How Aware Are You?

Putting the Spotlight on Behavioral Health

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Objectives

• Discuss the current behavioral health landscape in rural America
• Provide ways to identify patients who are at increased risk of suicide and/or a threat to others
• Share information on how to effectively manage, monitor and support a suicidal patient
Behavioral Health Today

• How many Americans have a behavioral health disorder?
• How many Americans will suffer one significant health issue?
• Who has behavioral health disorders?

According to WHO, by 2020, Major Depressive Illness will be the leading cause of disability in THE WORLD for women and children
Behavioral Health in Rural America

According to the National Association of Community Health Centers:

- 70% of Health Centers currently provide behavioral health services
- 90% of Health Centers screen for depression
- 61% screen for substance abuse, but only 20% of FQHCs provide substance abuse treatment
- Incidence of depression as comorbid with chronic disease ranges from 24%-40% in a normalized population
- Health Centers that have implemented universal depression screenings of chronically ill patients are finding incidents to be much higher

What are some of the major challenges rural America is facing related to mental health?

- Accessibility – The consumer's mental health literacy, ability to physically get to care and the ability to pay for the care. Disparities exist in all areas.
- Availability – That a trained mental health professional will actually be in rural America to help. Over 60% of rural America has had mental health professional shortages for more than 45 years!
- Acceptability – A mental health workforce that is actually trained to work in rural places, has access to the tools to provide quality care, and the care they offer is actually what the consumer seeks. This is all missing today.

https://www.ruralhealthinfo.org/rural-monitor/an-interview-with-dennis-mohatt/
Behavioral Health in Rural America

- The term “Behavioral Health” was first used in the 1980s to name the combination of mental health and substance abuse.
- Mental health and substance abuse issues need to be addressed through specific policies designed for rural populations.
- While some studies indicate that the prevalence and incidence of behavioral health problems are similar in rural and urban areas, a notable exception is the significantly higher rate of suicide and suicide attempts in rural America.

Behavioral Health in North Dakota

Estimated Prevalence of Severe Mental Illness in ND (2014)

- Total adult population (18+): 545,530
- Individuals with schizophrenia: 6,001
- Individuals with severe bipolar disorder: 12,002

The Terms & Challenges

Challenges in Non-Psychiatric Settings

- Minimal training and awareness
- Lack of system support
- Focus on medical conditions
- Unsafe environments and fewer transfer options
- ED is the primary care setting
- Lack of guidelines
Challenges in the Emergency Department

EDs have found some consistent issues that impact patient care and throughput. While the balance of these issues varies in different hospitals and areas, they are fairly consistent across the settings:

- Lack of standardization of care relative to mental health patients
- Lack of resources
- Concerns related to maintaining a safe environment
- Lack of space tailored to the needs of this population
- Discharge planning issues
- Staff frustration and concerns about their safety


How Do You Define Behavioral Health?

Behavioral health is a term that covers the full range of mental and emotional well-being – from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors.

According to Medilexicon’s medical dictionary, mental health is “emotional, behavioral, and social maturity or normality; the absence of a mental or behavioral disorder; a state of psychological well-being in which one has achieved a satisfactory integration of one’s instinctual drives acceptable to both oneself and one’s social milieu; an appropriate balance of love, work, and leisure pursuits.”

According to WHO (World Health Organization), mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” WHO stresses that mental health “is not just the absence of mental disorder.”
How Do You Define Behavioral Health?

**Bipolar disorder**, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

**Schizophrenia** is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality.


There is More to Suicide & Depression than Meets the Eye

- Diagnosis can span from those with anorexia nervosa to schizophrenia to bipolar disorder to post-traumatic stress disorder
  - Cross-cutting issue of mental disorders
- History of suicidal behavior is the most reliably replicated risk factor for future suicide attempts or completion
  - Expressions of suicidality wax and wane and may be absent during an interview
- Depression is a common condition associated with suicide, especially for people who feel stressors are exceeding their current coping abilities
Identifying At-Risk Patients

Common Signs of Patients at Risk for Self Harm

Talking about:
- Suicide
- Feeling trapped or hopeless about a situation
- Experiencing unbearable pain
- Being preoccupied with death, dying or violence

Common Signs of Patients at Risk for Self Harm

Behavior-specific signs to look for:

- Increase use of alcohol or drugs
- Withdrawing from social contact and wanting to be left alone
- Doing risky or self-destructive things
  - ex. using drugs or driving recklessly
- Saying goodbye to people as if they won't be seen again
- Giving away belongings or getting affairs in order when there's no other logical explanation for doing so
- Experiencing mood swings
  - ex. being emotionally high one day and deeply discouraged the next
- Changing normal routines
  - ex. eating or sleeping patterns
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above


Moods to look for:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

Common Signs of Patients at Risk for Self Harm

Mental Health Conditions that can increase a patient’s risk to try and harm himself/herself:

• Depression
• Bipolar disorder
• Schizophrenia
• Anxiety disorders
• Substance disorders
• Serious or chronic conditions or pain


Tips & Strategies
Environment of Care Strategies

- Initial search of patient
- Routine surveillance
- Safety restrictions
- Security
- Decreasing unnecessary stimulation
- Privacy

Safe Rooms

- Permanent or convertible
- Close to central area
- One room
- Use of Geri-Chairs/recliners
- Provide diversion such as music, TV if appropriate
**Environment of Care Strategies**

**Risk for Elopement**
- Needs to be assessed during the admission process
- Frequently monitor the patient to try and prevent elopement
- Try to help manage anxiety
- Have established procedures for elopement events
- Enlist the help of the patient’s family and friends

The number of Behavioral Health patients that elope are unknown, but they are suspected to be high.

