The vital balance in Psychiatric Emergency

The Psychiatric Emergency Service at the Jewish General Hospital has been recognized as a model of its kind in the Montreal area. Dr. Jon Eillman, Director of the Psychiatric Emergency Service, said one of the reasons for this recognition is the high input from senior staff psychiatrists in the actual service to the patients and teaching.

The service is supported by the availability of a six-bed, four-day stay Psychiatric Holding Area - a kind of psychological intensive care unit for careful observation and intensive treatment - which often leads to rapid recovery or smooth transition to the next phase of patient treatment.

"As well, we have in place a sophisticated procedure unique so far in Montreal for the rapid, humane control of violent patients." The procedure depends on a highly-trained, well-organized team of orderlies, nurses, and doctors - called the Code V team.

Nevertheless, Dr. Eillman said, "other aspects of our services are in urgent need of upgrading."

From the point of view of the patient and his or her needs during emotional crisis, Dr. Eillman suggested that a balance is needed between initial treatment in the general emergency room - just like any other emergency patient - and the provision of special services for patients in varying degrees of mental pain and disorganization.

"There is a kind of vital balance here which is sometimes hard to strike."

Dr. Eillman said that simply "coming to emergency can be an ordeal in itself for many people - in addition to their emotional suffering and disorganization."

"I feel these people should be met and guided through the system by a psychiatric nurse. This position already exists in a few of our sister hospitals but budgeting constraints preclude this at the JGH for the present."

Patients should then be assessed medically; that is, their first contact with a doctor should be with the general emergency room physician.

These patients are real emergencies. Most of the 2000 psychiatric emergency visits a year are from people who are at high risk - often dangerous to themselves or others, actuely distressed, with approximately 80 per cent having some thoughts of suicide or violence. Many actually attempted suicide.

In addition, the patient's physical health must be assessed first because so-called psychiatric symptoms such as confusion, anxiety, depression and psychosis can be caused by physical disease or drugs and yet look the same as if they were caused by stress or emotional conflicts.

Therefore, "we count on the hospital's regular emergency department to do the initial screening."

Furthermore, the emergency room is the best area in which to help a patient showing extreme agitation from whatever cause. Here, the patient can be brought under control, calmed down, and assessed for physical illness.

However, these patients should obviously not be right next to say, heart attack victims. There is therefore a need in the emergency room for several sound-proofed rooms appropriately equipped and specifically reserved for patients undergoing this kind of stress. This has not been possible because of space shortage.

After medical assessment, the patient is seen by the psychiatrist. The surroundings in which a troubled person must wait and be interviewed psychiatrically are especially important for this group of patients. At present, "our waiting area and interview rooms are tiny, hot, windowless, converted cubicles or a hard bench or stretcher in the hall."

As far as the Psychiatric Holding Area is concerned, Dr. Eillman explained: "we are usually filled and our utilization is nearly 100 per cent - about 450 patients a year." He added that this high rate of use of certain important features for people in emotional distress, namely proximity to the emergency room to avoid stressful transfers to more remote areas of the hospital and proximity to the medical surgical-emergency facilities.

The space should be small enough to provide for constant surveillance, preventing patients from wandering away, but large enough to be livable and relatively quiet. The present Psychiatric Holding Area offers these features but it should be relocated. "We need windows, first and foremost, a larger area for recreation and a larger nursing station, more privacy and less disturbing background noise."

Also needed is some carpeting, a rocking chair for older patients, an area for exercise, and a small cooking area to see if patients are ready to care for their basic needs at home. "These cannot really be considered as being luxuries."

Despite the surroundings, Dr. Eillman and his staff take pride in the work accomplished. "Staff morale is high and this is communicated to the patients in many ways - something that anyone who has been a patient in a hospital can appreciate."

The McGill Connection

The Jewish General Hospital attracted residents and interns - who work under strict supervision - from 39 universities throughout the world during the current year, largely as a result of the Hospital's highly sophisticated technological development.

"Our affiliation with McGill University and its accompanying educational program, along with the excellent research program at the JGH, allows us to attract physicians of the highest calibre," said Dr. Paul Heilpern, Director of Professional Services.

"Regular surveys keep everyone on their toes, while the interaction between Attending Staff and House Staff is a positive factor in keeping both groups up to date, ensuring the highest quality of patient care."

The interaction between the university and the Hospital occurs at many levels, including the teaching of medical students, interns, residents and nursing students.

McGill also is involved in new JGH appointments. Many Hospital staff members have appointments at McGill and at other universities.

Each department at the Hospital has been approved for the training of residents and interns by the Professional Corporation of Physicians of Quebec and by the Royal College of Physicians and Surgeons of Canada.

The Royal College is responsible for the definition of training requirements, the accreditation of residency training programs and the granting of specialty certificates for medical, laboratory and surgical specialties in Canada.

Since 1970, in an effort to upgrade the educational standards of residency training programs across Canada, the Royal College has been accrediting only university-directed programs in hospitals.

Currently there are nearly 200 residents and interns at the Hospital. This House Staff rotates through the program at the JGH, with approximately 300 in the Hospital at any one time. The Hospital also has a complement of about 500 Attending Staff.

Each member of the House Staff is assigned to a Clinical Teaching Unit (CTU). The unit operates on the team concept of management and teaching, with a group of Attending Staff assigned along with interns and residents to conduct regular bedside rounds for all patients.

Residents are fully qualified physicians, eligible for licensing, but frequently continuing their training program to become specialists. Interns have completed medical school and are taking a required one year of practical training prior to qualifying for their licence.