H.Ü. Sağlık Bilimleri Fakültesi Dergisi
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Original research

Retrospective Analysis of Demographic and Clinical Characteristics of Emergency Department Psychiatric Patients

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Abstract

Objective: The objective of this investigation is to conduct a comprehensive analysis of the demographic attributes, psychiatric diagnoses, and grounds for seeking psychiatric consultation among patients who are admitted to the emergency department of our medical facility. The objective of this study is to offer significant insights into the requirements of patients with psychiatric emergencies in the emergency department by scrutinizing the data obtained from psychiatric consultations.
Materials and Methods: The study encompassed individuals aged 18 years and above who sought psychiatric consultation in the emergency department between April 2022-2023. The patients were classified based on the following conditions: anxiety disorder, bipolar disorder, depression, psychosis, alcohol and substance abuse, conversion disorder, suicidal ideation or attempt, or other disorders.
Results: The study sample comprised of 393 individuals, out of which 181 (46.1%) were identified as female and 212 (53.9%) as male. The study revealed that anxiety was observed in 28.5% of the sample. Additionally, bipolar disorder was identified in 27 participants, while depression was present in 49 individuals, representing 12.5% of the sample. Lastly, conversion disorder was detected in 5 participants. The prevalence of suicidal ideation among patients who have either attempted or expressed thoughts of suicide was found to be 47% for women and 36.3% for men.
Conclusion: The present investigation enhances our comprehension of the demographic characteristics and mental health condition of those who seek emergency psychiatric assistance. This data has the potential to enhance clinical practice by facilitating the delivery of suitable evaluation, intervention, and assistance.

Keywords: emergency, psychiatric patients, consultation

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H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

Introduction

Mental health problems are a growing public health problem affecting millions of people worldwide. The World Health Organization (WHO) estimates that approximately 1 in 4 people worldwide will experience a mental health problem in their lifetime (WHO, 2012). Despite increased awareness and efforts to improve access to care, individuals with mental health problems continue to face barriers to receiving timely and appropriate treatment. For many psychiatric patients, the emergency department (ED) is a common entry point into the healthcare system (Örüm, 2020).

Approximately 60% of patients with mental disorders did not receive a psychiatric diagnosis, psychiatric consultation was not requested, or appropriate treatment was not provided when they presented to general emergency departments (Eser et al., 2018). Psychiatric consultation is a service requested for various medical conditions. These requests often include depressive symptoms, suicidal thoughts or attempts, anxiety, adjustment disorders, need for mental support, failure to diagnose physical symptoms, abnormalities detected in mental status examination, and consultation about the use or side effects of pharmacological drugs.

Although the emergency department is often the first point of contact for people in psychiatric crisis, it is not always equipped to provide specialized mental health care (Serap et al., 2018; Judith et al., 1994). Emergency physicians are trained to identify and manage acute medical conditions but may not have the same level of training or expertise in managing psychiatric emergencies. As a result, emergency physicians often seek psychiatric consultation to ensure that some patients receive appropriate health care (Serap et al., 2018; Judith et al., 1994).

Psychiatric emergencies continue to be a significant burden on emergency departments worldwide, and up to 6% of all emergency department visits are related to mental health concerns (Sood et al., 2009; Oral et al., 2012). Furthermore, patients presenting to the emergency department with mental health concerns often have high rates of psychiatric comorbidity and have specialized care needs. The National Institute of Mental Health (NIMH) estimates that approximately 1 in 5 adults in the United States experience a mental illness in a given year, and approximately 1 in 25 adults experience a serious mental illness that significantly affects their daily lives. These statistics highlight the significant need for mental health services in emergency situations (Grabb et al., 2020).

Understanding the characteristics and needs of this population is crucial to improving the quality of care provided to patients with psychiatric emergencies. The emergency department is a setting that can pose several challenges for patients with psychiatric

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

emergencies, including long waiting times, overcrowding, and limited resources. Furthermore, patients with psychiatric emergencies often present with complex and challenging symptoms (Huber et al., 2023). Despite these challenges, the emergency department remains an important entry point into the healthcare system for many individuals with mental health problems.

According to the World Health Organization (WHO) 2008 statistics, the male gender was reported in 4 times more cases of suicide, while the male/female ratio was 1.8 worldwide (Värnik, 2012). Considering that impulse control disorder is observed more frequently in males in general, we aimed to obtain information about whether this variable changed since people worked from home more and social relations decreased during the pandemic.

