



TALK2ALL IN A DRUG OVERDOSE SITUATION: A SIMPLE SOLUTION TO DISSOLVE THE LANGUAGE BARRIER DURING A MENTAL HEALTH CRISIS

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The United States is currently facing a well-documented mental health crisis. In 2015, 127,500 Americans died from drug overdose or alcohol-related causes or suicide. This translates into 350 deaths per day, and one person dying of a preventable cause every four minutes. This crisis, which continues to worsen, is affecting the services in the emergency departments (EDs) particularly hard. This is due, in part, to the fact that EDs are one of the last remaining safety nets in the community. One in eight visits to the ED is related to a mental health or substance abuse issue, a number that has been increasing every year for the past decade. And yet, EDs are not prepared: they remain poorly equipped to address these individuals' needs because of a variety of issues, including regulations, policies, training, culture, stigma about a mental health issue, and the lack of integration and connectivity to other settings in the community. Importantly, the patients may often be in a semiconscious state or inebriated state, and they may not be native English speakers. Limited English language proficiency becomes a major issue in providing care to these subjects. A highly novel Android app, Talk2All, is making major difference in the care of these patients. Talk2All is a team effort, where this particular innovative application in emergency substance abuse disorder management is being led and being provided "thought leadership" by Dr. Nawal Singh Shekhawat, a physician investigator with practice located at Baptist Health Center in Conway, Arkansas. Dr. Shekhawat has earlier popularized motivational technologies to promote smoking cessation (see pleasequit.org and the Android app Please Stop).

Increasing demand for services, coupled with a limited supply of effective processes and services within EDs, leads to appalling outcomes and experience of care for patients and their families. Patients are likely to spend many hours and, too frequently, multiple days waiting for a transfer to another care setting. They are often disrespected by the current protocols in the ED, which can leave people traumatized and stripped of their dignity. Language barrier exacerbates these issues. Talk2All can translate nearly one hundred languages in real time, and this is enabling communication with the care group and the patient's family members/friends or the patient whenever s/he is in a state to talk. Protocols in the ED are often skewed toward medical rather than mental health issues, are not based in universal protocols for patient safety as established by the Joint Commission, and are often lacking in evidentiary support. These experiences, combined with poor connections to needed follow-up care, often result in avoidable, repeat ED visits, limited resolution of symptoms, and a paucity of ongoing support. Language gap, of course, exacerbates all these issues. These are not new problems but is one that is in dire need of new thinking and system redesign, which is exactly what has been ushered in by Dr. Shekhawat's highly innovative contributions in the application of Talk2All in the clinical emergency room setting.

The key areas and gaps that exist due to a mental health crisis due to drug overdose include the following:

- (i) A cycle of fear among providers, patients, and families contributes to a negative culture and poor quality and experience of care.
- (ii) There is a prominent lack of standardization and implementation of effective care processes within the ED.
- (iii) ED teams lack the right personnel with the right processes and

skills to provide effective care for individuals with mental health and substance abuse needs. This often includes gaps in communication due to language barrier and with individuals with limited English language proficiency

- (iv) Families are often excluded in the current system of care in Eds.
- (v) Care settings do not coordinate or reach out across a community.
- (vi) Programs to divert patients from the ED can be very effective at providing high-quality care while reducing the burden on EDs but can perpetuate separate medical and mental health systems. Depending on the needs and size of the population served, existing services, and available resources, they may not yield a sufficient return on the substantial, initial investment.

Patients and their family members and caregivers too frequently receive no information about what is happening to them or their loved one. They need tools to rely on, information, hope, and, of course, compassionate care. Although they are an invaluable resource for the care team, families are left out of nearly every part of the current system in the ED, with little input and communication from intake through discharge and care planning. Family members can inform assessment with knowledge of history and current state and are often the ones charged with carrying a disposition plan forward post-ED discharge. Furthermore, in the event of language gap, and often inebriated state of the individual, a tool like *Talk2All* is a refreshing tool in management of mental health crisis.

