

Risk Identification in Undifferentiated Mental Disorders: Information for Primary Care

Summary: Changes to mental health are challenging to patients and the physicians who treat them. Frequently mental disorders present in an undifferentiated manner and there is insufficient time to conduct a full psychiatric assessment and plan. During the typical 10-20 min. encounter in primary care, the priority is safety, with a focus on identifying risks that may irrevocably impact life, limb and the chance of eventual recovery. Once the main risks are identified and strategies for mitigation implemented other issues such as symptom review and diagnostic clarification can be pursued.

Case, Part 1

You are seeing John, a 30-year-old male, who is booked for a 15-minute appointment:

- Identifying data
 - Living with spouse and 2 young children aged 3 and 5 years.
 - Works as a forklift operator
- Chief complaint
 - "Can you give me something for my sleep?"
- HPI
 - He complains of feeling "keyed up" and has only been sleeping 4 or 5 hours a night for the past 2 weeks.
 - He has been feeling extremely irritable and during one of their arguments put his fist through a wall in their house.
 - He reports that he has been drinking alcohol and snorting cocaine for the past few weeks to manage his distress and to help him stay awake for his afternoon shift as a forklift operator.
 - In fact, he snorted some before this visit.
 - He is now so uncomfortable he tells you he wants to die.
- MSE
 - Psychomotor agitation, pressured speech though he is coherent, dressed appropriately, and maintains eye contact. Passive suicidal ideation.

Introduction

The problem

- Undifferentiated, acute mental disorders or those that have recently changed are inherently complex, challenging and may be anxiety producing for the treating family physician.

- There is usually insufficient time to conduct a full psychiatric assessment that includes a comprehensive history of the patient's concerns, psychiatric symptoms, diagnosis and management plan.
- Many concerns compete for the busy family physician's attention in a typical encounter. As a result, time pressures, the complexity of mental health issues, and the anxiety they might produce in the physician can result in missing key risks to the patient and others.

The solution

- How should one prioritize one's time during the brief primary care encounter?
- Safety, as the priority means first focussing on risk and related clinical decisions prior to other issues such as diagnostic clarification and treatment.
- Consider addressing issues in the following sequence:

1. What do I need to do now?	Imminent risks
2. What do I need to do soon?	Evolving risks, functional deficits, and symptoms that might evolve into immediate risk
3. What do I need to pay attention to over time?	Long-term risks, diagnostic clarification, ongoing symptoms, functional impairments, and chronic conditions.)

Assessment / History

Primary care visits are short and the initial interaction with the patient that includes rapport building, eliciting patient's concerns and desired outcomes can easily take up the entirety of the appointment. This interaction should serve as a bridge to targeted questions that are focused on risk identification. It is important to remember that it is common to prioritize the patient's story or explanatory model at the expense of identifying risks that require immediate attention. You do not want the patient to leave the office without having ascertained these risks.

Chief complaint

- "What brings you in today?"

Goals

- "How can we make this a helpful visit?"

HPI

- "Tell me more about what's been happening..." (start with an open-ended exploration of the patient's chief concerns)

Risk Assessment

- "Thank you for giving me an idea of what's been going on. I have some more specific questions to ask you..."

• Risk to self, e.g. suicide?	"With all that's been going on, are you having any thoughts that life isn't worth living?"
• Risk to others	"With all the stress, have you been feeling frustrated at others?" "Has it gotten to the point that you've had thoughts of hurting others?"
• Risk to others on the road	"Any problems driving?"

Functional Impairment

• Personal care (including basic and instrumental activities of daily living)	"Any troubles looking after yourself?"
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• Dependents (e.g. children, impaired adults, elderly persons, pets)	"Any troubles looking after your children?"
• Work / Education: Ability to maintain obligations for work / school, e.g. attending, performing, completing tasks.	"Any troubles with work?" "Any troubles with school?"
• Housing: Ability to maintain housing, e.g. pay for rent; maintain one's home or abode.	"Any troubles with your home? Apartment?" "Any troubles keeping the rent? Mortgage?"
• Licences: Capacity to safely maintain personal and professional licensure (eg, vehicles, machinery) and meet regulatory criteria;	"Any troubles with your driving?"
• Relationships: Ability to maintain intact normative patterns of social interaction; work—appropriate attendance and ability to perform role-defined tasks;	"Any troubles with your relationships?"

