A qualitative inquiry into psychiatrists' perspectives regarding the therapeutic properties of ED suicide assessment was conducted. Interpretative phenomenological analysis was used. Preliminary themes were presented. Nine (7f, 2m) psychiatrists working in the EDs of Greater Vancouver participated in the study. The participants mean age was 50 years old with an average of 12 years of practice in the ED.

From our systematic review, we can conclude that there is a scarcity of good quality research on the therapeutic properties of the psychiatric assessment in the ED. Most included studies focus on specific subsets of the population, such as suicidal teens (6 articles), or veterans (6 articles). The method and measures used by the included studies present a high heterogeneity which does not allow comparison of findings. Most interventions are added to the actual psychiatric consultation (TAU); therefore, it is hard to derive which factors of the usual psychiatric consultation is most beneficial. And even though these added interventions appear to provide some benefits in most studies, the generalizability of these findings is limited in a publicly funded health care setting.

From our systematic review, we can conclude that scarce evidence exist to elicit therapeutic factors of ED psychiatric consultation in the ED. Some findings suggest that interventions in the ED may reduce admission rate, increase follow-up presentation, decrease suicidal behaviours and change emotional state (increase calm, hopefulness and decrease burdensomeness).

A therapeutic consultation remains one of the psychiatrists' most invaluable tools with suicidal patients in the ED. The clinician's empathy, ability to build rapport, responsiveness and flexibility may be primary therapeutic skills for reducing a patient's distress, instilling hope, and fostering engagement in care. Further research is needed to develop better understanding of the mechanisms by which psychotherapeutic skills and processes are integrated in this context.