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ORIGINAL RESEARCH

Mental Health Triage from the Viewpoint of Psychiatric Emergency Department Nurses; a Qualitative Study

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Abstract: **Introduction:** Mental health triage is a new nursing practice concept that is less studied and defined, especially among Iranian nurses. Therefore, this study aimed to explain the concept of mental health triage from the perspective of psychiatric emergency department (ED) nurses. **Methods:** This qualitative study collected data using semi-structured interviews with psychiatric ED nurses. Sampling was purposive and continued until data saturation. Analysis was conducted using conventional content analysis, as described in Griesheim and Landman approach. **Results:** 15 psychiatric ED nurses with the mean age of 35.13 ± 8.44 years were interviewed (60% male). Finally, two themes, five categories, and 16 sub-categories emerged from data analysis. Two themes emerged, including mental health triage meaning and mental health triage structure. The former included two categories of the nature and characteristics of mental health triage, and the latter consisted of three categories of mental state exploration from surface to depth, safety control measures, and the degree of emergency. According to the "degree of emergency" category, nurses could not make triage decisions based on their perceptions in an acceptable way. **Conclusion:** Psychiatric ED nurses have an appropriate understanding of mental health triage meaning. However, according to these nurses, its structure is associated with shortcomings that limit the provision of mental health triage services and reduce their quality.

Keywords: Triage; Mental health; Emergency services, psychiatric; Risk assessment

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1. Introduction

Patients requiring emergency psychiatric care for mental distress often present to psychiatric and general hospital emergency departments (ED) with their families (1). When a person presents to a psychiatric ED, it is often the responsibility of the triage nurse to assess the risk of violence and self-harm. Because many disorders are associated with a risk of harm to self or others, determining the urgency of the situation is considered very important when caring for people with mental health problems (2). Quality health services can reduce the financial and emotional burden of illness for these patients and their families, and increase the effectiveness of preventive psychiatric treatments. In order to provide quality health care services, it is necessary to assess the patients' individual condition, determine their emergency status, and design and implement an appropriate medical intervention for them, quickly, and effectively. The ability of nurses to recognize symptoms of acute psychosis and properly assess urgency in triage is one of the most important components of emergency mental health care (1-3). Therefore, psychiatric ED nurses must have the necessary knowledge and skills to physiologically and psychologically assess these patients,

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provide appropriate treatment and health care, anticipate potential risks, create a safe environment, and manage crisis. All of this has made the need and emergence of mental health triage increasingly evident in the field of mental health care. The emergence of mental health triage reflects a shift towards a more proactive and efficient approach in addressing mental health needs (4). The high-quality implementation of mental health triage can lead to improved outcomes and optimized utilization of mental health resources (5). For quality mental health triage, it is first necessary to examine triage providers' perceptions of the concept. Although mental health triage, as a new concept in clinical nursing practice, has attracted much attention in local and international research, it lacks a formal definition and description(6). In addition, the cultural context of society plays a crucial role in shaping and adapting the concept of mental health triage (7). To gain a comprehensive understanding of mental health triage concept, it is essential to explore it from the perspective of psychiatric ED nurses. This qualitative study aimed to evaluate the concept of mental health triage from the viewpoint of psychiatric ED nurses.

2. Methods

2.1. Study design and setting

A qualitative research method using conventional content analysis was used to evaluate the concept of mental health triage from the viewpoint of psychiatric ED nurses. The study was performed in a psychiatric hospital affiliated to the Mashhad University of Medical Sciences, Mashhad, Iran, from February 2021 to February 2022. This hospital is the largest psychiatric treatment center in the Northeast of Iran and has two psychiatric EDs for men and women. The ethics committee of the Mashhad University of Medical Sciences has approved this study (IR.MUMS.NURSE.REC.1401.009).

2.2. Participants

Nurses with at least one year of work experience in the psychiatric ED and willingness to share experiences were studied. The exclusion criterion was the unwillingness of the participants to continue cooperation.

