Mental Illness, Part 2

**Chronic Condition Management**
- Medication Adherence
- Isolation
- Suicide Risk

Presented by UIC-CON

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**Objectives**

**FIRST PART: REVIEW MENTAL ILLNESS & TREATMENT**
- Identify how mental illness and physical health are related and interact.
- Discuss treatment of mental illness pre and post-transition.
- Discuss medications and medication adherence.

**SECOND PART: BEHAVIORAL MANAGEMENT**
- Develop an understanding of the causes of and interventions for isolation.
- Identify risk factors and warning signs for suicide.
- Discuss how to assess suicide ideation and how to respond.

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**Review: What is Mental Illness?**

- Mental illnesses are health conditions that impact the way somebody thinks, feels, or acts and causes distress and/or impaired functioning.
- Mental illness is the 2nd leading cause of disability and premature mortality (only behind cardiovascular conditions).
- Nearly half of the US population will have a diagnosable mental illness in their lifetime.
Diagnosis of Mental Illness

- Mental illness is diagnosed based on specific criteria published in the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders)
- Conditions are grouped into categories:
  - Anxiety disorders (Panic disorders, phobias, social phobia, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Generalized Anxiety Disorder)
  - Mood disorders (depressive disorders, bipolar disorders, mood disorder)
  - Substance related disorders
  - Schizophrenia and other psychotic disorders (schizophrenia, psychosis, schizoaffective disorder, etc)
- Many conditions overlap in symptoms
- Multiple psychiatric conditions can occur at the same time

Treatment of Mental Illness

- Treatment is based on presenting symptoms
  - Poly-pharmacy (multiple medications) is common
    - Multiple medications may be needed to target the same symptom (for example, multiple medications for depression)
    - Multiple medications may be needed to target multiple symptoms (for example, one for psychosis, one for depression, one for anxiety)
    - Additional medications may be needed for physical health conditions
  - Therapy and medication are combined for best results
  - Therapy may be delivered in a individual, group, or family setting

Review: How are Physical and Mental Health Related?

- Mental and physical illness are not separate issues
  - Mental health can impact physical health
    - Paranoia and medication adherence
    - Decreased problem solving ability and steps to self-management
    - Elevated blood sugar can result in decreased problem solving
  - Physical health can impact mental health
    - Uncontrolled thyroid issues or anemia can exacerbate depression
    - There is a link between cardiac disease, especially post-MI and depression
  - Symptoms may overlap between mental and physical illness
    - Sleeplessness, fatigue, hallucinations, speech problems
    - Physical changes in the brain cause mental illness
    - Traumatic brain injury and stroke are common causes
Physical Illness with Mental Health Components

- 68% of adults with mental disorders have a medical condition
- 29% of adults with medical conditions have mental disorders
- While mental illness can occur with any physical illness, the following conditions have an increased risk for mental illness:
  - Diabetes: depression can occur secondary to glucose regulation and high insulin levels affecting the cells in the brain
  - COPD: anxiety and depression secondary to living with the difficulty breathing, cognitive functioning/mental functioning secondary to episodes of low oxygen levels
  - Seizures: personality changes, paranoia, hallucinations, mood disorders; 30% of persons with seizures attempt suicide
  - Brain Cancer & Stroke: can result in mental illness and symptoms depending on the part of the brain that is directly affected

Impact of Mental Illness on Physical Health

Mental illness is associated with increased incidence of physical disease including:
- Metabolic syndrome occurs with antipsychotics and some research shows it is just higher in persons with schizophrenia (obesity, dyslipidemia, insulin resistance, hypertension)
- Diabetes occurs over time due to medication side effects (high blood sugar levels) and lifestyle issues of decreased activity and selection of concentrated carbohydrate foods
- Cardiovascular disease again due to development of the metabolic syndrome and lifestyle choices. Number 1 is coronary artery disease.
- Respiratory disorders: due to smoking. Some research suggests that individuals with mental illness use nicotine to relieve symptoms due to how it binds in the brain

Continued Impact of Mental Illness on Physical Health

Mental illness is associated with increased incidence of physical disease including:
- Infectious disease: HIV, TB, hepatitis B and C due to lifestyle
- Liver cirrhosis form hepatitis or alcohol use
- Osteoporosis: inactivity, dietary choices: soda
- Sexual problems: frequently secondary to medications
- Higher mortality rate: due to lack of receiving primary care, screenings for physical conditions and then not receiving treatment till condition is advanced
- Dental and vision problems: not receiving adequate screening and treatment
### Physical Complaints with MI

