



Managing Mental Health:

Beyond the Behavioral Health Unit

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Managing Mental Health

Objectives

- **Recognize factors that lead to allegations of malpractice in behavioral health claims**
- **Assess professional liability risks in clinical areas outside of behavioral health units**
- **Evaluate the effect of COVID-19 on patients and healthcare professionals**
- **Create risk management strategies to promote patient and staff safety**

Managing Mental Health Settings

- **Primary Care**
- **Emergency Department**
- **General Inpatient Medical Unit**

CLAIMS DATA

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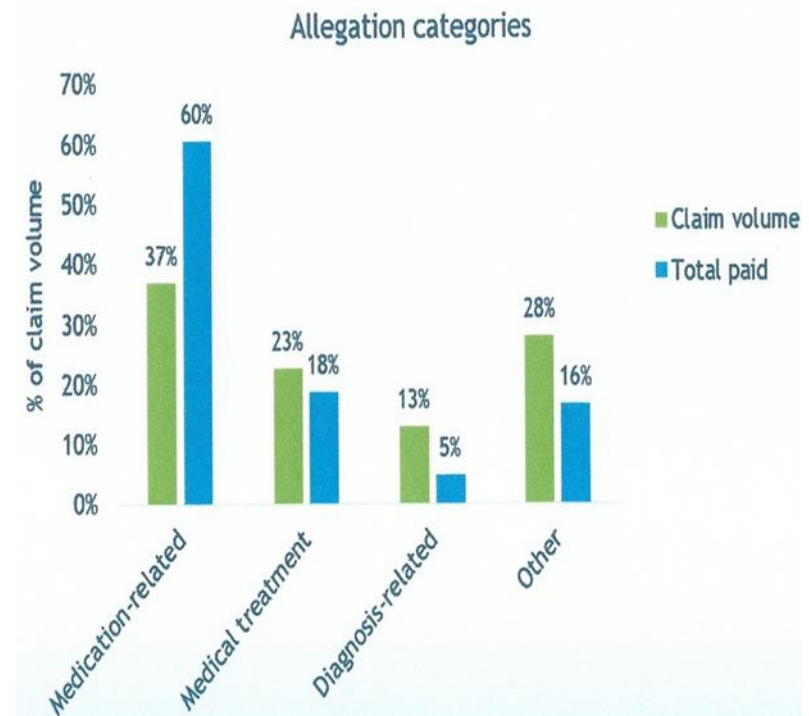
Liability Exposure

- **Frequent allegations:**
 - Insufficient patient assessment and/or history:
 - Failure to properly evaluate/diagnose suicidal ideations
 - Lack of safe treatment environment:
 - Failure to assess for and remove dangerous objects
 - Inadequate training:
 - Proper ordering/administering medications
 - Lack of appropriate monitoring
 - Untimely transfer to proper setting

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Claims Data Snapshot: Allegations and Financial Severity

- **Medication related:**
 - Medication regimen management (83%)
Antidepressants & antipsychotics
 - Ordering errors (9%)
- **Medical treatment:**
 - Decision making (62%)
 - Premature discharge/abandonment (16%)
- **Diagnosis related:**
 - Delays in diagnosing depression associated with suicidal ideations, cardiac conditions associated with medications, and other drug toxicities
- **Other:**
 - Allegation of violation of patient rights, provider misconduct, and inadequate patient monitoring



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Claims Data Snapshot: Risk Factors

- **Clinical judgment (62%):**
 - Inadequate patient monitoring medication regimens:
 - Including failures/delays in ordering diagnostic studies
 - Issues with the selection of medications most appropriate for the patient
- **Communication (35%):**
 - Poor communication related to medication regimen:
 - Failure to fully explain the risks of prescribed medications
 - Ill defined treatment expectations
 - Failed communication among providers:
 - Critical information that could have mitigated the risk of injury

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Claims Data Snapshot: Risk Factors

- **Behavior-related (32%):**
 - Involved non-compliance with treatment, medication regimens, and follow up appointments
- **Documentation (17%):**
 - Insufficient documentation related to clinical findings/diagnosis and the rationale for specific treatment plans
- **Administrative (12%):**
 - Showed a failure to follow policies; lab testing for therapeutic medication levels and staff training

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Early Recognition

- **Barriers to behavioral health treatment:**
 - Reduction in psychiatric facilities and beds
 - Shortages of behavioral health professionals
 - Insufficient numbers of staff trained in recognizing behavioral health conditions requiring intervention
 - Patients:
 - Lack of health insurance coverage
 - Reluctant to seek care because of the stigma of behavioral health disorders