Psychiatric Signs/Symptoms Review (if time permits)

• Cognitive	"Any problems thinking?" "Any problems focusing or concentrating?" "Any concerns with repetitive thoughts or worries?" "Any worries that others are against you?" (paranoia)
• Emotional	"Any problems with your mood?" "Any problems with depressed mood?" "Any problems with anxiety?"
• Sensory including hallucinations	"Hearing any things that others can't hear, such as voices?" (auditory hallucinations) "Seeing any things that others can't see?" (visual hallucinations)
• Behaviour	
• Substance Use	"How much do you alcohol drink, if at all, these days?" "Do you use any recreational drugs?" "How much do you use?" "Have others told you to cut down?" "Has this caused you any problems?"
• Sleep	"Any problems with your sleep?" "Do you ever not sleep and yet don't feel tired?"

Management

Summarize your Interview with the Patient	"I am so glad that you came in today. You've told me that (summary of patient's concerns)." "And yet even despite the challenges you've been having, I am grateful and glad to hear about (something positive)." "I'd like to share with you some ideas about what might be helpful in your situation..."
Management Plan to Address Risks	With mild to moderate risks, consider: <ul style="list-style-type: none"> • Referral to outpatient, community mental health services • Consider providing patient with written information such as <ul style="list-style-type: none"> ◦ Local mental health resources including crisis services ◦ Specific topics such as coping with stress, depression, anxiety, etc. • Consider psychiatric consultation (if available) to further explore risks • Provide follow-up appointment to explore diagnostic clarification, monitoring and supportive psychotherapy if possible With severe concerns, consider: <ul style="list-style-type: none"> • Local urgent care services • Contacting local hospital and speaking to psychiatrist on-call • Sending patient to local Emergency Department for emergency mental health consultation

• Risk to self	<p>If mild to moderate concerns, consider:</p> <ul style="list-style-type: none"> • Provide or refer for counseling/therapy and mental health supports <p>If moderate to severe concerns, consider:</p> <ul style="list-style-type: none"> • Emergency consultation <p>If dependants are at risk, consider:</p> <ul style="list-style-type: none"> • Child protective services
• Risk to others	<p>If mild to moderate concerns, consider:</p> <ul style="list-style-type: none"> • Provide or refer for counseling/therapy and mental health supports <p>If moderate to severe concerns, consider:</p> <ul style="list-style-type: none"> • Contact police, and/or • Emergency psychiatric assessment
• Functional Impairment Domains	
• Personal care	<p>Mild to moderate concerns, consider:</p> <ul style="list-style-type: none"> • Mental health services or other appropriate service <p>Moderate to severe concerns, consider:</p> <ul style="list-style-type: none"> • Mental health services • Emergency consultation
• Dependants	<p>If difficulties, consider:</p> <ul style="list-style-type: none"> • Reporting to Child Protective Services such as Children's Aid Society
• Licensing concerns	<p>If safety concerns, consider:</p> <ul style="list-style-type: none"> • Reporting to Ministry of Transportation
• Relationship impairment?	<p>If significant social concerns, consider:</p> <ul style="list-style-type: none"> • Mental health treatment • Consider couples or family therapy supports
• Impairment with school or work?	<p>If difficulties at school / work, consider:</p> <ul style="list-style-type: none"> • Doctor's note to school / employer, which recommends accommodations and modifications