2.3. Data collection

Data were collected during in-depth, semi-structured interviews using open-ended questions. To clarify a situation or elaborate on an answer, the interviewer used probing questions (Table 1). All interviews were conducted face-to-face at a time and place convenient for the participant and recorded with the participants' permission. A semi-structured interview guide was used to ask the participants to describe mental health triage, explain how to do it in this setting, and provide their experiences and perceptions about this concept. Then, more open questions were asked based on the participants' answers to reach the details. Each interview lasted between 45 and 95 minutes. Sampling was purposeful and continued until data saturation. The semi-structured interviews were conducted by the first author as a doctoral student of psychiatric nursing with extensive training in interviewing techniques and processes and familiarity with qualitative interviewing techniques.

2.4. Statistical analysis

Data analysis was done via conventional content analysis, as described by Graneheim and Lunndman (8), performed simultaneously with data collection. This method directly extracted the codes and categories from the raw data. The entire text was transcribed verbatim immediately after each interview. The transcripts were read several times to identify, label, and code the meaning units. Then, the meaning units and codes were classified based on conceptual and semantic similarities. Categories and subcategories were compared, and themes were extracted from data analysis and interpretation. The first author (FRD) initially coded the data. To ensure the rigor of the study, Lincoln and Guba's criteria for trustworthiness were used, including credibility, transferability, dependability, and confirmability (9). These criteria were established through twelve months of engagement in the research environment, providing thick descriptions, peer debriefing, member checking, recording the decision trail throughout the data analysis process, recording interviews, and transcribing immediately after each interview. During the recruitment of the participants, the maximum variation in the sample in terms of gender, age, job position (nurse, head nurse, clinical nurse supervisor), experience of working in the psychiatric ED and level of education was taken into account.

3. Results

15 psychiatric ED nurses with the mean age of 35.13 ± 8.44 (range: 27 – 51) years were interviewed (60% male). The characteristics of the participants are described in Table 2. The analysis continued to extract meaning units (consisting of words, sentences, or paragraphs) from the texts and then shortening the text by condensing the meaning units. The condensed text was then abstracted and coded. A code was either similar to the text or provided an understanding of the content of the meaning units at a more abstract level (Table 3). Finally, two themes, five categories, and 16 sub-categories emerged from data analysis (Table 4).

3.1. Theme 1: Mental health triage meaning

Nature of mental health triage

This category refers to the meaning of mental health triage

Table 1: Interview guide

No.	Question
1	What do you understand about the concept of mental health triage?
2	What is your opinion about mental health triage?
3	Describe a mental health triage situation you have been in.
4	What is your understanding or feeling about the mental health triage situations, which happen in the psychiatric emergency department?
5	Can you tell me more about that? (Probing question)
6	How did that affect you? (Probing question)

Table 2: Demographic characteristics of psychiatric emergency department nurses participating in the study

No.	Gender	Age (year)	Experience (Years)	Education Level	Duration* (minute)
1	Male	27	5	Bachelor's degree	80
2	Female	47	2	Master's degree	50
3	Male	30	2	Bachelor's degree	75
4	Female	29	2	Bachelor's degree	65
5	Male	43	7	Bachelor's degree	80
6	Male	25	2	Bachelor's degree	45
7	Female	27	5	Bachelor's degree	45
8	Male	31	5	Bachelor's degree	80
9	Female	51	15	Master's degree	95
10	Male	33	7	Bachelor's degree	60
11	Male	29	3	Bachelor's degree	50
12	Female	37	5	Bachelor's degree	45
13	Male	31	3	Bachelor's degree	56
14	Male	47	4	Bachelor's degree	48
15	Female	40	6	Bachelor's degree	45

*: Duration of interview.

