Mental Health Emergencies in Primary Care: Crisis and Risk Management

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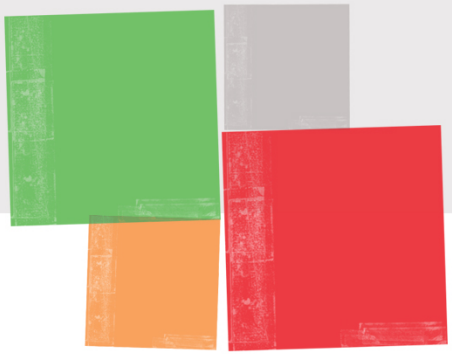

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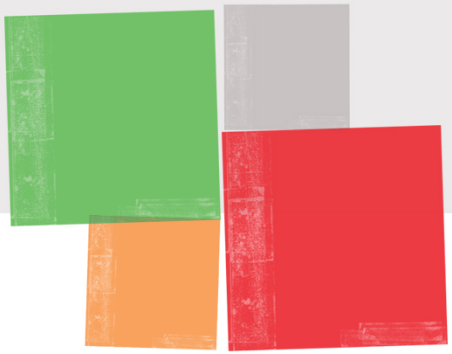
Learning Objectives

- 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



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Non-Suicidal Self Injury (NSSI)
Suicidal Ideation and Attempts

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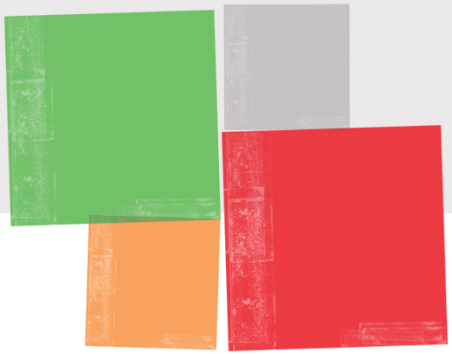
Epidemiology of Self Harm Behaviors

- 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



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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

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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

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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

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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

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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

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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

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RESOURCES

- Download this card and additional resources at http://wwww.sprc.org
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide http://www.sprc.org/library/jcsafetygoals.pdf
- **SAFE-T** drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

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National Suicide Prevention Lifeline

1-800-273-TALK (8255)

http://www.sprc.org

A Life in the Community for Everyone

SAMHSA

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

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SAFE-T

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

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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

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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!

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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_____

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. _____

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

_____

OTHER PSYCHIATRIC EMERGENCIES:
HOMICIDAL IDEATION
AGGRESSION
PSYCHOSIS
MANIA

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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

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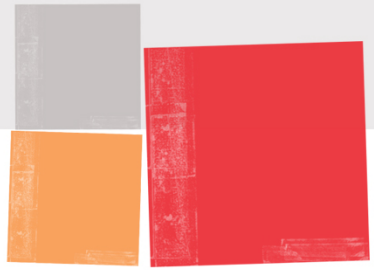
Aggression

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



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Acute Management of Aggression

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

- Refer to ED

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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

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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

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Emergency Department and Inpatient Psychiatric Evaluation at CNMC: Helping Families Know What to Expect

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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)

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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

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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

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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

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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

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