

EMERGENCY PSYCHIATRIC AMBULATORY SERVICES IN BANGALORE.

Psychiatric emergencies are conditions in which there is alteration in behavior, emotion or thought, presenting in an acute form, needing immediate attention and care. This has become a challenging field in the face of rise in incidence of violence, rape, abuse, addiction and murder in the society.

Result of deinstitutionalization, as well as of the current trend towards briefer period of hospitalization, emergency facilities have assumed a more important role in the management of severely disturbed patients and have often come to represent the revolving door', through which such patients are repeatedly channeled into other segments of the mental health services network.

Psychiatric emergencies do not mean that patients are suffering from only psychiatric disorders. They may present due to medical conditions, or conditions unrelated to medical field, like disaster, rape, violence.

Another interesting feature about psychiatric emergencies is that it is to be looked upon as long term investment in promoting patient compliance for voluntary treatment. If emergencies are well attended to on time, it is expected to restore faith of the family members and subsequently for the patients to access of care. This will be a preventive measure for drug non-compliance and ensuing relapse.

Inaccessibility to quick transport to hospital, lack of insight, risk of violence and inability of family members to handle the agitated patients, this can cause disturbance in the neighborhood. It makes the family more helpless. On the request of family members and caretakers mentally ill patients, the state of Govt. of Karnataka is proposing to initiate emergency psychiatric ambulatory services in Bangalore.

Bangalore, a city, is growing and expanding everyday with population of approximately 70 lakhs, it is estimated that there would be 1,40,000 mentally ill patients. Approximately 40,000 emergency situations would occur every year, Bangalore with highest incidence of suicide at 3000 per year would have 30,000 attempts of suicide. There are about 25 licensed and few govt. hospitals providing psychiatry care. Emergency psychiatric ambulatory services hope to help families and handle these situation reducing mortality and morbidity.

Steps involved in Utilization of Emergency Psychiatry Ambulatory Services

1. Help Line

The families, and/or any person concerned with psychiatric emergencies shall call a specific phone number which is operated at Victoria hospital, BSNL phone (mobile no 944900739/1056) kept with nurse in the emergency ward. Nurse will attend the call and

also collect some pertinent information as mentioned in Proforma .The ambulance will operate only in Bruhat Bangalore Mahanagar Palike (BBMP) limits for psychiatric emergencies only. It will be fitted with oxygen cylinder, facilities for giving IV fluids, material for restraint and other first aid procedures and copy of the Mental Health Act 1987.

2. Visit by Emergency Team

The nurse along with ambulance (which will be stationed at Victoria hospital with driver available throughout 24 hours) shall reach the residence of the caller. The driver will also help as an attendant and training will be given for this. Drivers to wear Khaki Dress, and nurse will also wear a badge of the hospital. A written request would be obtained from the family members before any intervention. One more attender as far as possible will travel with the ambulance. It is mandatory that family members also travel with the Ambulance. Nurse will use overt aggression scale to quantify aggression before intervention. The nurse will have a list of psychiatric hospitals and will help the family / patient to choose the nearest hospital for emergency psychiatric care.

PROFORMA II

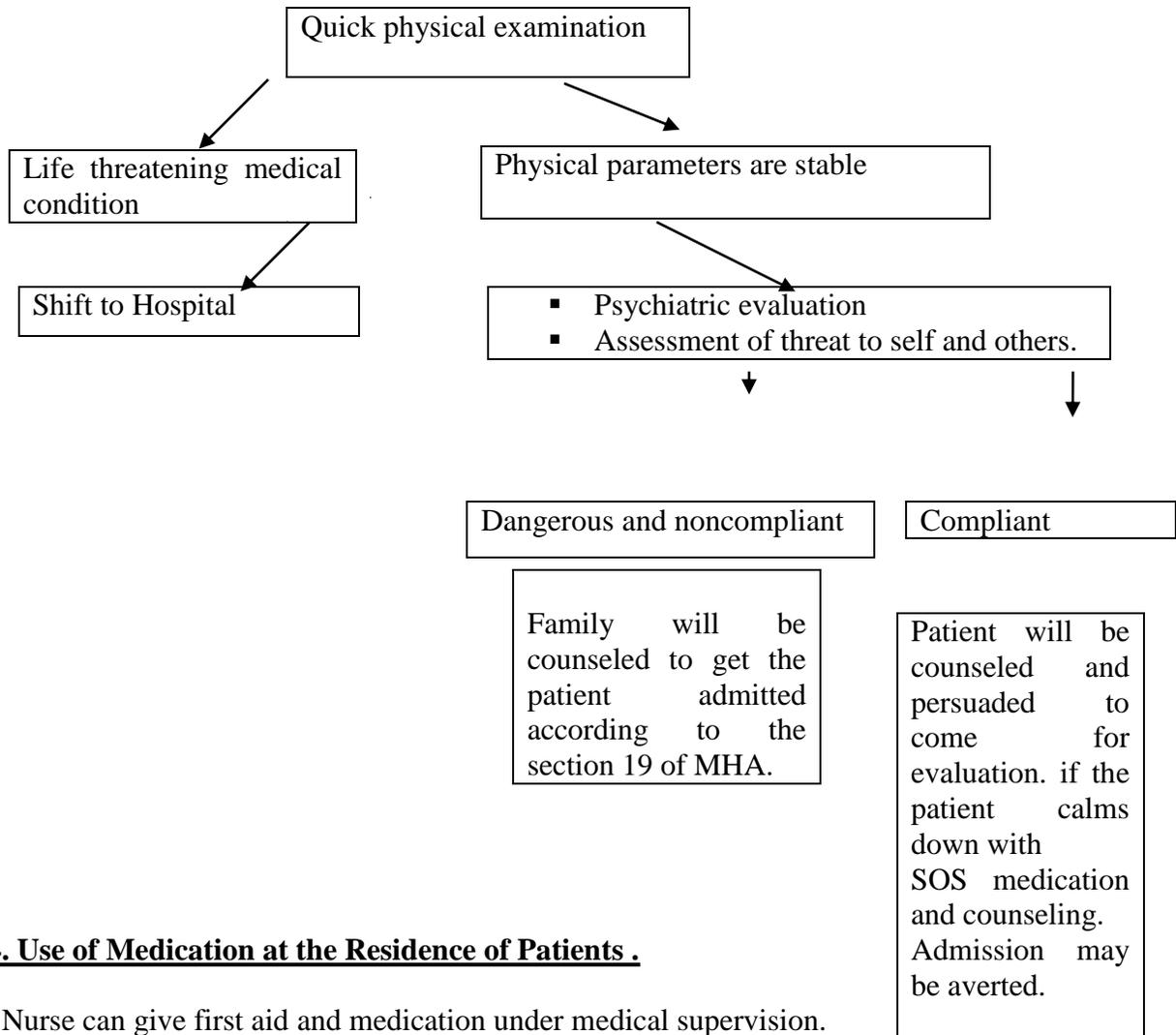
Proforma for request by the family of psychiatric patients for emergency ambulatory services