Case, Part 2

- Risks
 - You assess John's suicide risk and decide he does not require immediate admission or medical detoxification.
 - He states that he is not responsible for his children during the day while his wife is working or before his afternoon shift.
 - He has never been violent toward anyone in the family.
 - He does not experience withdrawal symptoms from the alcohol but notices a crash in mood when the cocaine wears off.
 - John's safety as a forklift driver is in question and he has been driving his car while high.
 - You advise him that you have a legal obligation to notify the ministry of transportation regarding John's licences.
 - John reveals he has been spending approximately \$200 per week on cocaine and alcohol, unbeknownst to his wife.
- Physical exam
 - With respect to his substance use, you examine him and his blood pressure is 160/100 mmHg.
 - You advise him of his short-term and long-term psychological and physical risks
- Investigations
 - You order appropriate bloodwork.
- Feedback
 - You ask John if he wants help with his substance use, and his other issues

- John says yes, particularly given the licensing and financial concerns.
 - You suggest that John tell his wife about his problems and his spending, and that they return for an appointment together within the next week.
 - You tell John that his suicide risk will be monitored for worsening over time, pending clarification of the responsible conditions.
 - You are unable to make any DSM-5 diagnoses as you lack details about his psychiatric symptoms, however you can ask about those at a later appointment, if you have time and/or when you call him in for a complete assessment
- You start preparing mentally for your next patient, which is an elderly woman who is weak and dizzy.....

Conclusion

Remember:

- The primary objective in the initial encounter with the patient with undifferentiated mental disorder is risk identification.
- Although rapport facilitates the patient's sharing of information and is thus important, establishing rapport per se is not the primary objective.
- Overly focusing on rapport can lead to the failure of identifying risks that require urgent attention.
- The antecedents to a problem can be sorted out over time.
- Risk mitigation is time sensitive -- as per the old adage, time is of the essence.

References and Further Readings

Silveira J, Rockman P, Fulford C, Hunter J: Approach to risk identification in undifferentiated mental disorders. Canadian Family Physician December 2016 vol 62(12): 972-978.
URL: <http://www.cfp.ca/content/62/12/972.full>

About this Document

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Addendum: Sample Recording Sheet

This is a sample sheet to help with writing down responses during a clinical encounter

Risk Assessment

Domain	Sample question for patient	Patient's responses:
• Risk to self, e.g. suicide?	"With all that's been going on, are you having any thoughts that life isn't worth living?"	
• Risk to others	"With all the stress, have you been feeling frustrated at others?" "Has it gotten to the point that you've had thoughts of hurting others?"	
• Risk to others on the road	"Any problems driving?"	

Functional Impairment

Domain	Sample questions	Patient Responses
• Personal care including basic and instrumental activities of daily living;	"Any troubles looking after yourself?"	
• Dependents such as children, impaired adults, elderly persons, and pets;	"Any troubles looking after your children?"	
• Licences: Capacity to safely maintain personal and professional licensure (eg, vehicles, machinery) and meet regulatory criteria;	"Any troubles with your driving?" "Any troubles meeting your work obligations?"	
• Relationships: Ability to maintain intact normative patterns of social interaction; work—appropriate attendance and ability to perform role-defined tasks;	"Any troubles with your relationships?"	
• Education—the ability to meet demands (eg, attendance, performance, completion of tasks).	"Any troubles with school?" "With work?"	

Psychiatric Signs/Symptoms Review

If time permits, then ask the following:

Domain	Sample Questions	Patient Responses
Cognitive	"Any problems thinking?" "Any problems focusing or concentrating?" "Any concerns with repetitive thoughts or worries?" "Any worries that others are against you?" (paranoia)	
Emotional	"Any problems with your mood?" "Any problems with depressed mood?" "Any problems with anxiety?"	

Sensory including hallucinations	"Hearing any things that others can't hear, such as voices?" (auditory hallucinations) "Seeing any things that others can't see?" (visual hallucinations)
Behaviour	"Any changes in your activities or routines these days?"
• Substance Use	"How much do you alcohol drink, if at all, these days?" "Do you use any recreational drugs?" "How much do you use?" "Have others told you to cut down?" "Has this caused you any problems?"
• Sleep	"Any problems with your sleep?" Do you ever not sleep and yet don't feel tired?