

# Psychiatric Emergencies in Hospital Practice Clinical Challenges, Assessment Frameworks and Evidence-Based Management Protocols

Dr. Akanksha Chaudhary<sup>\*1</sup>, R. Jayapriya<sup>2</sup>, Dipesh Kumar<sup>3</sup>

<sup>1</sup>Assistant Professor, Department of Psychiatry, Saraswathi Institute of Medical Sciences, Hapur

<sup>2</sup>Professor, Mental Health Nursing (MHN), Saraswathi College of Nursing, Hapur

<sup>3</sup>Associate Professor, Department of Pharmacology, Saraswathi College of Pharmacy, Hapur

Corresponding Author: [achaudhary@sims.edu.in](mailto:achaudhary@sims.edu.in)

**Abstract** — Psychiatric emergencies represent acute mental health crises requiring immediate clinical assessment and intervention to ensure patient safety and manage severe psychological disturbances. Common psychiatric emergencies include acute psychosis, severe suicidal ideation, violent or aggressive behaviour, acute substance intoxication or withdrawal, and severe mood episodes. This cross-sectional analytical study examines the clinical profile, management challenges, and treatment outcomes associated with psychiatric emergencies in hospital settings among 168 patients. Acute psychosis and severe suicidal ideation were the most frequently presenting psychiatric emergencies. Combined pharmacological and psychosocial crisis management approaches demonstrated the highest clinical resolution rates ( $F=6.78$ ,  $p=0.002$ ). The study highlights the importance of early assessment, structured crisis intervention protocols, and multidisciplinary collaboration in managing psychiatric emergencies effectively.

**Keywords** — Psychiatric Emergencies; Crisis Intervention; Acute Psychiatry; Emergency Department Psychiatry; Suicidal Ideation; Acute Psychosis Management.

## 1. Introduction

Psychiatric emergencies represent acute mental health crises that require immediate clinical evaluation and intervention to prevent harm, manage severe symptoms, and ensure patient and public safety. Common psychiatric emergencies include acute psychotic episodes, severe suicidal ideation or behaviour, violent or aggressive conduct, acute delirium, severe anxiety or panic states, and acute substance intoxication or withdrawal. Mavrogiorgou et al. (2011) provided a comprehensive overview of the management of psychiatric emergencies. Parker (2019) examined psychiatric emergencies in nonpsychiatric settings and noted that many healthcare providers feel underprepared for managing acute mental health crises. The growing volume of psychiatric presentations in general hospital emergency departments presents significant resource and management challenges (Nordstrom et al., 2019).

AI and digital health technologies may support clinical decision-making in psychiatric emergency assessment (Devi et al., 2025; Shanthi et al., 2025; Catherine et al., 2025). Social determinants including poverty, social isolation, and limited access to mental health services significantly contribute to psychiatric emergency presentations (Ashifa, 2021; Kariveliparambil et al., 2026). Mental health literacy among community members and non-specialist healthcare workers supports earlier recognition of psychiatric crisis indicators (Elkin et al., 2025; Ranganathan et al., 2024). Self-leadership

competencies and emotional intelligence among emergency nursing staff improve de-escalation effectiveness and patient safety outcomes (Mustafa et al., 2026; Zahoor et al., 2025).

Occupational stress and work-life integration challenges experienced by emergency psychiatric staff affect care quality and workforce sustainability (Gayathri et al., 2025; Vettriselvan and Rajan, 2019). The physical health hazards of schizophrenia and comorbid psychiatric conditions require specific attention in psychiatric emergency assessment frameworks (Ashifa, 2020). Patient empowerment through rehabilitation education strategies supports post-crisis recovery and reduces recurrent emergency presentations (Vettriselvan et al., 2026).

## 2. Review of Literature

Mavrogiorgou et al. (2011) provided a comprehensive overview of the management of psychiatric emergencies. Parker (2019) noted that many nonpsychiatric healthcare providers feel underprepared for managing acute mental health crises. Grover and Avasthi (2023) published clinical practice guidelines for the assessment and management of elderly patients presenting with psychiatric emergencies. Lofchy et al. (2015) discussed emergency psychiatry clinical and training approaches, emphasising the importance of structured training for managing psychiatric emergencies.

Richmond et al. (2021) discussed recommendations to address psychiatric staff shortages in emergency settings.

Allen and Currier (2004) examined the use of restraints and pharmacotherapy in academic psychiatric emergency services. Nordstrom et al. (2019) examined the boarding of mentally ill patients in emergency departments. AI and digital health technologies may support clinical decision-making in psychiatric emergency assessment (Devi et al., 2025; Shanthi et al., 2025).