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Early Recognition

- **One in five adults experience mental health disorders**
- **One in seven adolescents age 12 to 17 had a major depressive episode in the past year**
- **Only 3% to 5% of violent acts are committed by individuals with a serious mental illness**
- **Signs and symptoms of escalating behaviors:**
 - Repeatedly rude and abusive
 - Yelling and using profanity
 - Intimidating demeanor

PRIMARY CARE SETTING

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Primary Care Setting

- **Educate staff:**
 - Recognize early signs of behavioral health needs
 - Non-judgmental approach
 - De-escalation techniques
- **Identify patients at risk for aggression:**
 - Not every mental health patient is aggressive
 - Not every aggressive patient has mental illness
- **Perform a comprehensive assessment**

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Primary Care Setting

- **Patient Assessment:**

- Family history:

- Mental illness
- Depression
- Alcohol/drug dependency

- Social history:

- Major life events:

- Death of a family member/loved one
- Job loss
- Relocation
- Divorce

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Primary Care Setting

- **Integration of mental health treatment in the primary care setting:**
 - One in five adults in the U.S. has a clinically significant mental health or substance use disorder
 - Co-located model with onsite behavioral health clinicians
- **American Academy of Family Physicians:**
 - Provides mental health clinical guidelines:
 - Help to determine what is manageable in an office setting
 - Must meet the standard of care

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Primary Care Setting

- **Major barriers to integrating behavioral health into medical care:**
 - Reimbursement
 - Lack of mental health providers
 - Inability to share/access the treatment record:
 - Interoperability
 - HIPAA
 - Medication reconciliation:
 - Potential interactions with psychiatric medications and medically related prescription drugs are of concern
 - Medication side effects

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Tarasoff Doctrine

- **Caregivers can provide a permissive warning to protect potential victims of violence if a patient indicates suicidal or homicidal intent:**
 - California Supreme Court 1985 ruling that mental health professionals are obligated to use reasonable care to protect potential victims if an individual indicates intentions to commit a violent act
 - Governed by individual state laws (NY Mental Hygiene Law 9.46)
 - Consult legal counsel

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Extreme Risk Protection Order (ERPO)

- **Petition NYS Supreme Court:**
 - Decided same day
- **Keep guns away from people who are at a high risk of using them to hurt others or themselves:**
 - ERPO can order that individuals not:
 - Have a firearm, rifle or shotgun
 - Buy/attempt to buy a firearm, rifle or shotgun
 - Must relinquish any firearms, rifles or shotguns

EMERGENCY DEPARTMENT

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Emergency Department

- **Gateway for many patients**
- **Often, poorly suited for behavioral health patients leading to increased anxiety:**
 - ED crowding
 - Insufficient space
 - Long wait times
 - Security presence

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Emergency Department

- **Inappropriate ED utilization:**
 - Police
 - Group Homes
 - Family/Significant Others
- **Use ED to solve conflicts/admit patient because they are creating problems for the people, family or agency:**
 - Risk of self harm may be conveyed but must be validated by careful evaluation

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Emergency Department

- **“Boarding”:**
 - Taxing to providers, staff, patients, and families
 - May limit ability to care for others
 - Likely not receiving behavioral health treatment:
 - Causing agitation and frustration
 - Worsening symptoms
- **Elopement**
- **Complex case discharge delays***

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Emergency Department

- **Conduct an initial risk assessment:**
 - Proper room placement:
 - Quiet area
 - Ensure supervision
- **Rule out medical etiologies:**
 - Use caution with multiple visits
- **Minimize the visit duration:**
 - Streamline access to behavioral health services

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Emergency Department

- **Conduct frequent risk assessments and provide interaction to decrease symptoms**
- **Reduce stress and anxiety:**
 - Show empathy
 - Offer medication as indicated
 - Recognize staff PPE may increase patient anxiety
- **Define or create an overflow area:**
 - Identify an area that is less stimulating for those waiting for admission

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Emergency Department

- **What worsens behavior:**
 - Threat/inappropriate use of force
 - Lack of staff/provider training:
 - De-escalation techniques
 - Violence prevention
 - Lack of respect
 - Prolonged isolation
 - Lack of food, water, medication

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Emergency Department

- **Manageable operational risks:**
 - Workforce:
 - Staffing guidelines/grids
 - 1:1 observation
 - Training and competency
 - Psychiatrist availability
 - Security personnel
 - Use evidence-based protocols and P&P

