

Psychiatric Emergencies in Collegiate EMS



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What we're going to talk about



- **What Are Psychiatric Emergencies on Campus?**
- **Suicide Prevention on Campus**
- **Practical Tips**

What Are Psychiatric Emergencies on Campus?



What Are Psychiatric Emergencies?



- **Suicide attempts**
 - Suicidal ideation
 - “Completed” suicides
- **Self-Injury**
- **People “off their meds”**
- **About 12% of EMS calls are psychiatric in nature (Pajonk, et al., 2008)**

Self-Injury



Deliberate or Accidental?

Intent and function (Gollust, Eisenberg, & Golberstein, 2008; Klonsky, 2007)

The ETOH patient? (Gonzalez, Bradizza, & Collins, 2009)

About 7% of college students engage in self-injury (Gollust, et al., 2008)

Common forms of self-injury

- Among general population (Favazza, 1998)

1. Cutting or burning skin
2. Banging body parts
3. Scratching
4. Interfering with wound healing

- Among college students (Gollust, et al., 2008)

1. Interfering with wound healing (36.7%)
2. Banging head or other body parts (35.8%)
3. Punching (20.7%)
4. Scratching (18.4%)
5. Biting (17.5%)
6. Cutting (11.1%)

How common is suicide among college students?



- 2003: 1100 “completed” suicides, 24,000 attempts on college campuses (Lamberg, 2006)
- 3rd leading cause of death among 10-24 year-olds (Centers for Disease Control and Prevention, 2007)
 - 2nd leading cause of death among college students Schwartz, 2006a)
- Rate of completed suicides: 6.5-7.5 per 100,000 (Schwartz, 2006a; 2006b)
- Variable rates have been found
 - 1.5% of students commit suicide; 9.5% have serious ideation (Arria, et al., 2009)
 - Others have found about 6% have ideation (Kisch, Leino, & Silverman, 2005)

Are suicidal students in treatment?



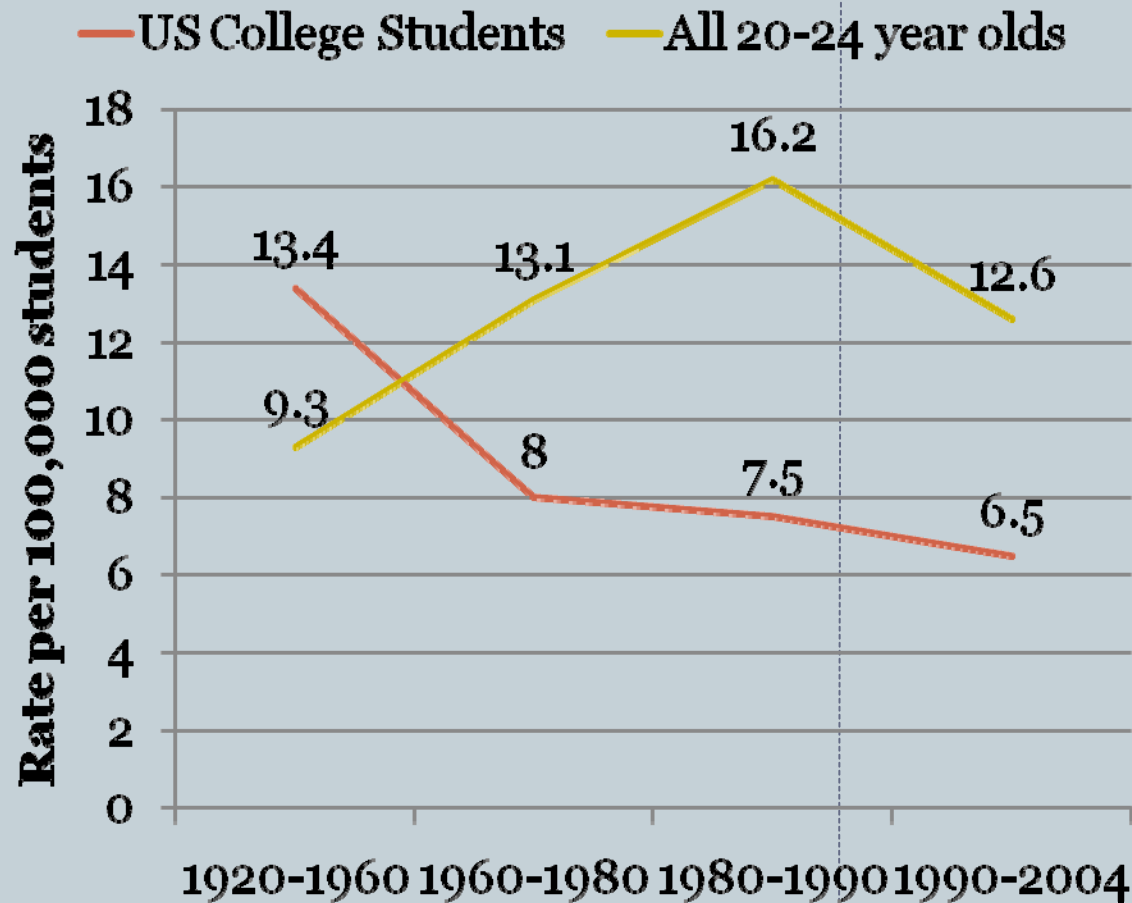
- **Short answer: No**
 - Serious ideation: 13.4% in therapy; 15.0% on meds
 - Attempts: 19.0% in therapy; 20.7% on meds (Kisch, Leino, & Silverman, 2005)
- **Why?**
 - Only 40% of those with serious ideation are being diagnosed as depressed according to the BDI (Arria, et al., 2009)
- **They should be! Students in therapy have lower rates of suicide (Schwartz, 2006a)**

