

## OVERVIEW OF PSYCHIATRIC EMERGENCIES IN PRIMARY HEALTH CARE CENTERS

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### ABSTRACT

This research aims to provide an overview of psychiatric emergencies in Primary Health Care Centers (Puskesmas), focusing on the identification of psychiatric emergency cases, initial interventions provided by healthcare professionals at Puskesmas, and the collaboration between Puskesmas and the nearest hospital's psychiatric unit. The research utilized a descriptive approach, collecting data through interviews with healthcare personnel at Puskesmas, direct observations, and analysis of medical records. Results of the research reveal that psychiatric emergencies at Puskesmas encompass various conditions such as acute mental disorders, severe anxiety, and the risk of harmful behaviors. Initial interventions by healthcare professionals at Puskesmas include clinical evaluations, temporary medical interventions, and referrals to the hospital's psychiatric unit if necessary. Collaboration between Puskesmas and the nearest hospital's psychiatric unit was found to be crucial in ensuring the smooth referral process and effective management of psychiatric emergency cases. These findings offer a comprehensive insight into the challenges and opportunities faced in dealing with psychiatric emergencies at the primary care level. The implications of this research can serve as a foundation for enhancing the availability of human resources, facilities, and coordination between Puskesmas and hospital psychiatric units to improve the quality of services for individuals experiencing psychiatric emergencies at the primary care level.

Keywords: mental health; psychiatric emergencies; primary health care centers

### INTRODUCTION

Data from the Centers for Disease Control and Prevention (CDC) indicate that 30% of all cases treated in Emergency Departments (EDs) are psychiatric cases (Peters et al., 2018). Psychiatric emergencies are disorders and/or changes in behavior, mood, or feelings that can be preventable or treatable, prompting the patient, friends, family, environment, community, or professionals to seek immediate, fast, and appropriate psychiatric medical assistance, as the condition may threaten the physical integrity of the patient, others, the psychological integrity of the patient, or the psychological integrity of the family or social environment. Psychiatric emergencies can occur to an individual or a group of people together (Praghlapati et al., 2023). Furthermore, this condition may be caused by limitations in the capacity of the individual in terms of age, intelligence, illness, or emotions at that time (Ministry of Health of the Republic of Indonesia, 2010).

Psychiatric Emergency Services include suicide attempts, violent and aggressive behaviors, manic states, panic attacks, sexual violence, post-traumatic stress symptoms, paranoid states, stupor, insomnia, substance abuse-related emergencies, emergencies in psychogeriatrics, delirium, drug-induced behavioral disorders, events facing death, violence against children, aggressive behavior, and hyperactive behavior, psychiatric emergencies in the military (Ministry of Health of the Republic of Indonesia, 2010; Praghlapati et al., 2024). Emergency Department (ED) services at Primary Health Care Centers (Puskesmas) are an integral part of inpatient care services (Ministry of Health, 2004). The purpose of emergency nursing care at Puskesmas/primary health care centers is to provide first aid to emergency patients, establish diagnoses and life-saving efforts, reduce

patient disabilities and pain before referral (Medik, 2011). People with Mental Disorders (ODGJ) are at risk of relapse or have a more severe intensity, leading to emergencies (Nugroho et al., 2021; Wardani et al., 2012).

ODGJ services at Puskesmas include handling psychiatric emergencies, referral services, and home visits targeting all severe ODGJ patients (Roeslie & Bachtiar, 2018). Handling psychiatric emergencies has not been implemented because the Standard Operating Procedure (SOP) for severe ODGJ services is not yet available. Furthermore, there are no regulations governing mental health service providers at Puskesmas, which are the frontline in providing services to the community (Ministry of Health of the Republic of Indonesia, 2020). As a result, not all Puskesmas have mental health services because they lack competent healthcare workers, especially nurses, in psychiatric emergencies (Ministry of Health of the Republic of Indonesia, 2020).

