**MENTAL HEALTH NOTES 2019**

**PSYCHIATRIC EMERGENCIES**

**Psychiatric emergency is a condition where there**

**SUICIDE**

**Definition**

An act of deliberate self-harm leading to death. An act that transcends all age groups, gender cultural communities and social divisions.

In most cases its preventable and there are alternatives for those who are considering taking their own lives.

Why people take away their lives

Block unbearable emotional pain which is caused by a wide variety of problems. So depressed that they see no other options and better choice they could make.

Feel terribly isolated and because of their distress they may not be able to think of anyone they can turn to, which can further their feelings of isolation. They give warning signs in the hope that will be rescued, because for many they are intent on stopping their emotional pain not in dying.

Immediate action should be taken if the thoughts are persistent

**Common methods used.**

* + Hanging
	+ Use of agricultural chemicals
	+ Drug overdose
	+ Drowning
	+ Falling from a height
	+ Gunshots
	+ Falling in front of a speeding vehicle
	+ Setting one ablaze

**Types of suicide**

1. **Suicide pacts**

Two individuals agree that each will take his /her own life at the same time, who are at a close relationship mainly between lovers

1. **Copycat suicide**

Group of suicides which occur in the same period over a relatively short period of time using the same methods. Usually triggered by emotionally vulnerable persons by the suicide of a cultural icon such as a star, entertainer, a charismatic, political or religious leaders

1. **Mass suicide**

Have been reported usually with religious cults. Example the year 2000 march more than a 1000 members of a religious cult died in a mass suicide/murder orgy. From the restoration of the ten commandments of God in South-West Uganda.

1. **Vengeance suicide**

Individual in a position of powerlessness undertakes to take his/her life in order to exert revenge on another person who is usually in a powerful position. The person who commits suicide hopes to get revenge via the condemnation of the alleged oppressors by the society.

**Risk factors**

1. **Gender**

Suicide rates are higher in males than females

**b. Age.**

Suicidal risks Increases with age.it is rare in children under the age of 12 years and becomes more common after puberty. Recorded after 20th birthday.

1. **Genetics and financial factors**

Higher in families that have had suicide attempters than psychiatric patients

1. **Mental illness**

In nine (9) out of ten (10) suicide cases have a mental illness such as depression, alcoholism ,schizophrenia and personality disorders. Untreated disorder is the leading cause.

1. **Physical illness**

Especially those associated with stigma, negative outcome, A lot of physical pain, disfiguration and debilitation. Examples are the HIV/AIDS, cancers, diabetes, epilepsy, brain damage, spinal injury etc.

1. **Major loss**

Loss of a loved one, job, status.

1. **Others**

Divorce, exam stress, harassment, bullying and separatioN

**1B. ATTEMPTED SUICIDE**

Parasuicide and deliberate self- harm are terms which can be used to describe non-fatal acts of self-harm. People who attempt can have a differring degree in their wish to die and different suicidal acts as involve different degree to life. Those who have attempted suicide are of a greater risk eventually dying by suicide and the number of attempts made increases the likelihood of eventually dying by suicide.

Methods of attempted suicide

* + Self- poisoning; use of medications such as benzodiazipines, tranguilizers, analgesics and anti-acids
	+ Hanging
	+ Drowning
	+ Falling from a height

**Danger signs**

* + Threatens to hurt or kill oneself
	+ Accumulating pills so as to kill self
	+ Having a definite plan on how to he/she intends to kill self
	+ Telling final wishes to someone close. Let’s eat together now because we never meet again
	+ Feeling hopeless, restless, agitated
	+ Signs of depression
	+ Making suicidal notes
	+ Seeing no reason for living.

**How to help oneself**

* + Talk to someone about your issues, fears and worries
	+ Talk to listener
	+ Talk to a doctor
	+ Talk to a mental care team
	+ Contact emergency services.