The aim of this study was to examine in detail the demographic characteristics, psychiatric diagnoses, and reasons for requesting psychiatric consultation of patients admitted to the emergency department. And analyzing the needs of patients with psychiatric emergencies in the emergency department.

Materials and Method

Study Design

This study was a retrospective chart review conducted in the emergency department of a tertiary hospital in a city with a population of 4 million. The study included patients between April 2022 and April 2023. The aim of the study was to examine the characteristics of patients who presented to the emergency department and requested psychiatric consultation. Ethics committee approval dated 24.11.2022 and numbered 0494 from the university to which the hospital is affiliated was obtained for the study, and all necessary conditions regarding patient confidentiality were met.

Data Collection

Data for the study were collected from the hospital's electronic medical records. Data collected included patient demographic information, reason for presentation to the emergency department, psychiatric diagnosis according to DSM-V and whether the patient was hospitalized or not. Patients aged 18 years and older who requested psychiatric consultation from the emergency department were included in the study. Patients presenting with a primary medical complaint or admitted for a non-psychiatric reason were excluded.

Data were collected using a standardized data collection form. The form was designed by the study team and included fields for patient demographics, reason for admission, psychiatric diagnosis and disposition. The study team consisted of two trained research

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

assistants who reviewed the electronic medical records and entered the data into the form. The data were then checked for accuracy and completeness by the principal investigator.

Table 1: Descriptive Characteristics of Patients (n=393)

Variables	**Statistics**
Age	
$\bar{x}$±*ss*	37.58±15.67
M (*min-max*)	34 (17-90)
Gender, *n* (%)	
Female	181 (46.1)
Male	212 (53.9)
Anxiety, *n* (%)	
No	281 (71.5)
Yes	112 (28.5)
Bipolar Disorder, *n* (%)	
No	366 (93.1)
Yes	27 (6.9)
Depression, *n* (%)	
No	344 (87.5)
Yes	49 (12.5)
Conversion, *n* (%)	
No	388 (98.7)
Yes	5 (1.3)
Alcohol/Substances, *n* (%)	
No	310 (78.9)
Yes	83 (21.1)
Psychosis, *n* (%)	
No	349 (88.8)
Yes	44 (11.2)
Suicid, *n* (%)	
No	231 (58.8)
Yes	162 (41.2)
***Other**, *n* (%)	
No	375 (95.4)
Yes	18 (4.6)
Substance Panel, *n* (%)	
Negative	50 (12.8)
Pozitive	38 (9.7)
None	304 (77.6)
Outcome, *n* (%)	
Discharged	321 (819)
Hospitalization	71 (18.1)

x: Mean, ss: Standard deviation, M: Median, %: Row Percentage
* personality disorders, insomnia, impulsive actions

Patient demographic information collected included age and gender. Patients were categorized according to the following disorders: anxiety disorder, bipolar, depression, psychosis, alcohol-substance abuse, conversion, suicidal ideation-attempt or other. Psychiatric diagnoses were categorized according to the final diagnostic decision of the consulting psychiatrist. Patient outcome was recorded as hospitalization or discharge.

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

Data Analysis

Data were evaluated using the statistical package program IBM Statistical Package for the Social Sciences (SPSS) Statistics Standard Concurrent User V 26 (IBM Corp., Armonk, New York, USA). Descriptive statistics were given as number of units (n), percentage (%), mean ± standard deviation (x±ss), median (M), minimum (min) and maximum (max) values. Chi-square tests were used to examine the relationship between categorical variables. Logistic regression was used to examine predictors of hospitalization. Statistical significance was set at $p < 0.05$.

