

# Great Expectations in the Emergency Center (E.R.)

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Crisis Services

Welcome to the E.R.:



# Webster

## Emergency:

–noun

- 1. a sudden, urgent, usually unexpected occurrence or occasion requiring immediate action.
- 2. a state, especially of need for help or relief, created by some unexpected event.

# Crisis Services:

## Emergency Center (E.R.) Crisis Services Counselors:

“Our professional counselors provide crisis intervention, counseling assessment and support to patients and families being treated in the E.R. for problems related to psychiatric illness, grief, substance abuse, domestic abuse, homelessness, crime, aging, and traumatic injuries. The crisis counselors provide discharge planning and community resources to best meet the needs of patients and their families.”

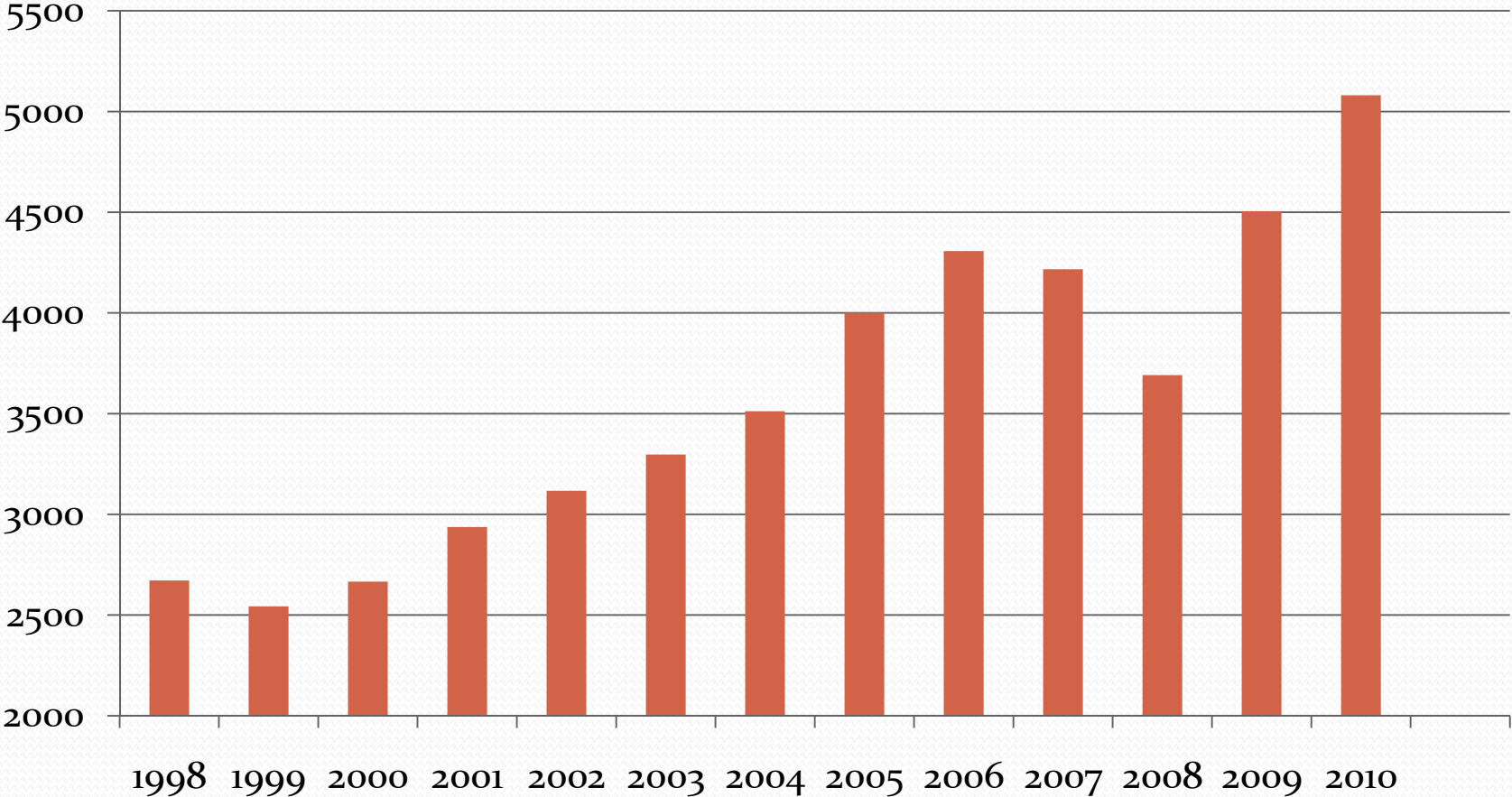
# Who we are:

