



MEDAILLE OR

P09 - EMERGENCY PSYCHIATRY: A FRENCH-AMERICAN PERSPECTIVE

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Purpose: To examine differences in epidemiology and systems' design between French and American psychiatric emergency services.

Design: 4 departments running 24/7 in comparable urban and suburban/rural areas were included: CPEP, Bellevue Hospital (New York, USA), CPOA, Saint-Anna Hospital (Paris, France) in urban areas ; PES, University of Michigan, USA and UAU, Clermont Hospital (Picardy, France) in suburban/rural areas. Every department answered an epidemiology and systems design questionnaire during a several-day observation session.

Main results: The American departments' settings are in general hospitals whereas French departments are in mental hospitals. Differences in program's designs are greater between urban and suburban/rural services than between French and American services. Urban services serve numerous homeless (40% at CPEP, 30% at CPOA) and abuser (59% at CPEP; 30% at CPOA) clients. They offer comprehensive service with extended observation units, interim/crisis clinics and mobile crisis units. Suburban/rural services have more modest means but are more flexible: UAU includes satellite units at three nearby general EDs; PES carries partnership with a 24/7 mobile crisis unit. Professional practices are similar in all 4 departments with the exception of social services: American departments employ social workers, which is not the case in French departments. All 4 services get partial or total public funding. However, French departments are free or charge. Patient dispositions were similar in all departments; hospitalization rates ranged from 31% to 43%.

Conclusion: Emergency psychiatry successfully switched from a triage model to a treatment model. French and American psychiatric emergency services are universal public services. Their organization reflects the patients' population they serve.