

Letter to the Editor

Short admission in emergency psychiatry

To the Editor,

It is accepted that the deactivation of psychiatric beds due to long term hospitalization is the present administrative problem to be discussed. To solve the problem, the concept of short admission in emergency psychiatry is compelling. The benefits of short term admission in emergency psychiatry units have been confirmed. Rufino et al. noted that “A short period of observation can improve emergency psychiatric diagnosis” (Rufino et al. 2005). The main aim of this scientific letter to the editor is to draw attention to the importance of short admission in emergency departments to reduce the length of stay in hospital. Repeated short term admission can also be used in cases of recurrent problems as an alternative to long term hospitalization (Lana et al. 2004). Barros et al reported that “Changes in the health care network did affect the emergency psychiatric service and the limitations of the community-based network could influence the rate of psychiatric admissions” (Barros et al. 2009). Barros et al also advocated the use of short admission in emergency departments to decrease the length of stay in hospital. Indeed, the problem of workload in psychiatric hospitals can be seen everywhere around the world. Longer hospital stays may be related not only to the severity of the mental disorder, but also to nonclinical factors such as the severity of psychosocial stressors, unemployment, and inadequate financial and social resources. The emergency psychiatric service (EP) is affected by limitations in the functioning of the health network, so these services will be the gateway. Thus, the EP has been given the new role of stabilizing the patients and reducing the length of stay. Decreasing the volume of admissions is the aim of psychiatric hospitals worldwide. In this letter, I briefly summarize and mention the methods employed in different countries. After searching through the PubMed database, it is apparent that there are few specific reports on short admission to emergency departments.

A brief global review on the available documentation on this subject merits attention and is therefore listed. The concept of deinstitutionalization was reported on in relation to its success in reducing the admission of psychiatric patients to psychiatric hospitals in Israel (Baruch et al 2005). In Brazil, the reform of mental health care has been strongly influenced by concepts emerging from the Italian reform experience, but a discussion concerning the consequences of the abrupt closure of psychiatric beds has gradually begun to emerge. In fact, an organized and structured health system probably has fewer admissions, but other aspects of Brazil’s mental health networks must still be evaluated. The questions remaining with regard to the deinstitutionalization concept include the following: “Has the growth of community-based services followed the reduction of beds?”, “Is there a proper allocation of resources to the various instruments of Mental Health (CAPS, general hospital, primary health care)” and “What is the effectiveness of the mental health services?” Further research on this aspect of psychiatric administration is suggested (Mari et al. 2004). In Germany, the use of community based satellite psychiatric wards was also reported on with regard to success in the reduction of hospital workload (Gebhardt et al. 2002). In the USA, Jayaram et al., 1996, proposed the use of combined strategic changes including the use of a screening tool by the admitting physician to ensure appropriate referrals to the service as well as the replacement of inexperienced first-year residents in the emergency department with senior residents, on 24-hour call, closely supervised by short-stay service staff. Nevertheless, Breslow et al. noted that the majority of patients admitted to short term units could be dischargeable within a short time period and did not require transfer for longer-term care (Breslow et al. 1993). Breslow et al. noted that the EP could be a solution to reduce crowding in hospital psychiatric wards (Bergerud et al. 2009). In Norway, this management is also used. A community short-term crisis unit is used. However, this system does not successfully reduce acute admissions to hospital psychiatric wards (Breslow et al. 1993). In some specific scenarios, especially those involving attempted suicide, short term admission is not

significantly better than hospitalization (Bratberg 1997). Deraas et al. noted that “The police was (sic) more often involved in the involuntary admissions than intended in the law” (Deraas et al. 2006). In Thailand, the use of short emergency department admission might be a good means of reducing the load of hospitals. However, concerns regarding the control of actual practice should be raised. Several factors, including social exclusion, might affect the decision concerning hospital admission of psychiatric patients. (Webber and Huxley 2004) Botega mentioned that two important factors were “prejudice” and “a lack of financial resources (Botega 2002).” If there is no good

control process, there might be an attempt to refuse patients admission to the hospital but leave them in the emergency department. Indeed, variability in psychiatric medical practice regarding short term admissions can be seen (Rufino et al. 2005). Thus, admission must be selectively monitored. In conclusion, it is necessary to raise a warning concerning the shortcomings of this system with regard to potential poor organization and control.

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