

Management of Psychiatric Emergencies: Challenges to Disability Service Coordinators

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Information To Be Discussed

1. What is a psychiatric emergency?
2. Who is likely to experience a psychiatric emergency?
3. How likely is it that this will occur on my campus?
4. What is the role of the campus DSC?
5. What problems will be encountered in management of a psychiatric emergency?
6. How can DSC's be instrumental in managing psychiatric emergency situations?

Identification of Student with Potential Need

Psychiatric emergency situations often manifest themselves through an episode of student on student violence, or student violence to self, and will be experienced on every college campus in the United States during any given academic year.

Definition of Severe Mental Illness

- Severe mental illness refers to a subset of psychiatric disorders, specifically psychotic disorders and major affective disorders, that are characterized by severe and persistent cognitive behavioral, and emotional symptoms that reduce daily functioning.
- Studies report that despite medication and other treatment, symptoms periodically worsen and short-term hospitalization is required.

(DSM IV-TR- Diagnostic and Statistical Manual of Mental Disorders, 4th Edition)

Prevalence of Problem

1. U.S. Center for Disease and Prevention “There are higher rates of chronic health conditions, including depression and sadness, among people with disabilities.”
2. Approximately 9.3 percent of students in postsecondary education in 2000 had disabilities.
3. In the 2006 National College Health Assessment 43.8% of the 94,806 students surveyed reported they “felt so depressed it was difficult to function” during the past year, and 9.3% said that they had “seriously considered suicide” during the year.

Disability type in postsecondary education:

- **learning disabilities (30%)**
 - **orthopedic disabilities (25%)**
 - **hearing loss (16%)**
 - **vision loss (16%)**
 - **mental illness and depression (14%)**
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- National Center for Educational Statistics (2003). *The condition of education 2003*. Washington, DC: US Department of Education.

Prevalence

- **Perpetration of violence and violent victimization** are more common among persons with severe mental illness than in the general population.
- **Victimization is a greater** public health concern than perpetration.
- The discipline's focus on perpetration among inpatients may contribute to **negative stereotypes**.

(Psychiatric Services, 59:154-164, 2008)

Navigating the competing roles and expectations requires the use of knowledge, skill, and a fair amount of intuition.

Challenges

Interventions in crisis situations present numerous challenges to the professional charged with maintaining the integrity of the anti-discrimination oath *while.....*

- **protecting the privacy** of those with mental illness
- **ensuring safety** of the individual and entire campus
- **assessing the risk** of violence
- **ethical considerations**

Protecting Privacy

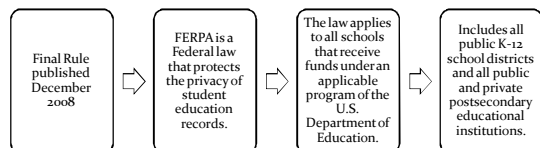
- Privacy laws for mental health professionals are more extensive than for other campus officials.
- HIPAA-Health Insurance Portability and Accountability Act
- FERPA-Family Educational Rights Privacy Act of 1974
- STATE STATUTES on releasing confidential information with or without consent
- PROFESSIONAL CODES OF ETHICS

HIPAA

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule

- ❖ One of the major goals of HIPAA was to establish national standards for protecting medical records and other personal health information.
- ❖ Certain disclosures are allowed without consent or authorization under HIPAA and FERPA, especially those related to health and safety emergency situations.

Family Policy Compliance Office Family Educational Rights Privacy Act



Treatment Records

At postsecondary institutions, medical and psychological treatment records of eligible students are excluded from the definition of "education records" if they are made, maintained, and used only in connection with treatment of the student and disclosed only to individuals providing the treatment.

HIPAA or FERPA?

- FERPA applies to most public and private postsecondary institutions and, thus, to the records on students at the campus health clinics of such institutions.
- These records will be either education records or treatment records under FERPA.
- Education and treatment records are excluded from coverage under the HIPAA Privacy Rule, even if the school is a HIPAA covered entity.

HIPAA vs. FERPA

What are the Penalties?