- Mental Health Counselors and Technicians working in the E.R. alongside the medical staff (doctors & nurses) 24/7.
- Specialists in working with patients struggling in the acute phase of a mental illness or severe emotional distress.
- Professionals who help those who seek help for chemical dependency issues.

# What does Crisis Services do?

- Assess for acuity of symptoms
- Provide Crisis Intervention
- Arrange Inpatient Psychiatric Admission
- Arrange for Detoxification Admission
- Make referrals to Outpatient Mental Health and Chemical Dependency Services
- Provide Trauma Response and Support

# Crisis Services Contacts 1998 to 2010



# Avalanche!



# Considering the E.R.

**REFERRING A CLIENT  
TO THE  
EMERGENCY CENTER (E.R.)**

**For the Mental Health and  
Chemical Dependency  
Clinician**



**Providence St. Peter Hospital  
413 Lilly Road NE  
Olympia, WA 98506  
Phone: 360-493-7999  
Fax: 360-493-7934**

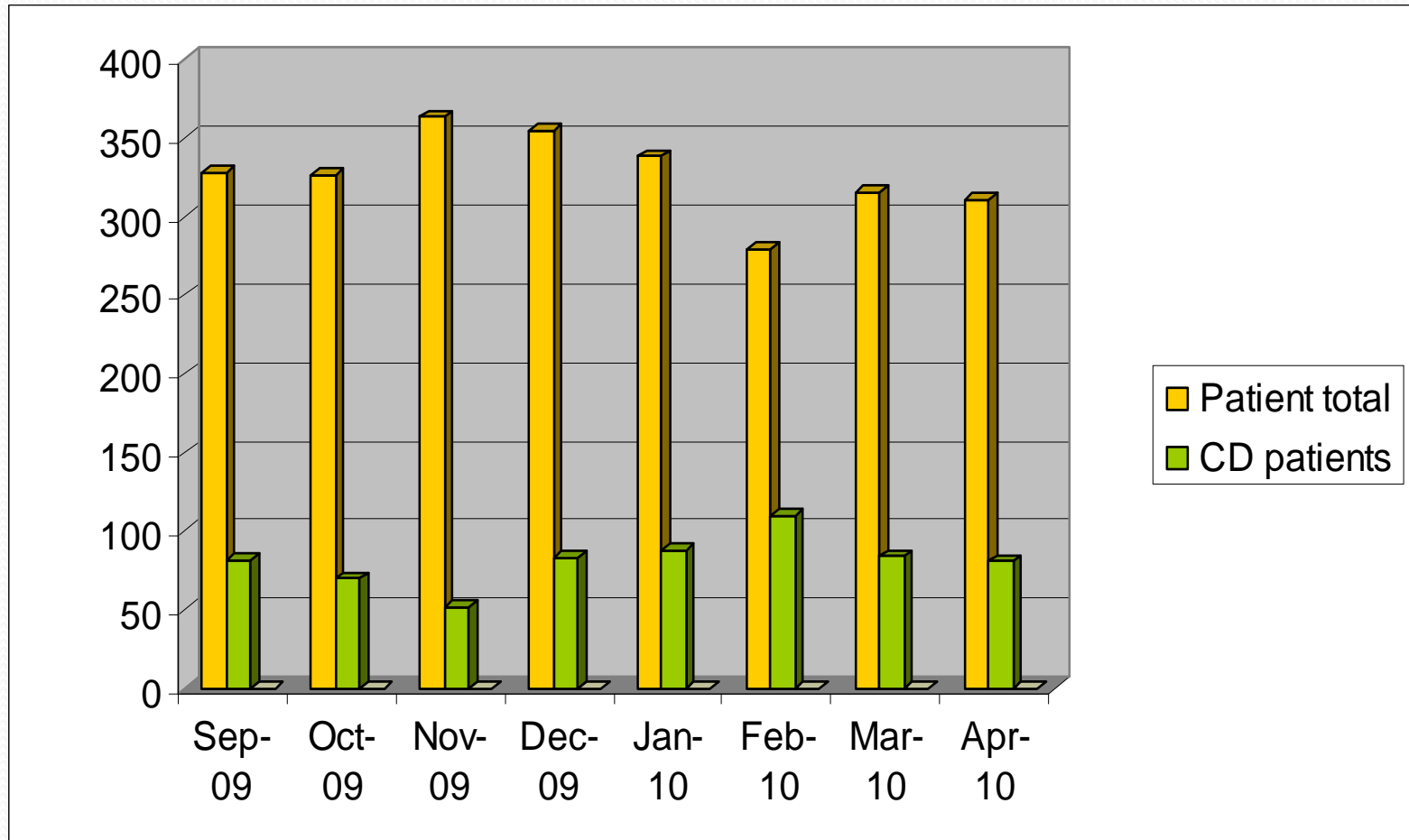
# What to bring to the E.R.