Results

A total of 393 patients were included in the study. The mean age of the individuals who participated in the study was 37.58, and the standard deviation was 15.67. The youngest participant was 17 years old, while the oldest participant was 90 years old. Of the participants, 181 (46.1%) were female and 212 (53.9%) were male. Of the participants, 281 (71.5%) did not show symptoms of anxiety, while 112 (28.5%) experienced anxiety. 366 (93.1%) of the participants did not show any symptoms of bipolar disorder, while 27 (6.9%) were diagnosed with bipolar disorder. 344 (87.5%) of the participants did not show symptoms of depression, and 49 (12.5%) could be associated with depression. 388 (98.7%) of the participants did not show symptoms of conversion, while 5 (1.3%) had conversion disorder. 310 (78.9%) of the participants did not show symptoms of alcohol or substance abuse, and 83 (21.1%) could be associated with alcohol or substance abuse. 349 (88.8%) of the participants did not show psychotic symptoms, and 44 (11.2%) could be associated with psychosis. 231 (58.8%) of the participants did not experience suicidal thoughts or attempts, and 162 (41.2%) could be associated with suicide. 375 (95.4%) of the participants did not show other symptoms, and 18 (4.6%) could be associated with other medical conditions. According to the substance testing, 50 (12.8%) of the participants gave negative results, 38 (9.7%) gave positive results, and 304 (77.6%) were not tested. Of the participants included in the study, 321 (81.9%) were discharged, and 71 (18.1%) were hospitalized.

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

Table 2: Comparison of Other Variables by Gender and by Suicide Status

	Gender		**Test Statistics**	
	Female	**Male**	**Test Value**	***p* value**
Age				
$\bar{x}$±*ss*	38.62±16.46	36.68±14.95	*z*=1.001	0.317
M (*min-max*)	35 (18-86)	33 (17-90)		
Anxiety, *n* (%)				
No	128 (45.6)	153 (54,4)	χ^2=0.101	0.751
Yes	53 (47.3)	59 (52.7)		
Bipolar Disorder, *n* (%)				
No	168 (45.9)	198 (54.1)	χ^2=0.051	0.821
Yes	13 (48.1)	14 (51.9)		
Depression, *n* (%)				
No	151 (43.9)	193 (56.1)	χ^2=5.184	**0.023**
Yes	30 (61.2)	19 (38.8)		
Conversion, *n* (%)				
No	177 (45.6)	211 (54.4)	χ^2=2.349	0.117
Yes	4 (80.0)	1 (20.0)		
Alcohol/Substance,*n* (%)				
No	166 (53.5)	144 (46.5)	χ^2=33.166	**<0.001**
Yes	15 (18.1)	68 (81.9)		
Psychosis, *n* (%)				
No	170 (48.7)	179 (51.3)	χ^2=8.842	**0.003**
Yes	11 (25.0)	33 (75.0)		
Other, *n* (%)				
No	173 (46.1)	202 (53.9)	χ^2=0.020	0.888
Yes	8 (44.4)	10 (55.6)		
Substance Paneli, *n* (%)				
Negative	15 (30.0)	35 (70.0)	χ^2=16.657	**<0.001**
Pozitive	9 (23.7)	29 (76.3)		
None	157 (51.6)	147 (48.4)		
Outcome, *n* (%)				
Discharged	155 (48.3)	166 (51.7)	χ^2=4.003	**0.045**
Hospitalization	25 (35.2)	46 (64.8)		
	Suicide			
	No	Yes		
Age				
$\bar{x}$±*ss*	39.0±15.78	35.55±15.33	*z*=2.388	**0.017**
M (*min-max*)	36 (18-88)	31 (17-90)		
Gender, *n* (%)				
Female	96 (53.0)	85 (47.0)	χ^2=4.563	**0.033**
Male	135 (63.7)	77 (36.3)		

%: Percentage of rows, $\bar{x}$: Mean, ss: Standard deviation, M: Median, χ2: Chi-square test statistic, z: Mann-Whitney U test

According to Table 2, the mean age of the women was 38.62 years, and the mean age of the men was 36.68 years. The age difference between the two groups was not statistically significant (p=0.317). The ages of the women ranged between 18 and 86, while the ages of the

