

Responding To Patients' Behavioral Health In
General
Medical Settings: Assessing and Referring for
Acute Psychiatric Inpatient Admission

Caroline Bonham, M.D.

Christopher Morris, Ph.D.

University of New Mexico Health
Sciences Center

Disclosure

- The presenter has no financial arrangement related to the content of this continuing education activity.

Objectives

At the completion of this activity, participants will be able to:

- Identify the challenges that arise when transferring patients from a remote community hospital ER to a regional psychiatric inpatient facility.
- List three critical elements in assessing the need for patient transfer.
- Identify the key information to be communicated to the receiving medical provider.
- Create a list of contacts for effective discharge planning and return to the community.

Participant Survey

- What is your work setting?
 - Primary Care
 - Specialty Care
 - Emergency Department or EMS
 - Medical/Surgical hospital
 - ICU
 - Health Promotion
 - Behavioral Health
 - Social Work
 - Other, please specify:

Participant Survey

- What is your current position?
 - Physician or mid-level provider
 - Nursing
 - Medical Support/Medical Assistant
 - Manager/director
 - Administrative Support
 - Community Health Worker or Health Education
 - Behavioral Health Clinician or Social Worker
 - Other, please specify:

Why address behavioral health in general medical settings?

- Nearly 45% of ED patients screened positive for a DSM-IV diagnosis
- 13% of ED patients not presenting with psychiatric complaints screened positive for suicidal ideation.
- Only 41% of people with a mental disorder use mental health services in any given year.
- The median length of delay from symptom onset to seeking behavioral health treatment is 10 years.
- 18% of all general hospital discharges have a BH disorder coded as a secondary condition.
- One-year prevalence of substance use disorders is 8% of US population.

Why address behavioral health in general medical settings?

- BH conditions significantly affect treatment adherence and health outcomes. For example, depression is associated with:
 - Poor glycemic control in diabetes;
 - Reduced survival for cancer patients;
 - Higher mortality after a heart attack.
- Health care providers and staff have unique potential to encourage patients to:
 - Access appropriate professional care;
 - Engage in self-help and other support strategies

Defining the Problem

- Behavioral health problems that most significantly impact health and health behavior across population:
 - Depression
 - Anxiety
 - Substance Use Disorders
 - Trauma

How to assess and assist

- Assess for risk of suicide or harm:
 - Suicidal thoughts and behaviors
 - Severe cognitive disorganization
 - Severe substance intoxication or withdrawal
 - Aggressive or violent behavior (perpetrator or victim)
 - Non-suicidal self-injury

Challenges related to psychiatric hospitalization

- Lack of access to psychiatry
- Variability of involuntary commitment processes
- Transportation and long distances
- Variable acuity of symptoms

Lack of Access to Psychiatry

- Complete physical and psychiatric medical assessment
- Communication and coordination with receiving hospital
- Medical, Nursing, and Social Work team approach

Variability of involuntary commitment processes

- Determine if there is a tribal commitment law or any applicable rules; or other local processes.
- What is the intersection between state and tribal law?
- Identify a subject matter expert
- If patient is capable of consent, develop rapport and cooperation to avoid involuntary commitment.

Transportation and long distances

- Safe transport can be a major logistical hurdle.
- Safety is top priority, followed closely by respect for dignity of the patient.
- Consider risks and benefits of transport by:
 - Police
 - EMS
 - Trained healthcare staff
- Avoid transport by family, especially if psychotic or manic symptoms are present.

Variable acuity of symptoms

- The process of evaluation and especially transport can take many hours.
- Be prepared for changes in acuity.
- Increased acuity changes safety considerations.
- Reduced acuity may mean immediate return to the community.
- Planning for discharge and transition back to community should always begin immediately.

Question:

Challenges in arranging a psychiatric inpatient admission include:

- A. Completing a full physical and psychiatric evaluation;
- B. Changes in acuity;
- C. Safe transport.
- D. All of the above.

KEY FACTORS WHEN CONSIDERING HOSPITALIZATION

- Safety (staff, family, and patient)
- Physical stability
- Psychiatric acuity/ medical need for higher level of care
- Consentability

Safety

- Is patient able to participate in planning for hospitalization?
- Is current mental status impaired by impulsivity that could put patient, family and staff at risk?
- Ideally, identify 1:1 supervision for patient while making transportation plans

Physical stability

- Is there a precipitating physical condition that may have triggered behavioral health crisis? For example:
 - Traumatic head injury
 - Infection
 - Stroke or other neurological condition



**ALWAYS ADDRESS URGENT PHYSICAL
HEALTH ISSUES FIRST**

- Checking vital signs including BP, Pulse, respiratory rate can help identify urgent physical concerns

Psychiatric Acuity

- At risk of acute harm to self or others
 - Unable to engage in safety planning
 - History of impulsive acts of suicide or violence to others
- Risk of grave passive neglect
- Disorganization that acutely impairs their ability to make safe decisions

Consentability

- Is patient able to give informed consent for hospitalization?
- If ability to consent is impaired by mental illness, important to identify local process for involuntary commitments (will vary by state and by tribe/ nation)
- Is patient a minor? If so, important to identify who has custody and to involve guardians in decision

Question:

The most important areas to assess when considering psychiatric hospitalization include:

- A. Psychiatric acuity;
- B. History of psychological trauma;
- C. Physical stability;
- D. Both A and C.

