

G02: Mental Health Conditions

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Introduction

A mental health condition is characterized by: a varying degree of disorder of thought, orientation, or mood perception; memory deficits that cause significant impairment of judgment; altered capacity to recognize reality; or the inability 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 be treated with respect, understanding, empathy, and patience.

Essentials

Never assume patients with mental health conditions do not have a legitimate medical complaint.

- Ensure safety at all times. Continually reassess the environment for changing risk factors. Identify dangers for paramedics and EMRs/FRs, patients, and bystanders. Be prepared to rapidly vacate the scene if necessary.
- Consider underlying causes of abnormal behaviour: see [F01: Altered Levels of Consciousness](#).
- High-risk symptoms necessitating paramedic or EMR/FR intervention include: suicidal ideation; self-harm behaviours; intentional overdose or poisoning; abnormal cognitive impairment; or altered perceptions (e.g., hallucinations or delusions).
- Patients with mental health conditions who are intoxicated or cognitively impaired may not be capable of making informed decisions about their own care.

Additional Treatment Information

- Carefully consider a 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.
 - → [F01: 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 a 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

General Information

- The probability of a successful outcome is increased significantly if paramedics and EMRs/FRs 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 conveyance 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?
 - **CliniCall consultation required if a patient is deemed competent but still represents a significant risk of harm to self or others and is declining conveyance to hospital (1-833-829-4099).**
 - Section 28 of the British Columbia *Mental Health Act* empowers law enforcement officers to apprehend and convey 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

Emergency Medical Responder – All FR interventions, plus:

- **CliniCall consultation required if a patient is deemed competent but still represents a significant risk of harm to self or others and is declining conveyance to hospital.**

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

Depressed Suicidal

Supportive

- [Field medical clearance](#)

Neutral

Against