FERPA Penalties

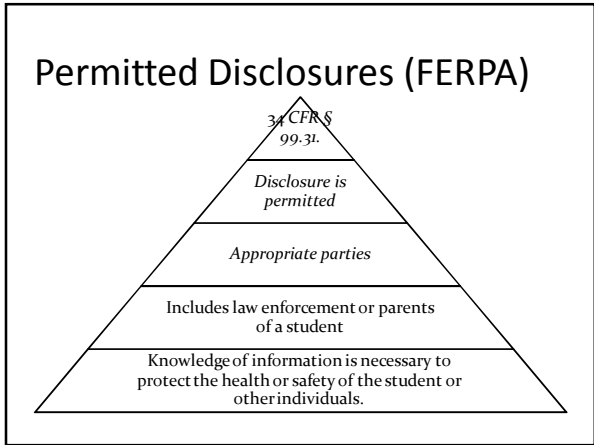
- Institutional Sanctions
- Loss of Federal Funding

HIPAA Penalties

- Security: Maximum of \$25,000
- Privacy: \$50,000-\$250,000, one year in jail;

FERPA (§ 99.36)

- May disclose information from education records to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals **WHEN...**
- There must be a rational basis for the determination
- The threat must cause concern for the health or safety of a student or other individuals.
- Must be an articulable and significant threat
- The Department (U.S. Dept. of Education) will not substitute its judgment for that of the educational agency or institution in evaluating the circumstances and making its determination.



State Privacy Laws and Ethical Considerations

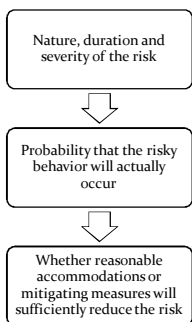
- The limits of clinician-client confidentiality are defined by licensure rules, professional codes of ethics and standards of practice, and state and federal laws.
- See Code of Ethics of the National Association of Social Workers, revised 2008.

Ensuring Safety

A student whose behavior poses a significant risk to the health or safety of others, according to the OCR, or constitutes a high probability of substantial harm, not just a slightly increased, speculative, or remote risk.”

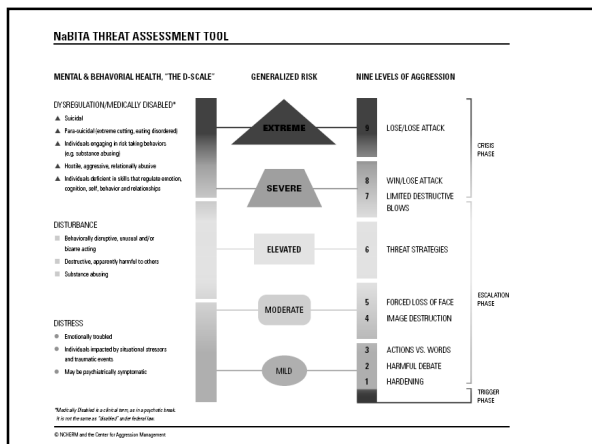
Determination requires an individualized and objective assessment of the student’s ability to safely participate in the [IHE’s] program based on a reasonable medical judgment relying on the most current medical knowledge and/or the best available objective evidence.”

Assessing Risk



Internal Behavioral Assessment Teams

1. College campuses nationwide have responded to increased risk of violence through development of campus safety initiatives
2. Core function is threat assessment and early intervention
3. Assess for potential harm to self (suicide) and harm to others (homicide)
4. Focus on skill set of mental health counselors, less emphasis on law enforcement



Measures of Mental Health-Related Risk—The “D” Scale

Distress

- Emotionally troubled (e.g., depressed, manic, unstable)
- Individuals impacted by actual/perceived situational stressors and traumatic events
- Behavior may subside when stressor is removed or trauma is addressed/processed
- May be psychiatrically symptomatic if not coping/adapting to stressors/trauma

DISTURBANCE

- Increasingly behaviorally disruptive; unusual, and/or bizarrely acting
- May be destructive, apparently harmful or threatening to others
- Substance misuse and abuse; self-medication

