

Challenges of practicing emergency psychiatry: A qualitative exploration

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Introduction:

- Patients with mental health and substance use disorders make up a significant portion of emergency department (ED) visits, with a noted increase in such visits in Canada and globally.¹
- The emergency psychiatrist determines risk assessment, which is a crucial part of psychiatric evaluations, especially for assessing suicide risk.²
- Psychiatrists working in ED face unique stressors, leading to elevated burnout risk.³

Objective:

To qualitatively explore some of the challenges experienced by psychiatrists in the context of evaluating suicidal and high-acuity patients in the emergency setting.

Method:

- Semi-structured interviews were conducted with 9 psychiatrists working in the ED.
- Interviews inquired about the challenges and barriers involved in providing clinical care.
- Transcribed interviews were qualitatively analyzed through thematic analysis method using an iterative coding process.⁴

Results:

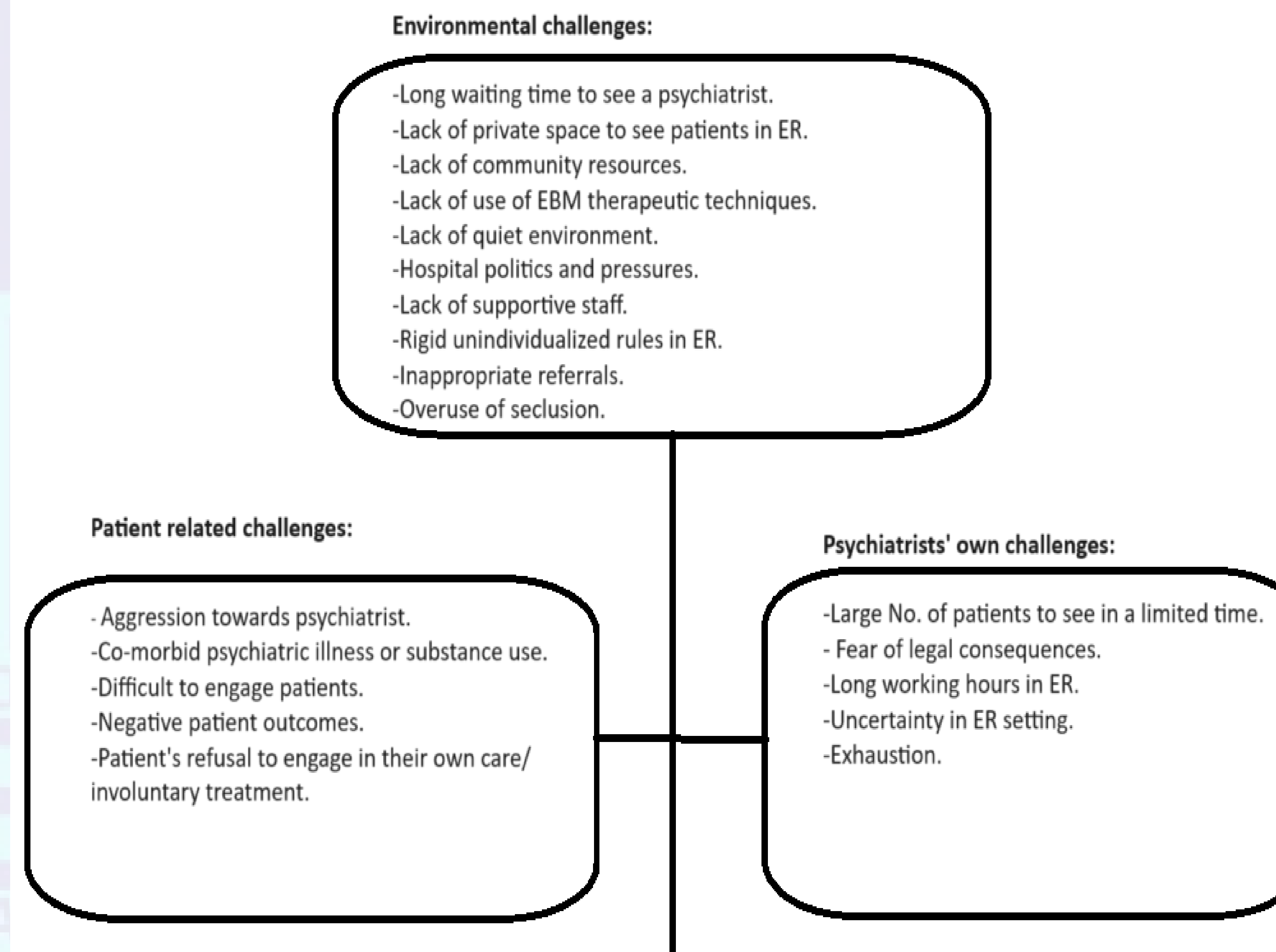
- 8 out of 9 psychiatrist identified challenges while working in ED.

Results: Cont'd

4 main themes were developed from the qualitative analysis of the interviews:

- Environmental challenges.
- Patient-related challenges.
- Psychiatrists' challenges.
- Psychiatrists' perspectives regarding potential strategies to address some of these challenges.

Challenges of practicing psychiatry in ED setting



Proposed solutions:

- Reducing the time spent working in the ED to 6-8 hours per shift.
- Encouraging self-care/ taking breaks.
- Professional assistance / double coverage at times to facilitate co-consultation for complex cases.
- Bigger physical space to see psychiatric patients.
- More staff in the ED to better distribute the workload
- Therapist in ED setting for patients to increase therapeutic interactions.

Conclusions

- Psychiatrists working in the ED face several distinct types of challenges related to the ED environment itself, the patient population seen in this setting, and concerns regarding psychiatrist well-being.
- Addressing and modifying these challenges might contribute to improved patient care in the ED and prevent or mitigate psychiatrists' burnout.
- Need for further research regarding psychiatrists' experiences in the ED setting, along with the potential for development work focused on improving conditions, resources, and procedures in the context of ED psychiatric practice.

References:

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