- Mental illness may result in physical complaints which may result in improper or delayed diagnosis
  - Examples include: headaches, stomach aches, GI problems, fatigue, pain from depression or anxiety
- Physical illness may result in mental health complaints which may result in improper or delayed diagnosis
  - Examples include: hallucinations, cognition changes, impaired memory, personality changes, irritability, behavior changes, aggression

### Why are individuals with mental illness at increased health risk?

Many factors may contribute to increased health risk. Examples include:
- Unhealthy eating
- Lack of physical activity
- Smoking, drug, and alcohol use
- Sexual activity
- Symptoms of mental illness - for example, loss of interest and isolation

### Management of Mental Illness: Pre-Transition

- Assess for history of mental illness
  - Including symptoms that may be signal decompensation
- Assess for current symptoms of mental illness
  - Even with perfect management not all symptoms will disappear
- Assess participant’s understanding of mental illness
  - Their condition(s), symptoms they may encounter, how it is treated
- Determine current treatment plan
  - How frequently do they see their psychiatrist, PCP, attend groups and type of groups they are attending
- Link participant to providers prior to transition so there are not gaps in care post-transition: CMHC, community psychiatric, integrated system where there is a mental health provider in the PCP office
- Determine medication management skills; start medication teaching
  - Will they remember to take the meds, do they have the functional ability
- Create safety plans with the participant and have them sign to signify their agreement
Management of Mental Illness: Post-Transition

Action Plan Developed with Participant
- Assess for symptoms of mental illness during each interaction.
- Assess sleeping and eating patterns for any change from the normal. This could signify condition is becoming uncontrolled
- Coach & educate participant on red flags of illness
- Develop a list of the participant's symptoms that signal possible decompensation and a plan of what to do if they occur, follow-up at each visit determine if they are present
- Develop a list of available social activities and encourage engagement in social activities, and activities with family and friends.
- Develop a daily/weekly schedule of activities and follow-up to see how activity went
- Provide participant with a symptom tracking log and educate on how to complete. Log should be taken to provider visits

Management of Mental Illness: Post-Transition continued

Action Plan Developed with Participant
- Develop a crisis management plan with participant. Post in location of participant's choice and review for accuracy at subsequent visits
- Monitor medication use and adherence to medication management plan by looking at medication bottles, pill box to ensure medications are being taken and refilled timely
- Monitor for changes in hygiene and engagement. This could signify condition is becoming uncontrolled
- Monitor for worsening symptoms of mental illness by asking participant/significant other what symptoms, if any the participant is currently experiencing.
- Coordinate appointments with PCP, psychiatrist and accompany participant to appointments if concerns about participant reporting symptoms or understanding changes in meds or plan

MFP Statistics

Following are slides of MFP statistics
- The first slide is the percentage of individuals with the listed physical conditions
- The second slide list the physical conditions but also includes the mental health conditions
- The third slide lists the above percentages and the percentage of individuals who have alcohol or substance used dependence
- The last slide lists all of the above and the percentage of individuals who have a combination of conditions
### MFP Statistics: Percentages

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<th>Transitioned Participant Baseline Characteristics</th>
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### Psychotropic Medications

**Medication Adherence**

Medication used to treat medication are broken down into categories:

- Antidepressants
  - SSRIs: Selective Serotonin Reuptake Inhibitors
  - TCAs: Tricyclic Antidepressants
  - MAOIs: Monoamine Oxidase Inhibitors
- Antipsychotics (typical and atypical/second generation)
- Mood stabilizers
  - Lithium
  - Anticonvulsants: Depakote, Lamictal
- Benzodiazepines (clonazepam, lorazepam)
- Stimulants (Adderall)
Medication Routes

- Psychotropic medication is given
  - By mouth in pills, liquid, or orally dissolving tablets
  - By patch
  - By injection
- Route of medication may be selected based on availability, adherence concerns, previous trials, and/or preference

Medications Used for Depression

- Antidepressants are most commonly used
  - SSRIs: Selective Serotonin Reuptake Inhibitors (Prozac, Zoloft, Lexapro)
  - MAOIs: Monoamine Oxidase Inhibitors (Nardil, Parnate)
  - TCAs: Tricyclic Antidepressants (Elavil, Tofranil)
  - SNRIs: Serotonin Norepinephrine Reuptake Inhibitors (Effexor, Cymbalta)
  - NDRIs: Norepinephrine and Dopamine Reuptake Inhibitors such as Buproprion (Wellbutrin)
  - SARIs: Serotonin Antagonist and Reuptake Inhibitors (Nefazodone, Trazodone)
- Second generation/atypical antipsychotics are also used in combination with antidepressants (Abilify)
- Multiple antidepressants may be used in some cases