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

men ranged between 17 and 90. Anxiety was found in 47.3% of the women and 52.7% of the men. There was no statistically significant difference between genders in terms of anxiety (p=0.751). In patients with bipolar disorder, 48.1% of women had symptoms of bipolar disorder, while 51.9% of men had bipolar disorder. There was no statistically significant difference between genders in terms of bipolar disorder (p=0.821). In patients with depression, 61.2% of women had depression, while 38.8% of men had depression. There is a statistically significant difference between genders in terms of depression (p=0.023). In patients with conversion, 80% of women had conversion disorder, while 20.0% of men had conversion disorder. There was no statistically significant difference between genders in terms of conversion (p=0.117). In patients with alcohol/substance abuse, 18.1% of women and 81.9% of men were related to addiction. There is a statistically significant difference between genders in terms of alcohol or substance dependence (p<0.001). In patients with psychotic symptoms (patients with psychosis), 25.0% of women and 75.0% of men had psychosis. There was a statistically significant difference between the sexes in terms of psychosis (p=0.003). In other conditions, 44.4% of women and 55.6% of men could be attributed to other medical conditions. There is no statistically significant difference between genders in terms of other medical conditions (p=0.888). According to the item panel results, 30.0% of women had a negative item panel result, while 70.0% of men had a negative item panel result. Looking at the positive item panel results, 23.7% of women had positive item panel results, while 76.3% of men had positive item panel results. There is a statistically significant difference between genders in terms of item panel results (p<0.001). While 48.3% of women were discharged, 51.7% of men were discharged. There is a statistically significant difference between genders in terms of outcome status (p=0.045).

According to Table 2, the mean age of those who did not experience suicide was 39.0 years, and the mean age of those who did was 35.5 years. The age difference between the two groups was statistically significant (p=0.017). In patients with suicidal ideation or attempt, 47% of women and 36.3% of men had suicidal ideation. There is a statistically significant difference between genders in terms of suicidal ideation (p=0.033).

Discussion

In this study, the characteristics and diagnoses of patients referred from the emergency department to the psychiatric unit were analyzed. The findings provide valuable information about the demographic profile and psychiatric status of individuals seeking emergency psychiatric care.

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

The mean age of participants in our study was 37.58 years, which is consistent with previous studies reporting a wide age range among emergency psychiatric patients. Our study included individuals aged 18 to 90 years, highlighting the fact that psychiatric emergencies can affect people of different age groups (Brahmbhatt et al., 2019).The gender distribution in our study showed a slight male predominance, with 53.9% male and 46.1% female. This finding is in line with previous studies reporting a higher proportion of male patients in psychiatric emergency settings (Kim et al., 2018; Serpytis et al., 2018).

Anxiety was found to be a common condition among participants, affecting 28.5% of individuals. This finding is consistent with previous studies highlighting the high prevalence of anxiety disorders in emergency psychiatric populations (Petriceks et al., 2022; Marco et al., 2019). The presence of anxiety in almost one-third of our sample highlights the need for effective assessment and management strategies for this population. Bipolar disorder was diagnosed in 6.9% of participants, indicating a significant burden in emergency psychiatric settings. This finding is consistent with previous studies reporting a significant proportion of bipolar disorder cases among emergency psychiatric patients (Eseaton et al., 2022). Given the complexity and potential severity of bipolar disorder, prompt and accurate diagnosis is crucial for appropriate intervention. Depression was detected in 12.5% of participants, highlighting the high prevalence of this condition among individuals seeking emergency psychiatric care. Similar findings have been reported in previous studies, emphasizing that depression is a significant burden in emergency psychiatric populations (Hamam et al., 2020; Oliveira et al., 2022). Recognizing and addressing depression in emergency settings is crucial to provide adequate support and prevent negative outcomes. Conversion disorder, a condition characterized by neurological symptoms with no apparent organic cause, was identified in 1.3% of participants. This finding is consistent with the low prevalence rates reported in the literature for conversion disorder in psychiatric emergency settings (Bediz et al., 2004). Although conversion disorder is relatively rare, it requires careful assessment and appropriate management to address the underlying psychological distress (Nazarian et al., 2017). Substance dependence, including alcohol and substance use disorders, accounted for 21.1% of participants in our study. This finding is comparable to previous research showing a significant proportion of substance-related presentations in psychiatric emergency departments. Concurrent substance use poses unique challenges for clinicians, requiring comprehensive assessments and specialized treatment approaches (Nazarian et al., 2017). Psychosis was present in 11.2% of participants, which is consistent with previous studies reporting a significant prevalence of psychotic disorders in psychiatric emergency department populations. Prompt recognition and

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

management of psychosis is critical to improve outcomes as well as minimize the risk of harm to the individual and others (Albin et al., 2021). Suicidal ideation or attempts were reported by 41.2% of participants, emphasizing the high prevalence of suicidality in this population. This finding is consistent with studies highlighting an increased risk of suicidal behavior among individuals seeking emergency psychiatric care (Brahmbhatt et al., 2019). Timely and comprehensive assessment, along with appropriate interventions, is vital to prevent suicide-related morbidity and mortality (Kim et al., 2018). A small proportion of participants (4.6%) presented with other symptoms that were not specifically categorized in our study. Although the nature of these symptoms was not fully characterized, this finding highlights the diversity of psychiatric presentations encountered in emergency psychiatric settings. Further research is needed to better understand and address these unique symptom profiles.

