## P02-247

## DO PATIENTS FOLLOW-UP WITH DISCHARGE ADVICE AFTER PSYCHIATRIC ASSESSMENT AND DISCHARGE FROM EMERGENCY DEPARTMENT?

H. Lari<sup>1</sup>, M. Bullard<sup>2</sup>, I. Colman<sup>3</sup>, J.-M. Le Melledo<sup>1</sup>, P. Tibbo<sup>1</sup>

<sup>1</sup>Department of Psychiatry, <sup>2</sup>Department of Emergency Medicine, University of Alberta, <sup>3</sup>Department of Public Health Sciences, University of Alberta, Edmonton, Canada

Aims: To assess if patients follow-up with discharge advice after psychiatric assessment and discharge from Emergency Department (ED).

**Method:** All patients with psychiatric complaint who presented at three ED's in Edmonton, Alberta, Canada were identified via ED Information System (EDIS). Patients presenting complaint were entered onto the EDIS by Triage Nurse along with demographic information. All charts were reviewed and clinical data was obtained. Patients who were assessed by Psychiatry and discharged home were contacted via telephone to determine if they followed-up with discharge advice of psychiatry team.

**Results:** A total of 1420 patients have been identified during April and May 2008. Chart review has been completed. Data entry and follow-up is in progress. Preliminary data of 250 patients is presented here. 55% were male. Mean age 37 years (SD 12). 47% presented voluntarily. Psychiatry was consulted for 53% of patients. The presenting complaint was "Suicidal Ideation" in 29% and "Bizarre behaviour" in 24%. Primary diagnoses for those seen by Psychiatry were mood disorder (30%) and psychotic disorder (26%). Out of those seen by Psychiatry 36% were admitted. 44% of those admitted by psychiatry were diagnosed with psychotic disorder followed by mood disorder in 31%. The patients who were discharged home by Psychiatry were advised to follow up with their family doctor 7%, psychiatrist 15%, outpatient psychiatry services 16% and addiction services 16%.

Conclusion: This is the first report of outcome of discharge advice and will help in developing and planning community follow-up system for psychiatric patients.