Chapter 23, Behavioral Health Emergencies

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1. Introduction to Behavioral Health Emergencies

Common Causes of Behavioral Crises
Acute medical situation [6]
Mental illness [6]
Mind-altering substance [6]
Stress [6]
Other causes [6]

- This report covers **behavioral health emergencies** for EMTs [1].
- EMTs will learn to recognize behaviors that pose a risk [2].
- This includes risks to the **EMT, patient, and others** [2].

- Basic principles of the mental health system are also discussed [2].
- EMTs often care for patients experiencing **behavioral crisis emergencies** [5].
- These crises can result from **acute medical situations, mental illness, mind-altering substances, or stress** [6].
- Behavior is defined as a person's response to the environment over time [19].
- Normal coping mechanisms may not be enough during great stress [20].
- Negative coping mechanisms like withdrawing or using drugs and alcohol may be used [20].
- Reactions to stress can create a crisis [21].
- A change in behavior may be considered inappropriate [22].
- A behavioral crisis includes patients of all ages [23].
- Patients may exhibit **agitated, violent, or uncooperative behavior** [23].
- They may also be a **danger to themselves or others** [23].
- EMS is called when behavior becomes unacceptable [24].

2. Understanding Mental Health Disorders and Crises

- Most people experience an **emotional crisis** at some point [7].
- This does not mean everyone develops a mental illness [7].
- Otherwise healthy people can have temporary mental health disorders [8].
- Do not assume a patient is mentally ill [9].
- Feeling bad or depressed doesn't mean you are sick [10].
- There are justifiable reasons for depression [11].
- Examples include **divorce, job loss, or death of a loved one** [11].
- This is a normal reaction to an acute crisis [12].
- It is a misconception that all individuals with mental health disorders are dangerous [13].
- Only a small percentage of people with mental health problems are violent [14].
- EMTs may see more violent patients [15].
- This is because they are seeing patients in a behavioral crisis [15].
- **Mental health disorders are common** in the United States [28].
- They affect tens of millions of people each year [28].
- A psychiatric disorder has psychological or behavioral symptoms [29].
- This may result in **impaired functioning** [29].

- **Anxiety disorders** are among the most common mental health disorders [30].
- These include generalized anxiety disorder, panic disorder, and phobias [31].
- **Post-traumatic stress disorder** and obsessive-compulsive disorder are also common [32].

3. Underlying Causes and Pathophysiology

Organic Disorders	Functional Disorders
Physical condition [43]	Psychological condition [43]
Temporary or permanent brain dysfunction [45]	Impair body function when structurally normal [49]
Caused by disturbance in brain tissue functioning [45]	Include schizophrenia, some anxiety conditions, and depression [50]
Causes: sudden illness, TBI, seizure disorder, drug/alcohol abuse, overdose, withdrawal, Alzheimer's, meningitis [46]	
Altered mental status from: hypoglycemia, hypoxia, impaired cerebral blood flow, hyperthermia, hypothermia [47]	

- Behavioral health disorders have many underlying causes [36].
- These can include **social or situational stress** [37].
- Examples are **divorce or death of a loved one** [37].
- **Diseases** like schizophrenia can be a cause [38].
- **Physical illnesses** such as a diabetic emergency can also contribute [38].
- Chemical problems like **alcohol or drug use** are causes [38].
- Biological disturbances such as **electrolyte imbalance** can be involved [38].
- These conditions can be compounded by not taking prescribed medications [39].
- EMTs are not responsible for diagnosing the underlying cause [41].

- They should understand **organic and functional diagnoses** [42].
- An **organic disorder** is a physical condition [43].
- A **functional disorder** is a psychological condition [43].
- organic brain syndrome is brain dysfunction [45].
- It can be temporary or permanent [45].
- Causes include **sudden illness, traumatic brain injury, or seizure disorder** [46].
- Drug and alcohol abuse or withdrawal can cause it [46].
- Diseases like Alzheimer's and meningitis are causes [46].
- Altered mental status can come from **hypoglycemia or hypoxia** [47].
- Impaired cerebral blood flow can also cause it [47].
- hyperthermia or hypothermia can alter mental status [47].
- functional disorders impair body function [49].
- The body seems structurally normal in functional disorders [49].
- Examples include **schizophrenia and depression** [50].