Regarding substance testing, only 9.7% of the participants in our study tested positive, while the majority (77.6%) did not get tested. This finding suggests that substance testing may not be routinely performed or documented in the ED, potentially underestimating the prevalence of substance use in this population. Previous studies have also reported variations in substance testing practices in emergency psychiatric settings (Doran et al., 2018; Beckerleg et al., 2022). Consistent and comprehensive substance testing protocols are necessary to accurately identify substance-related problems and guide appropriate interventions. In terms of patient disposition, the majority of participants (81.9%) were discharged after assessment and treatment in the psychiatric unit, while 18.1% required hospitalization. This finding is consistent with previous studies reporting that a significant proportion of patients were discharged from psychiatric emergency settings (Marzola et al., 2022). Discharge planning and follow-up care are critical to ensure continuity of care and reduce the risk of relapse or readmission.

While the majority of patients diagnosed with depression were women, the majority of patients diagnosed with alcohol or substance abuse and psychosis were men. These results are consistent with similar studies in the literature (Ranney et al., 2014; Safdar et al., 2014). It is known that depression is more common in women and alcohol or substance abuse is more common in men (Safdar et al., 2014). However, no statistically significant difference was found between genders in terms of anxiety, bipolar disorder, conversion and other psychiatric diagnoses. These findings suggest that the effect of gender in determining the predisposition to these diagnoses is limited. This emphasizes that psychiatric disorders have complex and multiple etiological factors, and gender is only one factor. The results of this study have an important value in terms of clinical applications. In particular, gender differences should be

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

taken into consideration in the diagnosis and treatment processes of gender-related disorders such as depression and substance addiction. Focusing more on the symptoms of depression in female patients and providing more effective interventions for substance abuse in male patients may increase treatment success. Ranney et al. found that depression is more common in women, and alcohol dependence is more common in men. Serpytis et al. obtained similar results, showing that there was no significant difference between genders in diagnoses such as anxiety and bipolar disorder. These similarities support that gender has an effect on some psychiatric diagnoses, and this should be taken into account in clinical practice (Ranney et al., 2014; Serpytis et al., 2018). However, when other studies in the literature are taken into consideration, it is understood that gender is not a determining factor alone and multiple etiological factors are effective in the development of psychiatric disorders (Austin et al., 2020; Mundy et al., 2023). In his study, Austin J. C. emphasized that genetic, environmental, and biological factors, as well as gender, are effective in developing psychiatric disorders. Therefore, it is important for future studies to consider other etiologic factors besides gender. In conclusion, this study provided important information on the gender distribution and diagnoses of psychiatric patients admitted to the emergency department. The findings suggest that gender has an effect on some psychiatric diagnoses and gender differences should be taken into account in clinical practice. However, it should be kept in mind that gender alone is not a determining factor and that multiple etiological factors are effective in the development of psychiatric disorders. Future, more comprehensive studies will help us to better understand the effects of gender as well as other etiological factors on the development of psychiatric disorders. In addition, conducting studies with larger sample groups and including patients with different demographic characteristics will increase the generalizability of the results. Based on the results of this study, we can conclude that age and gender are determining factors in individuals with suicidal ideation or attempts. The statistically significant age difference between non-survivors and survivors suggests that individuals in the younger age group are more prone to suicidal ideation. This finding emphasizes that suicide is a serious problem, especially among the younger generation.

The statistically significant difference in suicide rates between genders is also striking. Women are at higher risk of suicidal ideation or attempt. This result shows that gender is an important factor affecting suicide risk and indicates that women may be more vulnerable to suicide. These findings are consistent with similar studies in the literature. Previous studies also indicate that a younger age group is associated with suicide risk, and gender plays an important role in suicidal ideation. It is important to reflect these findings in clinical practice and

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

preventive measures. Early diagnosis and effective intervention strategies should be developed, taking into account the suicide risk of young people. In addition, gender-specific support and resources should be provided for women, taking into account that women are at higher risk for suicide.

