

Psychiatric Evaluations in the Emergency Room

This document outlines the generally accepted standard of care you should expect from professionals who perform psychiatric evaluations in the ER and also what you can do as a family member to make sure the professional has access to the best information.

Arriving at the ER

When a person who is exhibiting severe symptoms of mental illness arrives at the Emergency Room, it is often by virtue of a “Mental Health Hold” (M1 Hold). Usually the family calls the police due to concerns about a person’s safety. If the police officer observes that the person is in imminent danger of harming him or herself or someone else or is “gravely disabled” the officer can write a hold and transport the person to the ER. An M1 Hold relies on Colorado Statute 27-65-101 Care and Treatment of Persons with Mental Illness. Sometimes a friend or family member brings an individual to the ER because they are concerned about the person’s safety for a variety of reasons, including severe intoxication or impairment due to substance abuse, extreme agitation or severe depression. In that case the ER personnel can place the person on an M1 Hold.

When a person is placed on a mental health hold, it means that they can be held for **up to 72 hours** for a psychiatric evaluation. It does not necessarily mean that the person will be held for the entire 72 hours.

What to expect at the ER

Before a psychiatric evaluation can occur, the ER must ensure that the person is medically cleared. At a minimum the ER will usually do a drug screen and toxicology report. Often the process to get to medical clearance takes 6 – 8 hours, but it could take longer based on the complexity of the medical clearance and how busy the ER is.

A third party, usually a family member or police officer, can request a psychiatric evaluation. If you are a family member requesting the evaluation, it’s important to bring documentation of the behaviors that are causing concern, psychiatric history, medications, and all other related information. Having information in writing is very helpful, especially because this is a crisis situation. If you have evidence of threats (either self harm or harm to others), such as something the person wrote, emailed, texted, put on utube, or information that demonstrates that the person is psychotic and may be gravely disabled and “incapable of making informed decisions about or providing for his or her essential needs without significant supervision and assistance form other people,” bring that as well. Be sure to communicate with the attending physician and/or the charge nurse regarding the status of your family

member and your belief that a psychiatric evaluation is necessary. Back up that belief with facts to the best of your ability.

Psychiatric Evaluation Process

The evaluation process is comprised of 4 phases:

1. Face to face interview
2. Collateral contact (getting information from other involved parties such as family members)
3. Consultation with other professionals who are involved with the client
4. Disposition (resource planning with client, family and appropriate professionals)

Professionals who perform psychiatric evaluations are guided by generally accepted standards of care as designated by their license and by the organizations to whom they report, such as a mental health center or hospital organization.

The order of phases 1 – 3 is flexible. Depending on the evaluator’s clinical judgment and the specific situation, the family may be consulted first or later, together with the client, or separately, and so forth. If you are a family member and the evaluator asks you to step out of the room for a period of time, don’t be offended. The evaluator is trying to get a complete picture of the situation in a way that is the least upsetting to everyone. However, the information that you provide is important to the evaluation, and it is appropriate for you to be able to provide that information at some point in the process. The more you have written down and the more concrete evidence you have regarding your concerns, the better.

Standard of Care

Professional’s (Evaluator) Standard of Care	What the family can do
The face-to-face interview should be approximately 45 minutes to 1 hour as a general guideline. The evaluator can often get a more accurate picture with less distraction if interviewing the client alone. However, there are times, especially when the client requests that the family be present, or if the client doesn’t appear to feel safe alone with the evaluator, that the evaluator may include the family during this interview. This depends on the clinical judgment of the evaluator and the specific situation.	Ask for time with the evaluator and the attending physician after the face-to-face interview to express your concerns.
Collateral contacts are generally family members or friends. Often this is a one-	Do not be discouraged about the one-way nature of this communication. This

Professional’s (Evaluator) Standard of Care	What the family can do
<p>way communication. The evaluator listens to what the family has to report, the events leading up to the emergency, including the transport to the evaluation site. The evaluator will ask about the level of risk before arrival, including the client’s statements and actions. The evaluator will also inquire about what has increased or decreased the risk since arriving at the evaluation site.</p> <p>The evaluator is assessing, among other things, how long the client can sustain safety, when the client will see a provider, or if there is no provider, what the appropriate level of care is and how quickly it can be met. If a high level of care is needed, but not available, an ER can keep a person until there is availability by virtue of the Mental Health Hold. However, ERs are under pressure to “turn over” beds, so often they will release someone if they believe that imminent danger of harm is past.</p>	<p>is your opportunity to provide evidence of your concerns for the safety of your family member and to provide important historical information that the evaluator might not find out from the client. History includes previous hospitalizations (when, where), previous suicide attempts, history of destructive behavior, diagnosis, and evidence of grave disability such as inability to care for self. Text messages, emails, written notes – all can provide evidence of the level of severity.</p> <p>The most relevant collateral information illustrates imminent dangers in the past 24 hours or since the last provider appointment, if there has been one.</p> <p>Emergency 27/10 rules DO allow for “collateral contact.”</p>
<p>The evaluator should consult with both the ER attending physician, psychiatrist, or both. They can have an impact on the evaluator’s decision.</p>	<p>Stay at the ER, if possible for the entire time of the evaluation. This can be exhausting but your presence is important.</p>
<p>An evaluator is responsible to determine the LEAST RESTRICTIVE CARE and best outcome for follow through. An evaluator’s license is on the line with his or her disposition decision.</p>	<p>Rarely are outcomes perfect in an ER situation. However, you should expect the standard of care that is documented here.</p>

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