A Cry for Help: Identifying Mental Health Emergencies

2019 Texas Emergency Management Conference
San Antonio, Texas
Dr. Sylvia Baack & Dr. Robin Keene
Learning Objectives

• Differentiate between mental health issues and mental health emergencies
• Discuss the risk factors and commonalities associated with active shooters.
• Describe how PTSD is associated with suicide ideation.
Changing history

• On August 1, 1966 at appropriately 11:35am, a young American male, Charles Whitman climbed to the top of the UT tower and killed 11 people, wounding 30 in the course of 96 terrifying minutes, after stabbing the people he loved most in the world- his wife and mother.

• Prior to this event, he wrote in his journal “Recently, I cannot recall when it started, I have been a victim of many unusually and irrational thoughts.” He paid a visit to the campus mental health counselor complaining of violent impulses.

• His suicide note requested that his brain be examined. An autopsy revealed a malignant aggressive tumor in his temporal lobe.

• His final note: 8-1-66 “I could never made it. These thoughts are too much for me.”
Mental Health or physiologic anomaly or both?

• According to the World Health Organization (WHO), People with severe mental disorders (moderate to severe depression, bipolar, schizophrenia and other psychosis) generally have a life-expectancy 10-20 year shorter than the general population.

• Most deaths are associated with physical health conditions being overlooked the focus is either on MH or a disease process such as diabetes, etc.

• Some diseases are directly related to brain tumors or other neurological injury.

• Most (if not all) health care systems have separate treatment facilities.

Mental Health Prevalence-Adults

- Nearly one in five adults (44.7 in 2016)
- Higher among women than men
- Young adults 18-25 have the highest prevalence
- Highest among adults reporting two or more races, followed by American Indian/Alaska Native
- Lowest among Asian group
- Many may not be counted as they do not seek treatment

Mental Health Prevalence - Adolescents

- 49.5% of adolescents 13-18
- Highest among the 17-18 year old female
- Diagnosis in early childhood can be difficult as children process events differently.
- Genetic disposition and stress induced experiences early in life can lay an unstable foundation for mental health that endures into adulthood.
- Toxic life stressors elevate the risk of very serious mental health problems as an adult.

  - Center on developing Child, Harvard University
Mental Health Prevalence Demographics

- Approximately 1 in 5 adults in the U.S.—43.8 million, or 18.5%—experiences mental illness in a given year.¹
- Approximately 1 in 25 adults in the U.S.—9.8 million, or 4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.²
- Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%.

According to the National Association for Mental Illness (NAMI) https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
Mental Health Prevalence Demographics

- 1.1% of adults in the U.S. live with schizophrenia.\(^4\)
- 2.6% of adults in the U.S. live with bipolar disorder.\(^5\)
- 6.9% of adults in the U.S.—16 million—had at least one major depressive episode in the past year.\(^6\)
- 18.1% of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias.\(^7\)
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness

According to the National Association for Mental Illness (NAMI) [https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers](https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers)
Mental Health Prevalence Social Stats

• Approx. 26% of homeless adults staying in shelters have serious mental illness, 46% have severe mental illness and/or substance abuse disorder.
• About 20% of state prisoners and 21% of local jail prisoners have a “recent history” of a MH condition.
• 70% of youth in juvenile justice systems have at least one MH condition, and 20% live with a serious mental illness.
• 59.6% of children aged 8-15 with a MH condition received MH services within the previous year.

According to the National Association for Mental Illness (NAMI) https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers
Risk Factors: What to look for

- Children: Brain development
- Teens (unprovoked moodiness)
- Gamers, social isolation
- Adults (Late onset, manifestations)
- Personality disorders (Narcissists; sociopaths, detachment)
- Sleep deprivation
- Reports of bullying, inability to cope
- Poverty
- Trauma
- Gender
- Developmental delays
- Lack of parental involvement/low attachment
- Genetics
- Poor coping skills: resilience
The debate over video games...

