Clerkship Orientation
First Day of Psychiatry

Learning Objectives:
1. Indications for psychiatric hospitalization
2. Voluntary vs. Involuntary admissions
3. Discuss “duty to warn”
4. Management of agitated patients
5. Elicit, describe, and precisely record the components of the Mental Status Exam & Mini-Mental Status Exam using appropriate terms

Readings:
1. Lehrer D., Kay J., *Four Decades of Psychiatry; Hospital Physician*, September, 1997 pp 11-15
7. “Fat Lady” from Love’s Executioner and Other Tales of Psychotherapy, Yalom I; 1989, pg 87-106

Optional Readings:
8. Pocket Handbook of Clinical Psychiatry, Kaplan & Sadack
   Psychiatric Examination: History, Mental Status, and Clinical Signs and Symptoms, Chapter 2, pp 10-26
Psychiatry Orientation: On Call Assessment

David Schilling, M.D.

This Lecture
- Why admit someone
  - voluntarily
  - involuntarily

Audience Participation
- Would you admit a patient with...
  - A. Schizophrenia who hears voices talking about sports
  - B. Major depression who has thoughts of killing himself
  - C. Unclear diagnosis who you can’t understand because he says things like “murdered my dog”
  - D. Panic disorder who begs “Please help me, I’m going to die if you don’t. I can’t take it anymore.”
  - E. PTSD who says, after recounting his latest fight with his wife, “I could just kill the bitch.”

Why Admit Someone?
- Danger to self
- Danger to others
- Unable to care for self
- Involuntary admission
- New reason—6/08
  - Illness leads to lack of insight, without tx is expected to deteriorate to the point of engaging in dangerous conduct

Danger to self
- Strongest predictor of suicide is psychiatric illness; > 90% of people who commit suicide have a diagnosable illness at the time of their death
- 2/3 of patients who commit suicide have seen a physician within a month of their death
- Suicidal thoughts are very common; up to 1/3 of people have these thoughts at some point in their lives

Assessing suicide
- Later lecture on this
- Passive vs. Active Suicidal ideation
- Lethality: high risk of harm, low chance of rescue
- Plan, preparations, impulsiveness
- Prior attempts:
  - Why is the patient still alive? Low risk/high rescue? Luck? Parallels to current situation?
Audience Participation

- 45 yo vet presents to HVA, says he is suicidal, no specific plan but just knows he will do something if not admitted: irritable towards you;
- Past history of 4 admissions in past 6 months due to suicidal ideation; no history of any suicide attempts;
- Does not follow up for out patient treatment
- Should this patient be admitted?

What else can you do?

- What to do when you get a vague history
  - Options
    - non-judgemental confrontation of patient
    - "I'm having difficulty understanding what is happening with you, can you be more specific? By knowing the specifics I can best help you."
  - Details
    - collateral sources of information: old records, family, friends

Audience Participation

- 50 yo female pt with history of bipolar disorder. Admitted to medicine service 2 days ago following suicide attempt by Tylenol OD. She took 20 pills after a conflict with her husband. Told her husband. Denies wanting to die now, says she made a mistake. Wants to go home. Does not want to be admitted.
- Should pt be admitted voluntarily? Should pt be admitted involuntarily?

Admit this patient?

- Suicide attempt by Tylenol OD
- After a conflict
- Told husband
- Denies wanting to die
- Lethality level?
- Impulsive act
- Changed her mind & got help
- No longer suicidal

Duty to Protect

- When a pt presents a serious danger of violence toward others, therapist incurs an obligation to use reasonable care to protect the intended victim
- May result in need to warn intended victim, to warn others who can warn intended victim, to notify police, to do whatever steps are reasonably necessary under the circumstances

Danger to Others

- threat: clear or vague
- danger: serious or marginal
- victim: identifiable?
- Imminent danger?
To begin, a brief review of the original Tarasoff case may be useful. In the fall of 1968, Prosenjit Poddar, a graduate student at the University of California, Berkeley, met a fellow student, Tatiana Tarasoff, at a school dance. They began to date weekly, and after several dates he kissed her. Poddar believed that the relationship was serious, but Tarasoff rebuffed him. Increasingly preoccupied with ruminations about Tarasoff, Poddar became withdrawn and tearful and was unable to concentrate on his course work. By the summer of 1969, with Tarasoff away in South America doing field work, Poddar went to the university’s health service for evaluation of his worsening depression.

