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RESEARCH ARTICLE

KNOWLEDGE, ATTITUDE, AND PRACTICE IN MANAGEMENT OF PATIENTS WITH MENTAL HEALTH DISORDERS IN EMERGENCY DEPARTMENTS IN MAKKAH REGION OF SAUDI ARABIA

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Abstract

Background: Medical and psychiatric emergencies both have the potential to be life-threatening. Due to insufficient training or an unintelligible referral policy routine, many emergency physicians believe mental health illnesses to be a significant burden in health care

Aim: This study aimed to analyze emergency physicians' Knowledge, attitudes, and behaviors toward dealing with patients with mental health illnesses in the Makkah region of Saudi Arabia.

Methods: a cross-sectional study was conducted on 152 emergency physicians in the Makkah region of Saudi Arabia's hospitals. Data was collected from emergency physicians via an online questionnaire sent through social media platforms and self-administration surveys via data collectors.

Results: 74% of 152 emergency physicians have seen a mentally ill patient needing treatment. Only 50% of participants utilized tools to diagnose individuals with mental health illnesses, while their personal experiences influenced 54%. 65% of emergency physicians have seen that families may not graciously accept advice for a psychiatric referral, implying that there may be a stigma associated with mental health illnesses, which may impair patient management.

Conclusion: The majority have had previous experience and exposure and believe they have an essential role in diagnosing mental health disorders (MHD). However, other results show that participants lack professionalism as they are influenced by their personal experiences when treating MHD. Participants were concerned regarding the lack of time and training that affected the management provided in ER. Efforts to improve the movement in residency periods, as well as the referral policy, are advised.

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Introduction:-

Mental health disorders (MHDs) are illnesses characterized by changes in thought, feeling, or behavior (P et al., 2013). In a nationally representative study in 2020 in Saudi Arabia, the prevalence of mental health disorders from DSM-IV was estimated to be 34.2% (Altwaijriet al., 2020).

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A psychiatric emergency is an acute disturbance of a patient's behavior, mood, or thought that could harm the patient or others in the environment if left untreated. Psychiatric emergencies include suicide, agitation and violent patients, delirium due to life-threatening conditions, substance intoxication and withdrawal, acute psychosis, the overdose of psychoactive drugs, serotonin syndrome, and neuroleptic malignant syndrome (Sudarsanet al., 2004).

Minor Psychiatric emergencies include Panic attacks, grief reactions, rape, and disaster (Mavrogiorgou, Brüne, and Juckel, 2011); these disorders are a significant burden of morbidity and mortality. Psychiatric problems have a direct and indirect effect on mortality. They are linked to multiple morbidities that have high death incidence rates. Mental health disorders are related to common conditions that require ED treatment, including COPD, Diabetes, CKD, and cancer (Bhargav, Subhan, and Singh, 2017).

Emergency physicians are essential in treating people with life-threatening medical conditions, including those with psychiatric illnesses. It is important to note that psychiatric emergencies differ from medical emergencies in that there is a risk of harm to others in the environment, not just the individual. Emergency Physicians must be aware of common psychiatric emergencies to provide optimal patient care (Sudarsanan et al., 2004). About the ED's role in MHD management, Emergency physicians should be able to prioritize stabilizing patients and referring them to the proper facilities to receive primary care. Understanding how to manage psychiatric patients is crucial as they represent 10% of all emergency department patients (Zun, 2016).

Psychiatric emergencies are just as life-threatening and essential as medical emergencies, yet they receive less care than those with physical health problems (Duncan et al., 2019). According to a recent study, patient's mental health is rarely assessed in emergency departments due to either inadequate hospital resources for psychiatric patients or the physician being influenced by their own experience (Bhargav, Subhan, and Singh, 2017). Another study includes other pitfalls in psychiatric care in ED, such as the overwhelming number of psychiatric patients, the lack of proper assessment of agitation levels, and suicide risk in patients (P et al., 2019). The ability of Emergency Physicians to diagnose and manage patients with suicidal behavior is very crucial as it accounts for approximately 15% of psychiatric emergencies (Mavrogiorgou, Brüne, and Juckel, 2011).

One in five ED patients has symptoms of depression, and when screened, they will have a positive depression screen. Screening patients and early referral are essential factors to help ED patients, as early treatment will be more effective than late treatment. Depression is a common disease, yet it is not considered a high priority to diagnose in Emergency Medicine (D and E, 2012).

