First Responder Accreditation

Topic 12:

Psychological First Aid

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Contents

Introduction

Each year Australian emergency departments treat more than 250,000 patients experiencing mental health emergencies. Some common mental health emergencies include:

- panic attack
- psychosis; and
- general emotional distress.

Members who are frequently deployed to emergency management situations (e.g. bushfires), emotionally charged events (e.g. remembrance services) and music festivals with high incidence of substance misuse are even more likely to encounter people requiring psychological first aid.

It can be difficult to know how to respond to emotionally distressed people. The things we do naturally to comfort our friends and family, like hugging and giving advice, are inappropriate in the first aid context. This module will take you through these three common mental health situations, how to recognise and manage them effectively and appropriately.

Panic Attacks

Recognition

Panic attacks can happen to anyone and do not occur exclusively in the context of serious mental illness. Attacks may or may not be preceded by an obvious trigger (such as a stressful event). The lifetime prevalence of isolated panic attacks is 7 – 9% in the general community.
The signs and symptoms of panic attack include:

- Tachycardia
- Hyperventilation
- Trembling/shaking
- Sensations of shortness of breath or smothering
- Chest pain or discomfort
- Nausea or abdominal distress
- Dizziness
- Inexplicable and irrational but intense fear of impending doom or death
- Feelings of unreality
- Numbness and tingling

To be classified as a panic attack, four or more of these symptoms must occur abruptly: reach a peak within 10 minutes and occur in the context of intense fear or discomfort. The most conspicuous characteristic of a panic attack is the heightened level of fear and anxiety suffered by the person experiencing it.

In some cases there can be some uncertainty between the symptoms of Acute Myocardial Infarction (AMI) (heart attack) and panic attack. It is important that members exclude heart attack as a diagnosis before proceeding with mental health interventions.

Heart Attack	Panic attack
· Tingling (pins and needles) caused by a heart attack is usually localised to the left arm. · Vomiting is common during a heart attack · Pain caused by heart attacks is not usually related to breathing.	· Tingling caused by panic occurs all over the body. · While nausea is common in panic attacks, vomiting is not. · Pain from a panic attack, if present, is usually distinctively made worse by breathing.

If in any doubt, members should seek clinical consultation or treat as worst case scenario.

Management

There are several strategies to support a person experiencing a panic attack that can significantly limit the attack's severity and duration.

1. Establish if there is a clear cause for the attack.

   If there is a clear cause, attempt to remove it from the situation. For example, a person with arachnophobia having a panic attack after seeing a spider will benefit from the spider being removed from the room.

2. Attempt to prevent secondary embarrassment and/or distress about symptoms by normalising the situation.

   "Mrs Jones, what you're experiencing at the moment is called a panic attack. It is not unusual for people to experience this common condition."

3. Help the person understand what is happening to them to help them feel more in control.

   "What is happening at the moment is that your body is going through an abnormally intense fight/flight reflex. Your blood pressure is going up and you probably feel shaky and nervous. These symptoms are only likely to last a few minutes. All you need to do is breathe deeply and ride them out."

4. Help foster feelings of safety.

   "I don't want you to worry. These symptoms will fade, you are in the first aid tent now, you are in safe hands, and this is going to be okay."

5. Support breathing.

   a. Many people experiencing panic attacks hyperventilate, while some even hold their breath. Correcting these abnormal breathing patterns will go a long way towards subsiding the attack.
      i. Support the patient to match the first aider breath for breath, with slow, deep inhalations.

6. Keep the patient cool.

   a. Many panic attacks are accompanied by sensations of warmth, especially around the neck and face. A cool towel can help minimize this symptom and aid in reducing the severity of the attack.

Important note: never tell the person to "*calm down, "or "there's nothing to worry about*," or, "*it's all in your mind*." Such statements will only alienate and embarrass the patient, exacerbating the attack.
If the attack lasts for longer than 15 minutes and is not responsive to the above management strategies, seek clinical consultation and/or transport to hospital.

Referral

Most isolated panic attacks will not require further treatment or referral. However, if the patient reports that they have experienced numerous panic attacks over the course of a number of weeks then they may be a symptom of underlying psychopathology. In these cases it is appropriate to advise the patient to see their GP.

Psychosis

Recognition

Psychosis is a generic psychiatric term for a mental state often described as involving a "*loss of contact with reality*". Approximately 3% of the population will experience an episode of psychosis at some stage in their life. The condition can be caused by substance misuse, hypoglycaemia, severe infection, dementia, mental illness and many other conditions.
There are three common symptoms of psychosis. The presence of any one of these symptoms is sufficient for the patient to be described as experiencing psychosis.

