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"NEW" PSYCHIATRIC EMERGENCIES BETWEEN HOSPITAL AND TERRITORY. SURVEY RESULTS ON THE INNOVATIVE PROTOCOL BETWEEN THE EMERGENCY DEPARTMENT AND MENTAL HEALTH CENTER IN TRENTO

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SUMMARY

In 2022, psychiatric condition-related admissions constituted 3.2 per cent of all emergency room admissions in Italy, according to the Ministry of Health's latest mental health report. Psychiatric crises are an increasingly significant portion of emergency department (ED) visits nationwide, with around 1 in 8 visits involving mental health and substance use disorders. Patients facing psychiatric emergencies tend to experience longer lengths of stay and boarding times in the ED, along with higher admission rates compared to those with other medical conditions. Extended boarding times for psychiatric patients in the ED increase their vulnerability to adverse events, such as medication errors, the use of restraints, and assaults. Moreover, the prolonged boarding of psychiatric patients contributes to ED overcrowding, which negatively impacts all ED patients, leading to increased morbidity and mortality due to delays in treatment and preventable errors.

One of the most effective strategies to counteract this phenomenon has been the choice of directing psychiatric emergencies that are deferrable or compatible with a territorial crisis management from the Trent ED to the Mental Health Center in the territory. This option, promoted through the application of experimental procedures that are currently in the process of being definitively ratified as official company procedures, has, first and foremost, numerous advantages for psychiatric users, who are received in less medicalized settings that are more attentive to the relational and psychological component, while still having suitable medical and nursing equipment. It also fosters continuity of care with the territorial therapeutic network, allows early interception of situations that are promptly taken care of by the territorial specialist center, and more easily offers treatment alternatives to hospitalization. This approach allows for the optimal utilisation of resources and expertise available at Mental Health Centres within the community, thereby preventing the overcrowding of hospital emergency departments.

Key words: *psychiatric emergencies - emergency department - Mental Health Centre - emergency room*

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INTRODUCTION

In 2022, psychiatric condition-related admissions constituted 3.2 per cent of all emergency room admissions in Italy, according to the Ministry of Health's latest mental health report. Psychiatric crises are an increasingly significant portion of emergency department (ED) visits nationwide, with around 1 in 8 visits involving mental health and substance use disorders. Patients facing psychiatric emergencies tend to experience longer lengths of stay and boarding times in the ED, along with higher admission rates compared to those with other medical conditions. Extended boarding times for psychiatric patients in the ED increase their vulnerability to adverse events, such as medication errors, the use of restraints, and assaults. Moreover, the prolonged boarding of psychiatric patients contributes to ED overcrowding, which negatively impacts all ED patients, leading to increased morbidity and mortality due to delays in treatment and preventable errors.

In 2021 and 2022, an increase of about 10 percent in the access of patients with psychiatric pathology with minor or nonemergency coding to Trent St. Clare's Hospital Emergency Room was noted.

Several scientific studies indicate that over half of psychiatric referrals do not require the services of a general hospital and should be more appropriately directed to specialised psychiatric facilities. Ineffective referrals to general hospital emergency departments (GHED) place unnecessary strain on hospital resources and may not provide optimal care for psychiatric patients. This highlights the need for clear guidelines to ensure the best emergency treatment for mental health patients.

Today, one of the primary goals for hospitals is to optimise emergency department wait management, enhance patient experience, and rationalise costs. Achieving this requires a solution that not only incorporates the now-standard digitalisation of processes but also focuses on automation and streamlining decision-making processes.

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are more attentive to the relational and psychological component, while still having suitable medical and nursing equipment. It also fosters continuity of care with the territorial therapeutic network, allows early interception of situations that are promptly taken care of by the territorial specialist center, and more easily offers treatment alternatives to hospitalization. It also makes it possible to make adequate use of the resources and expertise of Mental Health Centers (CSM) in the territory, avoiding the clogging of emergency hospital spaces.

METHODS

The authors describe an organisational management model that has proven effective in their experience for managing patients with minor psychiatric issues, frequent ED visits ("revolving door"), acute episodes that can be managed within the community, and those with sporadic interactions with the appropriate Mental Health Centre (CSM).

The authors collaborated on an experimental project at the Trento Mental Health Centre to handle these patients through a system of direct intake and referral, facilitated by either the Trento Emergency Room or the Trentino Emergenza call service.

This procedure is applicable only during the operating hours of the Trento Mental Health Centre (CSM), provided that patients can be expected to arrive at least 30 minutes before closing time.

Criteria for direct referral to the CSM (all must be met):

- patients aged ≥18 years;
- of territorial relevance to the Trento CSM (residents in the municipalities of Trento, Valle dei Laghi, Aldeno, Cimone and Garniga);
- who present psychiatric problems meriting medical-specialist evaluation;
- in the absence of the exclusion criteria.

Exclusion criteria:

- patients with acute intoxication by psychoactive substance;
- patients in unstable psychophysical conditions and/or with a framework of such severity that evaluation at the CSM is not appropriate (acute decompensation, states of psychomotor agitation, situations;
- patients with need for other diagnostic investigations due to symptomatology in differential diagnosis with organic diseases (dementia, trauma, acute events, metabolic pathologies);
- non-ambulatory and unaccompanied patients due to difficulties in home discharge.

