How Aware Are You? Putting the Spotlight on Behavioral Health

On any given day a patient could walk into your facility and threaten to commit suicide. You try to be prepared for any situation including one like this, but your resources are limited and your staff can only handle so much. So what do you do?

Non-psychiatric settings are not always equipped to manage behavioral health patients due to minimal staff training, a lack of support and resources, a singular focus on medical conditions and a variety of other reasons. It is important, still, to know a few strategies or tactics that can help you manage patients with mental illness who present themselves as suicidal, have threatened to harm others, or just can't cope and are seeking help. In the current state of the behavioral health landscape, it may take several hours to find appropriate placement for a patient in a psychiatric facility, so you and your staff may have to provide safe care in the meantime while also ensuring the safety of your staff and visitors.

The following are a few ideas to help you build a behavioral health plan and better prepare yourself and your staff for an encounter with a patient who has an increased risk for harm:

Be able to identify at-risk patients

Awareness of at-risk patients is key. Providers and staff should be able to identify the common signs and behaviors that place a patient at higher risk for trying to harm himself/herself or others. This knowledge will help you recognize early on if you need to alter your style of care or prepare for a potential situation:

- Verbal Signs: Talking about suicide, feeling trapped or hopeless, experiencing unbearable pain, or being occupied with death, dying or violence

- Behavior-specific Signs: Withdrawing from social contact; wanting to be left alone; doing risky or self-destructive things, (ex. using drugs or driving recklessly); saying goodbye to people as if he/she won't be seen again

- Moods to Look for: Depression, loss of interest, rage, irritability, humiliation and anxiety

- Mental Health Conditions that Increase a Patient's Risk for Harm: Depression, bipolar disorder, schizophrenia, anxiety disorders, substance disorders, and serious or chronic conditions or pain

Have knowledge of a few basic strategies

Strategies centered on managing at-risk patients vary, but the most important thing you can do is listen to the patient and ask what he/she needs. Specific strategies to consider adding to your training and education include:

- Discussion Strategies: Empathize; acknowledge and validate; listen; set small, simple goals by using clear instructions and asking simple questions

- Resource Strategies: Use collateral resources; try not to manage the situation alone; call the National Suicide Prevention Lifeline; locate the appropriate contact list for help; call the patient's loved ones

- Strategies for Your Approach: Do not stare; do not touch the patient unless absolutely necessary; do not stand over the person

Create a training plan

Training and education are crucial to making sure staff are properly prepared to manage an at-risk patient and recognize the warning signs for early intervention. The following are suggested elements and actions to get you started with your training program:

- Review of policies and procedures

- Education on early recognition of behavior warning signs

- Awareness of risk factors

- De-escalation and self-defense techniques

- Examples of documentation

- Standard response action plan for violent situations

- Role-playing, simulations, table top exercises and drills using evidence-based training techniques

- Re-evaluate training annually

CLARITY

This sample list of self-assessment questions will help you evaluate the current risks at your organization and gain a better understanding as to how well you are equipped to manage patients at risk for self-harm or to others.

Self-assessment Questions	Yes/No/NA	Comments
1. Have you conducted a walk through to evaluate the physical risks within your setting? Do you conduct this type of risk assessment annually?		
2. Do you regularly assess the environment of care processes such as hand-offs and speak with staff about their concerns?		
3. Do you have an effective behavioral health training competencies program in place?		
4. Does your organization provide the necessary behavioral health resources to staff? Do providers know who and what these resources are and how to reach them?		
5. Do you conduct regular drills simulating a patient who is at risk of harm to self or others?		
6. Do you have written behavioral health-related protocols?		
7. Do you have a written workplace violence prevention program?		
8. Are there established guidelines regarding medical record documentation and have they been shared with the staff?		
9. Do you have a formal process and an appointed person(s) to conduct a debriefing and learning from defects after an incident occurs?		
10 Are your staff equipped to conduct a Root Cause Analysis after an incident occurs?		
11. Is there an annual training program that focuses on the requirements of the use of restraints, seclusion or medication as they relate to the treatment of behavioral health patients?		