Mental Health Emergencies in Primary Care: Crisis and Risk Management

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Learning Objectives

• To identify mental health emergencies that may arise in primary care
• To discuss strategies for risk assessment and crisis intervention
• To review available tools and resources
• To describe the process of emergency department and inpatient psychiatric evaluation
Non-Suicidal Self Injury (NSSI)
Suicidal Ideation and Attempts
Epidemiology of Self Harm Behaviors

- Suicide is a leading cause of death among adolescents and young adults
- 10% of adolescents have engaged in self harm behaviors
- Self harm behaviors are often impulsive
- Range of motivations and intent (sometimes unclear)
- Regardless of intent, self harm is a risk factor for suicide attempts
Non-Suicidal Self Injury (NSSI)

- Cutting is the most common form
- Motivations may include escape, tension relief, punishment, cry for help
- Social transmission does occur
- Risk factors include female gender, psychiatric illness, substance abuse, bullying
Risk Factors for Suicide

- Past history of attempts
- Passive vs. active suicidality
- Intensity of Thoughts
- Suicidal plans
- Suicidal intent
- Access to means (medications/weapons)

- Mood and Anxiety Disorder
- PTSD
- Insomnia
- Aggression and Impulsivity
- Substance Use Disorders
- Psychiatric Comorbidity

Shain and AAP Committee on Adolescence, 2007
Risk Factors for Suicide

- Male gender
- LGBTQ youth
- Homelessness
- Poor school functioning
- History of abuse

- Poor Supervision
- Parental Mental Health Problems
- Firearms at home
- Family Conflict

Shain and AAP Committee on Adolescence, 2007
Protective Factors

- Desire and willingness to seek help
- Supportive family
- Peer support
- Established relationship with treaters

*Safety contracts have not been shown to be effective
*Asking about suicide does not raise risk of suicidality

Shain and AAP Committee on Adolescence, 2007
ADAPTED SADPERSONS

S ex
A ge
D epression and Affective Disorders
P revious Attempts
E thanol and Drug Abuse
R ational Thinking Loss
S ocial Supports Lacking
O rganized Plan, access to means
N egligent parenting, family stress
S chool Problems
Suicide Risk Assessment

- Passive vs. Active suicidal ideation
- Frequency and intensity of thoughts
- Past attempts
- Access to means
- Presence of risk factors
- Family support and supervision
- Connection with mental health treatment
- Reasonable safety plan
Suicide Risk Assessment

Available screening tools:

Columbia-Suicide Severity Rating Scale (C-SSRS)
Suicidal Ideation Questionnaire (SIQ Jr)
Suicide Assessment Five Step Evaluation and Triage (SAFE-T) – available at SAMHSA.GOV
RESOURCES

- Download this card and additional resources at http://www.sprc.org

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National Suicide Prevention Lifeline
1-800-273-TALK (8255)

SAFETY
Suicide Assessment Five-step Evaluation and Triage

1 IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk

2 IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3 CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans, behavior, and intent

4 DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk

5 DOCUMENT
Assessment of risk, rationale, intervention, and follow-up

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
Clinical Pearls

• Interview child and parent separately
• Never worry alone – refer for urgent assessment if concerned about imminent risk or if unsure
• Inform responsible third party
• Perception of lethality varies with developmental stage and cognitive level
• Don’t take the child’s word about medications ingested
Acute Safety Concerns

• Referral to the Emergency Department
• Mobile Crisis Team/Crisis Line

ChAMPS (DC) 202-481-1450
Prince George’s County 301-429-2185
Montgomery County 240-777-4000
Howard County 410-531-6677
Frederick County 301-662-0099
Fairfax County 703-560-0224
Loudoun County 703-777-0320
No Acute Safety Concerns

- Develop a safety plan
- Referral for mental health services – (evidence-based) psychotherapy is usually a good first step
- Cultivate relationships with mental health providers in your area
- County health department can be a resource (especially for patients with Medicaid)
- Pediatricians can play a key role in coordinating, supporting, and providing mental health care
- Collaboration with child psychiatrists!
# Sample Safety Plan

## Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

## Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. 
2. 
3. 