- There is some debate as to whether violent video games are linked to violence.
- 14 mass murders have been linked to violent video games, but is it the game or the person and mental illness?
- Adam Lanza-Sandy Hook elementary; Jacksonville, Florida-August 26, 2018 Shooting at video game 3 fatalities, 11 injuries.
- Some experts disagree (CNN)
- If someone is always on their phone, Facebook, Ipad and detached from society…what is their reality?
Social Media and development

- Exposure to violence, inappropriate sexual content
- Can decrease learning and academic performance
- Less physically fit
- Average child sees more than 20,000 commercials per year
- Cyberbullying (Suicide risk)
- Effect on mental health of teens goes up as use goes up

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2792691/
Other risk factors

- Exposure to violence, inappropriate sexual content
- Apathy, detachment, “don’t fit in”
- Less physically fit/active, lack of Vitamin D “The Vitamin D Solution”. Used to be ordered for children. May contribute to Mental Health issues.
- Cyberbullying (Suicide risk)
- Pesticides, dyes in foods, preservatives? (Linked to ADHD in children)
  
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3441937/

- Effect on mental health of teens goes up as use of video games increases

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2792691/
Detachment and Mental illness in Adults

• On September 27, 2012, Andrew Engeldinger went on a shooting rampage after being fired, killing the business owner, three fellow employees, the UPS driver and then himself.
• 1986 US Postal Service shooting in Edmond, Oklahoma, 15 fatalities, 6 injured.
• 2015 San Bernardino mass shooting, 14 fatalities, 21 injured.
• Shootings accounted for 394 workplace homicides in 2016 according to the Bureau of Labor Statistics.
Incivility and lateral violence

• In the workplace and at school
• Incivility impact nurses’ physical, emotional and psychological health across 4 populations (students, nurses, academic faculty and nurse managers), (Crawford et al., 2019).
• Students and new graduates have difficulty coping with and alleviating uncivil behaviors often exit the profession (Crawford et al., 2019).
• Intellectual courage, speak up and tell others…it’s not ok.
Incivility and lateral violence

- The bottom line is incivility and lateral violence affects organizational culture no matter where it occurs and could create a toxic work environment that indirectly leads to (Crawford et al., 2019):
  - Call in’s (making work dangerous); fiscal consequences related to turnover
  - Lack of morale; decreased teamwork;
  - Apathy (lack of attention to detail—again, could be dangerous)
  - Exhaustion from picking up the slack
  - Even those with very positive dispositions will eventually succumb
Tactics for decreasing incivility

• It takes a village
• Be supportive of others, and let them know it’s not ok to behave uncivilly (tactfully-it appears your having a bad day today…is there anything I can do to help?)
• A change in mindset
• Emotional Intelligence & Crucial Conversation skills
• Don’t take things personally!
• Don’t take things home with you, leave them at the door
• Be present and listen when someone is voicing concerns
Mental Health Emergencies

- According to the University of Baltimore a MH emergency (or crisis) occurs when someone’s mental or emotional condition results in behavior that poses an imminent danger to that person or to someone else, whether that danger is life threatening or not.
- exhibiting suicidal intentions, plans or attempts.
- exhibiting homicidal intentions, plans or actions.
- loss of contact with reality, which may include hallucinations,...
- disorientation, extreme confusion, unresponsiveness, uncontrolled behavior, extremely irrational or incoherent speech.

Strategies for de-escalation

• Unload emotional baggage
• Try to understand why a person is lashing out or feels a certain way
• If they are a “friend” or family, are they value added?
• Look at yourself, “Adversity shows a man to himself”
• Be proactive, take anger management classes, meditation, see a MH counselor
• Set expectations-be clear and leave no room for speculation
• Unchecked emotion, may be a sign and lead to suicidal ideations
Attempted suicides vs. Suicidal ideations

- A suicidal ideation is the thought of the act of suicide, and usually includes the means by which one would consider the act of suicide.
- A suicide attempt is an actual attempt at suicide and typically involves going through the act.
- A suicide completion results in death by one’s own hand or deliberately by inflicting harm that would result in one’s death.
Suicidal ideations

