Psychiatric Disorders That Can Kill

Leslie Zun, MD, FACEP
Looking at Cases: Is SAD PERSONS Valid?

Leslie S Zun, MD, MBA, FAAEM
President, American Association for Emergency Psychiatry
Chairman and Professor
Department of Emergency Medicine & Psychiatry
RFUMS/Chicago Medical School
Mount Sinai Hospital
Chicago, Illinois

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Objectives

- To exam the process to evaluate patients for risk of suicide
- To understand the difference between suicide screening and suicide risk assessment
- To review the next steps after risk assessment including discharge
**ED Visits and Suicide Deaths**

*Health Systems, 8 States, N = 5984 suicides 2000-2010*

Within 4 weeks of death, N = 4988 enrolled

<table>
<thead>
<tr>
<th>Deaths</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any visit</td>
<td>2488</td>
<td>49.9</td>
</tr>
<tr>
<td>ED Mental Health</td>
<td>373</td>
<td>7.5</td>
</tr>
<tr>
<td>ED Chem Dependency</td>
<td>72</td>
<td>1.4</td>
</tr>
<tr>
<td>ED Other</td>
<td>640</td>
<td>12.8</td>
</tr>
<tr>
<td>IP Mental Health</td>
<td>232</td>
<td>4.7</td>
</tr>
<tr>
<td>OP Mental Health</td>
<td>729</td>
<td>14.6</td>
</tr>
</tbody>
</table>

**Suicide Identification**

- Overt
- Suspected
  - Any overdose
  - Accidental gunshot wound
  - Wrist laceration
  - Automobile crash
  - Fall from height
- Unsuspected
- Completed
- Screened in

**Suicide Screening in the ED**

- Suicide ideation is on a continuum
  - Difficult to determine “suicide gesture from suicide plan”
- Rating Scales
  - Clinical rating scales cannot predict suicide in the individual
  - Strict cut-off scores should not be used to dictate admission to the hospital
  - 31 tests of risk of suicidal - Few designed for the ED
  - Commonly used - Modified SAD PERSONS scale, Beck Depression Inventory, Risk of Suicide Questionnaire
- SCREENING IS NOT RISK ASSESSMENT
**Modified SAD PERSONS**

- S - Gender 1
- A - Age 1
- D - Depression 2
- P - Previous attempt 1
- E - Excessive alcohol 1
- R - Rational thinking loss 2
- S - Separated/Divorce 1
- O - Organized 2
- N - No social support 1
- S - Stated future intent 2

- Score of 5 or less can go home
- Score of 6 or more psych consult
- Sensitivity of 94%
- Specificity of 71%

**Clinical Rating Scales of Suicide Risk Assessment**

- Reviewed Modified Sad Persons, Beck Depression Inventory, Beck Anxiety Inventory, Beck Hopelessness Scale, Beck Score for Suicide Ideation, High-Risk Construct Scale
- 100% Sensitivity and negative predictive value
- Low Specificity and positive predictive value
- Cannot predict suicide and strict cut off scores should not be used.

**Engaging ED Providers in Suicide Prevention**

- EDs are busy places & difficult to engage providers in suicide prevention
- Two issues
  - Patient screening in ED
    - Triage, kiosks, self-administered, RN/MD performed
    - Educate staff to think of suicide screening in ED
  - Screen in
    - Needs more assessment
    - Referral to mental health services
**Determination of Risk**

- All patients who want to harm themselves need admission
- Alcohol and substance intoxicated patients need admission even if they change their mind when they are not clinically intoxicated
- All teenagers with suicide gestures or thoughts need admission
- Maybe not

**Suicide Risk Assessment**

- No perfect tool with scores
- Suicide Assessment
  - High - admit
  - Medium - consult psych
  - Low - home with follow up
- Use static and dynamic risk factors
- Good documentation

**ED Decision Support, SPRC**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any thoughts of doing so?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you been thinking about how you might do so?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever had a plan to do so?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever attempted to kill yourself?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any serious thoughts of harming yourself?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you talked about harming yourself?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you thought about ending your life?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had a recent change in your mental health?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had a recent change in your environment?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any recent problems at work or school?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any recent problems with your family or friends?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had any recent problems with your sexual life?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Score

- Score of 3 or more indicates a high risk for suicide
- Score of less than 3 indicates a low risk for suicide

**ED Decision Support, SPRC**
Evaluation Concerns

Who Does the Psychiatric Evaluation
- ED MD
- In-house psychiatry
- ED mental health worker
- Telepsychiatry
- Community mental health
- Outside contracted mental health worker
- The bottom line is ED physician’s responsibility to ensure correct disposition