The patient accesses the CSM directly to obtain appropriate care in a dedicated specialist setting and may subsequently return home. He/she need not already be known to the CSM but the inclusion and exclusion criteria above must be met.

RESULTS

After an initial experimental phase of the new procedure, since 2023 the ED-CSM pathway has been standardized with the possibility of being able to analyze data. Following the implementation of the experimental model, the authors examined access and discharge data from January 2023 through April 1, 2024. This analysis focused on patients with minor psychiatric issues who were directed to the Trent Emergency Department (ED) and subsequently referred to the Trento Mental Health Centre (CSM) through a standardized pathway initiated by Triage or Trentino Emergenza.

During the examined period, 1,841 patients were admitted to the Trent ED for psychiatric conditions, psychomotor agitation, behavioural disorders, and substance intoxication. Out of these, 475 patients were identified as having psychiatric issues alone. Within this group, 256 were discharged home with scheduled follow-up appointments at the relevant CSM, 30 were directly referred to the Trento CSM through the triage system as they met the criteria for direct referral, and 7 were held for brief observation in the ED before being referred to the appropriate CSM for further care.

DISCUSSION

In 2023, analysis of data from the Mental Health Information System (SISM) showed that in Italy in 2022, the total number of emergency room accesses for psychiatric disorders amounted to 547,477, constituting 3.2% of the total number of emergency room accesses nationwide.

Since 2021, the Santa Chiara Emergency Room in Trent has observed a rise in visits from patients with recurrent and minor psychiatric issues, prompting a proposal to enhance the existing Hospital-Territory model. Patients with psychiatric conditions often reach the Emergency Department (ED) either on their own or through emergency services. Traditionally, these patients received initial care at the scene before being transported to the ED for evaluation. Only then was the possibility of referral to the Mental Health Centre (CSM) considered, whether independently or via ambulance. This process often resulted in managing sub-acute psychiatric cases in a hospital setting, characterised by a more formal and medicalised environment, which led to extended waiting times and delays in healthcare management.

This traditional method extended the time required for patients to receive appropriate care and did not facilitate the activation of continuous specialised care pathways within the community. As a result, it created a transition phase that, in addition to failing to provide targeted responses for patients, increased the workload for both the emergency transport system and the ED.

As illustrated in Figure 1 and 2, the volume of psychiatric consultations conducted in the emergency department, during both on-duty and on-call shifts, has shown

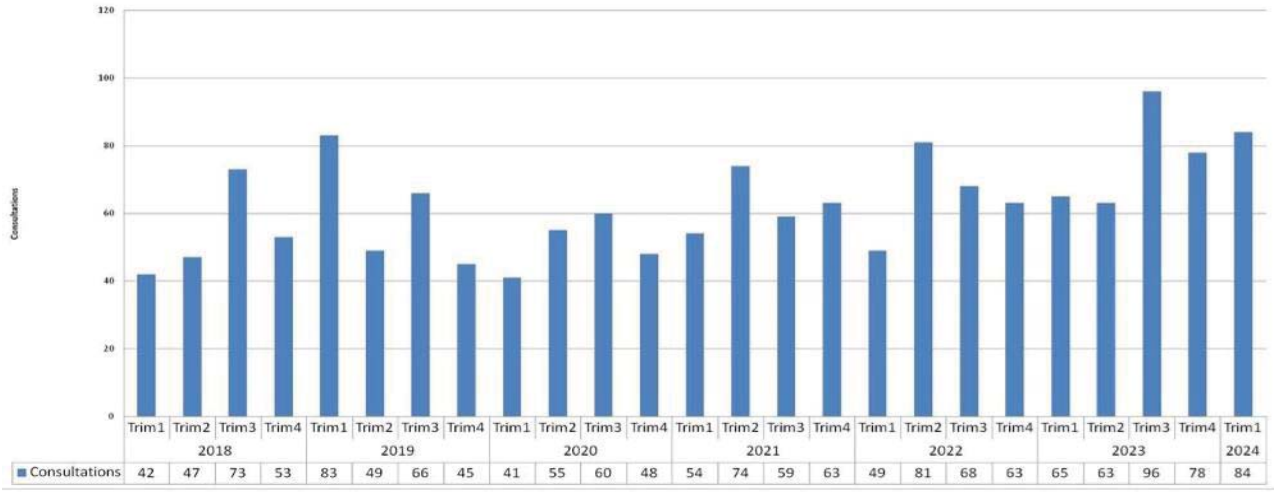

Figure 1. Psychiatric consultations of adults during on duty shifts in Trento Emergency Department