1. Name of the relative
2. Name of patient
3. Age of patient
4. Age of relative
5. Gender of patient
6. Relationship to the patient
7. Education of the relative –
8. Occupation of the relative
9. Year in contact with patient
10. Reason for calling emergency services
11. Past history of psychiatric illness in patient.
12. Is patient on medication or not?
13. If so, since when?
14. If not since when?
15. Current medication patient is on
16. Any suicidal attempt made
17. Signature of the relative

3. Management by the Emergency Team

Management alternatives in Psychiatric Emergencies

A quick evaluation to identify the nature of the condition and to institute care on the basis of seriousness is essential. The following flowchart serves.



4. Use of Medication at the Residence of Patients .

Nurse can give first aid and medication under medical supervision.

5. Use of Restraint by the Emergency Team .

The emergency team is not authorized to use any restraint on the patients. However the emergency team may counsel the family about the necessity to avoid restraint and harmless methods of restraint if family chooses to use restraint.

6. Shifting of Patients to Hospital

1. If a voluntary admission or involuntary admission under section 19 of Mental Health Act 1987 is considered, the family may choose to utilize the ambulance to shift the patients to hospital. Staff nurse will counsel the patient for voluntary admission. If patient still unwilling, family members will be counseled about provisions of mental Health act 1987 for involuntary admission under Sect 19 only.
2. All stakeholders will be educated at regular intervals.
3. Provisions of reception order will be explained if required to the family by hospital authorities.
4. The ambulance team should leave within 30 minutes from the time of its arrival.
5. Wandering Mentally Ill female patients will be kept in remand homes if picked up in the night; but all will be taken to Police and then to hospitals.

7. Rules

The proposed service will follow the provisions as per mental health act 1987.

8. Payment for the Service

The ambulance service will be provided free of cost funded by mental health authority

9. Monitoring of the Service

The emergency team may report to the Secretary, Mental Health Authority everyday about the emergencies handled on the previous day. Mental health authority will review the performance of the team during the each meeting. Whole programme may be /shall be reviewed after six month.

10. Maintenance of Staff

Nurses and drivers are outsourced by Karnataka State Mental Health Authority.

11. Records maintained

The nurses shall maintain records.

1. Initial call information.
2. Written request obtained by family
3. The report about how each call was attended to .
4. The examination finding of the patients
5. Database for future modifications.

Proforma II for the Psychiatric Assessment by Nurse

1. Name of the patients
 2. Age of patients
 3. Gender of patients
 4. Education of patients
 5. Occupation of patients
 6. Past history of patient,
 7. Present duration of the illness
 8. Current exacerbation from .
 9. Current medical history
 10. Past history of medical illness
 11. Past history of substance abuse
 12. Any evidence of substance use during the current exacerbations .
 13. Clinical examination
Consciousness,
Orientation
Restlessness
Tendency to get irritable.
Hallucinatory behavior
 14. pulse and BP
 15. Systemic Examination.
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12. The staff of this emergency service will be trained by KSMHA.
 13. The faculty of Bangalore Medical College will be in constant touch with the emergency team.
 14. It was decided that ACMI would identify a volunteer who will be given the exact message to be posted for public information in TV, Radio, and all other channels. It was also decided that posters will be displayed mainly in Psychiatric hospitals / nursing homes and rehab homes.

