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 Illinoinois Plan (Joffe, 2008; Pavela 2006)
- Caution: don’t use only depression as sole criteria! (Arria, et al., 2009; Schwartz, 2006a)
“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
The here and now!

- Rapport or compassion compassion compassion
  - Genuineness
  - Respect
  - Empathy
  - Concreteness

(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
References

References cont.