## Step 3: People and social settings that provide distraction:

1. Name: ___________________ Phone: ____________
2. Name: ___________________ Phone: ____________
3. Place: ____________ 4. Place: ____________

## Step 4: People whom I can ask for help:

1. Name: ___________________ Phone: ____________
2. Name: ___________________ Phone: ____________
3. Name: ___________________ Phone: ____________
4. Name: ___________________ Phone: ____________

## Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name: ___________________ Phone: ____________
   Clinician Pager or Emergency Contact #: ____________
2. Clinician Name: ___________________ Phone: ____________
   Clinician Pager or Emergency Contact #: ____________
3. Local Urgent Care Services
   Urgent Care Services Address: ____________
   Urgent Care Services Phone: ____________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

## Step 6: Making the environment safe:

1. 
2. 

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The one thing that is most important to me and worth living for is:

__________________________

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OTHER PSYCHIATRIC EMERGENCIES: HOMICIDAL IDEATION
AGGRESSION
PSYCHOSIS
MANIA
Homicidal Ideation

- Risk assessment mirrors suicide assessment
- Passive vs. Active Homicidal Ideation
- Frequency and intensity of thoughts
- Past violent behavior
- Access to means
- Presence of risk factors

- Family support and supervision
- Connection with mental health treatment
- Reasonable safety plan
Characterizing Aggression
- Impulsive?
- Triggered?
- Red flags – destructive behaviors, harm to self or others, cruelty to animals, fire setting, premeditation

Risk Factors
- Prior aggression
- History of abuse
- Substance Use
- Exposure to violence
Acute Management of Aggression

• De-escalation
  - decrease environmental stimulation
  - remove obvious triggers
  - provide emotional support
  - call security personnel

• Refer to ED
Psychosis and Mania

**Psychosis**
- Hallucinations
- Delusions
- Disorganized thinking
- Bizarre behaviors
- Severe functional decline
- Poor attention to self-care

**Mania**
- Elevated or irritable mood
- Pressured speech
- Racing thoughts
- Decreased need for sleep
- Pleasure-seeking, risk taking, impulsive behaviors
- Increased goal directed behavior
- Hypersexuality
- Grandiosity
Psychosis and Mania

• Families may struggle to describe the symptoms
• Both can be associated with impulsivity, self harm behaviors, harm to others
• Consider medical causes, ingestions, substance abuse
• Both necessitate an urgent evaluation
• Both will likely require psychopharmacologic intervention
Emergency Department and Inpatient Psychiatric Evaluation at CNMC: Helping Families Know What to Expect
ED Mental Health Evaluations

• All children receive medical clearance before mental health evaluation begins
• Mental Health Social Worker conducts the assessment
• Each case is discussed with the on call psychiatrist
• Primary focus of assessment is safety (not a comprehensive diagnostic assessment)
• Criteria for inpatient admission are limited (danger to self or others, grave disability)
ED Mental Health Evaluations

- Psychiatric medication evaluations are not available in the ED
- Psychiatric medication refills are not provided by the ED
- Any clinical/background information you can provide is very appreciated!
- Referrals are provided to children who are not psychiatrically hospitalized
Inpatient Psychiatric Admission

• Average length of stay is 5-7 days
• Includes family meetings, group sessions, psychiatric evaluation, safety planning, referrals to community resources
• Goal is stabilization (not necessarily resolution of symptoms)
• Psychopharmacologic treatment includes assessment, initiation of medication, observation for side effects. May not be able to assess benefit during short admission
Conclusions

- Mental health emergencies may arise in primary care settings
- Primary care providers can assess risk and triage to appropriate level of care
- There are tools available for screening and risk assessment
- It is important to become familiar with crisis resources available in your community
- Understanding the emergency department and inpatient mental health evaluation can help you counsel families during mental health emergencies
Other Resources

- HELP4MDYOUTH
  1-800-422-0009
- National Suicide Hotline
  1-800-784-2433
- Covenant House
  1-800-999-9999

GLAD PC Toolkit (http://www.gladpc.org/)
AAP Mental Health Toolkit