4. Patient Assessment in Behavioral Health Emergencies

- A safe approach is crucial for behavioral crises [50].
- Patient assessment begins with the **scene size-up** [51].
- Scene safety is the first consideration [51].
- Assess the patient's response to the environment [51].
- Determine if the situation is dangerous for you and your partner [51].
- Immediate law enforcement backup may be needed [51].
- You might need to stage until law enforcement secures the scene [51].
- Note any medications or substances the patient is taking [53].
- This could contribute to the complaint or be a treatment [53].
- Form a **general impression** during the primary assessment [54].
- Begin assessment from a safe distance, like the doorway [54].
- Perform a rapid physical exam [54].
- Observe the patient closely [54].
- Use the **AVPU scale** to check for alertness [54].
- Establish a rapport with the patient [55].
- Assess the airway to ensure it is open and adequate [55].

- Evaluate the patient's breathing rate and effort [56].
- Use pulse oximetry if available [57].
- Provide appropriate interventions based on findings [57].
- Assess the pulse rate, rhythm, and quality [58].
- Evaluate for shock and bleeding [59].
- Assess the patient's perfusion [59].
- Evaluate skin color, temperature, and capillary refill [60].
- Spend time with the patient if medically stable [61].
- Take a **SAMPLE history** for a medical patient [62].
- Consider factors like central nervous system function [62].
- Hallucinogens, drugs, or alcohol might be factors [62].
- Significant life changes or illness could be non-physical [62].
- Ask about a history of behavioral health illness [62].
- In geriatric patients, consider Alzheimer's and dementia [63].
- Identify the patient's baseline mental status [64].
- Use **reflective listening** to understand the patient's thinking [65].
- Reflective listening involves repeating what the patient tells you [176].

5. Management and Intervention Strategies

De-escalation Techniques
Establish a level of trust [17]
Be a good listener [79]
Use verbal de-escalation before physical restraint [115]

- **Communication is the key** in behavioral health emergencies [16].
- In some cases, patients will de-escalate [17].
- This happens when a level of trust is established [17].
- You cannot determine the cause of the crisis [17].
- However, you may predict potential for violence [17].

- The best treatment may be to be a **good listener** [79].
- Intervene only as much as needed to accomplish tasks [79].
- If pharmacological restraint might be necessary, request advanced life support early [79].
- Diffuse and control the situation [78].

6. Specific Behavioral Health Conditions

- **Psychosis** is a state of delusion [83].
- The person is out of touch with reality [83].
- Affected people live in their own reality [83].
- Causes of psychotic episodes include altered mind-altering substances [83].
- Intense stress or delusional disorders can cause psychosis [83].
- **schizophrenia** is also a cause of psychosis [83].
- schizophrenia is a complex disorder [84].
- It is not easily defined or treated [84].
- Onset typically occurs during early adulthood [85].
- Symptoms become more prominent over time [85].
- Contributing influences include brain damage and genetics [86].
- Physiologic and social influences also contribute [86].
- Symptoms are **delusions, hallucinations, and lack of pleasure** [87].
- Erratic speech is also a symptom [87].
- When dealing with schizophrenia, determine if the situation is safe [87].
- Clearly identify yourself [88].
- Be calm, direct, and straightforward [88].
- Maintain an emotional distance [88].
- Do not argue with the patient [89].
- Explain what you are going to do [89].
- Involve people the patient trusts, like family [89].
- This helps gain the patient's cooperation [89].
- **excited delirium** is also known as agitated delirium [90].
- It can also be called exhaustive mania [90].
- Delirium is an impairment in cognitive function [91].
- It can present with disorientation, hallucinations, or delusions [91].

- Agitation is characterized by restlessness [92].
- Irregular physical activity is a sign of agitation [92].
- Symptoms of excited delirium include hyperactive, irrational behavior [93].
- Vivid hallucinations are a symptom [93].
- Hypertension, tachycardia, and diaphoresis can occur [93].
- Dilated pupils are also a symptom [93].
- If safe to approach, be calm, supportive, and empathetic [94].
- Approach the patient slowly and purposefully [95].
- Respect the patient's personal space [95].
- Limit physical contact as much as possible [96].
- Do not leave the patient unattended [96].
- Use careful interviewing to assess cognitive functioning [97].
- Determine the patient's ability to communicate [98].
- Observe the patient's appearance, dress, and hygiene [99].
- If overdose is suspected, take medicine bottles with you [100].
- Transport to a hospital with a behavioral health facility [101].
- Refrain from using lights and sirens [101].
- If agitation continues, request advanced life support [102].
- chemical restraints can be considered [102].
- excited delirium can lead to sudden death from cardiac arrest [103].
- This is thought to result from metabolic acidosis [103].
- Physical control measures include tasers and stimulant drugs [104].
- positional asphyxia is also a risk [104].

