

Ensure your personal safety at all times

You should let someone know that you are assessing someone known to be or potentially violent and consider taking a chaperone with you. Ideally, the interview with a psychiatric patient should take place in an area with:

- A panic alarm
- Proximity to the main staffing area
- Doors which open outwards and have an inspection window
- Unimpeded exits

Drunk or agitated patients can be unpredictable and although the majority of these patients will not be violent you need to be careful.

Establish if physical harm has occurred and treat it if required

- Poisoning? Enquire about any drugs taken, quantities, timing, and symptoms.
- Wounds? Determine if there are any self-inflicted wounds, assess them for damage to underlying structures and blood loss, clean and close them if uncomplicated.
- Perform a physical examination in all patients.

Consider if there is an organic cause for the presentation

Some medical conditions may masquerade as mental health problems. Do they have a delirium, alcohol withdrawal, drug intoxication? Consider the need for investigations in the ED or as an inpatient under medicine.

Features suggestive of an organic cause for the presentation:

- History of substance misuse
- Over 35 years of age at first presentation
- Fluctuating behaviour
- Predominantly visual hallucinations
- Lethargy
- Abnormal vital signs
- Poor cognitive function

Establish the nature of the mental health problem

- What has lead them to present today? Suicidal ideation, delusions, hallucinations, mania? Are they here of their own free will or were they brought by the police or family/friends.
- Perform a mental state examination.

Establish risk of harm to self/others

- Ongoing suicidal ideation? Homicidal?
- High risk features in self-harming behaviour? SADPERSONS score helps with this.
- Unintentionally risky behaviour with no insight? Mania and psychosis may present like this.
- Consider adverse social factors.

Establish if they have capacity

Even if oriented and there is no organic illness a severe mental health problem may undermine capacity.

If the patient requires admission for a physical problem refer to the appropriate team.

If there is no need to admit for a physical problem, does the patient need to be referred to the mental health team acutely? This includes:

- First episode of psychosis
- Suicidal ideation, high risk self harm or homicidal intent
- Gross debilitation from illness
- Lack of capacity to consent or comply with treatment
- Inadequate psychosocial support in the community

If mental health assessment is required but is currently impossible due to intoxication or agitation consider admission as a GRI inpatient so the patient can be assessed when it is more appropriate.

If they do not require acute assessment by mental health do they require follow-up as an outpatient? Contact their CPN if they have one; otherwise arrange follow-up with the GP. Low-risk self-harming behaviour is an example of something that might be appropriate for outpatient follow-up.

Always communicate the outcome to the GP in your discharge letter – the GP needs to know the plan so they can follow-up or co-ordinate with the mental health services.