- **A support person**
- **A list of current medications**
- **A list of current providers**
- **Your insurance card**
- **Wear comfortable clothes**
- **Something to help you fill your time:  
book, iPod, etc.**

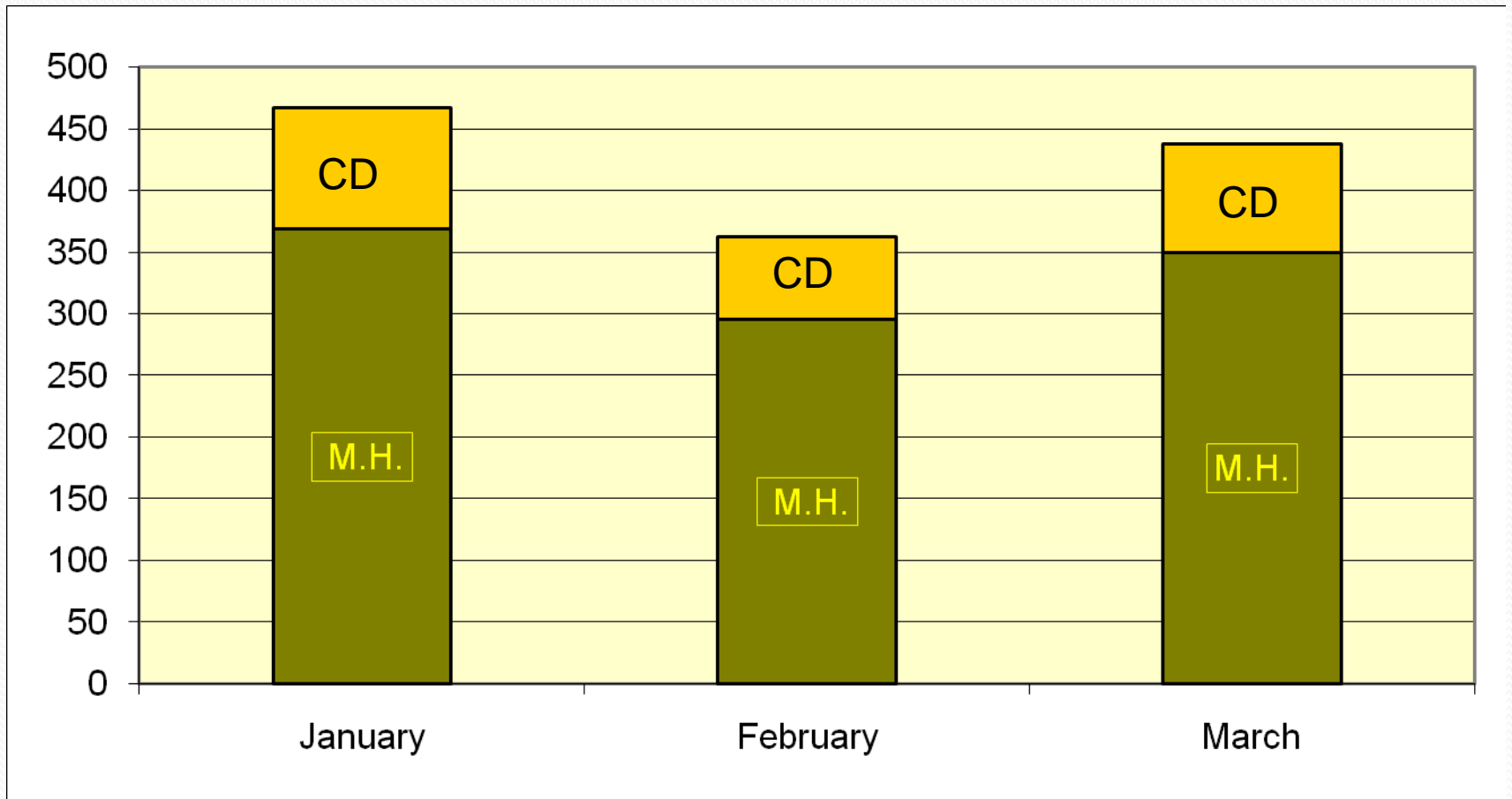
# Remember:

- The average C.S. patient stay is over 6 hours...  
and part of our work is to move people through.
- The later in the day one comes, the longer it will take.
- Some patients admitted to the C.S. unit are agitated.
- There is no guarantee of the outcome which depends upon resources and the acuity of the patients who present.

# Visits by type CD / Mental Health

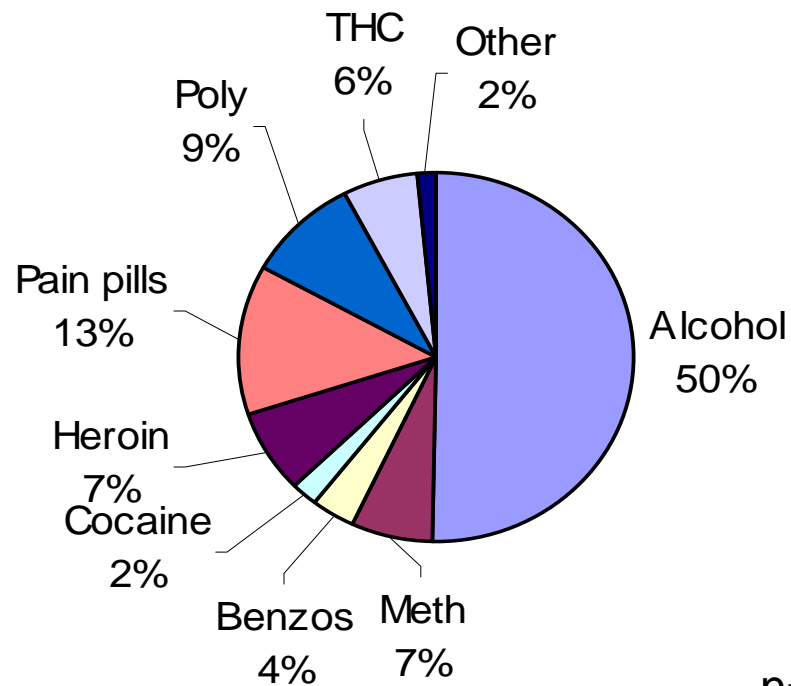


# Reasons for Crisis visits



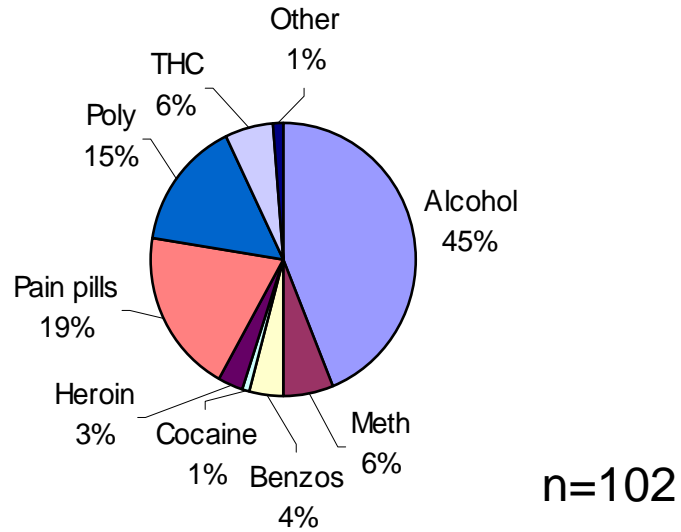
# Chemical use by type

First 3 Months of 2011

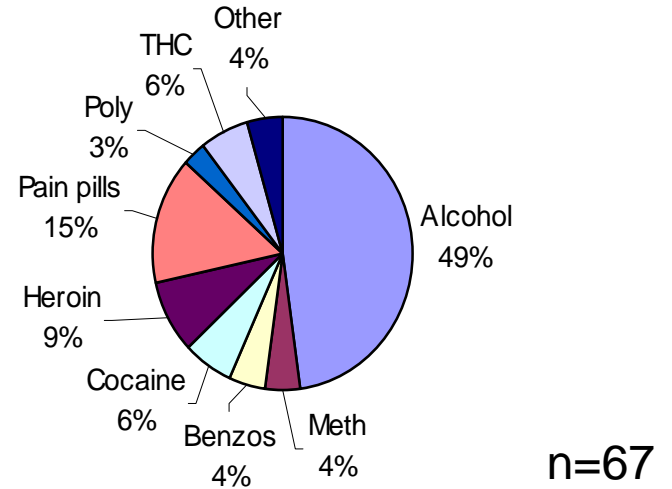