7. Patient Restraints: Considerations and Procedures

Risks of Improper Restraint
Positional asphyxia [111]
Aspiration [111]
Severe acidosis [111]

Cardiac arrest [111]

- Pre-hospital patient restraints reduce injury possibility [104].
- This protects the patient and EMS providers [104].
- Restraints allow for safe treatment of uncooperative patients [105].
- A pre-hospital patient restraint protocol should be followed [106].
- The protocol should address appropriateness and types of restraint [107].
- Care provided after restraint should be in the protocol [107].
- Protocols must consider state laws [108].
- Only approved restraint devices should be used [109].
- The least restrictive method ensuring safety should be chosen [110].
- There are risks associated with restraints [111].
- Improper use can lead to life-threatening conditions [111].
- These include **positional asphyxia, aspiration, and severe acidosis** [111].
- Cardiac arrest is also a possibility [111].
- Restraining without authority can result in legal actions [112].
- Examples are **assault, battery, or false imprisonment** [112].
- Violation of civil rights is also a risk [112].
- Restraints are only to **protect yourself and others from bodily harm** [113].
- They prevent the patient from injuring themselves [113].
- Involve law enforcement for severe behavioral crises [114].
- Use **verbal de-escalation** before physical restraint [115].
- Once the decision to restrain is made, do it quickly [116].
- Ideally, five people should be present for restraint [117].
- One person for each extremity and one for the head is ideal [118].
- A team leader should direct the process [119].
- Use the minimum force necessary [119].
- Force level depends on factors like patient size and strength [121].
- The type of abnormal behavior also affects force needed [122].
- Talk to the patient throughout the process [123].
- Treat the patient with dignity and respect [124].
- A provider of the same gender should tend the patient if possible [124].
- Wear appropriate barrier protection [125].

- Avoid direct eye contact until necessary [125].
- Respect the patient's personal space [125].
- **Never leave a restrained patient unattended** [126].
- four-point restraints are preferred for uncooperative patients [126].
- This means both arms and legs are restrained [126].
- Respiratory and circulatory problems can occur in restrained patients [127].
- Restraints should not be removed until evaluated at the hospital [128].
- Follow skill drills for four-point restraint [129].
- two-point restraint is an option if allowed by protocol [130].
- Reassess and document respiration, pulse, motor, and sensory functions [77].
- Do this every five minutes in restrained extremities [77].

8. Assessing Potential for Violence and Suicide Risk

- Violent patients are a small percentage of behavioral crises [131].
- Assess the danger level based on risk factors [132].
- **History** is a risk factor for violence [132].
- Has the patient been hostile or violent before? [132].
- **Posture** can indicate danger [132].
- Is the patient tense, rigid, or sitting on edge? [132].
- The **scene** provides clues [132].
- Is the patient near potentially lethal objects like a knife or gun? [132].
- **Vocal activity** is a factor [132].
- Is speech loud, obscene, erratic, or bizarre? [132].
- Erratic speech patterns usually indicate emotional distress [132].
- **Physical activity** may be the most telling factor [132].
- A patient requiring watching has tense muscles or clenched fists [133].
- Pacing or inability to sit still are signs [133].
- Fiercely protecting personal space is a sign [133].
- Poor muscle impulse control is a risk factor [133].
- A history of fighting or uncontrollable temper is a risk [134].
- Substance abuse history increases risk [134].
- Depression accounts for 20 percent of violent acts [134].