**How to help a suicidal individual**

* + Enquire about suicidal ideas
	+ Approach a health worker who will then undertake necessary assessment
	+ Listen to the persons distress

**Failure to do nothing may lead to unnecessary loss of a life**

* + Be there for the person and be involved
	+ Do not dare them to do it
	+ Do not act shocked at their words
	+ Be open about suicide and do not avoid the issue
	+ Do not be afraid to ask

**How to find out if someone is suicidal**

Ask the following questions

* + How do you feel today?
	+ Do you ever feel hopeless?
	+ Do you have thoughts of death?
	+ Do you have any actual suicidal impulses?
	+ Do you have any actual plans to kill yourself?
	+ Have you ever made any suicidal attempt in the past?

**Common misconception about suicide**

* + People who talk about suicide will not do it
	+ Anyone who tries to kill themselves must be crazy
	+ People who have unsuccessfully attempted suicide are only seeking attention
	+ If a person is determined to kill themselves nothing is going to stop them
	+ People who complete suicide are people who were unwilling to seek help.
	+ Talking about suicide may give someone the idea.

**Management**

Be aware of certain signs which may indicate that the individual may commit suicide such as;

* + Suicidal threats
	+ Writing a will, farewell letters
	+ Giving away treasured articles
	+ Closing bank accounts
	+ Appearing peaceful and happy after a period of depression
	+ Refusing to eat and maintain personal hygiene

**Monitoring the patients safety needs.**

* + Take all suicidal threats or attempts seriously and notify psychiatrist.
	+ Search for toxic agents such as drugs /alcohol
	+ Do not leave the drug tray within the reach of the patient. Make sure all the daily medications are swallowed
	+ Remove any objects that can be used to commit suicide such as straps, belts and neck ties.
	+ Patient should never be left alone in a room. Should always be kept together with others
	+ Close monitoring of the patient at all times 24/7.
	+ A particular nurse should be assigned to monitor the patient in every shift.
	+ Use of a suicidal caution card, to ensure accountability and constant observation of the patient and proper handing over.
	+ Patient to be provided with company and encouraged to voice out their feelings
	+ Encourage him/her to vent out their feelings and suicidal ideas
	+ If suicidal tendencies are severe patient should be kept under sedation

**Management of attempted suicide in the hospital**

* + Assess for vital signs and if necessary clear the airway.
	+ If in shock start intravenous fluids.
	+ Position the patient in a recovery position
	+ Institute emergency measures in case of any inflicted injuries
	+ Transfer the patient to the medical centre.

**In cases of death**

* + Leave the body of the victim where it has been found.
	+ A police case do not tamper with the body
	+ Inform the relevant authorities
	+ Record the incident accurately
	+ Contact the relatives/guardians and inform them
	+ Hand over the patient’s property to the concerned authorities.
	+ Carry out the institutional formalities concerning death certificates
	+ Senior staff to discuss the incident with other staffs and reassure them.
	+ Other patients to be transferred away from the incident site-location.
	+ Keep other patients engaged in games and recreational activities
	+ Observe any change in their behavior and report to the psychiatrist if need b

**AGGRESION AND VIOLENCE**

Definitions;

 Aggression; A form of physical or verbal behavior leading to self-assertion .often angry and destructive and intended to be injurious, physically or emotionally and aimed at domination of one person by another .May arise from innate drives and/or be a response to frustration and may be manifested by overt attacking and destructive behavior, by overt attitudes of hostility and obstructionism or by a healthy self-expressive drive to mastery

 Violence; Behaviour involving physical force intended to hurt, damage, or kill someone or something

Etiology

1. Organic psychiatric disorders like delirium,dementiawernicke-korsakoff’s psychosis
2. Other psychotic disorders like schizophrenia, mania, panic disorders,withdrawal from alcohol and drugs,epilepsy acute stress ,and personality disorders

Management.

A violent and aggressive patient is usually brought in by relatives or friends tied up with ropes or in chains a large proportion of the aggression and violence is due to the patient feeing humiliated for being tied up in this manner.first talk to the patient to establish that he /she responds. Be kind and firm. Do not act like a hero .let the chains remain as you prepare to sedate the patient. Take a brief history form the relatives or those accompanying the patient. Sedate the patient by administering i.v diazepam 20-40mg pus i.m chlorpromazine 100-200mg.When sedated ,do a thorough physical examination and rule out any injuries and if present take care of them. Seclude the patient in a strong room for his safety from other patients.