The psychiatrist who evaluated him decided that Poddar did not require inpatient hospitalization but prescribed a low-dose antipsychotic and referred him to a psychologist for weekly outpatient therapy. In one of the early therapy sessions, Poddar expressed the fantasy of harming—perhaps even killing—an unnamed girl, readily identifiable as Tarasoff. The therapist discovered through a third party that Poddar had been thinking of buying a gun. Very concerned about the potential for violence, the psychologist consulted with his supervising psychiatrist as well as with the psychiatrist who had initially evaluated Poddar. After concluding that Poddar required hospitalization, the psychologist telephoned and then wrote to the campus police, asking for their help in apprehending him; the health service filled out the commitment forms. The campus police went to Poddar’s apartment and questioned him about his violent intentions; he vehemently denied any potential threat. Finding him “rational,” the campus police warned Poddar to stay away from Tarasoff and departed. The therapist and psychiatrists decided not to pursue the commitment farther. Poddar never returned to the health service for his next appointment.

Subsequently, Poddar moved into an apartment with Tarasoff’s brother. Two months after the aborted attempt to commit him, Tarasoff returned from South America. One night Poddar went to her home, where Tarasoff’s mother told him that she was not there and asked him to leave. Poddar returned later, armed with a pellet gun and a butcher knife, and found Tarasoff home alone. She refused to speak with him and began to scream. Poddar then shot her with the pellet gun, and as she ran from the house, he chased her and stabbed her to death with the butcher knife. Poddar was charged with first-degree murder. Tarasoff’s parents filed a negligence suit against the campus police and the University health service clinicians, arguing that Poddar should have been detained and that Tarasoff should have been informed of his threats.
Audience participation

- "My ex-wife no longer deserves to live. Tonight I shoot the bitch."
- "Same sex marriage is morally offensive and all gays should not be allowed to live."
- I hate my boss, my co-workers and everything about my post office job. I'm gonna take my AK-47 and shoot anything that moves when I get there."

Danger to Others

- Verbal or physical threats/menacing
- Past recent history of violence: personal or property
- Carrying/obtaining weapons or potential weapons
- Progressive psychomotor agitation
- Paranoia or command auditory hallucinations
- Excessive alcohol use
- Brain injury-frontal lobe

Unable to care for self

- Tarasoff case: confidentiality vs. duty to protect
- Did the therapist fulfill the duty to protect?
- 2nd case

Why Admit Someone?

- Danger to self
- Danger to others
- Unable to care for self
- Involuntary admission

Unable to care for self

- Inability to know to "come in out of the rain"
  - Situations of inability to give informed consent
  - Dementia, mental retardation, legally incompetent
- Psychosis that unintentionally leads to dangerous situations
- "Agitation" or "out of control" behavior: impulsive, grossly inappropriate behavior
**Involuntary Admission**

- **Parens patriae**
  - state has a parental responsibilities for its citizens
- **Police power**
  - state has a responsibility to maintain control and order among its citizens

**Involuntary Admission**

- **Petition**
  - done by anyone except whoever does certificate
- **1st Certificate**
  - done by a physician, clinical psychologist or other qualified examiner
- **2nd certificate**
  - Psych M.D. with at least 3 years of training
- **Court hearing**
  - ideally done, or at least set up, within 5 days of the 1st certificate

** Audience participation**

- Would you admit a patient with...
  - A. Schizophrenia who hears voices talking about sports
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  - C. Unclear diagnosis who you can't understand because he says things like "murdered people, put dagby"
  - D. Panic disorder who begs "Please help me, I'm gonna die if you don't. I can't take it anymore."
  - E. PTSD who says after recounting his latest fight with his wife: "I could just kill the bitch"
PETITION FOR INVOlUNTARY/JUDICIAL ADMISSION

STATE OF ILLINOIS

CIRCUIT COURT FOR THE _______ JUDICIAL CIRCUIT

_______ COUNTY

IN THE MATTER OF ____________

______

(name of person)

Docket No. ______

Who is asserted to be a person subject to ________________ admission to a facility and for whom (judicial/involuntary)

this petition is initiated by reason of:

☐ Emergency admission by certificate. (405 ILCS 5/3-600)