- A functional disorder can increase risk [134].
- If a patient hears voices telling them to kill, believe them [135].
- **Depression** is the most significant factor contributing to suicide [136].
- It's a misconception that those who threaten suicide won't commit it [137].
- Threatening suicide means someone is in crisis [138].
- They cannot handle it alone [138].
- **Immediate intervention is necessary** for suicidal patients [138].
- Warning signs include **sadness, despair, and hopelessness** [139].
- Appearing detached is a sign [139].
- Inability to talk about the future is a sign [139].
- Suggestions of suicide are warning signs [139].
- Specific plans for suicide or death are major warnings [139].
- Additional risk factors for suicide include unsafe objects nearby [141].
- An unsafe environment is a risk [141].
- Evidence of self-destructive behavior is a risk [141].
- An immediate threat to the patient or others is a risk [141].
- An underlying medical problem can increase risk [141].
- Cultural, religious, and social beliefs promoting suicide are risks [141].
- Trauma can increase suicide risk [141].
- A suicidal patient may also be homicidal [141].

9. Post-Traumatic Stress Disorder (PTSD) in Combat Veterans

Signs and Symptoms of PTSD
Helplessness [148]
Anxiety, anger, or fear [148]
Avoiding reminders of the trauma [148]
Constant nervous system arousal [148]

Increased heart rate [149]
Dilated pupils [149]
Increased systolic blood pressure [149]
Sharpened senses [150]
Heightened mental acuity [150]
Reliving trauma through thoughts, nightmares, or flashbacks [151]
Alcohol and drug use [152]
Increased risk of suicide [153]
Physical conditions related to injuries [153]
Unfocused pain [153]
Higher incidence of TBI [154]

- **PTSD** can occur after trauma exposure or injury [143].
- Examples include sexual or physical assault [144].
- Child abuse or serious accidents are also causes [144].
- Natural disasters, war, or loss of a loved one can cause PTSD [144].
- A stressful life event can lead to PTSD [144].
- PTSD is not always from a single recent event [145].
- Estimated 7-8% of the general population experience PTSD [146].
- Military personnel in combat have a high incidence of PTSD [147].
- Signs include **helplessness, anxiety, anger, or fear** [148].
- They frequently avoid trauma reminders [148].
- They suffer constant nervous system arousal [148].
- Heart rate and systolic blood pressure increase [149].
- Pupils dilate [149].

- Senses are sharpened and mental acuity heightened [150].
- They often **relive the trauma through flashbacks** [151].
- PTSD occurs when trying to escape internal distress [152].
- **Alcohol and drug use are common** among veterans [152].
- Veterans have an **increased risk of suicide** [153].
- They may develop physical conditions related to combat injuries [153].
- Unfocused pain not tied to a body part is possible [153].
- Combat veterans have a higher incidence of **TBI** [154].
- TBI is often from IED explosions [154].
- Eliminate excess noise when caring for veterans [155].
- Refrain from touching or doing anything without explanation [155].
- Keep diesel equipment far away if possible [155].
- Returning vets require understanding and compassion [156].
- They need specialized attention [156].
- Be careful how you phrase questions [157].
- Use a calm tone but be in charge [157].
- Respect a veteran's personal space [157].
- Limit the number of people involved [157].
- Move to a private and quiet space if possible [157].
- **Ask about suicidal intentions** [157].
- Military personnel are trained with weapons [158].
- They are resourceful in improvising weapons [158].
- Ensure no accessible objects can be used as weapons [159].
- **Physical restraint is ineffective** with this population [160].
- It may simply escalate the problem [160].

10. Medical-Legal Considerations

- Medical-legal aspects are complicated in behavioral emergencies [161].
- If a patient has impaired mental capacity, decide if they need emergency care [162].
- A mentally unstable patient may resist care [163].
- **Do not leave this patient alone** [163].
- Request law enforcement to handle the patient [164].

- You need consent to provide care [165].
- **implied consent** is assumed if the patient is not mentally competent [165].
- Consent matters are not always clear-cut [165].
- If unsure, request law enforcement assistance [166].
- Guidance from medical control is also helpful [166].
- EMTs have **limited legal authority** to force care [167].
- This is true when no life-threatening emergency exists [167].
- A competent adult can refuse treatment [168].
- This is true even if life-saving care is involved [168].
- In psychiatric cases, providing life-saving care is likely considered appropriate [169].
- An impaired patient may not be competent to refuse treatment [170].
- Always maintain a high index of suspicion [171].
- Assume the worst and hope for the best [171].
- Error on the side of treatment and transport [171].
- Carefully document patient statements and behaviors [171].
- This supports your actions [171].