A study reported that the attitude of Emergency physicians toward psychiatric patients hurts their outcomes, especially those with intentional self-harm and substance abuse. ED staff must be aware of how to behave and handle patients with psychiatric problems, including suicide, self-harm, and drug abuse, as this will affect how they are treated medically and non-medically (Zun, 2016). Another study found that insufficient Knowledge, negative attitude, and avoidance of patients are significant barriers that prevent the ability to provide sound management in ED to psychiatric patients (Dombagolla et al., 2019).

Understanding the level of awareness, Knowledge, and attitude of emergency physicians towards MHD in emergency departments will help provide information on the aspects needed to improve to ensure adequate medical treatment for patients in the ER. According to our Knowledge, there is no previous study conducted in Saudi Arabia regarding these aspects. Therefore, we aim this study toward ER physicians in the Makkah region in Saudi Arabia.

Material and Methods:-

This study was a cross-sectional study aimed at physicians working or with previous experience in emergency departments in hospitals of the Makkah region of the Kingdom of Saudi Arabia (Jeddah, Makkah, and Taif). We have contacted all hospitals with an Emergency Department in the Makkah region of KSA from Nov 2021- Oct 2022. We calculated the sample size for this research; the result was 152.

A self-administered online survey was sent via multiple social media platforms (WhatsApp, Telegram, Facebook, and Twitter) to collect data from ED physicians. Data Collectors were chosen to collect data in person from multiple hospitals to ensure that all hospitals with Emergency Departments in Makkah Region were covered.

The Questionnaire was divided into four sections: Exposure and awareness of MH disorders, Evaluation and referral of MH patients, Knowledge and training assessment, and Attitude toward MH disorders. This Questionnaire was

previously used in a recent paper conducted in Hyderabad, India. (Bhargav, Subhan and Singh, 2017). Consent was gained from this study to allow us to use this Questionnaire for our research.

Participants provided demographic information such as age, sex, nationality, professional level, and the number of years practicing medicine, followed by completing the rest of the Questionnaire. Inclusion criteria for this study: the physician who has completed an ER rotation within the past three years and; any ER physicians in Makkah region hospital. The exclusion criteria for this study are physicians who do not work in hospitals within the Makkah region of the Kingdom of Saudi Arabia.

Once the data was gathered and complete, we analyzed the data using SPSS (Version 24). The Research Ethics Committee granted ethical approval for this study at Taif University, Research Number 43-061. Surveys were conducted with complete confidentiality and anonymity, in addition to only assessing relevant components of this study. Informed consent was obtained from each participant, and each participant had the right to withdraw at any time during the study. There were no conflicts of interest to declare. No sponsor or funds were required for this study.

Results:-

Table 1:- Occupational characteristics of Emergency physicians in the Makkah Region.

	Percentage	Frequency
Type of hospital		
Governmental	84.2%	128
Private	15.8%	24
Professional Level		
Intern	16.4%	25
Resident	50%	76
Specialist	22.4%	34
Consultant	11.2%	17
No. of years practicing medicine		
1-4 years	51.3%	78
5-9 years	29.6%	45
>10years	19.1%	29
Training Program in Hospital		
Yes	69.1%	105
No	30.9%	47

Table (1) shows the occupational characteristics of 152 Emergency physicians in the Makkah region. (84.2%) of the doctors were working at governmental hospitals, and most of them were residents (50%), (69.1%) had a training program in the hospital.

Figure 1:- Residence of emergency physicians in the Makkah region.

