Current PSYCHIATRY

From the editor

Turning psychiatric emergencies into opportunities

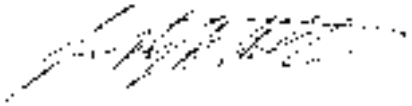
Like it or not, we deal with psychiatric emergencies. Emergencies—by definition—come at inconvenient times. Everybody is upset. None of the so-called "community resources" are available when we need them. And we usually have trouble getting paid for responding.

On the other hand, being asked to evaluate and treat patients with emergency psychiatric problems enables us to use all of our training and experience. In the adrenaline-charged emergency department (ED), our informed decisions can make a tremendous difference in the lives of patients and their families.

In this issue, Drs. Gabrielle Melin and Kristin Vickers-Douglas describe a practical workup of patients who arrive at the ED with acute psychiatric illness (*page 14*). They emphasize how to:

- conduct a sufficient workup for medical and psychiatric illness
- develop a therapeutic alliance with patients under trying circumstances
- protect staff and ourselves, as well as patients, from harm.

As Drs. Melin and Vickers-Douglas explain, "In the high-pressure ED, a sufficient workup for complicated medical conditions lies somewhere between extensive/unnecessary and inadequate. Thus, determining an exact diagnosis is not as important as establishing a diagnostic category to guide emergency treatment." Similarly, adopting a pragmatic attitude can help us balance emergencies' frustrations with their opportunities.



James Randolph Hillard, MD

P. S. Last month I announced a contest asking for creative ideas for the Craig and Frances Lindner Center of HOPE, a psychiatric treatment center to be built in Cincinnati. Suggestions can be clinical, architectural, financial, or anything else. We will award $1,000 for the best idea.

The entry deadline is midnight Dec. 31, 2005. Send your suggestions to Paul.Keck@uc.edu.