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Views of Health Professionals on Acute Psychiatric Interventions in the Emergency Department: A Qualitative Study

Acil Serviste Yapılan Akut Psikiyatrik Müdahalelere Yönelik Sağlık Profesyonellerinin Görüşleri: Nitel Bir Çalışma

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This study was presented as an oral presentation at 7th International Forensic Nursing Congress, May 8-10, 2023, Tranbzon, Türkiye.

ABSTRACT Objective: The study was conducted to determine the opinions of health professionals about acute psychiatric interventions in the emergency department. **Material and Methods:** The qualitative study was conducted with a case study design. The population of the study consisted of health professionals working in the emergency department of a state hospital in a province of Türkiye. The purposeful sampling method was used in the study, and 17 participants who were employed as health professionals (physician and nurse) in the emergency department for at least 5 years, were involved in acute psychiatric interventions, and who volunteered to participate constituted the sample. Data was collected between March-April 2023 with an introductory information form and a semi-structured interview form. The data of the study were analyzed by content analysis. Necessary permissions were obtained to carry out the study. **Results:** Participants stated that they frequently performed acute psychiatric interventions, the individuals affected were generally adults (20-40 years old), and they mostly dealt with individuals with diagnosis of suicide, manic attack, and schizophrenia. Two main themes and 6 sub-themes emerged in the research. The main themes with sub-themes were inadequacy (treatment approach, education, emotional chaos) and in the shadow of the workload (logistical difficulties, departmental structure, limited resources). **Conclusion:** It was found that health professionals working in the emergency department have difficulties in many aspects while providing acute psychiatric intervention, and also have to struggle with many problems related to the working environment. In this context, it is recommended to improve services for acute psychiatric intervention to support professionals working in the emergency department.

Keywords: Emergency; psychiatric intervention; physician and nurse; qualitative research

ÖZET Amaç: Çalışma, acil serviste yapılan akut psikiyatrik müdahalelere yönelik sağlık profesyonellerinin görüşlerini belirlemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** Çalışma, durum saptaması deseninde yapılan nitel bir çalışmadır. Çalışmanın evrenini, Türkiye'nin bir ilindeki devlet hastanesinin acil servisinde çalışan sağlık profesyonelleri oluşturmuştur. Çalışmada, amaçlı örnekleme yöntemi kullanılmıştır. Dâhil edilme kriterleri doğrultusunda en az 5 yıldır acil serviste sağlık profesyoneli (hekim ve hemşire) olarak görev yapan, akut psikiyatrik müdahalede bulunan ve katılım konusunda gönüllü olan 17 katılımcı çalışmanın örneklemini oluşturmuştur. Veriler, Mart-Nisan 2023 tarihleri arasında tanıtıcı bilgi formu ve yarı yapılandırılmış görüşme formu ile toplanmıştır. Çalışmanın verileri, içerik analiziyle çözümlenmiştir. Çalışmanın yapılması için gerekli izinler alınmıştır. **Bulgular:** Katılımcılar sıklıkla akut psikiyatrik müdahalede bulunduklarını, müdahale ettikleri bireylerin genellikle yetişkin bireyler (20-40 yaş aralığı) olduğunu ve en çok intihar, manik atak ve şizofreni tanısı olan bireylere müdahale ettiklerini belirtmişlerdir. Araştırmada 2 ana tema ve 6 alt tema ortaya çıkmıştır. Alt temalarla birlikte ana temalar; yetersizlik (tedavi yaklaşımı, eğitim, duygu kaosu) ve iş yükünün gölgesinde (lojistik zorluklar, departman yapısı, kısıtlı kaynaklar) olarak bulunmuştur. **Sonuç:** Acil serviste çalışan sağlık profesyonellerinin, akut psikiyatrik müdahalede bulunurken birçok açıdan zorlandıkları bununla birlikte çalışma ortamına yönelik birçok sorunla da mücadele etmek zorunda kaldıkları bulunmuştur. Bu bağlamda acil serviste çalışan profesyonelleri desteklemek için akut psikiyatrik müdahale konusundaki hizmetlerin iyileştirilmesi önerilmektedir.