Important factors to convey to receiving hospital

- Psychiatric acuity and need for higher level of care (HLOC)
- Any information about possible triggering event
- Acute physical health concerns
- Chronic physical health concerns
- Any recent substance use or intoxication – are they at risk for withdrawal?
- Any recent vital signs, results of lab tests
- Current medication including doses
- Any safety concerns for patient, family and staff
- Consentability
- Cultural considerations

Question:

When arranging to transfer a patient to a psychiatric hospital, communicate to the receiving facility:

- A. Housing stability/homeless status;
- B. Justification of medical need in terms of psychiatric acuity;
- C. Description of any cultural considerations;
- D. Both B and C.

Increasing patient engagement

- Listen nonjudgmentally
 - Key **nonverbal skills** to show you are actively listening:
 - Attentiveness
 - Comfortable eye contact
 - Open body posture
 - Being seated
 - Sitting next to the person rather than directly opposite
 - Refocus attention from computer, writing, etc.
 - Focus on understanding the symptoms for what they are.
 - Empathize with emotions the person is feeling about his or her beliefs and experiences.

Increasing patient engagement

- Give reassurance and information
 - Recognize the person may have struggled with the problem for a long time, and may feel afraid or ashamed to talk about it.
 - While expressing concern about the seriousness of the person's distress, also try to convey a sense of hope and normalizing of their experience, e.g:

“This is something many people have experienced,
and there are things that can help.”
 - Information can include both basic info about their specific problem, and general info about potential resources.
 - Look for simple, practical ideas that will help. Completely resolving the problem may be a long process.

Plan for discharge/transition

- Establishing trust/rapport provides basis for planning.
- Planning starts the minute you decide to consider higher level of care. Plan may need to be executed sooner than you think.
- What are the person's existing resources in the community?
 - Family, significant others, friends
 - Agencies/programs
 - School/work
 - Church, spiritual or cultural involvement
 - Veteran?
- Who is the patient willing to involve in their care or transition back to community?

Plan for discharge/transition

- Identify primary contact at your facility for transition planning.
 - Include this information prominently in the documentation transmitted to receiving facility.
- Identify lead mental health provider in your community for follow-up after hospitalization.
 - Is the patient already known to this provider?
 - Who will make the follow-up appointment?
- Consider any specialized peer support programs in the area.
 - How could the patient be linked with peer support?

How to support the patient

- Encourage patient to see higher level of care as a positive step in taking care of their own health.
 - What do they see that is positive about getting this specialized health care? What do you see?
 - Acknowledge any fears or doubts they may have.
 - Provide a simple explanation of available treatment.
 - If you have previous experience with the specific HLOC provider, share a few encouraging or positive details.

How to assess and assist

- Encourage self-help and other support strategies, for example ask:

What might you do to take care of yourself when you get home?

- Participation in harm reduction programs
- Exercise
- Relaxation and Meditation
- Support groups such as AA, NA
- Family, friends, faith, and other social networks
- Community groups and cultural activities
- Consider traditional or culturally-based healing if appropriate to the person's values.

Instilling hope

- Adopt and transmit a recovery and resilience perspective:
 - Persons with behavioral health challenges can live full and rewarding lives and contribute to their community.
 - The person is not a problem!
 - Symptoms may fluctuate in severity or remit entirely.
 - Functional abilities can increase even if symptoms are still present.
 - Nonlinear change processes can be influenced by building strengths, creating access to supports, and fostering a holistic approach to health.

Being Effective

- Consistently support the patient over time
 - Identify a simple action step the patient is likely to successfully complete, and build it into the care plan.
 - Support patient behavior that builds recovery.
 - Support patient behavior that builds resilience.
 - Team communication
 - Appropriate documentation
 - Dealing with staff turnover

Being Effective

- Making effective referrals
 - Be prepared
 - Ask the patient
 - Be thorough in communicating the referral
 - Follow up
 - Re-evaluate and try again if needed
- Resources
 - Collect and organize info
 - Utilize social services and “local experts”
 - Take advantage of available consultation