1. Hallucinations
   - Defined as sensory perception in the absence of external stimuli.

2. Delusions
   - Beliefs held with strong conviction that are either mistaken or not substantiated, usually expressed forcefully. In many cases these delusions are paranoid in nature.

3. Thought disorder
   - An underlying disturbance to conscious thought, classified largely by its effects on speech and writing. Affected people show a disconnection and disorganization of the content of speech and writing. In the severe form speech becomes incomprehensible and it is known as "word-salad".

Management

Once the member has identified the presence of psychotic symptoms the next step will be to ensure an ambulance has been called and clearly inform the call taker of the presenting symptoms. With the ambulance on its way, the First Responder has three tasks:

1. Attempt to examine the patient for physical injury and/or illness

Just as fractures and bleeding can be distracting factors in the identification of spinal injury, psychosis can be a distracting factor in the identification of other injury and/or illness. For example, a person preoccupied with hallucinatory perceptions may fail to recognize or report even major injuries. Where the patient will allow, the first aider should perform standard comprehensive primary and secondary assessments. With the patient's permission, the treatment of physical symptoms should be the first aider's first priority.

2. Attempt to record as detailed a history as possible

In addition to the standard 'AMPLE' history, it will be important to specifically ask if the patient if they have a history of hypoglycaemia, if they have consumed drugs or alcohol and/or if they have experienced these symptoms before. If the patient is able to provide any of this information the first aider should record it and update the en-route ambulance with these details.

3. Support the patient to establish a calm environment

A person experiencing hallucinations and/or delusions will usually be very frightened by them and needs your help in establishing a calm environment. Psychosis can be confronting and even experienced healthcare professionals can become overwhelmed and/or be unsure as to how to support someone experiencing it. The following are some practical guidelines:

- Appreciate that the person is most likely being overloaded with sensory stimulation.
- Do not invade their personal space or touch them without permission.
- Try to minimise unnecessary stimuli as much as possible, for example: turn down the volume of radios, and shield the person from the prying eyes of bystanders and other members
- Be patient – it may take the person longer to process information.

- Appreciate that hallucinations are real physiological sensations.

- Do not try and convince the person that their hallucinations/delusions are inaccurate, but do not pretend to also experience them.
- Ask questions such as, "*are you hearing voices other than mine/seeing people other than me*?" etc.
- Tell the person, "*I can't hear the voices (see what you see etc.)* ***but I believe that you do.***"
- Ask the person to try and focus on you and not on whatever else they are experiencing.
- Be aware that the person may act on a delusion or hallucination.

- Support the person to feel in control of their environment.
  - Answer all the person's questions calmly and comply with all reasonable requests, this will assist the person feel somewhat more in control.

Referral

All patients experiencing psychosis will require transport to hospital via ambulance.

Emotional distress

Recognition

Most emotionally distressed people are not experiencing a psychiatric emergency. People who are emotionally distressed are commonly upset, short of breath and highly stressed and worried.

Management

Most people find it difficult to know how to respond to acutely emotionally distressed people. The things we do naturally to comfort our friends and family, like hugging and giving advice, are inappropriate in the first aid context. Whilst there is no quick and easy formula for supporting these patients, below are some good general guidelines.

Most importantly, you must avoid patronizing the patient. Oversimplified reassurances like, "*you're overreacting," "many people are a lot worse off than you*," and "*it's all going to be okay*," are inappropriate and do not assist in calming the person.

1. Engage with the distressed person.
   - Approach the person slowly and introduce yourself with your name and title.

2. Promote calm.
   - Provide an environment (as far as is practical) that is removed from stressful situations or exposure to sights, sounds and smells of emergency.
   - Listen to those who want to talk, but never pressure those who do not want to.

3. Promote connectedness.
   - Help people contact friends and loved ones.
   - Keep families together and children with parents wherever possible.

4. Promote a sense of control.
   - Support the person to do things that are active (rather than passive, such as simply waiting), practical (using available resources), and familiar (drawing on well-learned behaviours that do not require new learning). Examples provided below.

5. Offer practical assistance.
   - Establish the person's most pressing concern and ways that you can assist them with it. Examples provided below.

Referral

In most cases emotionally distressed people will not require further treatment or referral. However, in cases where there is evidence of suicidal ideation, extreme reactions, or where the first aider believes that further psychological treatment would be beneficial to the long-term wellbeing of the patient, it is appropriate to advise the patient to discuss the incident/issue with their GP. GPs have a number of treatment options available to them, including psychopharmacological interventions and/or subsidized referral to a psychologist.