Medication

- Medication may be selected for...
  - On label use (Lexapro, an antidepressant, for depression)
  - Or off label use (Trazodone, an antidepressant, for insomnia)
- It important to know serious side effects of psychotropic medications and when to seek help.
  - SSRIs may increase suicidal thoughts
  - MAOIs may cause a hypertensive crisis: Hypertension, which can be very high and precipitate rhabdomyolysis (destruction of skeletal muscle), heart attack, stroke, renal failure
  - Antipsychotics may cause abnormal movements: muscle contractions, rigidity, twitching, repetitive movements
  - Antipsychotics may cause serious blood cell count changes
  - Anticonvulsants may cause liver damage
Most medications for mental illness need to be taken every day at the same time to work correctly. This maintains the needed medication levels in the blood and stabilizes neurochemical levels in the brain (for example, serotonin). These medications help maintain stability of mental illness. Occasionally, medication may be prescribed “as needed” - usually for conditions such as insomnia or panic.

The effect is different based on the medication. Check with the participant’s providers for information on specific medication. A participant may experience physical or psychological changes as a result of not having the medication (for example, increased anxiety or headache). A participant may experience worsening of mental illness (for example, psychosis). Medication adherence to medications for physical conditions are important to:
  - If a person’s thyroid levels are not in normal range that can cause increased depression or mania.

There are many factors that may influence an individual’s adherence to their medication. The following slides provide some examples of barriers to medication adherence and what you can do to increase adherence.
Lack of Medication Adherence

- Lack of understanding of when, why, or how the medication should be taken
- Symptoms of mental illness
  - Many “feel good” and are more productive during mania
  - Psychosis may make somebody paranoid or delusional about medication
- Side effects - the participant doesn’t like how the medication makes them feel. This may be physical or emotional (i.e. abnormal movements, lack of emotion)
- Long-term effects - the participant doesn’t like the long-term effects of the medication (i.e. weight gain)

Risk/Action Plan: Adherence

Risk Inventory:
71. Participant is at risk of a significant negative change in medical status due to non-adherence with medications
- Shows lack of adherence to medications
- Refuses or does not take as prescribed
- Needs support of caregiver or significant other or assistive devices
- Needs financial assistance

75. Participant is at risk due to discomfort, inability or unwillingness to openly communicate needs
- Unwilling or unable to communicate or express themselves

Action Plan developed with Participant
- Assess medication knowledge: understanding or purpose, expected therapeutic effects, potential side effects of long-term effects
- Coach and educate or arrange for education on medications purpose, expected therapeutic effects, potential side effects of long-term effects and follow-up at subsequent visit to ensure understanding has been gained
- Develop medication list and schedule for taking and reordering medications. Follow-up at subsequent visits to ensure plan is effective
- Accompany participant or arrange for someone to be present during appointments
  - Simplify medication plan; possible change in route
- Arrange for prescription assistance through primary care office, pharmacist or checking pharmaceutical company’s website
- Obtain pill organizer of other medication management device and instruct participant in use. Follow-up to ensure participant has understanding of using the device and medication are being taken
- Provide support in the event of a language or communication barrier
  - Communication notebook
MFP Statistics: Medication Percentages

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<tr>
<td>Average Medications</td>
<td>14</td>
<td>13</td>
<td>15</td>
<td>16</td>
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<tr>
<td>Taking 9+ Medications (including OTC)</td>
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<td>78</td>
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<td>85</td>
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<td>Anxiety</td>
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<td>Seizures</td>
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<td>Depression</td>
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<td>Psychotics</td>
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<td>Mood Stabilizers</td>
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<td>Narcotic Analgesics</td>
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<td>Sedative Hypnotics</td>
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ISOLATION

Individuals may not recognize isolative behavior
Decreased interaction can perpetuate the cycle of mental illness
Isolation can also impact physical illness
This may be voluntary or involuntary behavior
There are many reasons why somebody may become isolated. Examples and interventions are included on the following slides.
Isolation Causes

- Symptoms of mental illness: paranoia, worsening depression, low self-esteem, decreased motivation
- Poor social skills and/or lack of resources
- Physical barriers - weather, transportation
- Symptoms of physical illness - immobility, poor health

