Psychiatry Orientation: On Call Assessment

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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 “mirtz wheedle 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”.

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

- 45y/o 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 outpatient 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 y/o 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?
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
Audience participation

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

- What does this mean?
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
Why Admit Someone?

- Danger to self
- Danger to others
- Unable to care for self
- Involuntary admission
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**
- **1st Certificate**
- **2nd certificate**
- **Court hearing**

- Done by anyone except whoever does certificate
- Done by a physician, clinical psychologist or other qualified examiner
- Psych M.D. with at least 3 years of training
- ideally done, or at least set up, within 5 days of the 1st certificate
Audience participation

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