☐ Admission by court order. (405 ILCS 5/3-700)

☐ Voluntary patient submitted written notice of desire to be discharged. (405 ILCS 5/3-403)

☐ Voluntary patient failed to reaffirm a desire to continue treatment. (405 ILCS 5/3-404)

☐ Patient continues to be subject to involuntary admission. (405 ILCS 5/3-813)

☐ Emergency admission of the mentally retarded. (405 ILCS 5/4-400)

☐ Judicial admission of the mentally retarded. (405 ILCS 5/4-500)

☐ Developmentally disabled client or an interested person on behalf of the client submitted written objection to admission. (405 ILCS 5/4-306)

☐ Administrative client (or person who executed application) failed to authorize continued residence. (405 ILCS 5/4-319)

☐ Client continues to meet standard for judicial admission. (405 ILCS 5/4-611)
I assert that ____________________________________________ is:

☐ A person who is mentally ill and who because of his or her illness is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future.

☐ A person who is mentally ill and who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm.

☐ A person who is mentally retarded and is reasonably expected to inflict serious physical harm upon himself or herself or others in the near future.

☐ In need of immediate hospitalization for the prevention of such harm.

I base the foregoing assertion on the following (provide a detailed statement including a description of any acts or significant threats supporting the assertion and the time and place of their occurrence. Additional page(s) may be attached as necessary):


Below is a list of all witnesses by whom the facts asserted may be provided (include addresses and phone numbers):


I ☐ do ☐ do not have a legal interest in this matter.

I ☐ do ☐ do not have a financial interest in this matter.

I ☐ am ☐ am not involved in litigation with the respondent.

☐ No certificate is attached because after diligent effort it was impossible to locate someone legally authorized to issue the certificate.
I have read and understood this petition and affirm that the statements made by me are true to the best of my knowledge.

Date __________________________ Signed __________________________

Relationship to respondent Address __________________________

Listed below are the names and addresses of the spouse, parent, guardian, close relative or, if none, a friend of the respondent. If names and addresses are not listed below, describe efforts made to identify and locate these individuals.

Signed __________________________ Title __________________________

Within 12 hours of admission to the facility under this status I gave the respondent a copy of this Petition (MHDD-5). I have explained the Rights of Admittee (MHDD-5 continued) to the respondent and have provided him or her with a copy of it. I have also provided him or her with a copy of Rights of Recipients (MHDD-1) and explained those rights to him or her (405 ILCS 5/3-609).

Date __________________________ Signed __________________________

Time __________________________ Title __________________________

RIGHTS OF ADMITTEE

1. If you have been brought to this facility on the basis of this petition alone, you will not be immediately admitted, but will be detained for examination. You must be examined by a qualified professional within 24 hours or be released.

2. When you are first examined by a physician, clinical psychologist, qualified examiner, or psychiatrist, you do not have to talk to the examiner. Anything you say may be related by the examiner in court on the issue of whether you are subject to involuntary or judicial admission.

3. At the time that you have been certified you will be admitted to the facility and a copy of the petition and certificate will be filed with the court. A copy of the petition shall also be given to you.

MHDD-5 (continued)
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If you are alleged to be subject to involuntary admission (mentally ill) you must also be examined within 24 hours excluding Saturdays, Sundays, and holidays by a psychiatrist (different from the first examiner) or be released. If you are alleged to be subject to involuntary admission the court will set the matter for a hearing.

If you are alleged to be subject to judicial admission (mentally retarded) the court will set a hearing upon receipt of the diagnostic evaluation which is required to be completed within 7 days.

If you are alleged to be subject to involuntary admission (mentally ill) and if the facility director approves, you may be admitted to the facility as a voluntary admitted upon your request any time prior to the court hearing. The court may require proof that voluntary admission is in your best interest and in the public interest.

If you are alleged to be subject to judicial admission (mentally retarded) and if the facility director approves, you may decide that you prefer to admit yourself to the facility rather than have the court decide whether you ought to be admitted. You may make the request for administrative admission at any time prior to the hearing. The court may require proof that administrative admission is in your best interest and the public interest.

You have the right to request a jury.

You have the right to request an examination by an independent physician, psychiatrist, clinical psychologist, or qualified examiner of your choice. If you are unable to obtain an examination, the court may appoint an examiner for you upon your request.