Risk Factors for Suicide

- Being in an emotionally or physically abusive relationship
 - Being GLBT
 - Obesity
 - “Unwanted sexual encounters”
 - Being Asian
- (Kisch, et al., 2005)

- Depressive symptoms
 - Low levels of social support
 - Affect dysregulation
 - Father-Child conflict
- (Arria, et al., 2009)

So is suicide on the rise in college students?



- Surprisingly, no! (Schwartz, 2006a)

Suicide Prevention on Campus



Forced Leave Policies



- **Mandatory withdrawal required after suicide attempt or serious ideation**
- **Why?**
 - Schieszler v. Ferrum College (2002): “imminent probability of harm”
 - Shin v. MIT (2005): “special relationship”
- **But...Jain v. State of Iowa (2000): “non-mental health providers”**
 - “[T]he act of suicide is considered a deliberate, intentional and intervening act that precludes another’s responsibility for the harm” (quoted in Pavela, 2006)

(Appelbaum, 2006; Drum, et al., 2009; Pavela, 2006)

Are there better policies?



- Yes!
- Suicidal students are better served by college's medical policies
- Forced withdrawal has negative consequences that can lead to **increased risk** of suicide
 - Discourages treatment-seeking
 - Loss of social network support
- Nott v. George Washington University
(Appelbaum, 2006; Drum, et al., 2009)

Empirically Supported Suicide Prevention



- “The least controversial thing a university can do often is the least discussed and least pursued option: It's providing adequate mental health services.”
(Paul Applebaum in Lamberg, 2006)
- Web-based outreach (Haas, et al., 2008)
- Mandated assessment/The Illionois Plan (Joffe, 2008; Pavela 2006)
- Caution: don't use only depression as sole criteria!
(Arria, et al., 2009; Schwartz, 2006a)

An Example: The Illinois Plan



- “The Illinois program is grounded on the philosophical premise that students have **no right to threaten or inflict violence**, including violence on themselves. It also assumes that setting **reasonable behavioral limits** can be compatible with the therapeutic enterprise.” (Pavela, 2006)

Practical tips for psychiatric emergencies on campus



NOW THE MORE RELEVANT STUFF

The here and now!



- **R**apport or compassion compassion compassion

- **G**enuineness

- **R**espect

- **E**mpathy

- **C**oncreteness



(Suicide Prevention Resource Center, 2005)

The here and now cont.



- **History**
 - Psychiatric
 - Suicide attempts
- **Look for warning signs**
 - Direct or Indirect
- **Transporting**
 - Compassion and GREC
 - Don't leave the person alone!

Helping Suicide Survivors



- Although our role as EMS is the immediate patient, on “completed suicides” we can also help the “suicide survivors”
 - Establish rapport
 - Initiate grief normalization
 - Facilitate understanding of critical incident processing
 - Assist in mobilizing their support system
 - Encourage follow-through

(Lerner & Shelton, 2001b; Salvatore, 2010)

Be compassionate



Traps to avoid

- “Treat all deaths as homicides at first, even suicides” aka Crime scene processing
- Info gathering
- Interference with the scene
- Officiousness

Comments that don't help

- "It was his/her time."
- "There was nothing anyone could have done."
- "Did you know that he/she was mentally ill?"
- "I know exactly how you feel."
- "You know, you have to let her/him go."
- "All that anger will keep you from healing."
- "Don't blame yourself; it was his free choice."

(Lerner & Shelton, 2001b; Salvatore, 2010)

Short term effect on your crews

- **In the moment**
 - Awareness
 - Active listening
 - Acknowledge
- **Consider a debrief**
 - Acknowledge
 - Realize
 - Reflect
 - Strength

(Lerner & Shelton, 2001a)



Longer term effect on your crew



- Warning signs
- “Get your head right”
- Avoid retreating
- Remember: you are a *normal* person who has experienced an *abnormal* event

(Lerner & Shelton, 2001a)

Effect on campus



- **Example from Cornell: Community Support Meetings (Meilman & Hall, 2006)**
 - **Opening**
 - ✦ Description of event
 - ✦ Purpose
 - ✦ Opening Question
 - **Sharing stories**
 - **Grieving Process**
 - ✦ What “what ifs”
 - ✦ Helpful suggestions <http://www.fiercegoodbye.com/?P=52>
 - **Wrap-up**

Questions



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