These conditions indicate the importance of developing clear SOPs for handling psychiatric emergencies at Puskesmas and regulations governing the presence of competent healthcare workers in this regard, especially nurses. With standardized SOPs and clear regulations, it is hoped that each Puskesmas can provide optimal mental health services to the community, including in handling psychiatric emergencies. This is important because the role of Puskesmas as the frontline in mental health services at the primary level is crucial to ensure fast, accurate, and quality service access for individuals in psychiatric emergencies. What is the picture of psychiatric emergencies in Puskesmas in Cimahi City?

## **METHOD**

This research will adopt a qualitative descriptive approach to comprehensively describe the picture of psychiatric emergencies in Puskesmas. Methodological steps will include the identification and collection of primary data through direct observation, medical records, and interviews with relevant staff. The collected data will be analyzed descriptively to identify patterns and key characteristics of psychiatric emergencies, including cases of psychiatric emergencies, patient demographic profiles, as well as handling and referrals. The analysis will enable the preparation of a clear and detailed description of the psychiatric emergency situation in Puskesmas, which can serve as the basis for improving mental health services at the primary level. Research Ethics from the Ethics Commission of the Faculty of Medicine, Diponegoro University with Number 523/EC/KEPK/FK-UNDIP/X/2023.

## **RESULTS AND DISCUSSION**

People with Mental Disorders (ODGJ) in Cimahi City in 2023 amounted to 1061 people, with 144 patients diagnosed with Severe ODGJ (Schizophrenia and Psychotic). Patients experiencing psychiatric emergencies totaled 135 patients. Male patients who are new amount to 30 people and existing patients are 75 people, while female patients who are new amount to 10 people and existing patients are 20 people. The highlighted text is a table providing information on various variables related to psychiatric emergency conditions at Primary Health Centers (Puskesmas). The table includes variables such as the number of emergency department (ED) rooms, ambulance availability, number of psychiatric emergency doctors, availability of psychiatric emergency medication, standard operating procedures, and psychiatric support provision. The table indicates that all 13 Puskesmas included in the study have ED rooms, ambulances, psychiatric emergency doctors,

psychiatric emergency medication, standard operating procedures, and psychiatric support. This shows that all Puskesmas have the resources and facilities necessary to handle psychiatric emergency conditions. The table highlights that there is one Puskesmas that lacks ED rooms due to limited space conditions, while the rest show a high percentage (100%) for all variables indicating that all Puskesmas have these resources and facilities. This information is important as it indicates that Puskesmas are well-equipped to handle psychiatric emergency conditions and provide appropriate care to individuals in need.

Chart 1. Psychiatric Emergency Patients Treated in 2023

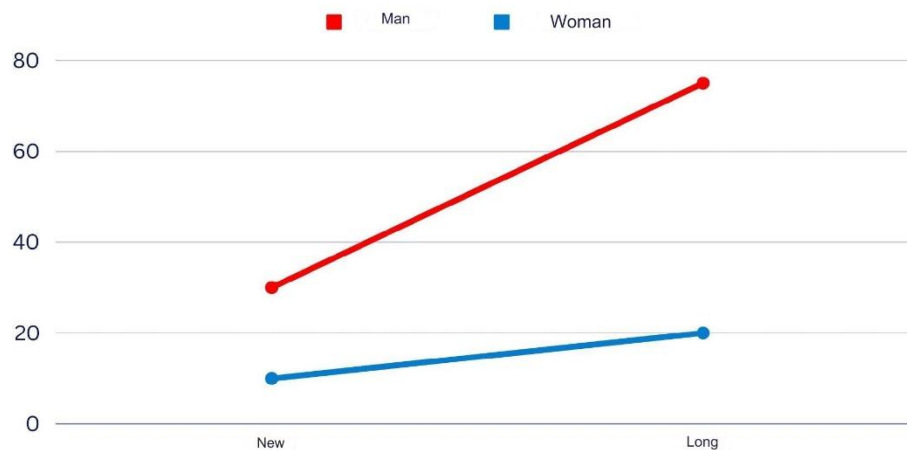


Table 1.  
Description of Psychiatric Emergency Variables

Variable	Count	Percentage
UGD Room	12	92%
Ambulance	13	100%
Emergency Psychiatrist Doctor	13	100%
Emergency Psychiatrist Medication	13	100%
Standard Operating Procedure	13	100%
Psychiatrist Assistance	13	100%