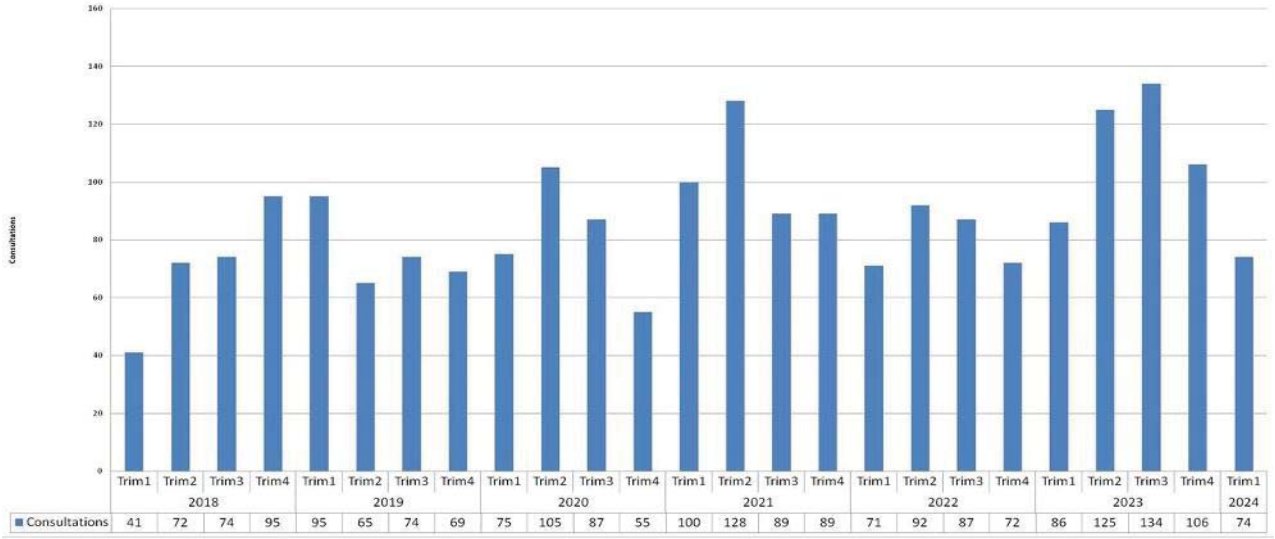

Figure 2. Psychiatric consultations of adults during on duty shifts in Trento Emergency Department during on-call shifts

a consistent increase over the past five years. This trend, which underscores a substantial rise in the needs and demands of individuals experiencing psychiatric distress, has been addressed through the implementation of a procedure aimed at re-establishing the central role of multidisciplinary and specialist operations within Community Mental Health Centres.

This new procedure was developed through collaboration between the Santa Chiara ED in Trento, Trentino Emergenza (TE), the Trento Mental Health Centre (CSM), and the Psychiatry Diagnosis and Treatment Service (SPDC). This new protocol aims to streamline patient care and management by identifying and addressing potential issues promptly.

The current procedure involves personnel from various roles engaged in rescue, transport, and patient management. It applies to patients within the Trent CSM's jurisdiction who require TE intervention for psychiatric issues related to the CSM. The objective is to enhance the efficiency and effectiveness of patient care and ensure proper management of psychiatric emergencies.

The advantages of this new procedure are:

- Facilitating the joint and targeted assessment of the needs of the patient with psychiatric problems with the initiation of appropriate treatment;
- Enhancement of territorial resources and expertise in the management of suitable psychiatric problems;
- Promoting appropriateness for taking care at the SP Trento of truly urgent problems;
- Encouraging collaboration between CSM Trento-PS of Trento and Trentino Emergenza (TE) for effective and efficient multidisciplinary management of the patient with psychiatric problems.

Although some critical issues have emerged during the months of experimentation, particularly related to the PS triage function (criteria not always all met) and some organizational limitations of the services (at the CSM of Trento in some opening hours the emergency physician is active in ready availability on both PS and CSM, with possible complications in case of simultaneous evening access on both poles of activity), the balance to date

seems overall positive. Positive feedback has been obtained both in terms of user satisfaction, and from a more general perspective of consolidating mutual knowledge and sharing of practices and skills between two health care areas operating in emergencies, the DEA and CSM, which are well advised to optimize collaborative strategies for complex, and increasing, patients such as those with psycho-social problems.

CONCLUSIONS

Implementing the referral and management of psychiatric patients within community-based Mental Health Centres (CSMs) is essential as it significantly reduces management time and produces favourable outcomes. This approach benefits patients by decreasing boarding times, reducing the revolving door phenomenon, and preventing the escalation of aggressive behaviour. This practice aligns with the establishment of a Crisis Team dedicated to handling psychiatric emergencies within the community, led by the respective Mental Health Centre. The objective is to ensure that individuals with psychiatric issues receive effective, personalised care in more supportive and less stigmatising environments.

Further research is needed to further explore the issue and monitor the impact of the new procedure on PS and CSM operations. Identifying key variables in care and measuring the quality of care delivered to critical psychiatric patients are crucial first steps to improving patient outcomes. Quality measurement programs can direct system-based approaches for standardizing treatment, promote effective resource utilization, enable comparisons between high and low performers, evaluate the effect of policies, and direct research.

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Conflict of interest: *None to declare.*

Contribution of individual authors:

All authors made substantial contributions to the design of the study, and/or data acquisition, and/or its analysis and interpretation.

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