Behavioral Emergencies
A Police & EMS Perspective

Jason King
Chief of Police, Darlington
EMT-B, RMAS

An Applicable Subject Matter:

• We all experience changes in our mood.
• The U.S. has the highest lifetime rate of bipolar according to an 11 nation study by the NIMH.
• Roughly 6 million Americans diagnosed – millions more undiagnosed.
• Does not discriminate.
• 2nd leading cause of disability in the world!

Bipolar. What is It?

bi-po-lar
[bahy-poh-lar]

adjective
1. having two poles, as the earth.
2. of, pertaining to, or found at both polar regions.
3. characterized by opposite extremes.
1. Mental Health Disorder
2. Causes unusual shifts in
   - Mood
   - Energy
   - Activity levels
   - Ability to achieve daily tasks

If left unmanaged...

It can lead to serious problems in every aspect of one’s life:
- Financial problems
- Alcohol or substance abuse
- Legal problems
- Relationship problems
- Isolation and loneliness
- Poor work or school performance
- Violent or suicidal behavior

Frequency & Severity of mood swings:

Different for everyone—

Could be once or twice a year or several times per day.

Could be extreme depression or mania.
Signs of Depression (occurring for at least 14 days):

- Feeling sad or empty, tearful
- Significant loss of interest
- Significant weight changes
- Difficulty sleeping or sleeping too much
- Agitation; or slowing down of thoughts and reduction of physical movements
- Fatigue or loss of energy
- Feelings of worthlessness or inappropriate guilt
- Poor concentration or having difficulty making decisions
- Thinking about death or suicide

Signs of Mania (occurring for at least a week):

- Flying suddenly from one idea to the next
- Rapid, "pressured," and loud speech
- Increased energy, with hyperactivity and a decreased need for sleep
- Inflated self-image, grandiose
- Excessive spending
- Hypersexuality
- Substance abuse

There’s no known cause, no known cure, and it’s a long term diagnosis.

Doctors have cause to believe...

- It’s hereditary
- Traumatic life events may trigger it
- Imbalanced hormones may trigger it
- Imbalanced neurotransmitters may cause it
Prehospital Management:

- Psychosis is not a separate disease
  - Brain no longer interprets reality correctly
  - Interfere with our field assessment

Patient Assessment
- Scene Size up
- You are dispatched for a report of an ill male. The wife called for assistance.
- Upon arrival wife meets you in front of home:
  - One male patient, age 44
  - Hasn’t slept in two days
  - Agitated for ten days
  - Throwing things

Is the scene safe?
- Safety is paramount
  - Don’t assume you can control the situation
  - Behavior is unpredictable
  - “I’m being attacked.”
Scene Safety Continued:

- Steps to consider
  - Are the police needed?
  - Keep an escape route
  - Don’t turn your back
  - Are there weapons?
  - Move the patient to your turf.

Initial Assessment Interacting with patient:

- Be quiet, soft spoken, calm
- Don’t crowd the patient
- Rapport
- Respectful
- Concise & Confident
- Be thick-skinned
- Don’t lie or participate in their delusions
- Don’t leave the patient alone.

History & SAMPLE:

- As a field EMT you will need to act like a detective:
  - Inspect for meds
    - Anti-psychotics (Abilify)
    - Benzodiazepines (tranquilizers, Valium)
    - Anti-depressants (Prozac)
    - Mood stabilizers (Lithium)
  - Assess patient appearance & surroundings
    - Obesity
    - Presence of alcohol or drugs
    - Patient is unkempt
    - Evidence of suicidality
  - Time of onset?
    - Less than 24 hours, probably not manic
• Rule out other possible medical issues
  – Consider all behavioral emergencies to be altered mental status until proven otherwise
  What else could it be?
  Diabetic
  Head trauma
  Fever
  Shock
  Substance Abuse
• Heart EKG – some psych meds cause arrhythmia
• Restrain & Transport (don’t remove restraint)
• Only do what you can do safely
• Ask them if they are considering hurting themselves. How?

How can the police help?
• Chapter 51
  – Emergency Detention
    • Mental Illness + danger to self or others
• Arrest
• Restraints
• Scene Safety
• Ride with to E.R.

In Conclusion:
  Mental Health & Behavioral Emergencies are becoming a normal part of our profession
  Do not be judgmental – be professional
  Be caring and careful
QUESTIONS?