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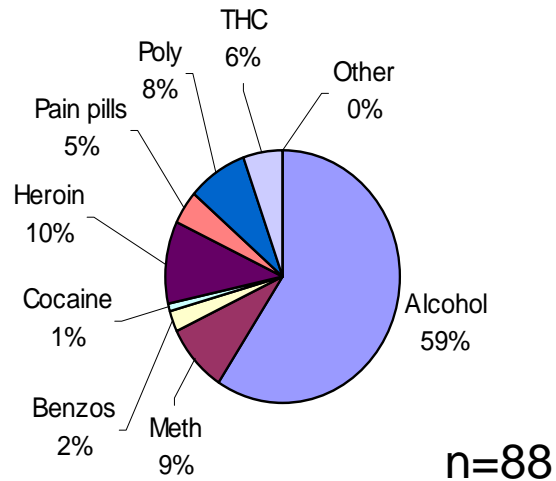
January 2011



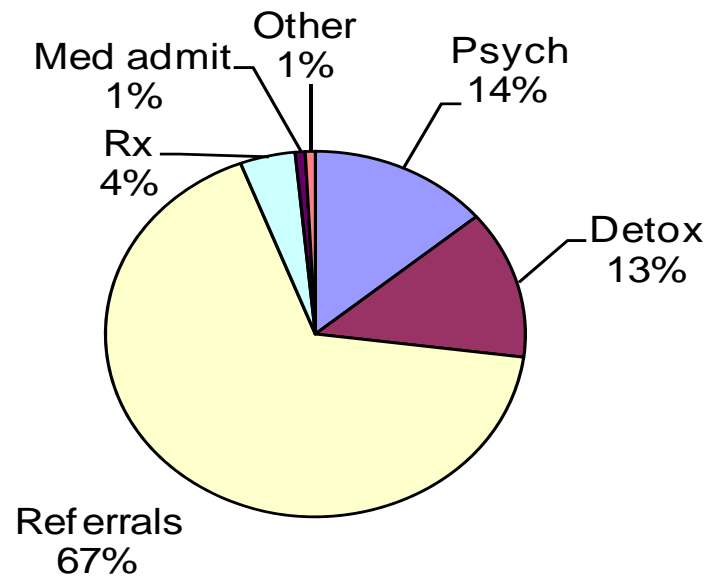
February 2011



March 2011



# Disposition of Patients Presenting to the E.R. with CD issues (First Quarter 2011- all payors)



# Barriers to treatment from the E.R.

- If the resource is available, the patient is admitted... if not they are sent home with the telephone number to call.
- It is a six plus hour wait to see if the resource is available. Note: the patient right in front of them may get the only bed.

