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Assessment in Crisis

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Assessment in crisis

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Assessment in Crisis

- Is a continuous process.
- Keeps evolving
- And a set of minimum requisite information allows effective intervention
- Quality of assessment depends upon MH resource personnel, protocol, and settings.

Crisis in clinical psychiatry

- Crisis is a field in mental health best known for 'surprises'.
- On first assessment all/most patients appear simple and low risk...however complexity unfolds as process continues.

Lets have a look at a recent case

- Ms H, 27 year, unmarried, having only her father in the family, living alone, know to the system since a long time and having a diagnosis of 'personality disorder with depression', on ADD medication, with h/o multiple hospitalization, was assessed and found to have moderate suicidal risk, precipitated by breakthrough depression due to non-compliance.
- She was referred to crisis and home treatment team for further management because suicidal ideation were fleeting in nature
- CRHT decided to step up medication, add olanzapine and provide twice a day monitoring in the house under care of her father.
- After 2 days she started her car to go out, her father joined and she said she wants to go to shopping mal. After few minuets she stopped the car, asked her father to get out 'saying she is not a prisoner'.
- she went to parking, parked her car, and jumped from 3erd floor, got stuck up in a tree , had multiple injuries, survived, brought to ER and transferred to Psychiatric ward

Crisis - what it is?

Bio-psycho-social Model

- Crisis is a clinical situation characterized by failing internal and coping resources
- “Crisis is a danger because available coping resources are failing, and crisis is an opportunity for new resources will develop”

Effective crisis resolution, quality of outcome and management is dependent upon

- Nature and quality of assessment
- MH resource personnel
- Protocol or policy of the institution
- Nature of Crisis itself
- Care planning and
- Continuity of care

Objective and goals

- What is the nature of crisis
- Why has the crisis arisen
- What is the impact of crisis of the individual
- Is enough information available,
- How can the crisis can be resolved
- How can it be sustained.
- How can it be prevented in future.

Crisis intervention : Who can do it

- The psychiatrist
- Psychiatrist nurse
- Psychiatric social worker
- Case manager
- Psychologist
- Family members / significant others
- Occupational therapists
- Counselors
- All of them collectively

What does it involve

- Assessment of person
- Assessment of situation
- Assessment of family
- Assessment of resources

What is the nature of assessment

- Rapid short term assessment
- E-R assessment
- Home based assessment
- Detailed intake assessment
- Forensic assessment

Supervised assessment

- Where there is a danger of assault or abuse during assessment.
- A police personnel normally accompanies
- Safety is the most important issue
- At the same time, quality of assessment can not be compromised

Possibilities of MH Crisis / classification

- Psychosocial crisis
- Psychiatric crisis
- Environmental
crisis

Possibilities of MH Crisis / classification

- Prodrome or onset of an illness
- Frank or full blown illness-first episode
- Breakthrough symptoms
- Medical or psychiatric Side effects of Medication
- Relapse
- Drug and alcohol related issues
- Medical illness presenting as psychiatric symptoms

Presence of Suicide potential and Violence

- Most important aspect of evaluation
- Suicidal potential and risk assessment needs further discussion,
- It varies case to case
- Its highly subjective
- Objective assessment to the point of accuracy is beyond the current sustem of understanding

Information you need for a care plan

- Who is the person - demography; living, immigration status/floating population; legal background;
- What kind of life he/she has been living- personal data, personality, development, education, family, economy, stressors, support system, sexual data, presence of drug or alcohol, past history, any illness

Information collection

- Why this person has been referred or brought or arrived - complete detail of situation or incident; what has been happening, has there been delay if so why, hidden facts, is it first time or recurring; issues like non-compliance
- What is the MH of this person - psychiatric details, MSE,
- What is the physical health of this person

Information Collection

- What is the impact of crisis of this person and other significant people
- what is at risk- if intervention is not done, what may happen
- What is the 'risk-assessment'
- What resources are still preserved - relationship, family, insight, level of cooperation and motivation

-
- What is the final outcome of information collection- analyze and surmise and document to develop a care plan:--
 - Demography, personality, situation, stressors, past history, addiction history, family history, chief complains, onset duration and progress, suicide potential, violence potential
 - Findings of MSE - presence of any psychiatric illness
 - Social support and available resources