**COMMON DRUGS USED IN TREATMENT OF MENTALLY ILL PATIENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DRUG | EXAMPLES | MODE OF ACTION | SIDE EFFECTS | REMARKS |
| Antipsychotics | **Phenothiazines**1.Chlorpromazine-300-1000 mg daily2.Trifluoperazine(stellazine)5-10 mg daily3.Thiomdazine (Melleril)150-300mg daily**Non-phenothiazine**1. Haloperidol-5-15 mg daily2. Thiothixene 6-60 mg daily3. Zoxapine 60-250 mg dailyMolindone 50-400 mg daily | They act by blocking dopamine receptors in the brain hence reducing the psychotic symptoms  | 1.Drowsiness2. Orthostatic hypotension3. Dystonia (spasms of face, neck, back eye, arms and legs)4. Oculogyric crisis (fixed upward gaze from spasm of oculomotor muscles)5. Opisthotonus (hypertension of the back from spasm of back muscles)7. Akathesia or continuous motor restlessness8. Akinesia or lack of body movements especially arms.9. Pseudo parkinsonism (shuffling gait, mask- like facial expression, tremor, rigidity and akinesia10.tardive dyskinesia (wormlike movement of the tongue, frequent blinking and involuntary movement of the tongue, lips and Jaw11. Rare ones(Aggranulosis, oral monoliasi, dermatitis, Jaundice)12. Weight gain, decreased libido, impotence, impaired ejaculation in males.13. Decreased thermoregulation | NB. These drugs should be given a. six months for 1st psychotic episodeb. one year for second episodec.Indefinite period for third and later psychotic episodes**The drug should be discontinued through tapering the dosage to avoid dyskinesia.**CONTRA-INDICATIONS* Comatose
* Glaucoma
* Prosthetic hyperplastic
* Acute myocardial infarction
 |
| Antidepressants | 1. **Tricyclic**

1.Amitriptyline 75-300 mg daily2.Imipramine 100-300 mg daily1. **Tetra-cyclic**

1.Maprotiline (ludiomil) 75-300 mg1. **monoamine Oxidase inhibitors**

1.Marplan2.Nardil | Act by increasing the epinephrine and serotonin | mostly from the tricyclics and monoamine oxidase inhibitors--dry mouth, blurred vision, tachycardia, nausea, oedema, hypotension, constipation,**specific for tricyclics are*** allergic reactions such as skin rash and jaundice
* tachycardia
* tremors
* bone marrow depression, fever, sore throat and aching

**specific for MOI*** liver damage
* manic episodes
* hypertension crisis
 | 1.Minimum dose should be given and then increased gradually2.4-6 weeks should be allowed for any change to be observed3. Medication needs to be continued for 6 months after the patient is free from depression.contra-indications1.Glaucoma2.Agitated state3.Urinary retention4.Cardiac disorders 5.Seizure disorders |
| Anxiolytics | 1. Buspirone
2. Novel anxiolytics
3. Benzodiazepines

(Diazepam 10-50 mg daily and Lorazepam) | Acts on GABA receptors hence increasing GABA levels which has an inhibitory neurotransmitters.Has a calming effect on CNS reducing anxiety.**Causes**; sedation, muscle relaxation and elevation of seizure threshold. | * Tolerance
* Dependence
* Withdrawal syndrome
* Dry mouth
* Nausea
* Vomiting
* Abdominal and gastric distress
* Diarrhea
 | contra-indicationsshould not be combined with other CNS depressants**caution on**the elderly, depressed and history of substance abuse |
| Ant-parkinsonians | 1. Benztropine (Cogentin) 0.5-6mg daily
 | counteracts the side effects of major tranguilizers | * Dry mouth
* Constipation
* Urine retention
* Blurred vision
* Disorientation
* Confusion
 |  |

**ELECTROCONVULSIVE THERAPY (ECT)**

Founded by Ugo Cerletti and Lucio Bini in 1938.