Table 3: Examples of meaning units, condensed meaning units, and codes

Meaning units	Condensed meaning units	Code
Mental health triage means assessing whether the patient presenting to the psychiatric emergency department needs mental health care... What level of urgency does he/she fall into?	Mental health triage means determining the patient's need for mental health care Mental health triage means patient classification based on the severity of the need for mental health services	Triage means prioritizing the need for mental health services
Mental health triage determines whether or not a psychiatric patient is a priority for these services.	Mental health triage means prioritizing psychiatric patients to receive mental health services	
Mental health triage helps to correctly decide what services to provide to a psychiatric patient upon entering the emergency department	Mental health triage means determining the type of mental health services needed by the patient upon entering the emergency department	

from the perspective of triage nurses. Some participants stated that mental health triage is the classification of patients referring to the psychiatric ED based on the nature and intensity of the patient's need for emergency psychiatric medical and treatment services; "Triage is the prioritization of patients in terms of the nature and severity of symptoms" (No. 2, female, two years of work experience in psychiatric ED). Other participants stated that mental health triage means that each patient is uniquely assessed and prioritized and stratified based on their current clinical condition upon entering the psychiatric ED: "Mental health triage means that the patient who is currently in the ED, is fully assessed and psychologically screened according to their condition to determine their priority and danger signs, for which they need to receive services immediately." (No. 9, female, 15 years of work experience in psychiatric ED)

Characteristics of mental health triage

Participants considered the characteristics of mental health triage to be similar to medical triage in some respects and different in others. Some stated that one of the most impor-

Table 4: Themes, categories, and sub-categories from the content analysis of interviews with psychiatric emergency department nurses

Theme	Category	Sub-category
Mental health triage meaning	Nature of mental health triage	Triage means prioritizing symptoms Triage means prioritizing the need for services Triage means exclusive assessment of the patient
	Characteristics of mental health triage	Instability of findings and leveling The prominence of safety Decision-making under stress
Mental health triage structure	Mental state exploring from surface to depth	Examining reasons for and source of referral Brief physical examination Scrutiny of ailments and mental state Examination of social, family, and legal records Attention to special issues Looking for inconsistencies
	Safety control measures	Assessing visual signs of danger Physical inspection
	Degree of urgency	Numerical and qualitative prioritization Prioritization criteria

tant features of mental health triage is the focus on the safety of the patient, companions, staff, and environment due to the unique conditions of patients with mental distress, which distinguishes it from physical triage. In addition, data collection in mental health triage is time-consuming and unreliable, according to the participants. "Mental health triage takes long, is time-consuming, and unreliable compared to medical triage. This means that the patient's condition can change as well, in particular, patients with personality disorders can deteriorate from the time they enter the ED to the time of triage. By the time of triage, their condition may have deteriorated. Therefore, it is necessary to perform the triage assessment faster to prevent the problem" (No. 5, male, seven years of work experience in psychiatric ED). Some participants indicated that the simultaneous assessment of a patient's physical and mental dimensions distinguishes the mental health triage from physical health triage. The difference in symptoms was also mentioned as another differentiating factor. They admitted that in mental health triage they look for the risk of harming themselves or others, while in medical triage the threat to the patient's life is a criterion for prioritizing and leveling patients. "Physical triage is different from psychological triage... Psychological triage takes into account the patient's condition and behavior; for example, if the patient is aggressive, he/she has high priority, but in physical triage, the priority criteria are different; for example, a sick patient who receives a code is considered level 1". (No. 9, female, two years of work experience in psychiatric ED).

The harsh working conditions in the psychiatric ED and the lack of legal protection for injured workers and, in some cases, reprimands and convictions as justification for the aggressive behavior of patients with acute mental disorders were cited as other unique features and characteristics of mental health triage. "Triage here is actually different from the triage in other hospitals. One difference is that everyone says it is easy to work in the psychiatric ED, but you can be in danger at any moment in this department, and anything can happen to you during your shift, and you feel negative energy coming from every part of the building, and it unconsciously affects the staff... Unfortunately, the hospital does not feel responsible either... These are an inseparable part of mental health triage." (No. 10, male, seven years of work experience in psychiatric ED).