Anahtar Kelimeler: Acil; psikiyatrik müdahale; hekim ve hemşire; nitel araştırma

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The emergency services are life-saving, first-intervention and care units in emergencies which serve the community all over the world and have great importance for the health and welfare of society.[1,2] For many people experiencing mental health problems, going to a general hospital emergency room is a default option in a crisis situation.[3] The number of psychiatric conditions in emergency departments has increased, as mental illness is on the rise among young adults and the elderly.[4] Many factors, from major societal challenges and hospital system problems to individual patient characteristics, affect emergency department admissions for psychiatric illnesses. Acute mental health services managing crises in emergency departments consume a large portion of mental health resources in many countries.[5] However, due to the small number of mental health professionals in emergency settings, most of the time the emergency service professional is left alone to determine the acute treatment plan for psychiatric patients. Dealing with psychiatric emergencies is both challenging and complex for professionals working in the emergency department due to many factors (insufficient training, scarcity of mental health professionals, limited access to psychiatry).[6] Therefore, healthcare professionals working in the emergency department may experience serious anxiety while fulfilling their responsibilities in treating psychiatric patients.[7] In this context, attendance for psychiatric diseases creates a heavy burden on the emergency service system.[8]

Since the emergency service is a unit that attaches importance to teamwork, inadequate professional skills of health professionals can negatively affect team cooperation. Working alone in the emergency department, which is one of the units where team cooperation is essential, causes difficulties and various negative feelings such as loneliness, helplessness and burnout.[9] It was reported that healthcare professionals in the emergency department are uncomfortable managing psychiatric cases in the emergency department due to factors such as lack of confidence in their mental illness and stigma.[10] Mental illnesses can create a crisis in emergency departments. Crises caused by mental illnesses have turned into emergencies that pose the risk of harm to patients, healthcare professionals and society. It has been stated that a situation-specific crisis emergency theory should be used for individuals with mental illness. In this way, emergency intervention needs for mental health can be identified for individuals with mental illness.[11,12] This study was considered within the framework of a situation-specific crisis emergency theory for individuals with mental illnesses. An in-depth examination of the views of healthcare professionals in the emergency department towards acute psychiatric interventions will contribute to the development and optimization of mental health strategies. In this context, this study was conducted to determine the opinions of health professionals about acute psychiatric interventions in the emergency department.

Research Question

What are the opinions of health professionals about acute psychiatric interventions in the emergency department?

MATERIAL AND METHODS

PURPOSE AND TYPE OF RESEARCH

The research was a qualitative study using a case study design to determine the opinions of health professionals about acute psychiatric interventions in the emergency department.

SAMPLE/PARTICIPANTS

The sample for this study consisted of emergency health professionals working in a state hospital in a province of Türkiye. Participants were reached using purposeful sampling. The data collection process was terminated when data saturation was reached and no new information emerged.[13] The study was completed with a total of 17 participants, who were emergency health professionals, who agreed to participate in the study. The participants in the study were healthcare professionals who were physicians and nurses. Data was collected between March and April 2023.

Included in the study were individuals who worked in the emergency department for at least 5 years, were emergency service health professionals (physician and nurse), and individuals who had been

involved in acute psychiatric interventions and volunteered to participate.

The scope of emergency psychiatric interventions; refusal of treatment and care, aggressive behavior, patients harming themselves and their surroundings, physical detection, suicide risk and judicial situations have contained. Individuals with sensory loss that interfered with communication were not included in the study. There was no participant who stopped working or wanted to quit. It was explained that participation was not compulsory and they could leave the research at any time.

DATA COLLECTION TOOLS

Research data were collected between March-April 2023 using an introductory information form and a semi-structured interview form.

Introductory Information Form: This form consists of questions about demographic data, including age, gender, occupation, educational status, marital status, working time, when and how many acute psychiatric interventions, age groups for interventions and disease types.

Semi-Structured Interview Form: This consists of open-ended questions evaluating the opinions of health professionals about acute psychiatric interventions in the emergency department (Table 1).

The professional studies on violence carried out by researchers over the years formed the basis of the objectivity of this study. In this context, while preparing the questions, in addition to benefiting from the literature, the questions were thought about extensively. In addition, the researchers examined these questions in detail from their own perspective. During the planning phase of the research, expert opinion was sought about the questions in the interview form. Expert opinion was obtained from academics (three independent academics) who are mental health professionals and have experience of qualitative research. After the experts agreed that the questions were appropriate, a preliminary application was carried out with three healthcare professionals performing psychiatric interventions in the emergency department in order to evaluate the comprehensibility and applicability of the data collection tools. Pre-application data were excluded from the study.

TABLE 1: Semi-Structured Interview Form.

1. What do you think about being a healthcare professional in the emergency department?
2. What do you think about acute psychiatric interventions?
3. What experiences have you had in acute psychiatric interventions?
4. What did you experience during acute psychiatric interventions?/ What did you feel?
5. What should be improved in acute psychiatric interventions?
6. Are there any situations that you want to add that I didn't ask about?