Isolation Risk/Action Plan: General Medical

**Risk Inventory**
19. Participant is at risk of psychiatric hospital admission
   - Medications not controlling symptoms
20. Participant has other conflicting conditions or multiple disabilities that need to be addressed
   - Condition results in loss of memory, orientation, or capacity for self-management
23. Participant require special infection precautions
   - Some infection precautions may be necessary and result in isolation

**Action Plan developed with Participant**
- Assist participant to schedule appointment with PCP or psychiatrist to discuss new or changing symptoms and any medication issues
- Attend appointment or arrange for someone to attend appointment(s) with participant to discuss medication management and/or conflicting diagnoses
- Coach and educate participant on reason for isolation and ways that they can successfully navigate the community (masks, gloves, use of assistive devices/medical equipment)

Isolation Risk/Action Plan: Lack of Support

**Risk Inventory**
34. Participant is at risk due to a lack of a peer support system
   - Limited or no family/friend support
   - Lacks or will have difficulty developing a support system

**Action Plan developed with Participant**
- Assist participant in identifying interests, hobbies and in arranging a social outing (i.e. sporting events, church events, volunteering)
- Develop a list with participant and provide information on support groups, peer support, community programs
- Develop and implement a daily/weekly schedule of social activities and follow-up at subsequent visits to ensure effectiveness or change as needed
- Arrange transportation or other support for participant to get to social activities
### Risk Inventory

11. Participant is at risk due to unsafe neighborhood

12. The home environment makes it difficult to move around/exit without falling/tripping

21. The living environment create unwanted social isolation

### Action Plan developed with Participant

- Perform a home safety assessment and addressed identified barriers/needs
- Arrange for instillation of a personal emergency response system and ensure that the participant understands how to use it. Ensure that it is still functional
- Assist participant in developing and implementing a safety plan follow-up to ensure plan is effective
- Assist participant in contacting landlord and requesting additional lighting in hallways/stairs, follow-up to ensure lighting issues resolved
- Arrange for removal of excess clutter, follow-up to ensure clutter was removed
- Assist participant to discuss maintenance needs (i.e. snow removal) with landlord, follow-up to ensure maintenance needs were resolved
- Arrange for durable medical equipment to assist participant in navigating home/community
- Coach and educate participant on safe and proper use of medical equipment and follow-up to ensure it is being used properly
- Arrange transportation to community events and educate participant on how to arrange future transportation needs, follow-up to ensure plan effectiveness

### Risk Inventory

42. Participant is at risk for falls.

56. Participant needs help transferring (to get out of bed or chair)

57. Participant needs help to ambulate

### Action Plan developed with Participant

- Arrange for caregiver or significant other support with transferring and/or ambulation
- Coach and educate participant/caregiver/significant other safe and proper transferring, follow-up to ensure participant safety and caregiver ability
- Arrange for medical supplies/durable medical equipment
- Coach and educate participant/caregiver/significant other safe and proper use of medical equipment and/or supplies, follow-up to ensure continued safe and proper use and that the equipment/supplies continue to meet the participant’s needs
- Arrange for physical therapy consultation and recommendations, follow-up to evaluate effectiveness of plan and make changes as needed
- Provide and review how to use list of emergency contact personnel. Review at subsequent visits that list is up to date
Isolation Risk: Pain

- Chronic pain is experienced by many individuals.
- Chronic pain can result from physical disability and result in isolation
- Per Quality of Life Inventory: The only worsening condition that participants report after transition is an increase in pain level
- After transition work with participants to develop a pain management plan

Isolation Risk/Action Plan: Pain

Risk Inventory
g. Participant has chronic pain that affects activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs)

Action Plan developed with Participant
- Assess participant’s level of pain using a 0–10 pain scale and record at each contact
- Assess participant’s knowledge level of pain medication and pain management
- Coach and educate participant in pain medication and pain management, follow-up to ensure increased knowledge and understanding
- Coach and educate participant in use of pain scale, pain log, and follow-up to review results
- Develop and implement an activity plan to pace activities. Pain medication can be taken 45 minutes prior to planned activity (i.e. grocery shopping, attending church) to reduce likelihood of increased pain.
- Arrange for a provider visit for pain that remain uncontrolled, worsens or changes, follow-up to determine plan for control and to evaluate effectiveness