DYSREGULATION

- Suicidal (thoughts, feelings, expressed intentions and ideations)
- Parasuicidal (extremes of self-injurious behavior, eating disorder, personality disorder)
- Individuals engaging in risk-taking behaviors (e.g., substance abusing)
- Hostile, aggressive, relationally abusive
- Individuals deficient in skills that regulate emotion, cognition, self, behavior, and relationships

MEDICAL DISABILITY

(a parallel level of risk to dysregulation)

- Profoundly disturbed, detached view of reality
- Unable to care for themselves (poor self care/protection/judgment)
- At risk of grievous injury or death without an intent to self-harm
- Often seen in psychotic breaks

5 Levels of Risk

Mild Risk

Disruptive or concerning behavior
Student may or may not show signs of distress
No threat made or present

Moderate Risk

Repeated disruption-behavior is concerning
Possible threat made or present
Threat is vague and indirect
Information about threat or threat itself is inconsistent
Threat lacks realism
Content of threat suggests threatener is unlikely to carry it out

Elevated risk

Seriously disruptive incident(s)
Exhibiting clear distress, more likely disturbance
Threat made or present
Threat is vague and indirect, but may be repeated or shared
Information about threat or threat itself is inconsistent, implausible or lacks detail

Severe Risk

Disturbed or advancing to dysregulation
Threat made or present
Threat is vague but direct, or specific but indirect (type of threat v. object of threat)
Likely to be repeated or shared with multiple reporters
Information about threat or threat itself is consistent, plausible or includes increasing detail of a plan (i.e., time, place)
Threat likely to be repeated with consistency (may try to convince listener they are serious)
Content of threat suggests threatener may carry it out

Extreme Risk

Student is dysregulated (way off their baseline) or medically disabled
Threat made or present
Threat is concrete (specific and direct)
Likely to be repeated or shared with multiple reporters
Information about threat or threat itself is consistent, plausible or includes specific detail of a plan (i.e., time, place), often with steps already taken
Threat may be repeated with consistency
Content of threat suggests threatener will carry it out (reference to weapons, means, target)
Threatener may appear detached

THE NaBITA 2009 WHITEPAPER, Brett A. Sokolow, J.D., W. Scott Lewis, J.D., Carolyn Reinach Wolf, Esq., Brian Van Brunt, Ed.D., John D. Byrnes. This Threat Assessment Tool is being shared as a free resource to commemorate the launch of the National Behavioral Intervention Team Association (NaBITA). Additional copies are available for free at www.nabita.org.

Enforcement by the Office of Civil Rights

- The Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973 are the major federal laws in this area
- State laws may add further protection
- Title VIII of the Civil Rights Act of 1968 (Fair Housing Act) applies to decisions regarding students who live in residence halls or other university housing

OCR Recommendations

- IHEs to make an individualized determination in each situation
- The scope of intervention specific to the student's particular se
- Due process followed throughout investigation
- Opportunity for the student to appeal

Emergency Preparedness

- **Early identification and prevention** of students experiencing emotional distress
- **Train gatekeepers**- provide education on campus (everyone!) in identification of a student "in trouble"
- **Stimulate campus-wide cultural change** that de-stigmatizes mental health, removes barriers, and encourages help-seeking behavior
- **Crisis Management** by having resources in place for managing acute emergencies (emergency response, professionals to perform assessment, and crisis stabilization hospitals/centers)
- **Respond** with comprehensive postvention program
- **Establish** policies and implement programs (including medical leave and re-entry) that respond to suicide attempts and high-risk behavior
- **Create** interface between disciplinary process and counseling
- **Collaboration** with Counseling Services, Health Services, Residence Staff

Resources

- *Campus Mental Health: Know Your Rights* is a guide for college and university students to your legal rights when seeking mental health services. The guide is available online at www.bazelon.org/l21/rightsguide.htm
- Gallagher, Robert (2007). *National Survey of Counseling Center Directors*. The International Association of Counseling Services, Inc.; Available at www.collegecounseling.org.
- Sokolow, J.D., Lewis, W. Scott, Reinach, J.D., and VanBrunt, Brian, and Byrnes, John, The NaBita Whitepaper (2009). *Threat Assessment in the Campus Setting*. Additional copies are available for free at www.nabita.org.
- The Jed Foundation. (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York, NY: The Jed Foundation.

