TeleBehavioral Health 501 Training Series

Behavioral Health Institute (BHI)
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Northwest Regional
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Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment.

The BHI brings the expertise of Harborview Medical Center/UW Medicine and other university partners together to address the challenges facing Washington's behavioral health system through:

- Clinical Innovation
- Research and Evaluation
- Workforce Development and Training
- Expanded Digital and Telehealth Services and Training

The BHI serves as a regional resource for the advancement of behavioral health outcomes and policy, and to support sustainable system change.

Northwest Regional Telehealth Resource Center (NRTRC)

Telehealth Technical Assistance Center

The NRTRC delivers telehealth technical assistance and shares expertise through individual consults, trainings, webinars, conference presentations, and the web.

Their mission is to advance telehealth programs' development, implementation, and integration in rural and medically underserved communities.

The NRTRC aims to assist healthcare providers, organizations, and networks in implementing cost-effective telehealth programs to increase access and equity in rural and medically underserved areas and populations.

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Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

Planner disclosures

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DISCLAIMER

Please be aware that policy changes may take place after the original date of this presentation.

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Please consult with legal counsel, billing & coding experts, and compliance professionals, as well as current legislative and regulatory sources, for accurate and up-to-date information.

We gratefully acknowledge the support from

Washington State Health Care Authority

NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

AHECWW AREA HEALTH EDUCATION CENTER FOR WESTERN WASHINGTON AT WHATCOM COMMUNITY COLLEGE

TeleBehavioral Health 501

TELEBEHAVIORAL HEALTH: CRISIS MANAGEMENT & RISK ASSESSMENT

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JANUARY 19, 2024

Learning Objectives:

1. Create a plan to review your workflow to prepare for crisis management
2. Describe 3 crisis situations that should be included in your workflow
3. List 2 things you should have available during a crisis

A provider shall support access to care for all people

Principles of Medical Ethics 2013 Edition

Telepsychiatry

- Current Tele-BH
  - More diagnoses seem remotely
  - More complex symptoms presentations
  - More encounter locations
  - More potential encounter variables
  - More chances for crisis situations

Crisis situations

- Medical emergencies
- Psychiatric Emergencies
  - Decompensation
  - Suicidal Ideation
  - Homicidal Ideation
- Domestic Violence
- Violence against equipment

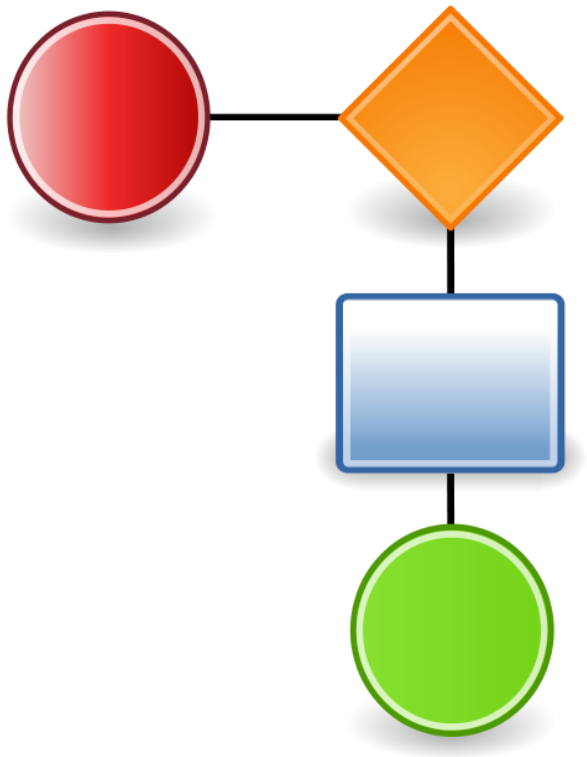
Rates of Emergencies

- Suicidal Ideation
  - Some population outpatient studies have found that ~15% had thoughts of being better off dead, 2.4 % of patients presenting for tele-appoints during the pandemic had suicidal thoughts. (Grover, 2022).
- Homicidal Ideation - Not reported in the literature
- Domestic Violence rates - Not reported in the literature
- Medical emergencies - Not reported in literature

Tele-intervention helpful for SI?

- Shoib et Al, 2023 - Review
  - 16 studies across US & Europe included
  - The findings of the studies generally showed that TPIs are effective in reducing suicide rates (odds ratio = 0.68; 95% CI [-0.47, 0.98], p = .04) and suicidal reattempts.
  - The interventions were also found to be well-accepted, with high retention rates.

Clinic Workflow



- **<u>Emergencies happen</u>**
- ANY appointment can become an emergency/crisis
- Planning for them is allowed
- Plans should be adjusted:
  - BEFORE/AFTER
  - DURING
  - THE UNEXPECTED

Before/After appointments

- Anyone interacting with a patient should have access to the clinic's safety plans
  - Handoff protocols for calls
  - Emergency contact numbers for EMS
  - Protocols for all emergency situations
  - Providers should have access to stand appointment checklist

During appointments

- All appointments should start with basic safety planning:
  - Patient's physical location
  - Patient's best contact number
  - Patient's emergency contact
  - Anyone else is in the room/house/location
  - Permission to contact those people in case of an emergency
  - General emergency plan

During appointments

- This standard information matters
  - People panic in emergencies & may not be able to talk us through where they are at that moment
  - Knowing where they are is key to sending emergency services
  - Knowing who they are with/their emergency contact allows us to know their support structure and a person to contact to help someone through a crisis
  - All this information can be used to support a patient in crisis
  - APA, ATA, NRTRC, AMA all consider this information as a standard part of a telemedicine encounter

During appointments - model conversation

- As part of a tele-appointment, I need to confirm some information.
  - What is your name/ date of birth?
  - Where are you physically located right now?
  - Is anyone there with you?
  - Is there a good number to contact you if we get disconnected?
  - Do you have someone I can contact if there is an emergency?
  - If there is an emergency, the 1st thing I would have you do is call 911. If you cannot, I will contact 911 and send them to you at that location. If possible, I will try to stay connected on this call throughout the process.