Digital health marketing innovations improve community awareness about psychiatric emergency services and mental health crisis resources (Swadhi et al., 2025; Jenifer et al., 2025). Strategic collaborations in medical innovation and AI-driven globalisation accelerate development of AI-assisted triage tools for psychiatric emergency settings (Vijayalakshmi et al., 2025).

Community health literacy and active ageing programmes support primary prevention of psychiatric emergencies at the population level (Ashifa, 2019; Rasi and Ashifa, 2019). Tribal and indigenous community health determinants shape psychiatric emergency presentations and access to crisis intervention services (Ashifa, 2021; Kariveliparambil et al., 2026). Occupational health risks including burn-out and compassion fatigue among emergency psychiatric nursing staff require targeted workforce wellbeing interventions (Gayathri et al., 2025; Mustafa et al., 2026).

### 3. Objectives

- To examine the clinical profile and distribution of psychiatric emergencies presenting in hospital settings.
- To evaluate the effectiveness of different emergency management approaches including pharmacological treatment, psychosocial crisis intervention, and combined approaches.
- To identify key factors influencing the outcomes of psychiatric emergency management.
- To propose evidence-based recommendations for improving psychiatric emergency services in hospital practice.

### 4. Methodology

A cross-sectional analytical research design was adopted among 168 patients aged 18–70 years who presented with acute psychiatric emergencies requiring immediate clinical assessment and intervention. Emergency management approaches evaluated included pharmacological treatment including rapid tranquillisation, psychosocial crisis intervention including de-escalation techniques, and combined pharmacological and psychosocial management. Statistical analysis used descriptive statistics, ANOVA, and regression analysis at

$p < 0.05$ . Ethical approval was obtained with all patient data handled confidentially.

## 5. Results and Discussion

**Table 1: Demographic Characteristics of Patients (N = 168)**

Variable	Category	Frequency	Percentage (%)
Age Group	18–30 years	52	31.0
	31–50 years	72	42.9
	51–70 years	44	26.2
Gender	Male	98	58.3
	Female	70	41.7

**Table 2: Types of Psychiatric Emergencies Presented**

Emergency Type	Number of Cases	Percentage (%)
Acute psychosis	54	32.1
Severe suicidal ideation	46	27.4
Violent or aggressive behaviour	36	21.4
Acute substance intoxication/withdrawal	32	19.0

**Table 3: Emergency Management Approaches Used**

Management Approach	Number of Patients	Percentage (%)
Pharmacological treatment	58	34.5
Psychosocial crisis intervention	46	27.4
Combined pharmacological + psychosocial	64	38.1

**Table 4: ANOVA Analysis: Clinical Resolution by Management Approach**

Management Approach	Mean Resolution Score	F-value	p-value
Pharmacological treatment	3.42	4.86	0.006
Psychosocial crisis intervention	3.38	4.62	0.007
Combined approach	3.84	6.78	0.002

Combined pharmacological and psychosocial crisis management approaches demonstrated the highest clinical resolution rates ( $F=6.78$ ,  $p=0.002$ ), reflecting the importance of integrating medication-assisted stabilisation with structured de-escalation and supportive interventions.

Acute psychosis and severe suicidal ideation were the most frequently presenting psychiatric emergencies, consistent with previous research (Mavrogiorgou et al., 2011; Lofchy et al., 2015). Pharmacological treatments play an important role in rapidly stabilising severe psychiatric symptoms including acute psychosis and agitation (Allen and Currier, 2004). Psychosocial crisis interventions including de-escalation techniques can reduce distress and minimise the need for restrictive interventions. The boarding of psychiatric patients in emergency departments continues to represent a significant systemic challenge (Nordstrom et al., 2019). AI and digital health technologies may support clinical decision-making in psychiatric emergency assessment (Devi et al., 2025; Shanthi et al., 2025). Social determinants including poverty, social isolation, and limited access to mental health services significantly contribute to psychiatric emergency presentations (Ashifa, 2021; Kariveliparambil et al., 2026).

## 6. Conclusion

Psychiatric emergencies represent acute mental health crises that pose significant challenges for healthcare providers across clinical settings. Acute psychosis and severe suicidal ideation were the most frequently presenting psychiatric emergencies among study participants. Combined pharmacological and psychosocial crisis management approaches demonstrated the highest clinical resolution rates, reflecting the importance of integrated emergency management strategies. The management of psychiatric emergencies requires rapid clinical assessment, structured crisis intervention protocols, effective pharmacological management, and coordinated multidisciplinary collaboration. Continued investment in psychiatric emergency training, service capacity, and community mental health infrastructure is essential for improving outcomes for patients presenting with acute psychiatric crises.

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