Source of information, vs., Reliability

- Who is giving the information, attempt should be to incorporate data from patient, family, significant others, and the person living with the patient at the time of crisis

Care plan for Crisis Resolution

- Global management not merely a treatment.
- Ensure safety
- Decision of treatment setting
- Decision about level and frequency of observation in both community and hospital
- Need of medication or drug free interval
- Address risk management depending upon level of risk
- Process towards a psychiatric diagnosis
- Assess need for psychosocial intervention

Toward an effective Care Plan

- Immediate plans
- Short term plans
- Long term plans
- Mechanism of review
- Mechanism of ensuring that there is no Gap between what has been decided and what is being implemented.
- Plan for crisis prevention
- Plans for earliest possible intervention in future, warning signs, psycho education, constant link with MH resource
- Ensure continuity of care.
- Plans for complex or specific needs.

Complete assessment is a complex process and consists of

- Psychosocial and personality assessment
- Psychiatric diagnosis
- Psychological profile for behavior
- Level of functioning
- Level of risk
- Prediction of potential risk
- Level of support
- Prediction and assessment of dangerousness, criminality, violence, assault,

Complex and specific situations

- Crisis in offenders and with forensic history
- Pregnancy and child bearing
- Geriatric patients
- neurologically compromised
- In intensive care
- Medical and psychiatric co-morbidity
- Recent myocardial infarction
- Patients with transplants
- Drug and alcohol abuse
- Patients with terminal illness

Quantification in assessment

Risk assessment and measurement

- General psychiatric condition
- Level of depression and anxiety
- Level of risk
- Suicide potential and prediction
- Level of functioning
- Quantify psychosis if it is established

Risk factors

Clinical reality is that suicide potential is high if

- Male, single, 15-25 and 65 years plus
- There is an incident of attempt in preceding 1-2 year
- Past history of suicide
- Family history of completed suicide
- Family history of attempted suicide
- Presence of psychiatric diagnosis
- Presence of more than one axis I diagnosis

Risk factors

- Family history of mental illness in first degree relatives.
- Presence of drug and alcohol dependence
- Decreasing level of psychosocial support
- Presence of potential precipitating events or stressors or suicidogenic factors
- Presence of chronic debilitating medical illness
- Psychiatrically at-risk individuals
- Presence of chronic stress
- Presence of trauma and disaster
- Presence of childhood sex abuse
- People in socially , legally or politically compromised situation

Elements of a suicide risk assessment interview with a depressed patient

- Current suicidal thoughts, intent, and plan
- History of suicide attempts (e.g., lethality of method, circumstances)
- Family history of suicide
- History of violence (e.g., weapon use, circumstances)
- Intensity of current depressive symptoms
- Current treatment regimen and response
- Recent life stressors (e.g., marital separation, job loss)
- Alcohol and drug use patterns
- Psychotic symptoms
- Current living situation (e.g., social supports, availability of weapon)

Characteristics Evaluated in the Psychiatric Assessment of Patients With Suicidal Behavior

ASSESSMENT PROCESS

Suicidal or self-harming thoughts, plans, behaviors, and intent

- Specific methods considered for suicide, including their lethality and the patient's expectation about lethality, as well as whether firearms are accessible
- Evidence of hopelessness, impulsiveness, anhedonia, panic attacks, or anxiety
- Reasons for living and plans for the future
- Alcohol or other substance use associated with the current presentation
- Thoughts, plans, or intentions of violence toward others

APA - Guidelines

- • Current signs and symptoms of psychiatric disorders with particular attention to mood disorders (primarily major depressive disorder or mixed episodes), schizophrenia, substance use disorders, anxiety disorders, and personality disorders (primarily borderline and antisocial personality disorders) •
- Previous psychiatric diagnoses and treatments, including illness onset and course and psychiatric hospitalizations, as well as treatment for substance use disorders

APA - Guidelines

- • Previous suicide attempts, aborted suicide attempts, or other self-harming behaviors •
- Previous or current medical diagnoses and treatments, including surgeries or hospitalizations •
- Family history of suicide or suicide attempts or a family history of mental illness, including substance abuse