**Initial Strategies for Patients Displaying Warning Signs**
- Appropriately triage patients with mental health related symptoms
  - ex. the Australian Triage Scale and accompanying Mental Health Triage Scale
- Review the patient’s history to determine the source of his/her agitation
  - Is it related to medical issue/substance use/psychiatric illness/all the above?
- Treat the patient with respect
- Assess and reassess
Discussion Strategies

- Start with asking what the patient needs
- Empathize, acknowledge and validate
  - Respond to delusions by talking about the person’s feelings and not the delusions
- Listen
- Focus on future plans
- Set small, simple goals
  - Use simple, clear instructions
  - Ask simple questions
- Evaluate protected factors

Resource Strategies

- Locate the appropriate Contact List
  - Start at the top of your Emergency Contacts list and work your way down
  - If it is an evening or weekend and you cannot reach providers or agencies, call the most appropriate hot-line
- Use collateral resources
- Try not to manage the situation alone
  - Call the patient’s loved ones
  - Call the National Suicide Prevention Lifeline, 24/7
- Know the signs
  - Predict and identify
- Assess both ideations and behaviors
  - Look for patterns
**Strategies for Your Approach**

- Don’t stare – Direct eye contact may be perceived as confrontational or threatening
- Don’t touch unless absolutely necessary – Touch may be perceived as a threat and trigger a violent reaction
- Don’t stand over the person – If the person is seated, seat yourself to avoid being perceived as trying to control or intimidate


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**Other Things to Consider**

- Situations that will require restraints, seclusion or medication
  - Familiarize yourself with CMS’ Guidelines
- A Workplace Violence Prevention Program
- Documentation
- Sitters
- Leadership’s involvement
- Training
**Violence Prevention Program**

A written workplace violence prevention program should include, but is not be limited to:

- Ownership and accountability - Just Culture
- Worksite analysis
- Hazard prevention and control
- Safety and health training
- Recordkeeping
- Program evaluation and regular reassessment

**Documentation**

**More is better.** Within appropriate bounds, the more information the record contains about objective findings, a patient's statements, clinical judgments, and your decision making, the better the portrayal of competent care.

**Describe your thinking.** Documenting the reasoning behind your diagnosis and treatment—what you’ve ruled out, what still seems tentative, and what risks and benefits you’ve weighed—helps emphasize this reality.

**Clarify capacity.** When appropriate, indicate in the chart that the patient can handle certain responsibilities such as reporting side effects, seeking emergency attention, or notifying you about changes in his/her thought or mood.

**Include quotations.** Documenting verbatim statements from a patient, such as “I’ve never considered suicide,” can quickly convey key information that you considered when making a therapeutic decision.
Sitters Are Just That

- Typically untrained
- Often not part of the team, could even be hired by the family
- Unfamiliar with polices
- No evidence supports that sitters decrease risks

Leadership’s Involvement

- Evaluate the risks at your organization
- Develop behavioral health related protocols
  - ex. EDs have protocols for stroke, trauma, etc.
- Provide behavioral health resources
- Establish effective training/competencies
- Use of debriefing/learning from defects
- Conduct Root Cause Analyses
- Assess environment of care
  - ex. evaluate hand-offs with PCP
Training

- Elements of a Training Program:
  - Review of policies and procedures
  - Education on early recognition of behavior/warning signs
  - Awareness of risk factors
  - De-escalation techniques
  - Self-defense
  - Standard response action plan for violent situations
- Re-evaluate training annually

Provide training during employee orientation
- Include contract workers and visiting staff in training
- Role-playing, simulations, table top exercises and drills using evidence-based training techniques
  - Invite law enforcement from surrounding hospital communities to participate
Think Outside the Box

- Behavioral Health Technicians
- Licensed Psychiatric Social Workers
- Advanced Practice Nurses
- Peer Counselors

Think Outside the Box

- Psychiatry - 24/7 access
- Tele-Psychiatry
- Facebook in collaboration with Lifeline
Anticipate What’s Next

- Even when responding to one issue, anticipate all contingencies and unrelated issues
  - Is it possible another “shoe will drop?”
  - Will there be a snowball effect?
  - What’s next?

Resources

- Behavioral Health Patient Room: Common Hazards
- Behavioral Health Patient Boarding in the ED
- National Alliance on Mental Illness Website
Thank You!

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Questions?