One of the characteristics of mental health triage is the possibility of instantaneous changes in the triage level of patients. Reasons for this include momentary mood changes in patients with a mental disorder, impatience of patients with mental disorders, influence of patients with a mental disorder on each other (e.g., imitating each other's symptoms or being aroused by the influence of others), and arousal of patients after being informed that they are in a psychiatric hospital. There may be an instantaneous change in the triage level. Also, the nurses pointed out that, unlike medical triage, which uses objective and precise criteria and standardized forms and instructions, there is no objective and standard sheet and clear instructions in mental health triage. As a result, mental health triage relies on staff's experience or information on referral forms. "The triage nurse needs to know what issues they are facing here... They need to know that the triage level can change at any time... For example, in some cases, the patient does not know where he/she is, because often the family has promised him/her a simple doctor's visit or shopping at the market, and when they find themselves in a psychiatric hospital, they become extremely anxious and irritable." (No. 15, female, six years of work experience in psychiatric ED)

3.2. Theme 2: Mental Health Triage Structure

This concept encompasses the components of mental health triage, including three categories: "Mental state exploration

from surface to depth," "Safety control measures," and "Level of urgency."

Mental state exploration from surface to depth

According to the interview with the participants, it is necessary to evaluate different dimensions of the patient's condition in the mental health triage in the psychiatric ED, including the reason for referral, the referral source, a brief review of the physical, social, legal, and family dimensions, and deeper aspects of mental health. Participants said the first step is to examine the patient's chief complaint to determine whether the reason for the referral is related to mental illness. "First, we need to know why the patient is in this department. If the visit is not due to mental health problems, we cannot provide services... the patient is referred to general hospitals." (No. 8, male, five years of work experience in psychiatric ED)

Regarding assessing the source of a patient's referral to the psychiatric ED, participants stated that knowing the source of a patient's referral to the psychiatric ED helps to assess risk, symptoms and severity, and need for medical services. "An important point in mental health triage is the patient's source of referral because it helps us provide quality services. For example, patients referred by a court order are at a lower triage level because they are not considered non-accidental and urgent." (No. 16, male, four years of work experience in psychiatric ED)

Participants stated that in mental health triage, it is necessary to examine the physical dimensions of patients because some mental symptoms may be due to physical problems without the need for psychiatric treatment services. Stability of hemodynamics and physical symptoms should be a priority. According to the participants, it is necessary to take a brief history of physical illness and medical records, if available. The patient's physical complaints and their overlap, integration, and possible impact on psychological symptoms should also be considered. Special attention should be paid to patients with communication disorders who are unable to describe their physical symptoms accurately. "In mental health triage, it is necessary to check the physical symptoms and vital signs of patients to distinguish whether the mental health symptoms are of physical origin or due to psychiatric disorders. For example, a 16-year-old boy presented with a high fever after a psychotic event at school. He was delirious and aggressive. The patient underwent lumbar puncture (LP) and was eventually referred to Imam Reza Hospital. He was admitted to the infectious department and discharged in good condition" (No. 9, female, 15 years of work experience in psychiatric ED)

Hemodynamic parameters such as blood pressure, heart rate, blood glucose, oxygen saturation, body temperature, and level of consciousness can affect the patient's psychological symptoms and are therefore effective in prioritizing mental and physical health. The assessment of these symptoms is particularly important for new patients. "The probability that a patient with a decreased level of consciousness has a psychiatric illness is low. The change in the pupil can tell if the patient has overdosed, or if there are other symptoms such as numbness on one side of the body, lack of response to stimuli, and other symptoms; we need to find out if the problem is neurogenic, the patient should be referred to a general hospital. A brief examination along with the history is very important" (No. 10, male, seven years of work experience in psychiatric ED)

One of the participants emphasized the assessment of physiological needs, such as hunger and thirst, because he believed that meeting patients' physiological needs could influence psychological symptoms, such as violence, and thus risk assessment. "A patient who shows signs of aggression and injury to self or others, or who has been out of the house and wandering for several days, is obviously hungry and thirsty. If they are given some food or a cup of tea, they will be completely relaxed and not a priority. Therefore, I assess the physiological needs of the patient so that I can prioritize the patient properly." (No. 8, male, five years of work experience in psychiatric ED)