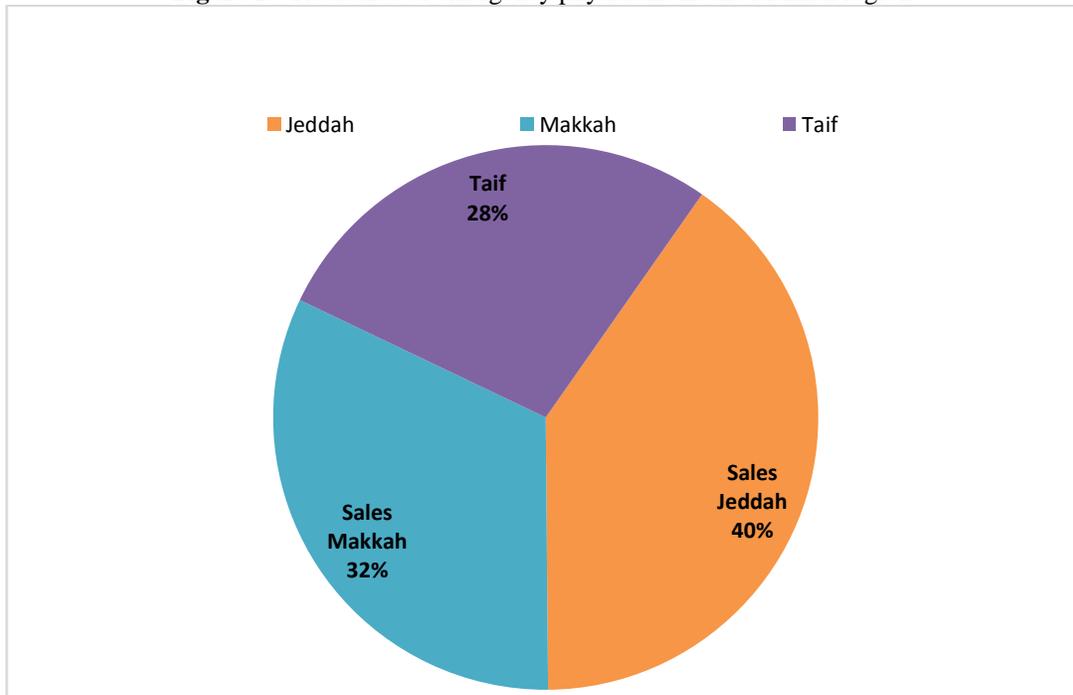


Figure (1) Shows that most residents of Emergency physicians in the Makkah region from our sample were in Jeddah city (40%).

Table 2:- Exposure and awareness of EPs toward MH disorders in the Makkah Region.

Question	Yes	No	Uncertain
Q1. Have you seen a mentally ill patient in your ER that needed better treatment?	120(78.9%)	24(15.8%)	8(5.3%)
Q2. Do you believe Mental illnesses are a major healthcare burden?	135(88.8%)	13(8.6%)	4(2.6%)

EP: Emergency physicians ER: emergency room; MH: mental health

Table(2)Shows the exposure and awareness of Emergency Physicians toward Mental health disorders in the Makkah region. (78.9%) of Emergency Physicians saw patients with Mental health disorders that needed better treatment, and (88.85%) believed that Mental health disorders were a burden.

Table 3:- Evaluation and referral of MH patients by EPs in the Makkah Region.

Question	Yes	No	Uncertain
Q1. Is there a management/ referral policy in your department for mentally ill patients?	84 (55.3%)	37 (24.3%)	31 (20.4%)
Q2. Do you think MH assessment is ignored due to absence of departmental protocols?	90 (59.2%)	32 (21.1%)	30 (19.7%)
Q3. Do you think that it is difficult to evaluate MH because of lack of time or busy ER environment?	113 (74.3%)	32 (21.1%)	7 (4.6%)
Q4. Do you give any discharge advice to patients regarding their mental illness?	78 (51.3%)	59 (38.8%)	15 (9.9%)

EP: Emergency Physician ER: emergency room; MH: mental health

Table (3) Shows that most Emergency Physicians thought it was challenging to evaluate a patient with MH disorders, and the majority of Emergency Physicians (51.3%) gave their patient any advice on discharge plans.

Table 4:- Knowledge and training assessment among EPs in the Makkah Region.

Question	Yes	N0	Uncertain
Q1. Have you received formal training in managing people with depression or mental disorders?	53 (34.9%)	85(55.9%)	14 (9.2%)
Q2. Do you know of any criteria for diagnosing depression?	103 (67.8%)	36(23.7%)	13 (8.6%)
Q3. Do you use any scale or tool to diagnose depression?	80 (52.6%)	61(40.1%)	11 (7.2%)
Q4. Are you aware of non - pharmacological management of depression?	77 (50.7%)	63(41.4%)	12 (7.9%)
Q5. Do you feel that due to lack of training or knowledge the identification of mental illness can be difficult?	106 (69.7%)	32(21.1%)	14 (9.2%)

EP: emergency physicians

Table (4) Displays the knowledge and training assessment among Emergency Physicians in the Makkah region. (55.9%) of Emergency Physicians had not received formal training in managing patients with MH disorders.

