Patients suffering from a mental health emergency present the EMS personnel with multiple challenges. EMS personnel need to address the patient’s physical and emotional needs in a professional manner to ensure safe transport to appropriate medical care.

**GENERAL**

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- scene assessment
  - assess environmental concerns for possible contaminants or hazards
  - locate a safe environment to which the patient could be brought
  - ensure safety for all EMS personnel and bystanders
  - ensure the scene is safe prior to entering
  - remove patient or have patient removed from the potentially hostile environment
- scene assessment should be ongoing, as per Scene Assessment Guideline
- approach the patient in a calm manner and present a professional, positive, concerned image
- primary survey
  - ask for the patient’s permission to perform assessments and treatments
- consider load and go
- secondary survey
  - treat injuries if the patient’s condition and scene situation permits
  - assess the patient’s general behaviour
    - general appearance
    - rate of speech
    - easily distracted or not
    - appropriate responses
    - level of orientation
    - mood
    - fearful or violent demeanour
- perform glucometry if EMS personnel are certified to do so and the patient has an altered mental status
  - initiate treatment as indicated
• initiate transport
  • if required, police should accompany the patient in the ambulance
• on scene times should be kept to a minimum
• allow the patient to assume a position of comfort, if not contraindicated by injuries
• keep the environment as quiet as possible
• do not use emergency lights and siren unless indicated by injuries
• transport the patient to the nearest appropriate health care facility
• notify the receiving facility of the patient’s status
• monitor the patient en route
• treat other life threatening conditions en route
• report all findings to the receiving facility staff, and document on the patient care report

If there is evidence of immediate danger
• ensure protection for self, other EMS personnel, bystanders, and the patient
• be prepared to leave the scene immediately if it is unsafe
  • use of police backup should be considered if indicated by the patient’s behaviour, and, if necessary, to render care
• load and go should be initiated
• if required, police should accompany the patient in the ambulance

If there is no evidence of immediate danger
• obtain and record pertinent medical history, if possible, including
  • prescription and non-prescription medications
    • has the patient taken the medications as prescribed?
  • possible organic causes for behaviour (e.g. brain tumor, chemotherapy, diabetic complications)
  • previous psychiatric history
  • other medical conditions
  • ingestion of alcohol or drugs
    • type, quantity, when ingested
  • obtain as much collateral history as possible from family, friends, and bystanders
    • this information may be useful in managing the patient now or at a later time

If there is evidence of potential suicide
• every suicidal act or gesture must be taken seriously
• police must be contacted
• listen to the patient
• if possible and safe to do so, discreetly remove dangerous articles
• do not be afraid to ask direct questions about the patient’s suicidal thoughts
• do not trust sudden or rapid recoveries
• provide specific actions that should be taken to resolve the immediate situation and to transport the patient to medical care
• never leave the patient alone
• a suicidal patient may not be capable of making an informed decision to refuse transport (see Refusal of Care Guideline)
  • if a decision is made that a patient requires medical treatment and is unable to make an informed decision and the patient must be transported against their wishes
    • police must make this decision
    • consultation with on scene EMS personnel or Regional Medical Director is advised
if there is concern or the EMS personnel question the patient’s ability to make an informed decision, physician on-line medical control with the Regional Medical Director (or physician designate) should be used

if a patient requires transport to a health care facility and all attempts to calm the patient are unsuccessful, a decision must be made whether to restrain the patient during transport

if a decision to restrain the patient is made

- EMS personnel should not restrain the patient – refer to Refusal of Care Guideline
- refer to the Refusal of Care Guideline for procedure and documentation requirements related to patient restraint

NOTE

- one EMS personnel must assume control of the situation if they are first on the scene
  - multiple people attempting to intervene may increase the patient’s confusion and agitation

- forcibly restraining an acutely agitated patient places the patient at significant risk of deterioration and even death
  - police officers should be requested to restrain patients and to accompany the restrained patient to the hospital in the ambulance
  - close monitoring of the restrained patient's vital signs and cardiorespiratory status is imperative

- alcohol or drug ingestion, and many injuries and illnesses can present as psychiatric disorders
  - a thorough history and physical assessment is necessary for every patient

- talk to the patient
  - use a quiet, supportive voice
  - reassure the patient
  - avoid accusations or judgmental statements
Dealing with a Patient Undergoing a Mental Health Crisis

- be prepared to spend time with the patient
- be as calm and direct as possible
- provide clear self identification
- interact with the patient in a direct, honest manner
  - do not lie to the patient
  - explain procedures in simple but clear terms
- never assume it is impossible to talk with any patient until it is attempted
- move slowly when approaching and caring for the patient
- if possible, assess the patient in their own environment prior to any intervention or transport
- if safety considerations allow, interview the patient in an area which permits some privacy
  - EMS personnel should not interview the patient where the patient and EMS personnel are out of sight of other members of the emergency response team
- if safety considerations permit, sit down to interview the patient and attempt to talk to them at their level
  - EMS personnel should position themselves to maintain a safe distance from the patient and are free to move away from the patient if required
- allow the patient to tell their story in their own way
- be professionally and optimistically interested in the patient’s story
- use words of encouragement
- show respect and consideration for the patient’s story
- maintain a non-judgmental attitude
- provide honest reassurance
- make a definite plan of action
  - orient the patient to what is happening
  - prepare the patient to take action to address their problem
  - do not confront the patient with decisions but indicate that the actions are in the patient’s best interests
- encourage some motor activity on the part of the patient, injuries permitting
  - monitor the patient for safety concerns
  - monitor for difficulties moving
- stay with the patient at all times
- have police restrain patient only if necessary for personal protection and protection of the patient (see Refusal of Care Guideline)