This study is an important step towards raising awareness about suicide, identifying risk groups and taking appropriate measures. However, further research is needed because suicide risk is a multifaceted issue, and various factors play a role.

However, some limitations of this study should not be overlooked. The study included only psychiatric patients presenting to the emergency department, and thus, the results cannot be generalized to a general patient population. Furthermore, the sample size used in this study is limited and does not include patients with different demographic characteristics. Therefore, future studies with larger sample sizes should be conducted, and the effects of different demographic factors (age, socioeconomic status, cultural factors, etc.) should be evaluated.

This study increases our understanding of the demographic profile and psychiatric status of individuals seeking emergency psychiatric care. This information can be used to improve clinical practice in providing appropriate assessment, treatment and support.

Conflict of Interest

There is no conflict of interest between the authors.

H.Ü. Sağlık Bilimleri Fakültesi Dergisi
Cilt:10, Sayı:3, 2023
Doi:10.21020/husbfd.1310865

References

Albin, K., Albin, C., Jeffries, C.D., Perkins, D.O. (2021). Clinician Recognition of First Episode Psychosis. *Journal of Adolescance Health*. 69(3):457-464. http://doi.org/10.1016/j.jadohealth.2020.12.138.

Austin J. C. (2020). Evidence-Based Genetic Counseling for Psychiatric Disorders: A Road Map. *Cold Spring Harbor Perspectives in Medicine*, 10(6), a036608.

Beckerleg, W., & Hudgins, J. (2022). Substance Use-related Emergency Department Visits and Resource Utilization. *The Western Journal of Emergency Medicine, 23*(2), 166–173.

Bediz, U., Aydemir, Ç., Başterzi, A. D., Kısa, C., Cebeci, S., & Göka, E. (2004). Hekimlerin konversiyon bozukluğuna yaklaşımını etkileyen faktörler. *Klinik Psikiyatri Dergisi, 7*, 73-79.

Brahmbhatt, K, Kurtz, B.P., Afzal, K.I., Giles, L.L., Kowal, E.D., Johnson K.P., Lanzillo E., Pao, M., Plioplys, S., Horowitz, L.M. (2019). Suicide Risk Screening in Pediatric Hospitals: Clinical Pathways to Address a Global Health Crisis. *Psychosomatics, 60*(1), 1-9.

Derouesné, C. (1995). Conversion hysteria. [Article in French] *La Revue du Praticien. 45*:2535-40.

Doran, K. M., Rahai, N., McCormack, R. P., Milian, J., Shelley, D., Rotrosen, J., & Gelberg, L. (2018). Substance use and homelessness among emergency department patients. *Drug and Alcohol Dependence, 188*, 328-333.

Eseaton, P. O., Oladunjoye, A. F., Anugwom, G., Onyeaka, H., Edigin, E., & Osiezagha, K. (2022). Emergency department utilization by patients with bipolar disorder: a national population-based study. *Journal of Affective Disorders, 313*, 232-234.

Eser, B., Batmaz, S., Songur, E., Yıldız, M., & Akpınar Aslan, E. (2018). Bir üniversite hastanesinde yatan hastalar için ve acil servisten istenilen ruh sağlığı ve hastalıkları konsültasyonlarının incelenmesi: Türkiye'den çalışmalarla bir karşılaştırma. *Klinik Psikiyatri, 21*:278-289.

Grabb, M. C., Hillefors, M., & Potter, W. Z. (2020). The NIMH 'Fast-Fail Trials'(FAST) initiative: rationale, promise, and progress. *Pharmaceutical Medicine, 34*(4), 233-245.

Hamam, M. S., Kunjummen, E., Hussain, M. S., Nasereldin, M., Bennett, S., & Miller, J. (2020). Anxiety, depression, and pain: considerations in the treatment of patients with uncontrolled hypertension. *Current Hypertension Reports, 22*, 1-7.

Huber, J., Ryan, C. J., Gupta, R., Rosen, A., Tietze, T., Drew, K. & Skopek, M. (2023). The NSW Emergency Psychiatry Network. *Australian & New Zealand Journal of Psychiatry, 57*(3), 312-314.