DATA COLLECTION

During the interview, the questions were asked in the same order and additional explanations were made when necessary. Interviews continued until data saturation was reached and terminated when data saturation was reached. Data collection was terminated when the data collection process and concepts and statements that could potentially answer the study questions began to be repeated (saturation reached). Before the interviews, participants were informed that a voice recording would be made, and after their consent was obtained, the voice recording was begun. The first and third researchers, who are psychiatric nurses, conducted the interviews. The fact that the researchers conducting the interviews was a psychiatric nurse ensured effective communication with the participants and the sustainability of the interviews. The interviews lasted approximately 35-40 minutes. Care was taken to conduct the interviews in an environment where there was no noise and confusion and where effective communication was possible. In cases where face-to-face interviews were not possible, telephone or video interviews were conducted with the participants. Due to the sensitive nature of the interviews in this study, individuals were assured that the interviews, recordings and raw data would remain confidential and would not be shared. Interviews and recordings were not shared with anyone outside the research team to avoid situations that could jeopardize the privacy and confidentiality of the participants. The names of the participants were kept confidential. In the statements of the participants, the number and age of the participants were used as codes instead of names.

EVALUATION OF DATA

Qualitative data were first transcribed to a computer environment by the researchers and then analyzed by content analysis. A total of 152 pages of interview text were created and used as raw data. In order to ensure the accuracy of the transcription, the audio recordings were listened to by the researchers, compared with the transcribed text and necessary corrections were made. The themes and sub-themes were created by revealing the relationships between categories by coding and categorizing the data in the research, and this was completed by three different researchers. Expert opinion was obtained regarding the validity of the themes and sub-themes from two independent researchers with qualitative research training and experience. Citations are shown as numbers and ages (Participant-3, Participant-8, etc.). The themes were supported by participant statements in the findings section.

CREDIBILITY AND TRUSTWORTHINESS OF QUALITATIVE DATA

The semi-structured interview form was developed by the authors by scanning the relevant literature. Validity was evaluated by the researcher who collected the data and all authors who worked on the analysis of the data.[14] The reliability of the findings was evaluated according to four criteria: dependability, credibility, confirmability, and transferability.

ETHICAL PRINCIPLES

The study protocol was carried out in accordance with the Helsinki Declaration of 1975. Before starting the research, permission was obtained from the Non-invasive Clinical Research Publication Ethics Committee of Nevşehir Hacı Bektaş Veli University Rectorate (date: 27 March 2023; no: 2300019795). In addition, the purpose, plan and duration of the study were explained to the participants and their consent was obtained.

RESULTS

The ages of the participants were between 22-43 years. It was determined that 10 of the 17 participants were male and married, 14 of them were physicians, had completed their specialist training and the duration of working in the emergency department varied between 6-10 years. Participants stated that they frequently made acute psychiatric interventions during their work in the emergency department, the individuals they intervened with were generally adults (20-40 years old), and they mostly intervened for individuals with diagnosis of suicide, manic attack and schizophrenia. Two main themes and 6 subthemes emerged in the research. The main themes with sub-themes were inadequacy (treatment approach, education, emotional chaos) and in the shadow of the workload (logistical difficulties, departmental structure, limited resources). The themes and sub-themes obtained in the research are presented in Table 2.

TABLE 2: Themes that emerged from the interviews.

Themes	Subthemes
Inadequacy	Treatment approach
	Education
	Emotional chaos
In the shadow of the workload	Logistical difficulties
	Departmental structure
	Limited resources

THEME 1. INADEQUACY

Almost all of the emergency professionals providing acute psychiatric interventions stated that they felt inadequate during the intervention process, they had difficulty in planning treatment without psychiatry specialists, mental health education should continue in their professional life, and they experienced many negative feelings due to inadequacy.

a. Treatment Approach

Almost all of the participants stated that they thought that the treatment they used in acute psychiatric interventions in the emergency department was a temporary solution and they had difficulty in planning psychiatry-specific treatment, so they had less professional satisfaction than other interventions.

"We usually sedate the patients with medication and send them home, if we cannot calm them down, we refer them on. We can see the same patient again a few days later. Waste of time, effort, money, all…

The emergency room is like a stop on the way for these patients…" (P10, 32)

b. Education

All of the participants stated that they found the training they received for acute psychiatric interventions during their vocational training was insufficient, and practices should be intensified as in theoretical training. However, the participants stated that everyone involved in acute psychiatric interventions (the individual's family, security guard, ambulance driver, etc.) should receive training on this issue and that in-service training should be organized in hospitals from time to time.

