



## CARE OF THE MENTALLY ILL OR EMOTIONALLY DISTRESSED PERSON

### PURPOSE

This clinical guideline is intended to define standards and techniques that may be used for the evaluation, clinical care, and transport of patients presenting with mental health conditions.

### NOTE:

- If the patient has a presenting medical or traumatic condition requiring immediate treatment, follow the appropriate protocol.
- If the patient is presenting with agitation, combativeness or is potentially violent, also refer to "Care and Restraint of Agitated and Combative Patients"

### DEFINITIONS

A psychiatric patient is defined as a person encountered by EMS personnel with an actual or potential mental illness or exhibiting features of an emotionally distressed person.

**Mental Illness:** A disorder in which individuals experience periodic problems with feeling, thinking, behavior or judgment to such an extent that the person afflicted requires care, treatment, and rehabilitation. Mental illness may be acute, time limited, chronic, lifelong, and may occur at any time in an individual's life.

**Emotionally Distressed Person:** Emotional distress is when there is a disorder or disruption to one's normal state. Emotions are influenced by a wide variety of factors including substance use, situational stress, medical conditions and mental illness. An emotionally distressed person may display irrational or bizarre behavior and/or express odd or unusual thoughts including suicidal ideation.

**§9.39 Hospital:** A hospital that pursuant to NYS Mental Hygiene Law (NYSMHL) Section 9.39, maintains adequate staff and facilities for the observation, examination, care, and treatment of person(s) alleged to be mentally ill.

### SIGNS & SYMPTOMS OF MENTAL ILLNESS

The following are examples of signs and symptoms of behavior that may suggest mental illness. EMS practitioners should always consider other potential causes, such as underlying medical conditions, reactions to narcotics/alcohol, or temporary emotional disturbances that are situationally influenced. The EMS practitioner should evaluate the following behavior in the total context of the situation when making judgments about an individual's mental state and need for intervention.



Mentally ill and/or emotionally distressed persons may show signs of:

- Strong and unrelenting fear of persons, places, or things. The fear of people or crowds (agoraphobia), for example may make the individual extremely reclusive, aggressive without apparent provocation, or resistant to leaving the location from which they are found.
- Demonstration of extremely inappropriate behavior(s) for a given context. For example, people who are observed yelling to themselves in a public place.
- Becoming easily frustrated in new or unforeseen circumstances and the demonstration of inappropriate or aggressive behavior(s) in dealing with the situation.

In addition, a mentally ill/emotionally distressed person may exhibit one or more of the following characteristics:

- Memory loss related to such common facts as name, home address, or phone number. Consider these also may be signs of other conditions such as brain injury, acute delirium, or dementia.
- Delusions: the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am God"), paranoid delusions ("Everyone is out to get me"), or somatic delusions (the belief that one suffers from extraordinary physical maladies that are not possible).
- EMS practitioners should be alert to the fact that just because a patient appears to suffer from somatic delusions (e.g., believing their heart was stolen), does not mean that there are not serious physical symptoms worthy of assessment, such as cardiac dysrhythmia.
- Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, etc.)
- Extreme fright, anxiety, or depression

## **THE MENTAL HYGIENE LAW**

Section 9.41 of the NYSMHL allows a *law enforcement officer* to place in custody and transport to a §9.39 hospital, any person who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others. "Likelihood to result in serious harm" refers to:

1. Substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm; or



2. Substantial risk of physical harm to him/herself as manifested by threats of, or attempts at suicide, or serious bodily harm, or other conduct demonstrating that he/she is dangerous to him/herself.

“Other conduct demonstrating that he/she is dangerous to him/herself” includes the person’s refusal or inability to meet his or her essential need for food, shelter, clothing or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization.”

Pursuant to §22.09 of the NYSMHL, an individual who appears to be incapacitated by alcohol and/or substances to the degree that there is a likelihood to result in harm to the person or to others may be taken by a law enforcement officer to a treatment facility for purposes of receiving emergency services.

1. “Incapacitated” means that a person, as a result of the use of alcohol and/or substances, is unconscious or has his or her judgment otherwise so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment.
2. “Likelihood to result in harm” means a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself; or a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

A patient placed under §22.09 may be transported to any appropriate facility and does not require transport to a §9.39 facility.

## **VOLUNTARY AND INVOLUNTARY TRANSPORTS**

- If a patient with a psychiatric condition wishes to voluntarily go to the hospital:
  - A patient may go to the hospital voluntarily and request a psychiatric evaluation. They can revoke their decision to go to the hospital at any time during the transport.
  - If the patient changes their mind and cannot be convinced to continue to the hospital, the crew is obligated to allow the patient out of the ambulance as soon as it is safe to do so. Notify law enforcement of your location so that a determination can be made as to the disposition and safety of the patient. At no time is the crew to attempt to restrain the patient who is not in law enforcement custody except in circumstances where doing so is to prevent the death or serious injury to the patient.
- In order to invoke an involuntary transport, a sworn law enforcement officer must place the patient in custody, as outlined above. Alternatively, a clinician as designated under NYSMHL §9.45 may direct law enforcement to take into custody and transport a patient to a §9.39 facility. Of note, only specific individuals designated by the Director of



Community Services have been delegated authority to issue a §9.45. Emergency physicians nor EMS Medical Control have been delegated that authority. There is no middle ground: either the patient is under involuntary transport or they are not. A “voluntary” §9.41 or §9.45 is a misnomer.

- If the patient is being transported and exhibiting agitated, combative, or violent behavior, refer to “Care and Restraint of Agitated or Combative Patients” keeping in mind that EMS practitioners should use the least restrictive restraint techniques to facilitate clinical patient assessment, medically indicated treatment, and safe transport to a hospital. In all circumstances, the decision about using pharmacologic management is a health care decision that must be made by the EMS practitioner with oversight by an EMS Medical Director.
- Transport the patient to the most appropriate facility:
  - If under §22.09 the patient may be transported to any area hospital.
  - If under §9.45, the patient should be transported to the §9.39 facility listed on the form. If a facility is not specified, the patient can be transported to any §9.39 facility.
  - If under §9.41, the patient can be transported to any §9.39 facility. Absent exigent circumstances, the destination decision is ultimately determined by law enforcement but should be informed by the following considerations:
    - When possible, transport the patient to the §9.39 hospital where current psychiatric treatment is being provided.
    - If the person is not in a current treatment program (at a §9.39 facility), they should be taken to the nearest §9.39 hospital.
    - Area §9.39 Hospitals include:
      - Rochester General Hospital
      - University of Rochester Medical Center - Strong Memorial Hospital
      - Clifton Springs Hospital
      - Newark-Wayne Community Hospital
      - Olean General Hospital
      - St. Joseph's Hospital Health Center
      - Wyoming County Community Hospital
    - Strong Memorial Hospital is the only local §9.39 facility with pediatric inpatient psychiatric beds.