

# Assessment, Management, and De-Escalation for Patients with Mental Health Concerns



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# Assessing Mental Health Crises



# Initial Size-Up

- “Rumpsky Effect”
- Observe the patient’s appearance, body language, and verbal responses for clues:
  - Neglect in personal hygiene, grooming, or inappropriate clothing
  - Aberrant emotional reactions and display
  - Unusual behaviors
  - Speech volume, rate, and rhythm abnormalities
  - Bizarre thought content



# Getting to the Why of the Crisis

- Medical Condition
- Emergency situation
- Mind-altering substances
- Stress
- Mental illness

# Mental Status Exam

**Obtain baseline functioning at scene and contrast with prior history from collateral sources**

- Appearance
- Orientation
- Mood/Affect
- Behavioral Function
- Cognitive Function
- Speech
- Thought Content/Process
- Insight/Judgment
- Suicidal ideation/behavior
- Homicidal ideation/behavior

# Medical Etiologies to R/O

- Stroke, tumors, or trauma can affect speech
- Severe infections, hypoxia, hypo or hyperglycemia can cause altered mental status, depression or psychosis
- Environmental factors such as excessive heat or cold can alter mental status
- Psychotropic meds can have powerful side effects and severe interactions with other medications
- Alcohol/Substance intoxication can mimic mental health symptoms

# Communicating what you See

- Catch phrases that are often misused and really do not communicate observations accurately
  - Manic, psychotic, crazy, schizo, etc...
- Communicate observations that do not imply etiology
  - Disorganized thoughts, rapid speech, bizarre or delusional ideation, etc...
- Provide examples to substantiate observations
  - ...as evidenced by...

# Managing Mental Health Crises





# Mind/Body Dualism

Rene Descartes (1596-1650) discovered that he could doubt whether he had a body, but he could not doubt whether he had a mind. This gave him the idea that the mind and body were different things.



# Checking Your Attitudes

## Physical Health

- Not responsible for these concerns
- Need assistance and accommodations to overcome
- I can see these
- These concerns are evidence of humanity

## Mental Health

- Responsible for these concerns
- Mind over matter – just stop it
- I cannot see these
- These concerns are evidence of abnormality and weakness

<http://youtu.be/Ow0lr63y4Mw>



## **“Stop it!”**

Ineffective but common technique for “managing” a mental health crisis



## **“Just the Facts”**

Another Ineffective but common technique for “managing” a mental health crisis

# Effective Crisis Management Strategies

- Spend extra time
- Have a plan of action
- Identify yourself calmly
- Be direct
- Assess the scene
- Encourage purposeful activity
- Express interest in patient
- Respect personal space
- Avoid conflict
- Be honest and reassuring
- Avoid judgment

# De-Escalation of Mental Health Crises

# Your Mission

- Diffuse and control the situation
- Safely transport the patient to the hospital

**Intervene only as much as it takes to  
accomplish these tasks**

# Ineffective Command/Control Style

- Pre-judging
- Not listening
- Criticizing
- Name-calling
- Arguing



- Power struggles
- Ordering
- Threatening
- Minimizing
- Asking “why” questions



# Professional Approach

- Determine if the situation is dangerous
- Identify yourself clearly
- Be calm, direct, and straightforward
- Maintain emotional neutrality
- Avoid arguments
- Explain your purpose
- Encourage patient to talk
- Offer comfort/snack/necessity items
- Act as if you have all the time in the world
- Involve collaterals patient trusts

# Attend to Your Nonverbals

- Personal space
- Eyes and eyebrows
- Posture and gestures
- Voice
- Facial expression



**The most likely part of your communication that will be attended to is not what you say but how you say it**

# Why Does this Work?

- If you take a LESS authoritative, LESS controlling, LESS confrontational approach, you actually will have MORE control
- You are trying to give the patient a sense of control.
- Why? Because patient is in a crisis, which by definition creates feelings of being out of control
- Re-establishing patient feeling in control leads to de-escalation

# Additional De-Escalation Tips

- Radical validation
- Active Listening (encouragers, reflection, paraphrasing)
- Empathizing
- Sincerity
- Partnering
- Provide choices
- Apologize
- Reduce stimulation

# Special Case: Suicidal Crisis

- Is patient tearful, sad, despondent, or hopeless?
- Does patient avoid eye contact, speak slowly, and project a sense of vacancy?
- Is patient unable to talk about the future?
- Assess for risk in immediate environment as well as immediate future

# Immediate Risk Assessment

- Are there any unsafe objects nearby?
- Is the environment unsafe?
- Is there evidence of self-destructive behavior?
- Is there an imminent threat to the patient or others?