APA - Guidelines

- Acute psychosocial crises and chronic psychosocial stressors, which may include actual or perceived interpersonal losses, financial difficulties or changes in socioeconomic status, family discord, domestic violence, and past or current sexual or physical abuse or neglect •
- Employment status, living situation (including whether or not there are infants or children in the home), and presence or absence of external supports •
- Family constellation and quality of family relationships •
- Cultural or religious beliefs about death or suicide •
- Individual strengths and vulnerabilities

APA - Guidelines

- Coping skills •
- Personality traits •
- Past responses to stress •
- Capacity for reality testing •
- Ability to tolerate psychological pain and satisfy psychological needs

APA - Guidelines

- A suicide risk assessment includes a multi-axial differential diagnosis and an estimation of suicide risk as low, moderate, or high. Estimating the degree of the patient's suicide risk guides decisions about immediate safety measures and the most appropriate treatment setting. Awareness of specific high-risk diagnoses and modifiable risk factors helps identify treatment targets and clarifies treatment planning.

- Admission generally indicated After a suicide attempt or aborted suicide attempt if: •
- Patient is psychotic •
- Attempt was violent, near-lethal, or premeditated •
- Precautions were taken to avoid rescue or discovery •
- Persistent plan and/or intent is present •
- Distress is increased or patient regrets surviving •
- Patient is male, older than age 45, especially with new onset of psychiatric illness or suicidal thinking •
- Patient has limited family and/or social support, including lack of stable living situation •
- Current impulsive behavior, severe agitation, poor judgment, or refusal of help is evident •
- Patient has change in mental status with a metabolic, toxic, infectious, or other etiology requiring further workup in a structured setting •
- Need for supervised setting for medication trial or electroconvulsive therapy •
- Need for skilled observation, clinical tests, or diagnostic assessments that require a structured setting •

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APA - Guidelines

- In the presence of suicidal ideation with: •
- Specific plan with high lethality •
- High suicidal intent (eg, exam failure, relationship difficulties),

APA - Guidelines

- Admission may be necessary •
- After a suicide attempt or aborted suicide attempt, except in circumstances for which admission is generally indicated In the presence of suicidal ideation with: •
- Psychosis •
- Major psychiatric disorder • Past attempts, particularly if medically serious •
- Possibly contributing medical condition (eg, acute neurological disorder, cancer, infection) •
- Lack of response to or inability to cooperate with partial hospital or outpatient treatment •
- Plan/method and intent have low lethality •
- Patient has stable and supportive living situation •
- Patient is able to cooperate with recommendations for follow-up,

APA - Guidelines

- Need for skilled observation, clinical tests, or diagnostic assessments that require a structured setting •
- Limited family and/or social support, including lack of stable living situation •
- Lack of an ongoing clinician-patient relationship or lack of access to timely outpatient follow-up •
- In the absence of suicide attempts or reported suicidal ideation/plan/intent but evidence from the psychiatric evaluation or history from others suggests a high level of suicide risk and a recent acute increase in risk

APA - Guidelines

- Release from emergency department with follow-up recommendations may be possible After a suicide attempt or in the presence of suicidal ideation/plan when: •
 - Suicidality is a reaction to precipitating events (eg, exam failure, relationship difficulties), particularly if the patient's view of situation has changed since coming to the emergency department •
 - Plan/method and intent have low lethality •
 - Patient has stable and supportive living situation •
 - Patient is able to cooperate with recommendations for follow-up, with treater contacted, if possible, if patient is currently in treatment

APA - Guidelines

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APA - Guidelines

- Outpatient treatment may be more beneficial than hospitalization •
- Patient has chronic suicidal ideation and/or self injury without prior medically serious attempts, if a safe and supportive living situation is available and outpatient psychiatric care is ongoing

8-factors

- # The medical seriousness of previous attempts.
- # History of suicide attempts.
- # Acute suicidal ideation.
- # Severe hopelessness.
- # Attraction to death.
- # Family history of suicide.
- # Acute overuse of alcohol.
- # Loss/separations.