of serious harm to the person or to another person, or a significant risk of the person suffering serious physical or mental deterioration;
c) the person does not demonstrate the capacity to make a decision about provision of treatment to himself or herself (see Part 5 of Act for consideration of capacity matters);
d) treatment in the community can reasonably be provided to the person; and
e) there is no alternative that would be less restrictive to the person's freedom of choice and movement.

Duration of order:

A referral remains in force for 72 hours from the time that the referral is made unless:

- it is a referral made in a non-metropolitan area and is extended (Form 1B – Variation of referral) (s45); or
- the referral is revoked (see front of form) (s31, 37).

Place of examination:

- If the referred person is a voluntary inpatient in an authorised hospital, the place of examination must be the authorised hospital in which the person is an inpatient (s36).
- In all other cases the place of examination may be:
  - an authorised hospital (s26(2)); or
  - a place that is not an authorised hospital if it is an appropriate place to conduct the examination having regard to the Chief Psychiatrist's guidelines. In this case, the practitioner must make any arrangements that are necessary to enable the examination to be conducted at that place (s26(3)).
- The place of examination may be changed (Form 1B – Variation of referral).

Revocation of referral:

A medical practitioner or authorised mental health practitioner may make an order revoking a referral if satisfied that the person referred is no longer in need of an involuntary treatment order (s31(1), s37(1)).

The practitioner cannot revoke the referral if it was made by another practitioner unless the practitioner has consulted the other practitioner about whether or not to revoke the referral, or despite reasonable efforts to do so, the other practitioner cannot be contacted (s31(2), s37(2)).

NE If the referred person is being detained under a *Form 3A – Detention Order* the person must be released (s31(6)).The release of a person following the revocation of a referral is a **Notifiable Event** which means, where possible, at least one personal support person must be notified that the person has been released.

Checklist of *Mental Health Act 2014* requirements related to this form:

☐ Provide the referred person with the information in this referral (you may wish to do this by giving the referred person a copy of this form).
☐ File the referral on the person's medical record.
☐ Provide the referred person and at least one personal support person with an explanation of the referred person's rights as soon as practicable.

If referral is revoked:

☐ NE If the person was subject to a *Form 3A – Detention order*, the person must be released. The practitioner revoking the referral must inform at least one personal support person of the release of the person, as soon as practicable.
☐ If the person was subject to a *Form 4A – Transport order*, the practitioner revoking the referral must notify the police or transport officer carrying out the transport order and make a record of the advice on the person's medical record.
☐ File the form with the revocation section completed on the referred person's medical record.
☐ Give a copy of the form with the revocation section completed to the referred person as soon as practicable.

Information for place where person will be received for examination:

Is there an '*Attachment to Form 1A*' completed? ☐ Yes ☐ No.

If yes, ensure receiving place gets a copy of the Attachment along with the Form 1A.

Risk / Safety Assessment

Case Discussion

- You are in ED and the Police bring in a 20yo male, who was wandering the streets with just jeans on, yelling, paranoid and responding to “voices”.
- He is a known IV Methamphetamine user with a history of drug induced psychosis
- The police found syringes and a bag of MA on him and stated “he is off his face again” He was agitated, aggressive towards the police and is in hand cuffs
- How do you approach this case