Being Effective

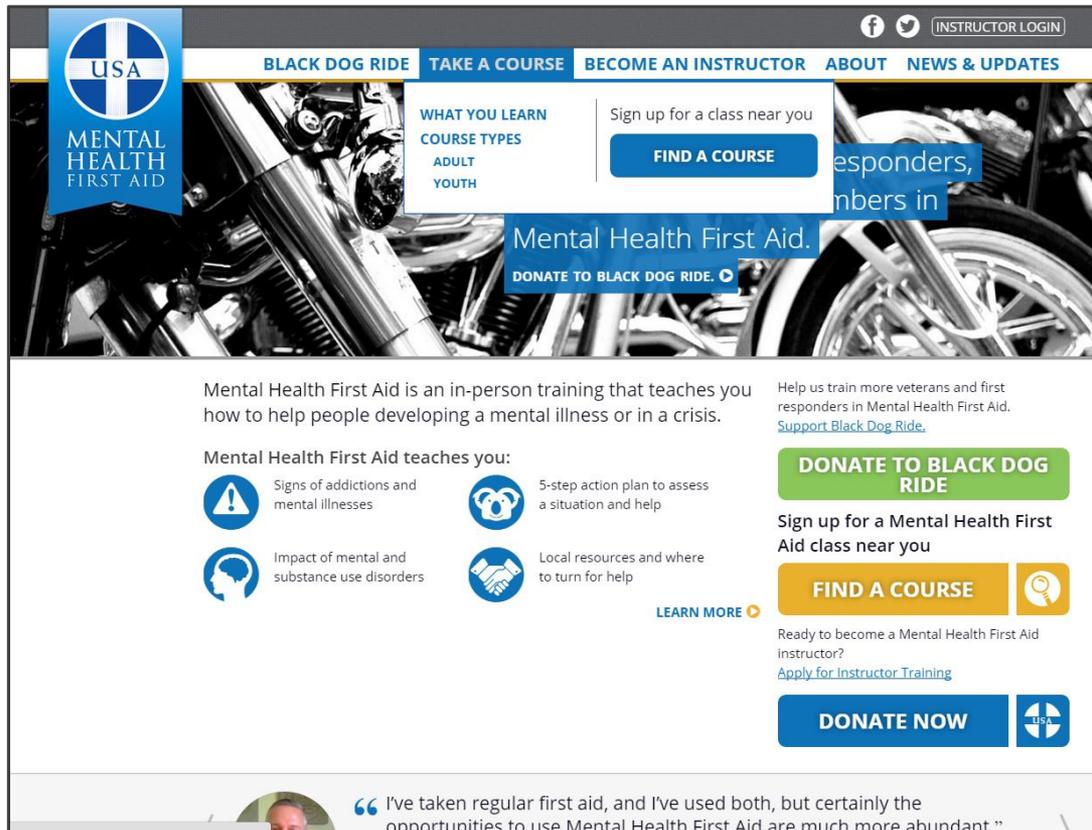
- Use a team approach
 - Utilize individual strengths
 - Consider capacities of specific disciplines
 - Establish leadership/management support
- Divide tasks
 - Screening
 - Data management
 - Identifying information and resources
 - Communication
 - Managing referrals
- Obtain additional training, e.g. Mental Health First Aid

Find or Host a Course

www.MentalHealthFirstAid.org



MENTAL
HEALTH
FIRST AID®



The screenshot shows the homepage of the Mental Health First Aid website. At the top, there is a navigation bar with the following links: BLACK DOG RIDE, TAKE A COURSE, BECOME AN INSTRUCTOR, ABOUT, and NEWS & UPDATES. On the left side of the navigation bar is the Mental Health First Aid USA logo. In the top right corner, there are social media icons for Facebook and Twitter, and a button for INSTRUCTOR LOGIN.

The main content area features a large background image of a motorcycle. Overlaid on this image is a white box with the text "WHAT YOU LEARN" and "COURSE TYPES" followed by "ADULT" and "YOUTH". To the right of this box is a blue button labeled "FIND A COURSE". Below this is a blue banner with the text "Mental Health First Aid." and a button labeled "DONATE TO BLACK DOG RIDE.".

Below the banner, there is a section titled "Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis." This is followed by a section titled "Mental Health First Aid teaches you:" which lists four key areas of training, each with an icon: "Signs of addictions and mental illnesses" (warning icon), "5-step action plan to assess a situation and help" (hands icon), "Impact of mental and substance use disorders" (head icon), and "Local resources and where to turn for help" (handshake icon). A "LEARN MORE" link is provided below this list.

To the right of this section is a green button labeled "DONATE TO BLACK DOG RIDE" and a section titled "Sign up for a Mental Health First Aid class near you" with a yellow "FIND A COURSE" button and a magnifying glass icon. Below this is a section titled "Ready to become a Mental Health First Aid instructor?" with a link to "Apply for Instructor Training".

At the bottom of the page, there is a blue "DONATE NOW" button and a small USA logo. A quote from a person is displayed at the very bottom: "I've taken regular first aid, and I've used both, but certainly the opportunities to use Mental Health First Aid are much more abundant."

Questions? Comments?

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.). Washington, D.C.: American Psychiatric Association

Hunter, C.L., Goodie, J.L., Oordt, M.S. and Dobbmeyer, A.C. (2009). Integrated Behavioral Health in Primary Care. Washington DC: American Psychological Association.

Intermountain Healthcare (2015). Management of Depression – 2015 Update. Accessed 9/7/16 at:

<https://intermountainhealthcare.org/ext/Dcmnt?ncid=51061767>

Kessler, R.C., Berglund, P.A., Demler, O., Jin R. and Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV Disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62, 593-602.

Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013) Mental Health First Aid USA, Revised First Edition.

National Council for Behavioral Health and Missouri Department of Mental Health (2015) Mental Health First Aid USA Eight Hour Teaching Notes, Revised.

Summergrad P. and Kathol, R.G., Eds. (2014). Integrated Care in Psychiatry. New York: Springer.