ED Risk Assessment
- Static risk factors
- Dynamic risk factors
- Protective factors
- Document thought process
- Provide appropriate discharge process to include safety planning

ACEP Clinical Guidelines
- Physicians should not use risk assessment tools in isolation
- Low risk may go home
- Appropriate psychiatric assessment, good clinical judgement
- Take into account patient, family and community factors
ED Risk Assessment

- Static risk factors
- Dynamic risk factors
- Protective factors
- Document thought process
- Provide appropriate discharge process to include safety planning

Static Risk Factors for Suicide

- Age,
- Gender
- Medical problems
- Past attempt
- Family hx of suicide
- Psychiatric illness
- Substance use disorder

Dynamic Risk Factors for Suicide

- High risk suicide attempt
  - Use of highly lethal means (guns-hanging)
  - Planned and or rehearsed ahead of time
  - Efforts to not be discovered-going to remote site
  - Suicide note-putting affairs in order
- Moderate risk
  - Use of limited # of medications or substances of abuse
  - High likelihood of being discovered or calling for help
  - Suicide note overtly manipulative or designed to gain attention
  - Ambivalence about lack of success
- Low risk attempt (gesture)
  - Taking a small number of pills
  - Attempt in front of another person
  - Happy that the attempt was not successful or feels “stupid”
### Protective Factors
- Support systems
- Pregnancy
- Parenthood
- Religiosity

### Staff Attitudes
- Anger at the patient
- Patient may provoke others into rejecting them
- Patient is just manipulative
- Denial from patient and family
- Patient’s free will
- Rescue the patient

### Evaluation Concerns
- "Suicidal behavior appears to elicit mostly negative feelings among staff members..."
- If not acknowledged and properly handled...may lead to premature discharge."
- “It is important task for staff members is to contain and work through negative feelings towards patients.”
- Key element influencing whether a patient commits suicide
Role of the ED in Patients Found to Be Suicidal

- Remove risk of self harm
  - Remove weapons, sharp objects,
  - Remove prescriptions
  - Safe environment away from windows, stairwells
- Medical & psychiatric evaluation & treatment
- Determination of risk and need for admission
- ED Interventions
  - Admitted waiting for a bed
  - Plan to discharge

ED Concerns

Precautions

- Most suicides are hangings, jumping off the building, cutting with a sharp object or OD
- Look for materials that can be weaponized
- Remove nurse call system bell cords, bandages, sheets, restraint belts, plastic bags, elastic tubing and oxygen tubing.
- Remove medications, cleaning supplies and other chemical used in EDs
- Use metal detectors to screen all patients

ED Concerns

Elopement of Psychiatric Patients

- Identify patients at high risk for elopement
  - Agitated
  - Schizophrenic
  - Bipolar
  - Involuntary admissions
- Ensure proper monitoring of patients
  - One to one observation
  - Video monitoring
  - Electronic or visual means
  - Cannot use seclusion or restrain for this purpose alone
  - Family members may assist but not responsible
- Code Green/Elopement
  - Notification of security with description of missing patient
  - Immediate search of the unit and surrounding area by unit staff
  - Notification of the patient's physician
ED Treatment Interventions


- Brief intervention
  Fleishmann: Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries but WHO 2008;6:793-798.
  - International study of 8 EDS
  - Brief intervention and enhanced follow up
  - Reduced number of deaths

- Enhanced Intervention
  - 18 month study of female Hispanic patients
  - Soap opera video, family therapy, and staff training
  - Reduced suicide re-attempts and ideation

- Rapid response
  - Suicidal adolescents in a pediatric ED
  - Rapid response team psychiatrist & RN with assessment, meds & community follow-up
  - Lower hospitalization rate

Innovative ED Treatments

Ketamine Use in Suicidal patients

- 15 suicidal patients received subanesthestic IV dose of ketamine
- 13 of 14 completely free of suicidal ideation at 10 day follow up

For Discharged Patients

ED’s Role

- Set follow up appointment in a few days
- Clear, detailed discharge plans tailored to patient, family, clinicians, case managers and payers
- Telehealth technology to monitor at home
- ED physician/nurse/social worker phone calls
- Assign a patient navigator/peer mentor
- Safety plans

- 206 parents were counseled in the ED
- Favorable impressions of counseling
- Good recall of information
- At follow up, parents locking up meds in 76% (10% before)
- 100% locked up guns (67% before)

**Take Home Points**

- Screening may have value in the ED
- Screening is not risk assessment
- Risk assessment is a significant process
- Some suicidal patients can go home
Contact Information

Leslie Zun, MD
Mount Sinai Hospital
1501 S California
Chicago, IL 60608
773-257-6957
zunl@sinaiong