Kim, H., Kim, B., Kim, S. H., Park, C. H. K., Kim, E. Y., & Ahn, Y. M. (2018). Classification of attempted suicide by cluster analysis: A study of 888 suicide attempters presenting to the emergency department. *Journal of Affective Disorders, 235*, 184-190.

Lukens, T. W., Wolf, S. J., Edlow, J. A., Shahabuddin, S., Allen, M. H., Currier, G. W., & Jagoda, A. S. (2006). Clinical policy: critical issues in the diagnosis and management of the adult psychiatric patient in the emergency department. *Annals of Emergency Medicine, 47*(1), 79-99.

Marco, C. A., Anderson, J., McMurray, M., Lovell, M., Naqvi, J., & Seitz, N. (2018). Generalized anxiety disorder among emergency department patients. *The American Journal of Emergency Medicine, 37*(4), 766-767.

Marzola, E., Duranti, E., De-Bacco, C., Lupia, E., Villari, V., & Abbate-Daga, G. (2022). Psychiatric patients at the emergency department: factors associated with length of stay and likelihood of hospitalization. *Internal and Emergency Medicine, 17*(3), 845-855.

Mundy, J., Davies, H. L., Radu, M., Austin, J., Vassos, E., Eley, T. C., Moldovan, R. (2023). Research priorities in psychiatric genetic counselling: how to talk to children and adolescents about genetics and psychiatric disorders. *European Journal of Human Genetics, 31*(3), 262-264.

Oliveira J. e Silva, L., Prakken, S. D., Meltzer, A. C., Broder, J. S., Gerberi, D. J., Upadhye, S., Bellolio, F. (2022). Depression and anxiety screening in emergency department patients with recurrent abdominal pain: An evidence synthesis for a clinical practice guideline. *Academic Emergency Medicine, 29*(5), 615-629.

Oral, M., Tuncay, T. (2012). Ruh Sağlığı Alanında Sosyal Hizmet Uzmanlarının Rol ve Sorumlulukları. *Toplum ve Sosyal Hizmet Dergisi, 23*(2), 93-114.

Örüm M. H. (2020) Acil Servise Başvuran Psikiyatrik Olgular ve Konsültasyon-Liyezon Psikiyatrisi: Bir Derleme. *Journal of ADEM, 1*(2): 31-52.

Petriceks, A. H., & Stern, T. A. (2022). Diagnosis and Management of Hypertensive Emergency in a Patient with Generalized Anxiety Disorder. *The Primary Care Companion for CNS Disorders, 24*(6), 21f03154.

Ranney, M. L., Locci, N., Adams, E. J., Betz, M., Burmeister, D. B., Corbin, T., Houry, D. E. (2014). Gender-specific research on mental illness in the emergency department: current knowledge and future directions. *Academic Emergency Medicine, 21*(12), 1395-1402.

Safdar, B., & Greenberg, M. R. (2014). Organization, execution and evaluation of the 2014 Academic Emergency Medicine consensus conference on Gender-Specific Research in Emergency Care - an executive summary. *Academic Emergency Medicine: Official Journal of the Society for Academic Emergency Medicine, 21*(12), 1307–1317.

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Serpytis, P., Navickas, P., Lukaviciute, L., Navickas, A., Aranauskas, R., Serpytis, R., Samalavicius, R. (2018). Gender-based differences in anxiety and depression following acute myocardial infarction. *Arquivos Brasileiros de Cardiologia, 111,* 676-683.

Sood, T.R., Mcstay, C.M. (2009) Evaluation of the Psychiatric Patient. *Emergency Medicine Clinics of North America*, *27*(4), 669-683.

Tintinalli, J. E., Peacock IV, F. W., & Wright, M. A. (1994). Emergency medical evaluation of psychiatric patients. *Annals of Emergency Medicine*, *23*(4), 859-862.

Värnik P. (2012) Suicide in the World. *International Journal of Environmental Research and Public Health. 9*(3):760-771.

WHO (2012) Risks to Mental Health: An Overview of Vulnerabilities and Risk Factors. Geneva, World Health Organization.

Yıldırım, S., Ersoysal, F., & Güler, C. (2018). Investigation of beliefs and attitudes of emergency service staff towards mental illnesses. *Turkish Journal Clinical Psychiatry, 21*(4), 380-388.