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Some of the most difficult emergencies for health care providers to deal with are not necessarily the patients with the worst-looking wounds. In fact, these difficult patients may not be physically wounded at all -- they are the ones with a psychiatric or behavioral emergency. This kind of crisis can be just as devastating to its victim and his family as physical trauma, although the wounds are not visible.

A health care provider -- doctor, nurse or EMT -- may be a lot more comfortable treating an open fracture than dealing with a psychotic episode. A system exists for the referral of victims of minor to major trauma, but it may be difficult to know where to turn when faced with a person needing emergency psychiatric care.

Paul McClelland, M.D., the new Head of Psychiatry for MIEMSS, wants to remedy that situation. He is working on several projects aimed at improving the availability of emergency care for behavioral or psychiatric crises.

Dr. McClelland has been consulting with Jeff Mitchell, head of Crisis Intervention Training for MIEMSS on a series of workshops for field responders -- EMTs, police officers, fire fighters, paramedics -- to help them learn how to recognize, deal with, and transport people with emotional crises. Eight workshops have been given to 250 people. The response has been very favorable and other workshops are planned.

This effort represents one important element of the treatment developed in response to a felt need. But, continuum, there must also be referral

facilities for these patients. Presently it may be very difficult for a health care provider to know where to send such a patient. Dr. McClelland is building a referral system which will work through SYSCOM, so that a physician, nurse or social worker who is familiar with a patient and his case, could call if the patient required emergency attention by a psychiatric facility for either evaluation or admission. SYSCOM will keep records of the beds available in various psychiatric facilities, much as they do for the neonatal referral program. Depending on availability and the patient's insurance status, SYSCOM will connect the caller directly with the appropriate facility. Dr. McClelland feels such a system will fill a real need of health care providers, as well as benefiting the psychiatric facilities by making their vacancies known and prescreening patients' insurance status.

At the Shock Trauma Center at MIEMSS, Dr. McClelland, emphasizing his collaborative role, works with the clinical staff and the psychiatric residents from the University of Maryland's Institute of Psychiatry and Human Behavior who serve the center to improve the referral system for evaluation and consultations. Working with Drs. Peter Chodoff, Chief of Critical Care Medicine and Dr. Clayton Shatney, Chief of Traumatology, Dr. McClelland is teaching fellows to improve mental status exams and their interactions with patients' families. (Dr. McClelland also serves as Consultant to the Family Services staff.) A weekly teaching, followup conference focusing on psychiatric aspects of a case is held to carefully review one patient a week. He will also cooperate with Marge Epperson, M.S.W., Chief of Family Services, Elizabeth Scanlan, R.N., M.S., Director of Nursing, Sally Sohr, R.N., Nurse Coordinator, and the Nurse

Chairmen to meet the psychological needs of the staff, created by the high stress environment.

Dr. McClelland plans to study patients with head injuries in several ways, in cooperation with MIEMSS neurosurgeons and orthopedic surgeons. MIEMSS treats about 400 patients with severe head injuries a year and "we know very little about the long-term sequelae of head injuries," Dr. McClelland said. He pointed out that there has not been definitive followup done on these patients years after injury, partly because they often are difficult to follow due to personality and behavioral deficits as a result of their injury.

The MIEMSS psychiatrist hopes to build a followup network both in the community among local providers and at the followup clinic at MIEMSS. Working with local physicians he hopes to establish an exchange of information for followup and to help other providers working with head-injured patients. Dr. McClelland is also very interested in coordinating with other EMS systems to share information on this and other subjects. He is an active member of the American Psychiatric Association Task Force on Psychiatric Emergencies which will meet in Baltimore in September.

Other research projects that Dr. McClelland plans include studying the psychiatric sequelae of multiply injured patients, compliance to medical regimen, (taking medications as instructed) of both in- and outpatients. The incidence of psychosis in the alcoholic patient population is another area he will explore. Working with Richard M. Sarles, M.D. of the Child Psychiatry Liaison Service, Dr. McClelland intends to examine minimal brain dysfunction in adolescents.

In addition to his clinical and research duties, Dr. McClelland will be teaching a course in Liaison Psychiatry at the University of Maryland School of Medicine and supervising first-year, on-call residents.