You have the right to be represented by an attorney. If you do not have funds or are unable to obtain an attorney, the court will appoint an attorney for you.

You have the right to be present at your court hearing.

As a general rule, you do not lose any of your legal rights, benefits, or privileges simply because you have been admitted to a mental health facility (see your copy of RIGHTS OF RECIPIENTS. MHDD-1). However, you should know that persons admitted to mental health facilities will be disqualified from obtaining Firearm Owner's Identification Cards, or may lose such cards obtained prior to admission.

A Guardianship and Advocacy Commission has been created, which consists of three divisions: Legal Advocacy Services, Human Rights Authority and Office of State Guardian. The Commission is located at the following addresses:

Egyptian Regional Office
47 Cottage Drive
Anna, Illinois 62906
618/833-4897

East Central Regional Office
2310 East mound Road, Unit D
Decatur, Illinois 62526
217/675-6185

North Suburban Regional Office
9511 Harrison Avenue, FA101
Des Plaines, Illinois 60016
708/294-4264

Metro East Regional Office
Pine Cottage
4500 College Avenue
Alton, Illinois 62002
618/462-4561

Peoria Regional Office
5407 North University, Suite 7
Peoria, Illinois 61614
309/693-3801

Rockford Regional Office
4302 North Main Street
Rockford, Illinois 61103
815/987-7177

West Suburban Regional Office
P.O. Box 7005
Mines, Illinois 60141-7009 (U.S. Mail)
708/338-7500

 folded Mental Health Center
Pavilion 9
Mines, Illinois 60141 (Messenger Mail)
CERTIFICATE

(name)

I personally informed the above-named individual of the purpose of this examination and that he or she did not have to speak to me, and that any statements made might be related in court as to the individual's clinical condition or need for service. Additionally, if this examination was for the purpose of determining that the above-named individual is mentally retarded and dangerous, I informed the individual of his or her right to speak with a relative, friend or attorney before the examination, and of his or her right to have an attorney appointed for him or her if he or she so desired.

Signature

On __________________, 19____, at ________ a.m. or p.m., I personally examined the above-named person. The examination was conducted at ___________________________ (name of location)

Based on the foregoing examination it is my opinion that he or she is:

☐ A person who is mentally ill and because of his or her illness is reasonably expected to inflict serious physical harm on him or herself or another in the near future.

☐ A person who is mentally ill and who because of his or her illness is unable to provide for his or her basic physical needs so as to guard him or herself from serious harm.

☐ A person who is mentally retarded and is reasonably expected to inflict serious physical harm on him or herself or others in the near future.

I base my opinion on the following (include clinical observation and factual information):

I believe that the person is subject to (check one):

☐ involuntary admission and is in need of immediate hospitalization

☐ judicial admission and is in need of immediate hospitalization

Date ___________________________ Signature ___________________________

Title ___________________________ Printed name ___________________________
First Day of Clerkship Review Questions:

- Discuss the indications for psychiatric hospitalization, including the presenting problem and its acuity, risk of danger to patient or others, community resources, and family support.
- Summarize the process of admission to a psychiatric hospital, specifically a) the implications of voluntary vs. involuntary commitment status, b) the principles of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment and the role of the physician in obtaining it.
- Develop a differential diagnosis, conduct a clinical assessment, and recommend management for a patient exhibiting suicidal thoughts or behavior.
- Summarize the elements of informed consent, determination of capacities (e.g., to consent to treatment, to manage funds), and the role of judicial or administrative orders for treatment.
- Discuss duty to warn.
- Discuss classes, indications, and associated risks of medications used for management of acutely psychotic, agitated, and combative patients.
- Discuss the non-pharmacologic components of management of acute psychosis, agitation, and combative ness.
- Identify the indications, precautions, and proper use of restraints.
- Elicit, describe, and precisely record the components of the mental status examination, including general appearance and behavior, motor activity, speech, affect, mood, thought process, thought content, perception, sensorium, and cognition (e.g., state of consciousness, orientation, registration, recent and remote memory, calculations, capacity to read and write, abstraction), judgement and insight.
- Use appropriate terms associated with the mental status examination.
- Use the five axes of the DSM-IV in evaluating patients.
- Discuss the stigma associated with psychiatric illness and its effects on treatment.