# Other Important Resources

- Crisis Resolution Services  
360-754-1338

- Crisis Line  
360-586-2800
- Youth Help Line  
360-586-2777



## UNDERSTANDING THE CLIENT IN A CHEMICAL DETOXIFICATION EMERGENCY

### Persons detoxing from alcohol or benzodiazepine medications.

Persons who are abusing or dependent upon alcohol or benzodiazepine medications and suddenly stop ingesting these substances may have a life threatening withdrawal. These persons need medical assessment to determine their level of safe detox. If they do not have access to medical services they should be directed to the E.R.

### Persons who become psychotic and whose behavior becomes unmanageable after ingestion of stimulants:

Persons who abuse cocaine, amphetamines, or other stimulants sometimes become psychotic as they withdraw. When the withdrawal includes behavior that is unmanageable, they may need the physical or medication containment which can be afforded at the E.R.



## Just the Facts...

- 1. There is full range of mental health & chemical dependency services in the greater community. Patients should be referred to those services which best meet their clinical needs.*
- 2. The Emergency Room is for emergencies... any other referral to it is a disservice to your client.*
- 3. Crisis Services patients remain in the ER on average of over six hours.*
- 4. Patients who must be assessed for involuntary mental health treatment will be referred to the (outside) appropriate agency.*
- 5. Approximately one quarter of Crisis Services patients are admitted to an inpatient unit.*
  - a. Many patients who desperately want inpatient services do not need such services.*
  - b. Many patients who desperately do not want inpatient services do need such services.*
  - c. Inpatient chemical dependency services are frequently not immediately available.*

## REFERRING A CLIENT TO THE EMERGENCY ROOM (E.R.)

For the Mental Health and Chemical Dependency Clinician



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# UNDERSTANDING THE CLIENT IN A PSYCHIATRIC EMERGENCY

## Persons with no provider who are having severe symptoms:

Persons experiencing a first psychiatric event and who do not have access to urgent psychiatric care should be referred to the E.R.

Persons who are experiencing a serious and persistent mental or emotional disorder and who need services beyond those provided for by Crisis Resolution Services, but do not have access to mental health care should be referred to the E.R.

## Clients who experience life-threatening symptoms:

Clients at times develop life-threatening symptoms. These are symptoms that are not chronic or baseline for the client. Examples of these symptoms might include:

- Disabling psychosis.
- Command psychosis to self-harm, to harm others, or to act with grossly inappropriate behavior.
- Persistent suicidal thoughts that therapy does not resolve and upon which the client reports they might act.

## Clients who experience non-emergent but severe symptoms that cannot be managed by their outpatient providers.

When a client exhibits the following symptoms (outside those listed previously), even though they and persons around them are in crisis, the event does not usually constitute a psychiatric emergency.

- Symptoms originating within the context of a personality disorder.
- Psychosis or suicidal thoughts originating from situational stress, depression, a chemical dependency issue, or anxiety.
- Acute situational issues which can be resolved by crisis counseling.
- Anxiety or sleep issues.

These issues are best handled by the client's outpatient providers who should seek support from whom they receive consultation. Should the regular providers not have the skills to manage such a presentation, the patient should be referred to other providers.

## What to Tell Your Client To Expect When They Go to the E.R.:

- Be prepared for a long ER visit.
- You will change into a gown and your belongings will be removed.
- The ER Counselor will assess your needs, consider available resources, consult with the doctor, and refer you as appropriate.
- Other patients may be agitated.



## What to Tell Your Client to Take to the E.R. that Might Prove Helpful:

- A support person
- A list of current medications
- A list of current providers
- The insurance card
- Wear comfortable clothes
- Something to help you fill your time (book, iPod, etc)