

G02: Mental Health Conditions

Phil Yoon and Mike Sugimoto

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Introduction

A mental health condition is characterized by a varying degree of disorder of thought, mood perception, orientation, memory deficits that causes significant impairment of judgment, altered capacity to recognize reality, or the ability to complete activities of daily life. Patients that suffer from depression, anxiety disorders, schizophrenia, bipolar disorder, or a situational crisis may experience an acute psychiatric episode.

A number of socioeconomic factors and stressors derived from personal, social, economic, toxicological and geographic issues can play significant exacerbating roles to underlying mental health conditions.

Patients with mental health disorders must at all times be treated with respect, understanding, empathy, and patience.

Essentials

- Ensure safety at all times. Continually re-assess the environment for changing risk factors. Identify dangers for paramedics, patients, and bystanders. Be prepared to rapidly leave the scene if necessary.
- Consider underlying causes of abnormal behaviour: see [CPG F01](#) for altered levels of consciousness.
- High-risk symptoms, necessitating paramedic intervention, include: suicidal ideation, self-harming behaviors, intentional overdose or poisoning, abnormal cognitive impairment, or altered perceptions (i.e., hallucinations or delusions).
- Patients who are intoxicated or cognitively impaired may not be capable of making informed decisions about their own care.
- **Never assume patients do not have a legitimate medical complaint.**

Additional Treatment Information

- Carefully consider the history of illness, and search for underlying diseases or processes that might result in the abnormal behaviour. Carbon monoxide poisoning, hypoglycemia, hypoxia, head trauma, endocrinological conditions, and seizures may produce mental health-like symptoms.
 - → [E01: Diabetic Emergencies](#)
 - → [F02: Seizures](#)
 - → [J02: Carbon Monoxide](#)
- For patients expressing suicidal ideation or thoughts, the degree of suicidality may be reflected by previous suicide attempts, suicide planning (such as notes or a preconceived method of harm), and a lack of future orientation.
- If the scene becomes unsafe at any time, withdraw immediately and seek additional resources. Do not re-engage with the patient or bystanders unless police are in attendance. Violent or extremely agitated behaviour from a patient is inherently high-risk: these patients must be evaluated in hospital.
- For patients with altered levels of consciousness:
 - → [F01: Altered Levels of Consciousness](#)
- For severely agitated patients, consider chemical restraint.
 - → [G01: Extreme Agitation and Excited Delirium](#)

Referral Information

Some patients with mental health challenges may have a care plan in place, with appropriate support structures. Paramedics may engage these support structures to determine an appropriate disposition for patients, which may include not transporting to hospital in consultation with CliniCall.

Patients who exhibit high-risk behaviors or symptoms must be transported.

General Information

- The probability of a successful outcome is increased significantly if paramedics exercise patience and work collaboratively with patients, their families, and any other care providers at the scene.
- Assessment of patients with behavioural symptoms must include the following elements:
 - Level of consciousness
 - Attention
 - Memory
 - Cognition
 - Affect and mood
 - Current socioeconomic situation
- Competent patients retain the right to refuse transport or treatment. Patients are not considered competent if:
 - They are likely to cause harm to themselves
 - They are likely to cause harm to others
 - They are significantly disabled due to an acute illness or injury
 - They are intoxicated due to alcohol or drugs
 - They are unable to answer or complete any of the following questions:
 - What is your name?
 - Where are you right now?
 - What day is it?
 - If a patient is not deemed competent, but represents a significant risk of harm to self or others, CliniCall consultation is mandatory.
 - Section 28 of the British Columbia *Mental Health Act* empowers law enforcement officers to apprehend and transport a patient to be formally evaluated by a physician, if in the officer's opinion the patient:
 - Is acting in a manner likely to endanger that person's own safety, or the safety of others, and;
 - Is apparently a person with a mental disorder.
 - The officer does not have to personally observe the patient's behaviour. The officer may act on information obtained from family members, health professions, or others.

Interventions

First Responder

- Establish safety of personnel and the patient
- Verbally attempt to de-escalate situation, and offer reassurance
- Facilitate enacting the patient's care plan if available
- Conduct a full history and physical assessment required to rule out underlying medical conditions

Advanced Care Paramedic – All FR, EMR, and PCP interventions, plus:

- For patients with non-combative anxiety, consider
 - [MIDAZOLam](#)
 - ECG acquisition to rule out rhythm or ischemic abnormalities
 - [→ PR16: 12-Lead ECG](#)
 - Vascular access
 - [→ D03: Vascular Access](#)

Evidence Based Practice

[Psychiatric: Depressed/Suicidal](#)