On the other hand, some stated that because of the significant impact on the health status of patients and the nature and intensity of their need for psychiatric services, it is necessary to examine some legal, social, and family records, such as prison history, addiction history, self-care ability, socioeconomic level, and residence (homeless or living with family). "Patients whose identity is unknown, they do not communicate, they do not know their name and address, and they do not know where they live... I think this patient needs urgent attention. Because we know nothing about him... Perhaps his behavior and thoughts are harmful to himself or others, but he cannot express them and there is no one with him to give this information." (No. 9, female, 15 years of experience in psychiatric emergencies) (No. 12, female, five years of work experience in psychiatric emergencies).

Paying special attention to the elderly and children during triage may lead to more treatment needs and psychiatric services being provided, as age group affects mental health symptoms and severity. "It is important to pay attention to psychological symptoms in children's psychiatric emergencies. For example, the most common method of suicide in children is jumping from a height, and gastrointestinal complaints without physical justification are one of the symptoms of depression in children... so age should be taken into account in mental triage." (No. 7, female, five years of work experience in psychiatric ED). Mental health status should be carefully assessed from the surface to the depths (from the patient's appearance, grooming, and clothing to more precise psychological indicators). Participants stated that patients presenting to the ED for the first time should be care-

fully assessed. In addition, the patient's history in the psychiatric ED and mental illness should be reviewed. It should also be checked whether the patient is experiencing psychotic symptoms for the first time. "The patient's appearance is also important in triage. For example, patients who are suicidal have a distinctive appearance... we need to examine the patient's thinking, mental state, hallucinations, and delusions so that we can have a more accurate assessment of the situation and accurate stratification." (No. 4, female, two years of work experience in psychiatric ED)

On the other hand, the acute or recurrent onset of symptoms is important in estimating risk and determining the type and intensity of psychiatric treatment services. "Some of the first-time patients had severe psychotic symptoms. The investigation revealed that one patient had suffered a head trauma three days earlier without any history of psychiatric symptoms... We referred this patient to the neurosurgical service. Therefore, we have to be cautious when admitting patients with acute onset of symptoms." (No. 13, male, three years of work experience in psychiatric ED)

Triage should also take into account the patient's mode of entry into the psychiatric ED, such as forcible entry, entry under restraint or with police escort, and balance while walking. "How the patient enters the ED is important... One patient was admitted with several family members barely restraining him by tying his hands and feet. Such patients require immediate psychiatric attention because the possibility of harm to self or others is very high". (No. 1, male, five years of work experience in psychiatric ED). The patient's communication, tone, and mood should also be considered when entering the unit. "If the patient is talking loudly upon entering the unit and has a disturbed appearance, it may be a sign of violence and a higher risk level." (No. 11, male, three years of work experience in psychiatric ED)

Safety control measures

Participants indicated that they take additional measures in addition to routine assessments in mental health triage. They stated that it is necessary to briefly check the patient's physical strength using objective tools. That is, in addition to examining the physical condition and the outward signs of mental disorders, it is necessary to evaluate the muscular and physical strength, the level of physical energy, and the size of the patient. Participants said these items could affect the risk of harm to self or others and change the prioritization of treatment and care services. "A patient came to the ED with extreme aggression. He was very tall and got into a fight with staff. We called a code 100. There were six of us and we were unable to restrain the patient... This incident shows that in triage, it is sometimes necessary to pay attention to these details to avoid injury. You should be prepared for a critical situation." (No. 7, female, five years of work experience in psychiatric ED). On the other hand, to reduce the risk of harm to self or others, it is sometimes necessary for the patient to undergo a physical search for possible weapons and drugs. "One of our measures is to search the patient upon arrival. As a patient, a 13-year-old girl insisted on keeping her pen. Upon examination, we found that the pen had been manipulated to have a sharp edge." (No. 14, male, four years of work experience in psychiatric ED)

