Emergency Psychiatric Patients
In a Municipal Hospital—
Demographic, Clinical and Dispositional Characteristics

These data, especially the fact that nearly 40% of the patients do not arrive on their own initiative, show why this type of practice is challenging, to say the least.

INTRODUCTION

The purpose of our study was to describe the people who use the psychiatric emergency service in the Bronx Municipal Hospital Center. Other investigators* have studied data of this sort but either have not described a sample from as large a metropolitan area, or have not presented as many points of view.

Our first objective was to characterize the population using the psychiatric emergency service from demographic, clinical, and dispositional points of view. Secondly, we wished to clarify the nature and frequency of "crisis events" that immediately precede visits to the psychiatric emergency room.

Thirdly, we wished to learn whether the category of patients who return to the psychiatric emergency room ("repeaters") have particular demographic and/or clinical characteristics.

*Normand, et al.1 (New York City); Chafetz, Blane and Muller2-4 (Boston, Mass.); Errera, et al.5,6 (New Haven, Conn.); Ungerleider7 (Cleveland, Ohio); Atkins8 (Rochester, N. Y.); Joint Information Service of the American Psychiatric Association9 (National Survey).
SETTING AND METHOD

At the time of the study, Bronx Municipal Hospital Center, which contains the psychiatric emergency room, was the receiving hospital for all psychiatric emergencies in a district comprising most of the Bronx and containing about 1,750,000 people. The psychiatric emergency service was fully operative 24 hours a day, staffed by first-year psychiatric residents, supervised by senior residents and attendings, and supported by social service and clerical staffs. The psychiatric emergency service was administratively and geographically part of the general emergency and accident section of the hospital.

In order to investigate the characteristics of psychiatric emergencies, the study was limited to "new" patients—i.e., those who had not been to the psychiatric emergency room for the previous six months.

On coming to the general emergency area, each patient was registered at the central reception desk and assigned a hospital record which contained the patient’s hospital number and the date and time of his arrival.

On the patient’s coming to the psychiatric emergency room, research assistants gathered demographic and crisis data using a “standard information form” in a structured interview. These research assistants were trained by a full-time research associate. The psychiatric resident then saw the patient and recorded the clinical and dispositional data on a standard clinical form. Data were collected during two two-week study periods (February and April, 1967). As a result of experience in a previous pilot study, alternate “new” patients became study patients. These study patients were followed on all subsequent psychiatric emergency room visits for a six-month period (“repeater” study). All raw data were coded for electronic data processing.

It was the original purpose of the investigators to compare the population of psychiatric emergency room users with the general population. The population of emergency room users cut across so many census district boundaries that no comparison with official demographic data was possible. A private sampling of the general population was beyond the means of the investigators.

DEMOGRAPHY

Our sample included no patients below the age of 10 years since, by policy, such emergency patients are seen in the children’s clinic. As shown in Graph I, the age bracket most represented is 20-24 years with a general skewing of the sample toward the ages of young adulthood. There were 42.6% males and 57.4% females. The racial distribution of the sample was: 74.7% Caucasians, 24.9% Negroes, and 0.4% “don’t know.” Of the Caucasians, 18.9% of the sample were Puerto Ricans; of the Negroes, 0.5% of the sample were Puerto Ricans. No other races were represented. The patients’ stated religions were: Catholic, 54.4%; Protestant, 28.1%; Jewish, 13.4%; Other, 2.3%; Agnostic or Atheist, 0.5%; none, 0.5%; “don’t know,” 0.9%.