- Sometimes perceptions are skewed, they may not see things as they are.
- Walking off a balcony
- Flipping a machine on themselves
- Walking into traffic
- Hanging
- Drowning
- Stabbing
- Burning self
- Pills
- Shooting
- Cutting
- Forcing police to shoot them
- Jumping off a building or an overpass
- Rat poison
- Antifreeze
- May be caused by PTSD
Post traumatic stress disorder (PTSD)

- Military
- Witness to a trauma (or participant in a trauma).
- May be triggered by sight, smell, a song, feeling of nostalgia
- Among first responders: "It's just one traumatic thing after another that just gets piled up and pretty soon it becomes too much," Abbruzzese said. "Police officer, military, firefighter, paramedic, whatever it is. No matter how good at your job you might be, we're still human and there's a limit to what you can be exposed to day in and day out before there's a problem." Laura Abbruzzese, Licensed profession Counselor in Waco, Specializes in first responder trauma and PTSD.
PTSD

• Talk about it: Debrief as soon as possible.
• Seek assistance if needed, talk to a MH professional, family, friend, get help from AA, or Alanon.
• Have a strong support system (family, friend, faith, etc).
• "That incident, on its own, is tragic for the one person," Abbruzzese said. "But then for all the people who witnessed it, whether or not they were already suffering from PTSD, there is the risk of developing it from witnessing something like that."
• Suicide ideations are not uncommon after repeated traumatic events and/or repeated triggers.
Suicide…the facts

• According to The Joint Commission, hospital suicides are under-reported and difficult to track (Williams, Schmaltz, & Castro et. al., 2018).

• Inpatient suicides account for 5% of all suicides, most occur on MH units.

• Most in-patient suicides occur by hanging, 50% in the BR; patient room; closet, or shower, about 1/3 occur during 1:1 observation or 15 minute rounding!! (American Journal of Psychiatry, 2003)

• There is a greater risk of suicide within 7 days of discharge from a Mental Health inpatient setting.
According to the National Institute of Mental Health (NIMH), suicide is a major public health concern.

Over 40,000 people die in the US every year.

It is the 10th leading cause of death overall.

The WHO indicates that 800,000 people worldwide die of suicide every year.

Risk for suicide include, but are not limited to: Hopelessness, pain, addiction, domestic discord, lack of purpose, lack of social interaction, MH disorders, PTSD, lack of support, friends, homelessness.
Prevalence among active duty military

- Prevalence among active duty military service members
  - Among active duty (Kime, 2019): Experienced the highest suicide rates since 2012.
  - 321 Active-duty members took their lives:
    - 57 Marines a 25% increase from 2017
    - 68 Sailors (Navy)
    - 58 Airmen (Air Force)
    - 138 soldiers (Army)
Suicide and the Veteran population

• The US Department of Veterans Affairs has reduced the number of in-hospital suicides from 4.2 per 100,000 to 0.74 per 100,000 admissions on mental health units (Watts, et al, 2017).

• This is an 82.4% reduction, suggesting that elimination of means is a successful method of prevention.

• VA takes a proactive stance on suicide prevention, even offering mental health to “other than honorable” discharge Veterans for up to 1 year.
Youth & suicide

• After school one day an 8 year old boy from Cincinnati hung himself with a necktie. His parents alleged that he had been bullied.
• From 1999 to 2015 1309 children ages 5 to 12 took their lives in the US according to the CDC.
• ADHD (had similar symptoms in those with bipolar disorder), and was a factor in 60% of attempts and completions.
• 33% of youth that committed suicide had depression.
• Sometimes you don’t see it coming: Justice
What is the tipping point??

- Adolescents who spend more time on social media and electronic devices such as smartphones were more likely to report mental health issues.
- Those participating in non-screen activities like sports and person to person interactions were less likely.
- Suicides is the SECOND leading cause of death for ages 10-24 and 12-18 according to the CDC. Prp.jasonfoundation.com
- Four out of 5 teens who attempt suicide have given clear warning signs.
- The youngest person to ever commit suicide was 6 years old. She was sent to her room and hung herself from a crib.
Prevalence in older adults

- Older adults are less likely to be screened for impulsivity and means of suicide by general medical providers (Simons et al, 2019).
- 82% of older adults who die by suicide have seen a physician within the last 3 months of life and 1/3 had seen one during the week of their suicide.
- The homicide-suicide rate among elders is twice as high as the homicide-suicide rate among young adults.
- More than 90% of elderly patients who die by suicide have depression or mental illness.

