Emergency Psychiatric Admission... What is the process?

• Varies state –to state
• Consistencies among states
• National guidelines

  • http://www.treatmentadvocacycenter.org/get-help/know-the-laws-in-your-state

In-patient psychiatric care

• Involuntary admission
• Voluntary admission
• Legal system involvement
• Similarities and differences between states
• Guardianship

Voluntary Admission

• By guardian
• By out-patient clinicians

Involuntary admission

• Suicidal or homicidal threats
• Risk of safety to self or others
• Emergency assessment

Legal System Involvement

• Incarcerated patients
• Due process: hearings, legal mandates, temporary orders
• Guardianship
• Competency determination
Similarities and Differences by state

- **Similarities:** process, intersection of systems
- **Differences:** length of time for commitments, terminology


Guardianship

- Guardian – *A person lawfully invested with the power, and charged with the obligation, of taking care of and managing the property and rights of a person who, because of age, understanding, or self-control, is considered incapable of administering his or her own affairs.*

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Commitment

- Commitment – involuntary, emergency, involuntary outpatient commitment (IOC), person in need of treatment.


Guardianship and Commitment

- **A PROCESS!**
- Commitment time frames: one year, three years, up to five years.
- State to state mandates.
- Involves state agencies such as Office of Public Guardian (OPG).

Finding the Nursing Process

- **Assessment**
- **Problem identification**
- **Planning**
- **Implementation**
- **Evaluation**

Challenges of treatment:

- patients and families
Challenges for patients and families seeking treatment

- Resources
- Ethical considerations
- “Burned bridges”
- Dual diagnosed patients
- Medical complexities
- Cognitive limitations of the patients

Challenges for patients and families

- Housing – some behaviors get mentally ill patients evicted
- Financial – transient population; SSD requires address; working families
- Out-patient follow-up care: ACT teams, PACT teams
- Community Mental Health Centers – provider availability is limited by busy practices
- Need consistent follow-up with out patient care

Resources for patients and families

- NAMI: National Alliance Mentally Ill
- NIH: National Institute of Mental Health
- RAISE: Recovery After an Initial Schizophrenia Episode

Therapeutic Communication with the psychiatric patient

Therapeutic Communication

“Most people don’t listen with the intent to understand; they listen with the intent to reply.”
Stephén Covey

Therapeutic Communication

- Phatic communication - social communication
- Non-verbal communication – body language
- Therapeutic use of self in communication
Therapeutic Communication

- Barriers and obstacles
- Strategies
- Removing barriers
- Specific language

Barriers and Obstacles

- Fear – safety issues, patients with history of violent behavior
- Diagnosis – the delusional, psychotic, &/or paranoid patient
- Time constraints – work tasks, staffing

Fear & safety issues: what the numbers say

- Injury rates for nursing & personal care workers are ten times higher than other occupations (OSHA, 2004)
- 60% of psychiatric mental health nurses experienced violence or aggression in past year (Bowers et al., 2001)
- 76% of all staff had experienced an attack (Yarovitsky & Tabak, 2009)
- 41% of assaults resulted in injury (Staggs, 2013)

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Engaging for safety

- “Engagement involves forming a relationship; making a human-human connection; conveying acceptance and tolerance; and hearing and understanding.”
  Cutliffe and Barker (2002)

Project BETA

- Project BETA: Best practices in Evaluation and Treatment of Agitation
  http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298232/
- Use communication strategies to de-escalate agitated patients
10 Domains of De-Escalation (BETA Project, Richmond et al., 2012)

- Respect personal space
- Do not be provocative
- Establish verbal contact
- Be concise and keep it simple
- Identify wants and feelings
- Listen closely to what the patient is saying
- Agree or agree to disagree
- Lay down the law and set clear limits
- Offer choices and optimism
- Debrief the patient and staff

Specific communication strategies for the acute patient

- Providing brief conversations: clear & concise
- Demonstrate active listening: SOLER method (sit squarely, open posture, lean in, eye contact, relax)
- Offering Silence
- Asking open-ended questions
- Making observations

Communication strategies, continued

- Translating words into feelings
- Presenting reality
- Placing the events in sequence
- Reflecting
- Clarifying & validating
- Focusing

What works?

“Patients put the highest emphasis on staff empathetic qualities: being caring, interested and understanding, respecting patients, devoting time to patients, and creating a safe treatment environment.”
- Hanssen et al. 1993

References

References