#### Main Tasks and Functions of Handling Mental Health Disorders (ODGJ) at Puskesmas Cimahi

1. Receiving reports from the community, Rapid Response Teams, and Community-based Organizations.
2. Conducting assessments.
3. Home visits for ODGJ patients.
4. Preparing referral documents for the issuance of SKTM (Mental Health Examination Letter).
5. Referral accompaniment.
6. Medical examination and treatment.
7. Contacting psychiatric hospitals for referral preparations.
8. Recording and documenting reports of patients with agitation and restlessness.
9. Acting as coordinators in handling cases of psychotic vagrants.
10. Providing ambulance transportation.

Gender is an important factor in mental health and mental illness, with significant differences

observed in the types of mental disorders experienced by men and women. Women tend to have higher levels of internalizing disorders such as depression and anxiety, as reported in several studies (Catalini et al., 2022; Chatterjee et al., 2022; Christiansen et al., 2022). On the other hand, men are more frequently diagnosed with externalizing disorders and neurodevelopmental disorders (Rückl et al., 2020). Gender differences also exist in age of onset, symptom profiles, comorbidities, functional impairments, prognosis, and treatment response to mental disorders (Sharadha, 2018). These differences may be influenced by biological factors such as hormones and gene expression, as well as psychosocial factors including exposure to trauma, societal expectations, and cultural traditions. Understanding the relationship between gender and mental illness is crucial for developing gender-specific strategies for prevention, diagnosis, and treatment.

Psychiatric Emergency Services are services provided to patients who present in a condition that may endanger themselves and others. Services may include general emergency healthcare, psychiatric medical interventions, and other actions including non-healthcare aspects such as securing and others (Ministry of Health of the Republic of Indonesia, 2009). Psychiatric emergency service facilities in health centers encompass various components. These facilities aim to provide specialized and coordinated care to patients experiencing mental crises (Haack et al., 2020). They may be autonomous or semi-autonomous clinical services collaborating with general emergency departments (McNeil, 2020). Workflow, care teams, and clinical spaces may be shared between psychiatric emergency services and main emergency departments (Koia, 2009). Regional psychiatric emergency facilities and standalone emergency departments/urgent care centers are also part of these services (Eric et al., 2010). Regional psychiatric facilities have available psychiatrists, while independent emergency departments and urgent care centers may rely on telemedicine to bring in psychiatric specialists (Eric et al., 2010). Psychiatric Emergency Care Centers (PECC) are another initiative providing fast-track pathways to specialized mental healthcare assessment and treatment. PECCs are managed by registered mental health nurses supported by psychiatric and emergency teams. These facilities collaborate with community mental health teams, inpatient units, general practitioners, non-governmental organizations, and other hospitals. Emergency psychiatric services function includes clinical stabilization, psychosocial support, and organizing admissions within the mental health network.

The main tasks and functions of handling Mental Health Disorders (ODGJ) at Health Care Centers include preventive, promotive, educational, and evaluative efforts (Ariusta et al., 2018). Health officers play a role in counseling, screening, home visits, and monitoring individuals with ODGJ to ensure access to medication (Apip Muhtarom et al., 2022). Overall, the tasks and functions of handling ODGJ involve a multidisciplinary approach, which encompasses various aspects of healthcare, safety, and management.

## **CONCLUSION**

These findings provide a comprehensive overview of the challenges and opportunities in addressing psychiatric emergencies at the Puskesmas level. The implications of this research can be used as a basis for improving the availability of human resources, facilities, and coordination between Puskesmas and hospital psychiatric units to enhance the quality of services for individuals experiencing psychiatric emergencies at the primary level.

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