"In the assistantship training, only a few weeks were taught on this subject. We did not have a chance to practice with patients who had an attack during our internships. It would be more beneficial if we could see the interventions on this issue" (P9, 30)

"Unfortunately, families do not know what to do in this situation. Families are undecided whether to take person to the emergency room or to the clinic. In this case, it can be a wearing process for both the patient and their family." (P15, 36)

c. Emotional Chaos

All of the participants stated that they experienced many emotions together for various reasons while performing acute psychiatric interventions in the emergency department. They expressed this emotional turmoil (inadequacy, helplessness, burnout, anger, sadness, pity) they experienced as a chaos of emotions.

"I have more empathy when intervening or caring for psychiatric patients. I try to ignore the swear words or aggressive behavior they say during the attack. But even though I try to ignore this situation, it consumes me"(P6, 23)

"I do not have an algorithm in mind for the treatment of psychiatric patients. This makes me feel tense and inadequate."(P11, 33)

THEME 2. IN THE SHADOW OF THE WORKLOAD

All of the emergency professionals providing psychiatric interventions stated that their workload increased due to referral problems they experienced during the intervention process, the inadequacy of the physical environment they worked in and limited resources. They emphasized that the quality of treatment and care given to psychiatric patients decreased due to increased workload, and this situation reflected on their physical and mental health.

a. Logistical Difficulties

Most of the participants stated that they had difficulties in referral, hospitalization, and discharge of patients after acute psychiatric interventions, that patients and their relatives had to wait in the emergency department for a long time, and this situation caused an increase in the workload.

"Due to the patient's referral problem, the patient is stuck here until morning. Acute psychiatric intervention is actually a feasible event for an emergency, but referral difficulties create a workload"(P13, 31)

"Finding a place to refer the patients is the most difficult… Situations such as the hospital to which the patient wants to be transferred not accepting the patient, the lack of vacant places in the ward or the busyness of the ambulance can prolong the duration of the patient's stay in the emergency department. This can cause disruptions in the functioning of the emergency service." (P2, 43)

b. Departmental Structure

All of the participants stated that the physical structure of the emergency services was insufficient for acute psychiatric interventions, there should be a separate area for this, and the fact that patients received acute psychiatric intervention in the same area as other patients affected both groups negatively. Some participants, on the other hand, stated that there was a security problem due to the lack of an isolated area in the emergency department and the ease of access to piercing and cutting tools.

"When the patient enters the emergency room, we are alone. Because there is no separate area and because of the density, many materials can be out in view, which makes me nervous." (P1, 38)

"The privacy of these patients is affected due to the lack of an isolated area and the intensity of the emergency room. Unfortunately, other patients or

their relatives may look at patients judgmentally due to the stigma in society. This situation disturbs the relatives of the patients and sometimes fights can break out. The already busy service gets more complicated." (P17, 22)

c. Limited Resources

Most of the participants stated that they had difficulty in dealing with the problems (violence, anger, swearing, detection, etc.) they encountered while performing acute psychiatric interventions due to the lack of security teams, insufficient personnel, and lack of medication.

"It is difficult to calm them especially young patients, we cannot do it alone. We need more security guards, but unfortunately, because there are not enough of them, it takes time to calm the patient and prescribe medication."(P12, 28)

"Patients often come to the emergency room when their symptoms flare up or with aggressive behavior. In addition, it takes a while for the drug to take effect. During that time, we cannot leave the patient alone, so the treatment of other patients is delayed." (P3, 29).

DISCUSSION

Patients suffering from symptoms of psychiatric disorders make up a quarter of recurrent emergency room visitors.[15] Health professionals in emergency departments face many challenges in providing treatment and care to psychiatric patients.[16] Various factors related to the setting of acute psychiatric interventions, patient qualifications, staff qualifications, admission conditions, and general conditions were shown to make it difficult to establish and maintain good therapeutic relationships.[17] It was also stated that it may be difficult to establish an effective bond between an individual in an acute psychiatric crisis and the healthcare professional who is on duty on the day that person was admitted to the hospital.[18] It was emphasized that having a deep knowledge about the treatment and care of psychiatric patients is a prerequisite for providing individual-centered and holistic approach.[16] Targeted training and close collaborative partnerships with community mental health clinicians are required.[19] In a study evaluating the management of mental health services in the emergency department, health professionals stated that the lack of mental health expertise is the biggest obstacle to effective patient management and they desired more training in mental health services.[10] As a matter of fact, the participants in this study stated that they had difficulty in planning psychiatry-specific treatment, they felt inadequate without psychiatry specialists, everyone involved in acute psychiatric intervention should receive training on this subject (physician, nurse, patient's family, security guard, ambulance driver, etc.) and in-service trainings should be organized in hospitals from time to time. In this way, it can contribute to the development and optimization of mental health strategies for psychiatric interventions in the emergency department.