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Emergency Department

- **Manageable environmental risks:**
 - Place all patients in a hospital gown
 - Remove items from patient's possession:
 - Weapons such as guns, knives, and scissors
 - Objects such as metal, glass, and medications
 - Exam rooms:
 - Eliminate ligature and self-harm risks
 - Sight Lines
 - Waiting Room
 - Triage
 - Video/camera monitoring

INPATIENT MEDICAL UNIT

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Inpatient Medical Unit

- **One out of every three hospitalized adult patients have behavioral health needs**
- **Challenges:**
 - Staff:
 - No interest in “psych”
 - Minimal training/awareness:
 - Behavior interventions
 - Medication
 - Unsafe treatment environments
 - Focus on medical conditions
 - Lack of system support
 - Limited transfer options

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Inpatient Medical Unit

- **Profile of suicidal patient:**
 - Older males
 - No history of psychiatric or suicidal behavior
 - Pain, depression, or physical distress
 - New onset of chronic disease
 - Experiencing recent major life stressor
- **Suicide risk prediction models:**
 - <https://healthitanalytics.com/news/suicide-risk-prediction-models-prove-cost-effective-in-healthcare>

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Inpatient Medical Unit

- **Conduct a risk assessment to identify:**
 - Potential environmental hazards
 - Individuals who are at high risk for suicide
- **Take action to safeguard these individuals:**
 - Remove personal items
 - Manage medical equipment
 - Observe visitor interactions
 - Inspect items brought in by visitors
 - Bathroom safety
 - Communicate any risks with patient handoffs

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Inpatient Medical Unit

- **Environmental self-harm risks:**
 - Ligatures
 - Sharps
 - Accessible light fixtures
 - Breakable windows
 - Medications
 - Harmful substances
 - Plastic bags
 - Oxygen tubing
 - Call bell cords

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Inpatient Medical Unit

- **Create a safe environment for staff:**
 - Arrange furniture in the room to prevent staff entrapment
 - Prohibit employees from wearing necklaces or chains that could be used for strangulation
 - Discourage employees from carrying items that could be used as weapons, such as keys and pens

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General Inpatient Medical Unit

- **Complex patients with significant agitation require close and frequent follow-up:**
 - Psychiatric team
 - Hospitalist
 - Medication management
- **Problems arise with significant medical comorbidities:**
 - Dementia
 - Substance abuse disorders
 - Delirium/confusion/agitation

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Inpatient Medical Unit

- **Safe discharge planning:**
 - Identify risk factors that might increase the likelihood of relapse of mental illness or substance abuse use:
 - Noncompliance
 - Discontinuance of medication
 - Provide the patient and caregivers with the national suicide prevention number or local crisis hotlines
 - Educate the patient on medications
 - Provide follow-up appointment information
 - Include family members in the discharge process
 - Document a final risk assessment*

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Barriers to Integration

- **Regulations and reimbursement siloes**
- **Public Health Law §2807(2-a)(f)(ii):**
 - Article 28 outpatient hospital clinics can only bill for social worker services provided to <21, and pregnant women - up to 60 days postpartum
- **Adequate reimbursement and parity-many laws, but still struggling:**
 - Mental Health Parity and Addiction Equity Act (US)
 - Affordable Care Act (US)
 - Timothy's Law (NYS)
 - Mental Health and Substance Use Disorder Parity Reporting Act (NYS)
- **Patient record restrictions, 42 CFR Part 2:**
 - Patient consent required
 - Records managed separately

MENTAL HEALTH DURING COVID-19

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Mental Health During COVID-19

- **Humans are naturally social, and so forcing people to reduce contact with their friends and families was always going to be difficult**
- **Add in a disaster:**
 - Fear of contracting a potentially deadly virus
 - Loss of income
 - Loss of home
 - Loss of loved ones
 - Less access to mental health services

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Mental Health During COVID-19

- **Potential effects:**
 - Sleep disturbances
 - Changes in appetite
 - Anxiety
 - Emotional instability
 - Worsening of pre-existing mental health disorders
 - Increased risk for physical/verbal/sexual abuse

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Mental Health During COVID-19

- **Social media:**
 - Excessive use for searching COVID-19 information is linked to increased depression and anxiety
- **Telemental health:**
 - Demand for virtual mental health is soaring

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Telemedicine Services

- **Benefits:**

- Convenience face-to-face encounter:
 - Avoid potential exposure to the coronavirus:
 - Especially for those with other underlying health concerns
- Telephone mental health services:
 - Important option when internet connectivity issues exist
 - One-third of patients are more comfortable talking by phone
 - Pitfalls:
 - Recognize visual/nonverbal communication cues
 - Limits ability to perform physical exam