SUICIDE IDEATION
Risk Factors for Suicide

- Risk factors are characteristics that make it more likely that an individual will consider, attempt, or die by suicide
  - Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders
  - Alcohol and other substance use disorders
  - Hopelessness
  - Impulsive and/or aggressive tendencies
  - History of trauma or abuse
  - Major physical illnesses
  - Previous suicide attempt
  - Family history of suicide
  - Job or financial loss
  - Loss of relationship
  - Easy access to lethal means
  - Local clusters of suicide
  - Lack of social support and sense of isolation
  - Stigma associated with asking for help
  - Lack of health care, especially mental health and substance abuse treatment
  - Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
  - Exposure to others who have died by suicide (in real life or via the media and Internet)

Suicide

- Frequently a suicidal act occurs as a result of a depressive episode in Major Depression or Bipolar disorder.
- A decision to commit suicide is usually an impulsive decision.

Notice warning signs—
- Do not perceive these as attention-getting behavior. They are cries for help.

Potential Warning Signs of Suicide

The following signs may mean someone is at risk for suicide.
The risk of suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change
- Talking about wanting to die or to kill themselves
- Direct Verbal: “I am going to kill myself.”
- Indirect Verbal: “You will be sorry when I am gone.” “My life isn’t worth living.”
- Looking for a way to kill themselves, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
**Continuation of Potential Warning Signs of Suicide**

- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings
- Giving away meaningful belongings
- Long periods of depression with sudden increase of energy

**If you think someone might be suicidal**

- Directly say, “I don’t want you to kill yourself.”
- Ask if they have a plan
- Ask if they have the means
- If they have a plan and they have the means, call 911

**Assessment for Suicidal Ideation**

- Know the participant’s history and risk factors (to follow)
- Be aware of stressors
- Assess for suicidal ideation at each visit (warning signs to follow)
- If participant reports suicidal ideation
  - Determine if there is a plan (How are you planning to do it)
  - Determine if there is access (Do you have the weapon, etc needed to complete the activity)
  - Determine if there is intent (Do you have a day you plan on doing it)
  - If participant has specific answers to the above questions call 911
- Take all suicidal ideation seriously. Do not assume it is attention seeking behavior.
Risk/Action Plan: Danger to Self

Risk Inventory
23. Lack of understanding of, inability to avoid, or unwillingness to avoid activities that place him or her at risk of harm

24. The participant engages in aggressive or self-injurious behavior that results in the need for medical attention.

28. History of behavioral risk related to medical condition or disability (cognitive/emotional, Medical, Or Organic Condition)

29. History of suicidal attempts, gestures or threats. (Detail how the participant attempted suicide or what the gestures or threats were)

Risk/Action Plan: Danger to Self

Action Plan developed with Participant
- Assess for warning signs of suicide at each contact.
- Increase frequency of contacts to increase frequency of monitoring
- Arrange for a mental health consultation if participant not already engaged
- Accompany or arrange for someone to accompany participant to provider visits
- Arrange for and monitor visiting nurse, family member or informal caregiver to provide medication administration and medication monitoring and follow-up to ensure it is occurring
- Develop and implement a behavior contract addressing behavior of concern, actions to be taken instead, and consequences of not following contract
- Develop and post a crisis management plan in location of participant’s choice
- Develop and provide participant a list and post phone numbers to local mental health crisis line and national suicide hotline including what symptoms to call for
- Conduct a joint visit to participant’s home with mental health provider to ensure joint understanding of the plan of care

If Someone is Displaying Signs of Suicide Ideation
- Provide the individual with emergency/crises numbers.
- National Suicide Hotline 800—273-8255
- Provide individual with local emergency/crises numbers.
  - There is a listing of suicide and crises hotlines by Illinois County on the internet.
    - http://suicidehotlines.com/illinois.html
- Increase contact and check if person is taking medications as prescribed.
Any participant on Medicaid with a major mental illness qualifies for services at the State funded community mental health center.
- Know which organization is the community mental health center (CMHC) in your area.
- Develop relationships with key staff at the CMHC
- Understand their referral and intake process.
- Provide support to the participant including assisting in making the appointment and accompanying them to their intake visit.

Check if the local United Way or the local Mental Health Board (MHB) provides funding for counseling or mental health services.
- Primary Care Physicians prescribe more psychotropic medicines than Psychiatrists; they can assist with managing mental illnesses.
- Communicate concerns with their primary care physician and help participant communicate concerns.

Mental illnesses and physical illnesses can impact each other
- Management of mental illness in the community requires a detailed approach
- Special attention must be paid to medication adherence, isolation, and suicidal ideation
Resources


References