# CPR Risk Assessment

- Assess for ideation via normalizing and neutral statements and questions
- If patient admits to suicidal ideation, do **CPR** assessment:
  - **C**urrent Plan
  - **P**rior Behavior
  - **R**esources

# Special Case: Violent Patient

- Previous history of hostility
- Patient has tense muscles, clenched fists, or glaring eyes
- Patient is holding or near potential weapons
- Patient is using loud, obscene, erratic, or bizarre speech
- Patient is pacing, cannot sit still, or is protecting personal space



# Managing Risk

- Patient may resist your attempt to provide care
- Never leave the patient alone
- Request law enforcement personnel assistance with resistant patient

# When/How to Restrain

- You may use restraints only:
  - To protect yourself or others from bodily harm
  - To prevent the patient from causing injury to himself or herself
- You may use only reasonable force
- At least four people should be present to carry out the restraint, each being responsible for one extremity
- Secure the patient's extremities with approved equipment
- Treat the patient with dignity and respect
- Monitor the patient for:
  - Vomiting
  - Airway obstruction
  - Cardiovascular stability

# Conclusion



# Summary

- Keys to assessment are observation and awareness
- Keys to management are pragmatics and flexibility
- Keys to de-escalation are listening, validation, and giving back control

<http://www.youtube.com/watch?v=VAIBvxjApf4>

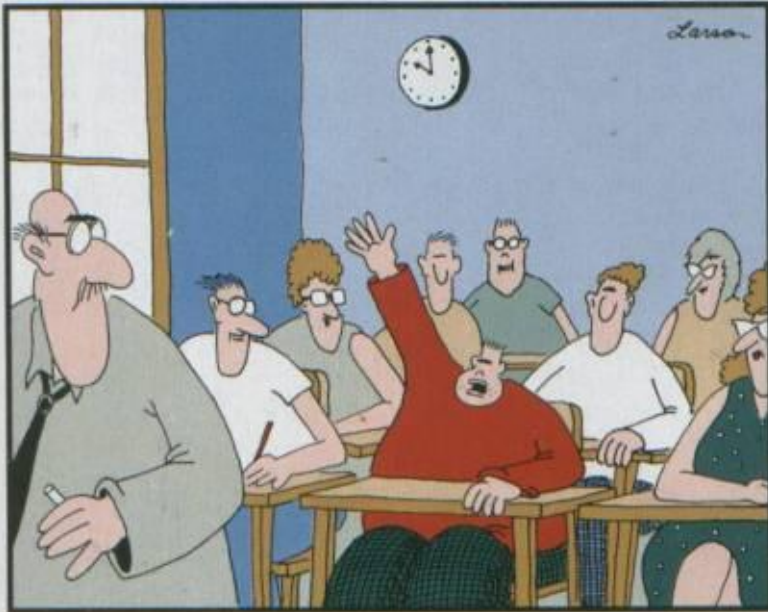


## **“Smelf Smarted”**

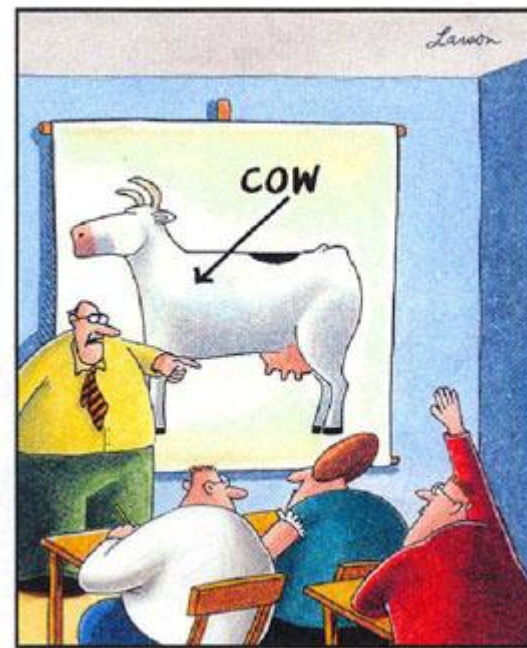
You now have the opportunity to do your own thing or try out some new skills.



# Questions



"Mr. Osborne, may I be excused?  
My brain is full."



"Yes ... I believe there's a question in the back."



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