PARALLEL PANDEMIC

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Caring for the Caregivers

- **Parallel pandemic:**
 - The impact of COVID-19 on healthcare providers
- **Almost half of critical care staff show symptoms of PTSD, depression or anxiety:**
 - 45% met the threshold for probable clinical significance on at least one of the following measures:
 - Severe depression (6%)
 - PTSD (40%)
 - Severe anxiety (11%)
 - Alcohol problem (7%)
 - Suicidal ideations in the past two weeks (13%)

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JC Sentinel Event Alert: Voices from the Pandemic

- **All healthcare providers:**
 - Fear of:
 - The unknown
 - Bringing home the virus
 - Getting sick
 - Staffing shortages and other issues:
 - Communication
 - Work from home

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JC Sentinel Event Alert: Voices from the Pandemic

- **Leadership commitment to cultivating open and transparent communication that builds trust and morale, reduces fears and sustains efficiency**
- **Remove barriers for clinicians seeking mental health support**
- **Protect worker safety via the National Institute of Occupational Health and Safety Hierarchy of Controls [framework](#)**
- **Adopt a flexible workforce that allows for remote work**
- **Provide opportunities for collaboration, leadership and innovation**

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JC Sentinel Event Alert: Voices from the Pandemic

- **Caring for the caregivers:**
 - Clear communication
 - Provide training and education
 - Enforce infection control procedures
 - Ensure adequate supplies of protective equipment
 - Allow for regular breaks and appropriate workloads
 - Access to comfort needs such as food

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Caring for the Caregivers

- **Risk management strategies:**
 - Healthcare managers need to:
 - Prioritize staff mental health support and timely access to evidence-based treatments
 - Be aware that staff job performance may be impacted by the effects of the pandemic on their state of mental health
 - Provide positive feedback on a regular basis*

RISK MANAGEMENT STRATEGIES

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Risk Management Strategies

- **Establish a multidisciplinary team for policy implementation:**
 - Include inpatient care settings such as the ICU and medical-surgical units
 - Administration
 - Physicians
 - Case management
 - Facilities management
- **Each hospital is unique and policies must be based upon resources available both inside and outside the organization**

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Risk Management Strategies

- **Develop department-specific plans for dealing with mental health emergencies:**
 - Code for assistance:
 - Create a response team trained for behavioral health intervention
 - Conduct periodic behavioral health emergency drills
 - Include security:
 - Train to deal with behavioral issues with empathy
 - Follow clinical direction

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Risk Management Strategies

- **Policies and procedures:**

- Adhere to existing policies/procedures, specifically regarding routine testing, medication regimens, and established treatment protocols:
 - Extreme Risk Protection Order (ERPO)
 - Tarasoff Doctrine
 - Elopement:
 - Which patients to prevent from leaving
 - When a patient is actively eloping or has eloped
 - Informed consent
 - Involuntary admission/medication administration

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Risk Management Strategies

- **Select screening tools to identify at risk patients:**

- New research has found formalized assessment tools to have predictive validity
- Help staff identify which patients require a more in-depth comprehensive suicide risk assessment
- Should be appropriate to the setting and patient population
- The Joint Commission:
 - Suicide Prevention Resource to support Joint Commission Accredited organizations implementation of NPSG 15.01.01

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Risk Management Strategies

- **Control the controllable:**
 - Environmental design
 - Contraband
 - Visitors
 - Waiting area monitoring
 - Change the culture:
 - Staff education:
 - Focus on destigmatizing aggressive behaviors
 - Practice de-escalation techniques
 - Design drills for behavioral health response teams
 - Joint Commission*

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Risk Management Strategies

- **Clinical judgment:**

- Be aware that inadequate patient assessment might be a result of cognitive biases, inadequate medical and family history taking, or inadequate sharing of information among providers
- Recognize that delays in obtaining consults/referrals, and a narrow diagnostic focus are two of the top driving factors behind diagnostic claims

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Risk Management Strategies

- **Communication:**

- Give thorough and clear instructions:
 - Focus on patient education related to follow-up expectations and risks of medications
- Ensure care coordination with other specialists:
 - Determine who is responsible for what specific treatment

- **Behavior-related:**

- Engage the patient as an active participant
- Consider health literacy and other barriers
- Recognize patterns of patient non-compliance:
 - Focus on documenting efforts encouraging compliance

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Risk Management Strategies

- **Documentation:**

- Assessment of behavior and mood
- Direct quotations of suicidal intent
- Removal of hazardous materials
- Continuous observation
- Other actions to keep patient safe
- Notification of physician if any issues require it
- Verify that documentation supports the clinical rationale for the method of treatment
- Update medications and history at each visit

Thank You!

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