Degree of urgency

As another part of the mental health triage structure, nurses referred to the patient's level of urgency. Using the information obtained in the assessment phase, nurses make key decisions about the urgency and intensity of the need for psychiatric treatment services. Some nurses use a numerical system to prioritize patients. "We place the patient on a level one to five based on the assessments and symptoms." (No. 9, female, 15 years of work experience in psychiatric ED)

Some other nurses used a qualitative scoring system to prioritize and stratify patients. This prioritization is based on the symptoms and the intensity of the need for medical services. "In triage, we place the patient in several classes according to the severity of the symptoms and the urgency of treatment: high risk, medium risk, and low risk." (No. 6, male, two years of work experience in psychiatric ED)

However, some participants did not state a clear and precise tiering system, but used vague words such as "treatment priority" in their narratives. "The higher the patient's symptoms, the higher the treatment priority." (No. 3, male, two years of work experience in psychiatric ED)

The nurses' narratives also revealed that they do not have the same standards and criteria for leveling and prioritizing patients. Some nurses stated that suicide attempts, verbal or behavioral violence, and extreme agitation are level one psychiatric needs. "An aggressive patient may harm himself or others. We place these patients on level one of care." (No. 9, female, two years of work experience in psychiatric ED). "Patients who present with severe agitation are our priority." (No. 11, male, three years of work experience in psychiatric ED)

Some also said that patients with suicidal ideation or self-harm are placed on level two of urgency. "Level two is related to suicidal ideation." (No. 6, male, two years of work experience in psychiatric ED). The participants' narratives focused mainly on emergency levels one and two, and only one of the participants mentioned the criteria for placing the patient at lower levels. "We put aggressive cases in level three if the patient has come with family. Level four is for patients referred from doctors' offices and clinics after diagnostic tests and psychological evaluation." (No. 14, male, four years of work experience in psychiatric ED)

4. Discussion

To our knowledge, this is the first in depth qualitative study that highlights the perception of psychiatric ED nurses of mental health triage. In this study, participants voiced the meaning (nature and characteristics) and structure (mental state exploration from surface to depth, safety control measures, and degree of urgency) of mental health triage. According to their experiences, mental health triage may be similar to medical triage, however it has its unique characteristics and distinctions.

From the perspective of participants, psychiatric ED nurses should have an appropriate knowledge and experience in prioritizing and estimating the risks and the intensity of the need of patients for psychiatric treatment services.

Nurses in this study also did not agree on how to determine the level of acuity patients in triage. For example, some placed suicidal behavior at level one and suicidal ideation at level two, while others considered extreme agitation and restlessness a high priority for treatment. In addition, another misconception among mental health triage nurses is that they judge without considering decision-making frameworks, theoretical models, and objective criteria when determining the severity of symptoms.

Consistent with the findings of this study, several studies, guidelines, and mental health triage algorithms also emphasize that in the area of mental health triage, psychiatric ED nurses face the complex challenge of considering various factors that influence prioritization, risk assessment, and the determination of appropriate psychiatric treatment services. In a study by Grigg et al., the source of contact or referral was introduced as one of the factors influencing mental health triage decisions (10). Teplin et al. (11) found that emergency personnel pay attention to how the patient arrives at the ED, and they stratify patients referred by the police as more dangerous and needing immediate care.

In a qualitative study, Gerdtz et al. found that mental health triage differed significantly from medical triage in terms of time taken. This difference is evident when triaging a person with a mood disorder or behavioral disorder compared to patients seeking care for physical problems. Their study found that participant-related factors, such as how the patient presented to the unit, their behavior and clinical condition, comorbidities, and drug and alcohol use, influenced triage decision (12).

The literature also emphasizes the simultaneous assessment of physical and mental dimensions when conducting mental health triage; typically, the client's mental status, mental and medical history, and current social conditions should be assessed for risk factors (13). A study also showed that physical examinations are essential to comprehensive evaluation of psychiatric patients (14). In another study, laboratory tests such as urine, blood parameters and pressure, and heart rate were introduced as part of psychiatric evaluations (15).