Compelling interventions in emergency psychiatry can be emotional (despair, grief, anxiety, anger, guilt) or even a traumatic event for all involved.[20] In this current study, health professionals emphasized that they experienced many emotions together due to various reasons while performing acute psychiatric interventions in the emergency room, and this emotional confusion is almost emotional chaos. Due to its noisy and chaotic nature, the emergency room environment can exacerbate symptoms and existing conditions of individuals.[8] Health professionals are people who provide treatment and care directly in the emergency room and are therefore exposed to the threat of violence. In studies, health professionals working in the emergency department felt threatened and afraid when they are exposed to violence and afterwards, and they feel negative emotions that affect their work motivation.[21,22] It is thought that therapeutic interventions aimed at the emotional processes of healthcare professionals working in the emergency department may contribute to the optimization of mental health services.

It was reported that patients with psychiatric disorders experience logistical difficulties when entering the mental health service from the emergency department.[23] However, workload, lack of resources and support, and mismatch between societal, institutional and staff expectations are other stressors in the emergency room work environment.[24] Most of the

participants in the current study stated that they had difficulties in terms of referral, hospitalization, and discharge during and after the acute psychiatric intervention, and this situation caused an increase in workload. It can be said that this situation negatively affects the treatment and care for acute psychiatric problems in the emergency department. It is thought that institutional arrangements, especially for the working environments of emergency and psychiatric services, will increase the quality of health services.

It was reported that the optimal health approach for severe psychiatric patients is hindered by organizational problems (lack of equipment, inappropriate infrastructure, inadequate staffing, hospital pharmacy problems, and inadequate health promotion/lifestyle interventions).[25] In a study, the open environment without privacy in the emergency services causes patients to be exposed to external stimuli and increases the incidence of violence, and also increases the difficulty and stress of healthcare professionals in providing care to psychiatric patients. For patient safety, a safe hospital environment should be created and training should be given for acute psychiatric interventions.[22] Similar to the literature, in the current study, it was found that the physical structure of the emergency services was insufficient for acute psychiatric interventions, and the fact that the patients who received acute psychiatric interventions were in the same area as other patients affected both groups negatively. In addition, the participants stated that there were security problems due to the absence of an isolated area in the emergency room, easy access to piercing and cutting tools, lack of security teams, lack of personnel, and lack of medication. Specific arrangements can be made for mental health during patient evaluations in emergency departments. In order to avoid security problems, advanced security measures can be taken according to quality standards and the physical structure can be configured accordingly.

CONCLUSION

This qualitative study holistically emphasizes the views of health professionals for the optimization and continuity of acute psychiatric interventions in the emergency department. Health professionals are responsible for providing a holistic approach throughout the treatment and care process. Health professionals in emergency departments face many difficulties while providing treatment and care to psychiatric patients and performing psychiatric interventions for symptoms. In this study, health professionals working in the emergency department had difficulties in acute psychiatric interventions and struggled with problems due to their workplace environment. Services for acute psychiatric intervention should be improved to support professionals working in the emergency department. Increasing the number of professionals specialized in psychiatry in emergency services, directing patients to specialized psychiatric emergency services, expanding access to resources for psychiatry, and continuing education will be of great benefit. Finally, many factors influence the experience of healthcare professionals in the emergency room. For this reason, it is highly recommended to follow the psychiatric emergency guidelines by considering these factors in acute psychiatric interventions.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Gülhan Küçük Öztürk, Aysun Alçakaya Can, Eylül Başer;* ***Design:*** *Gülhan Küçük Öztürk, Aysun Alçakaya Can;* ***Control/Supervision:*** *Gülhan Küçük Öztürk;* ***Data Collection and/or Processing:*** *Gülhan Küçük Öztürk, Aysun Alçakaya Can;* ***Analysis and/or Interpretation:*** *Gülhan Küçük Öztürk, Eylül Başer;* ***Literature Review:*** *Gülhan Küçük Öztürk, Eylül Başer;* ***Writing the Article:*** *Gülhan Küçük Öztürk, Aysun Alçakaya Can, Eylül Başer;* ***Critical Review:*** *Gülhan Küçük Öztürk.*

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