**Requirements**

1. Physical examination, chest x-ray and spinal cord

2. An electrocardiogram (ECG) and electroencephalogram (EEG) may be done.

3. Informed consent

4. 6 hours starving

5. Removal of any metallic objects

6. Administration of atropine 0.6mg as a pre-medication to dry up the mucus

**During the procedure**

1. Patient is anaesthetized
2. Doctor passes the current of 70-130 volts via electrodes placed on the temporal lobes from a machine constructed for treatment purposes
3. The nurse holds the patient at the shoulders and waist to restrain the patient from injuring through a fall
4. The nurse is responsible for setting up the treatment and safety of the patient

**After treatment.**

1. Patient is taken to the recovery room where vital signs are taken until the patient is fully awake.
2. After that patient is given something to eat. In the ward the patient should be closely observed ,otherwise he might wander and escape

Treatments can be repeated if the patient does not improve. Frequency of the treatments depends upon the severity of the patients mental disorder.2-3 ECT treatments per week for a maximum of 8-12 treatments.

**NB; Death during treatments are rare but a supply of Colamine to counteract barbiturates and the usual supply of emergency equipment must be at hand.**

**PSYCHOLOGICAL TREATMENTS**

1. **PSYCHOTHERAPY**

A form of treatment that involves communication between a therapist and the patient. Aims at modifying and alleviating illness. A therapeutic professional relationship is established with the patient aimed at removing, modifying or retarding the existing symptoms or disturbance patterns of behavior or promotion of positive personality, growth and development.

There are two main types of psychotherapy

1. **Individual psychotherapy;**

 –**supportive psychotherapy**, deals with current problems and helps the patient to overcome his/her symptoms and cope with them satisfactorily in future

-**suggestive psychotherapy**; used on the belief that the patient has the ability to modify his/her abnormal emotional behavior by applying his will power and common sense. Appeals are made to the patient’s reason and intelligence.

This is to help him/her abandon neurotic aims and symptoms and enable him/her to regain self-respect.

-**persuasive psychotherapy**; widely used in adverting, propaganda, religious and political activities. It revolves around a state of artificially induced suggestibility known as hypnosis. Technique aimed at narrowing the patient’s attention to the hypnotist alone. Hypnosis ranges from a light hypnotic state to a deep trance.

The main purpose of hypnosis is psychological investigation

1. **Group psychotherapy.**
* Involves a group of 6-8
* Takes around 1-1.5 hours session.
* Held once or twice a week
* Patients sit in a circle to denote equality.
* A group leader (chairman) and a secretary are selected from the group.
* Therapist oversees the group’s activity.

**Benefits of group psychotherapy**

* Re-education of the patient with a view towards altering attitudes and behavior patterns
* Socialization
* Improved adjustment and adaptation to reality
* Increased understanding of emotional problems and conflicts
* Modification of personality and character.

**BEHAVIOUR THERAPY**

A therapeutic technique which attempts to change the patient’s behavior directly rather than correct the basic cause of the undesirable behavior.

There are two methods used in behavior therapy

1. Changing behavior from inside using covert and cognitive therapies.
2. Priority is to help the patient modify their view of the world and themselves by helping them change the things they say about themselves.
3. Changing the behavior from outside. Achieved through positive reinforcement of acceptable behavior and negative reinforcement for unacceptable behavior.

**ACTIVITY THERAPY**

There are several forms of activity therapy. Such as games, cooking, washing etc.

**OCCUPATIONAL THERAPY**

Use of selected activities to improve general performance, to enable the patient to learn the essential skills of day to day living and to assist in the reduction of symptoms. These activities include painting, washing clothes and so on

 **RECREATION THERAPY**

Use of activities like sports, games, hobbies and so on to treat behavior.

It lays emphasis on re-socialization, reality orientation and involvement of mentally ill persons

 **DANCE THERAPY**

It uses body rhythmic movements and interaction to express emotions, thereby increasing awareness of the body and ego strength.

 **REHABILITATION**

A process of restating a person’s ability to live and work as normally as possible after disabling injury or illness. It is aimed at helping the patient achieve maximum possible physical and psychological fitness and regain the ability to care for himself/herself.

This is achieved through;

* Physical therapy
* Occupational therapy
* Vocational training
* Industrial work therapy
* Recreational and social therapy