The results of this study emphasize the significance of prioritizing patient safety, as well as the safety of companions, staff, and the environment for mental health triage. A qualitative study explored the experiences of psychiatric emergency nurses in caring for patients with mental illness. The findings revealed that ensuring the safety of all stakeholders was a crucial aspect of their practice (16). In addition, the results of another qualitative study underscored the importance of a safe and secure environment for patients, as it significantly influenced their overall experience and willingness to engage in treatment (12).

Decision-making under stress by psychiatric ED nurses has been identified as a characteristic of mental health triage. The results of an exploratory, descriptive study indicated that complex decision-making under pressure and high stress is the most important feature of mental health telephone triage from the perspective of physicians and nurses involved (17). The results of other studies have also shown that, due to the high pace of work and care in the ED, appropriate decision making to provide high-quality care for patients with mental illness is challenging and involves uncertainty and risk, because of their unique characteristics (18, 19).

One of the emerging concepts in this study is the exploration of mental states from surface to depth. In mental health triage within the psychiatric ED, it is crucial to assess multiple dimensions of the patient's condition, including the reason for referral, referral source, a concise overview of physical, social, legal, and family aspects, as well as delving into deeper aspects of mental health. In this study, most participants emphasized that physical complaints could have psychiatric manifestations and that a careful medical examination might be needed in parallel with the psychiatric evaluation. A study by Sands et al. showed that clinicians assess a wide range of acute mental health manifestations and the co-occurrence of multiple disorders during telephone mental health triage decision making (20). The greater likelihood of comorbidities has been shown to be one of the major differences in triage between older and younger people.

Medical conditions can mimic, exacerbate, or mask psychiatric symptoms, and some treatments for mental illness can have significant short- or long-term physical side effects. In addition, assessment of physical comorbidities and current medications is essential for risk assessment in the elderly (21). One study showed that nurses use factors such as risk history, patient behavior, the reason for referral, mental health and behavior history, family history of mental health, past disorders, trauma, experiences, medical problems, recent treatments, medications, social support, and functioning, current family functioning, legal situations such as convictions, forensic issues, incarceration, immigration and res-

idency status, self-rated mental status, thoughts of harming self and others, suicide, violence, and acute mental illness in risk assessment (22, 23). In the context of triage nurse overload, some interviews with nurses reveal a dual effort to maintain and improve patient and staff safety and reduce risk (18, 24). They consider whether the patient can wait; where is the best place for a waiting patient? And is there someone who can wait with the patient (25)?

Degree of emergency was another concept related to the psychiatric triage structure. Based on the experience of nurses in the present study, there is no standard method that all nurses use and adhere to in order to prioritize patients presenting to the psychiatric ED, which can be challenging. Research studies have identified inconsistencies among psychiatric ED triage nurses in prioritizing patients with psychiatric disorders in the ED (26-29). Although various triage tools are available worldwide, there is no psychiatric triage system for psychiatric hospitals in Iran (30, 31). Inconsistencies can arise among psychiatric ED triage nurses when prioritizing patients presenting with psychiatric disorders in the ED, highlighting the need for standardized protocols and ongoing training to ensure equitable and efficient care delivery.

5. Limitations

The limitations of this study are the recall biases of the study participants during data collection and the inability to generalize the findings to other psychiatric ED nurses in other geographic and cultural settings due to the small sample size and participant characteristics.

6. Conclusion

This study revealed a distinct challenge in mental health triage decision-making among psychiatric ED nurses. The unique nature of mental health triage, coupled with insufficient training and weak nursing skills, contribute to the identified gap. The absence of standardized guidelines further complicates objective decision-making. To address these issues, enhancing nurses' knowledge and skills in the specific complexities of mental health triage is imperative for improved practice.

7. Declarations

7.1. Acknowledgments

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7.2. Conflict of interest

There is none to declare.

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7.4. Authors' contribution

Study Design: FRD, HKM; Data gathering: FRD; Analysis: FRD, RF, HKM, AE, MRFB; Interpretation of results: RD, RF, HKM, AE, MRFB; Drafting: FRD, HKM; Critically revised: All authors. All authors read and approved final version of manuscript.

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