The unexpected - medical emergencies

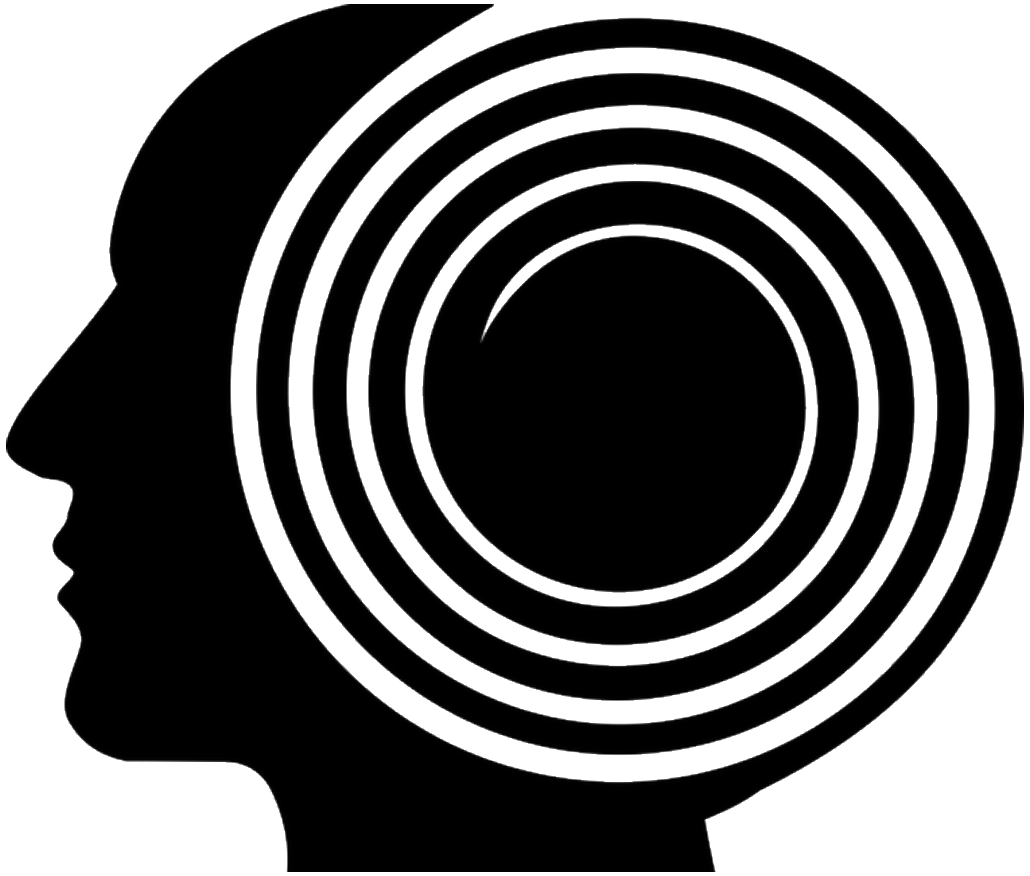
- Medical emergencies
  - Where is the patient?
  - What are their symptoms?
  - Are they with someone who can take them to urgent care or the emergency department?
  - Can they call 911?

The unexpected - medical emergencies - model conversations

- I have noticed _____ during the appointment. I want to take a few minutes to check in about this to make sure we can continue this appointment safely
- Are you ok?
- What are you experiencing right now?
- Can we call _____ into the room?
- Let's create a next-step plan

The unexpected - psychiatric emergencies

- Decompensation, Suicidal Ideation, Homicidal Ideation
  - Standard patient location/support structure questions at the beginning
  - Follow clinic guidelines and state guidelines about reporting
  - Additional safety planning



The unexpected - psychiatric emergencies: additional safety planning

- Additional safety planning questions:
  - Whom could you call if you were distressed?
  - Do you have access to your regional crisis number?
  - Do you have access to firearms or pills?
  - Is there someone or someplace those can be moved so there is less immediate access?

The unexpected - psychiatric emergencies: additional safety planning

- What do you do to relax?
- Can we try something right now?
  - Distraction
  - Replacement
  - Self-soothing techniques
- How frequently should we check in?

The unexpected - domestic violence

- In addition to patient location, number & who is with them inquire:
  - Is it safe for you/are you able to talk right now?
  - What information can I safely leave on a phone call to you?
  - Are there times or places I should not call you?
  - Are you able to clear your call/browers history?

Violence against equipment (Ho & Finn, 2024)

- Telepsychiatry equipment should be placed optimally in the assessment space.
- Avoid placing equipment in a position that blocks exit routes.
- Should be placed, allowing patient and psychiatrist to have full view of one another
- Optimize telepsychiatry equipment to minimize possibility that it could be used as a weapon or for self-harm.
- Minimize extraneous cords/equipment not necessary for telepsychiatry assessment.
- Utilize equipment that is not easily picked up or moved when possible.
- Check video and volume function with staff members before patient encounter to ensure optimal functioning.
- Consider having a staff member present during assessment to support patient and intervene in case of emergency.

Before/after appointments -Revisited!

- Anyone interacting with a patient should have access to the clinic's UPDATED safety plans
  - Handoff protocols for calls
  - Emergency contact numbers for EMS
  - Protocols for all emergencies
  - Providers should have access to stand appointment checklist

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Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line

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