Table 5:- Attitude towards MH disorders among EPs in the Makkah Region.

Question	Yes	N0	Uncertain
Q1. Do you think EPs have no role in management of mental illnesses?	44 (28.9%)	96 (63.2%)	12 (7.9%)
Q2. Do you feel patients with MH disorders are treated as unwelcome in ER?	67 (44.1%)	71 (46.7%)	14 (9.2 %)
Q3. Do you feel the awareness about MH disorders is very poor in ER staff?	102 (67.1%)	31 (20.4%)	19 (12.5%)
Q4. Is your approach to patients with mental illness influenced by your own personal (not clinical) experiences in handling the same?	83 (54.6%)	45 (29.6%)	24 (15.8%)
Q5. Have you experienced that patients or their family DO NOT take the advice for a psychiatric referral kindly?	99 (65.1%)	36 (23.7%)	17 (11.2%)

EP: emergency physicians; ER: emergency room; MH: mental health

Table (5) shows Emergency Physicians' attitudes toward Mental health disorders in the Makkah region. (67.1%) of Emergency Physicians felt that the awareness regarding Mental health disorders was poor among ER staff.

Figure 2:- Assessment according to Demographic Factors.

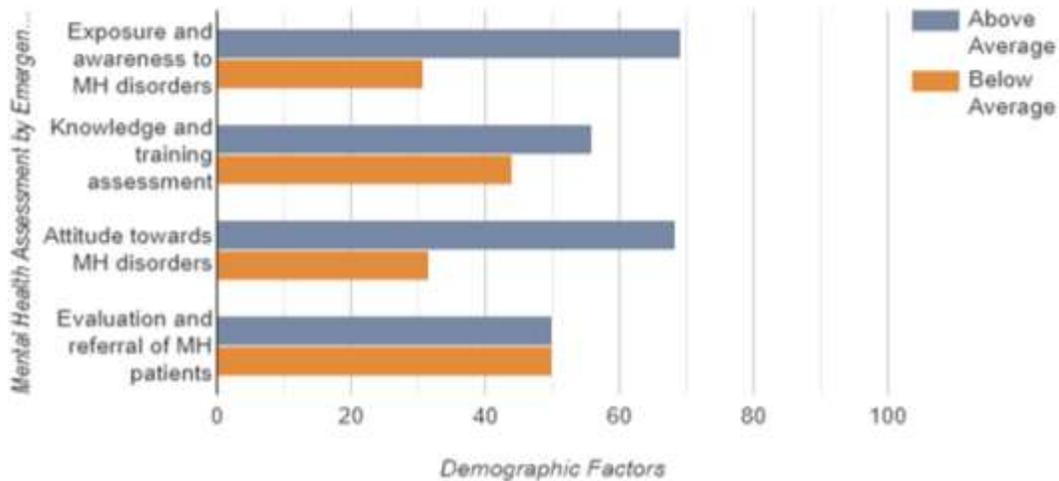


Figure (2) Displays that most Emergency physicians had above-average results regarding positive attitudes towards mental health disorders and exposure and awareness of mental health disorders.

Discussion:-

Our study aimed to evaluate the Knowledge, attitude, and practice of emergency physicians in the Makkah region toward MHD patients. This is an important topic considering that frequent ER visitors were more likely to present with mental health illness, alcohol, or drug-related presentations (Slankamenac, Heidelberger, and Keller, 2020) (Liu et al., 2013).

Most participants in our study (79%) have seen a mentally ill patient in the ER that needed better treatment. A higher percentage (88%) believed that mental illnesses are a significant healthcare burden Table 2. These findings met our expectations which have been mentioned in our introduction. This informs us that most ER physicians have been exposed to MHD and are aware of the burden. The results agree with a previous study in which the physicians had a similar level of exposure and awareness (Bhargav, Subhan, and Singh, 2017). This similarity suggests that participants in both countries have had previous exposure to mental health disorders while working in the Emergency Department. The participants in this study did not lack exposure nor awareness towards mental health disorders which is a positive point that should be noted.