(Wright, et al., 2016)
Older Adults

• Research suggests that as many as 82% of older adults who committed suicide had seen a physician within the last 3 months of life, and 1/3 had seen a physician within a week (Office of the US Surgeon General, national Action Alliance for Suicide Prevention, 2012).

• Approximately 14% of older adults experience depressive symptoms, 13.5% have major depression.

• May be rarely screened by primary care or ED.
What can you do?

- Recognize the signs: may manifest as, memory loss, distractibility, irritability and disorientation.
- Depression lasting longer than 2 weeks and occurring daily - Is NOT normal.
- Depression may manifest as frailty (fatigue, weight loss, slowing of gait, decreased activities, loss of appetite, interrupted sleep and loss of interest in daily activities.
- Make time for them, plan actual activities-visit your elderly neighbors.
In hospital suicides

- 8% of suicides occur in Emergency Departments.
- Approximately 1,500 inpatient suicides occur in the United States each year.
- Remove means such as call bell cords, plastic bags, elastic and oxygen tubing.
- Within the last week there were 3 suicides at VA Hospitals (they were outpatient).
First Responders and suicide

- First responders, including police and firefighters, are more likely to die from suicide than in the line of duty.
- In 2017 at least 103 firefighters and 140 police officers took their own lives, whereas 93 firefighters and 129 police officers died in the line of duty.
- These estimates are low, and the Firefighter Behavioral Health Alliance estimates that approximately 40% of suicides are actually reported.
- The report indicates that only 3-5% of US Law enforcement agencies have suicide prevention training programs. US New
First Responders and suicide

• According to the Substance Abuse and MH Service Administration (SAMHSA) it is estimated that 30% of first responders develop BH/MH conditions, including depression, PTSD, as compared to 20% of the population.

• In a study about suicidality, firefighters were reported to have a higher attempt and ideation rates than the general population (Stanley et al., 2016)

• Badge of Life (2016) estimates between 125-300 police officers commit suicide every year.
What can we do?

• NIHM recommends 5 interventions for a person exhibiting suicidal behavior(s):

• **Ask**: Are you thinking about killing yourself? It’s not an easy question but studies show that asking does not increase suicides or suicidal thoughts.

• **Keep them safe**: Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. Removing or disabling the lethal means can make a difference.

• **Be there**: Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce than increase suicidal thoughts.

• **Help them connect**: Save the National Suicide Prevention Lifeline’s number (1-800-273-TALK (8255) in your treatment planner and/or phone, readily accessible when you need it. One can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

• **Stay Connected**: Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

- National Institute for Mental Health
Negative thoughts come and go

• Get involved in your community (be a mentor, big brother, big sister)
• Exercise—it releases endorphins (mood elevating hormones)
• Stay busy (take a class that interests you, wake up with a purpose—write it down), find your niche and happy place
• Read up lifting books, articles, take a self-help class.
• Listen to uplifting music
• Make friends! We have become such an isolated society. Get a pet.
• There is life out there…get engaged!
Resilience

- Country Song: If you are going through Hell, keep on going!
- Let go of unhealthy thoughts. Keep busy-do math (engage a different part of your brain).
- Meditation
- Seek alternative remedies: Auricle acupuncture, Battlefield acupuncture.
- Don’t obsess about a terrible event, how can you learn from it and move on? Can something positive come out of it? (i.e. volunteering, helping others that have gone through a similar event)?
Summary

- Play nice with others
- Be kind, as you never know what someone’s breaking point is.
- Be engaged, try to help others.
- *Everything can be taken from a man but one thing, the last of human freedoms-to choose one’s attitude in any given set of circumstances, to choose one’s own way.* Viktor Frankl (Holocaust Survivor)
References


References