50% of participants were aware of a management/referral policy in their department for mentally ill patients, and 50% think MH assessment is ignored due to the absence of departmental protocols Table 3. This is especially concerning considering the frequent presentation of patients with MHD (Slankamenac, Heidelberger, and Keller, 2020). In addition, 74% of participants believe that a lack of time prevents them from MHD assessment. Identifying the lack of time as a barrier was expected as patients with mental illness tend to spend longer durations in ED than patients with other complaints (Slade, Dixon, and Semmel, 2010). Our results agree with a study done in 2014 in which time pressure was acknowledged as a barrier that prevents MHD diagnosis (Shefer et al., 2014). Due to these results, the recommendation to improve referral policy and enforce MHD assessments in the ER is required, along with ensuring that Emergency Physicians have adequate time to evaluate MHD in the ER.

Only 50% of participants gave discharge advice to their patients regarding the patient's mental illness. Physicians may feel uncomfortable giving such advice due to stigma or lack of Knowledge. This is a crucial point for further studies to understand the underlying causes of failure of half of the ER physicians not providing discharge advice.

A minority of ER physicians (34.9%) have received formal training in managing people with disorders or depression. Providing proper training among Emergency Physicians will increase the use of scales and tools to diagnose. This is incredibly accurate because 69% of participants claim that they find it difficult to identify mental illnesses due to a lack of training. The lack of confidence in management attributed to the lack of training and education has been raised as a concern by ER staff in Australia (Innes, Morphet, O'Brien, and Munro, 2013) (Weiland et al., 2011).

Only 50% used scales/tools to diagnose depression and were aware of non-pharmacological management of depression. Depression is more associated with ED visits than other mental health disorders (P et al., 2019). This indicates the importance of ensuring that ER physicians are aware of the tools that can be used to diagnose depression.

Table 4. Previous research also acknowledged that ER physicians are neglect using tools and scales. It mentioned that Emergency Physicians rarely assess the level of agitation using assessment tools in agitated patients as they base their assessment on their opinions which usually leads to inappropriate use of restraint, seclusion, medications, and de-escalation, which further impacts MHD patient improvement and may lead to complications such as oversedation, increased agitation, QT prolongation or death in elderly patients (LS, 2012).

Only 28% of participants think they have no role in the management of mental illness, and this indicates that the majority of Emergency Physicians have a good attitude regarding their role in MHD management Table 5. 67% of participants believe there is poor MHD awareness among ED staff. ER physicians recognize their responsibility and role in managing such cases as a critical factor for better management of MHD. As well as admitting their lack of awareness can be the first step to improving the provided management.

In this study, 54% of participants' approach towards MH patients is influenced by their personal experience. This is an occurring problem that is seen in other studies related to the approach of mental health disorders. This problem should be further improved by more advanced professional training that provides a standardized approach towards MHD that will prevent Emergency physicians' practice from being influenced by personal experience. 65% of Emergency physicians have experienced that families do not kindly take advice for a psychiatric referral. This indicates that there may be an underlying stigma toward MHD that could impact Emergency physicians' management of MH patients. The stigma of mental health by health care physicians or the general population is a challenge that we have yet to overcome and was identified in studies done in Saudi Arabia (Saad et al., 2019) (Al Mulheim, Al Dehneen, and Alabbad, 2018).

Specific topics remain stigmatized globally, indicating why those with psychiatric problems may not receive adequate management in the emergency department (Betz et al., 2013). Ensuring measures that prevent stigmatized views on MHD from patients, physicians, and patient's families could provide adequate management of MHD in emergency departments.

Limitations

The main limitation of this study is that findings from this research have no immediate implications; however, they can be used to provide different solutions to different problems in the future. In addition, the Questionnaire administered in this study included a specific question regarding the depression scale for diagnosis, which could have led to biased answers based on depression only and not general MHD.

Conclusion and Recommendations:-

In conclusion, the current study revealed that most ER physicians consider mental health disorders to be a significant burden in health care, necessitating practical MHD assessments in the ER and ensuring that ER physicians have enough time to evaluate and refer MHD patients to the appropriate health department. We also recommend training ER physicians and informing them how to use the proper tools to diagnose any patient with MHD, as identifying them very early will save time and money and avoid preventable causes of death such as suicide.

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