Communication is a multi-dimensional, multi-factorial phenomenon and a dynamic, complex process, closely related to the environment in which an individual's experiences are shared. Since the time of Florence Nightingale in 19th century until today, specialists, nurses, physicians and healthcare providers have paid a great deal of attention to communication and interaction in healthcare. Effective communication is an important aspect of patient care, which improves caregiver-patient relationship and has a profound effect on the patient's perceptions of health care quality and treatment outcomes. Effective communication is the key element in providing high-quality care and leads to patient satisfaction and health. Effective communication skills of health professionals are vital to effective health care provision, and can have positive outcomes including decreased anxiety, guilt, pain, and disease symptoms. Moreover, they can increase patient satisfaction, acceptance, compliance, and cooperation with the medical team, and improve physiological and functional status of the patient; it also has a great impact on the training provided for the patient. Thus, effective communication with *Talk2All* in the language-deficient subject is an additional step in rehabilitation of the individual!

Communication pitfalls are 5-10% in general population and more than 15% in hospital admissions. Hospitalized patients in all ages often experience complex communication needs including mobility, sensory, and cognitive needs as well as language barriers during their stay. Hospitalization is potentially stressful and involves unpleasant experiences for patients and their families. All aspects of clinical care are of high importance in communication with patients, as the patients consider interaction with the nurses as a key to their treatment. Also, through communication, nurses become familiar

with the needs of their patients, and therefore, they can deliver high-quality health care services. Patients with communication disability were three times more likely to experience medical or clinical complications compared to other patients.

Even in countries which speak a single major language like Iran, it is a multicultural country with recognized cultural pluralism. In Iranian religious context, female caregivers are not allowed to gaze or touch patients of the opposite-sex, except in emergency cases. In addition, although Iranian formal language is Farsi, there are many dialects such as Lurish, Kurdish, and Baluchi, which might act as communication barriers between nurses and patients. The first step in eradicating the problems related to caregiver-patient communication is two-sided awareness of communication barriers. It is of no doubt that building an effective relationship is dependent on the understanding of both sides of the interaction.

Through establishing an appropriate verbal communication, the ED staff could thoroughly understand the patient's problems in the event of a mental health crisis; hence, the unfamiliarity with the patient's colloquial language has been mentioned as a communication barrier. If there is a difference in spoken language, effective communication cannot be established; even non-verbal communication in different cultures may have different interpretations. Patients are also less acceptant of caregivers with different languages and cultures (culture has an impact on individuals' attitudes and behaviors). Based on previous studies, communicative needs and ways of expressing emotions vary in different cultures and religions. Sufficient knowledge of caregivers regarding patients' culture, language, customs, and beliefs can help them communicate with the patients without having any pre-judgments or prejudice. Indeed, culture can act as both a facilitator and a barrier to communication. *Talk2All* is a powerful empowering tool both in the hands of the caregiver and the patient with limited English language proficiency.

A recently concluded study at the Boston Medical Center recently looked at nearly 3,000 patients who had survived an opioid-related overdose between 2000 and 2012. According to their published study, over 90% of these patients continued to receive opioid medications from doctors — even after their overdose. Given the soaring numbers of opioid-related overdose deaths and heightened scrutiny on how these medications are being over-prescribed, the study findings are alarming and disturbing. The researchers identified almost 3,000 patients nationwide who had had a nonfatal overdose while being treated with opioid medications for chronic pain. These patients were followed for 300 days, on average, after their overdose. During those 300 days, an additional 7% of the patients overdosed a second time. In the majority of cases, the same doctor wrote the opioid prescription before and after the initial overdose. The study did show that as a whole, patients received smaller doses of opioid medications after the overdose. But many patients were still receiving very high doses, and those receiving the higher doses were more likely to overdose yet again.

The study described above raises many serious questions. How could doctors continue to write prescriptions for opioid medications, even after an overdose? How could doctors be so ignorant to the dangers of these medications?

The matter of the fact is that the doctors who wrote the prescriptions probably did not know that the patients in their clinic had recently overdosed. Unless the patient was sent to an emergency room or hospital affiliated with the prescribing doctor, there is a good chance that the information about the overdose never made it back to the doctor. Indeed, doctors may never know unless the patient voluntarily discloses this information.

This communication gap is well known in the health care system. This study further highlights the potential consequences of this poor communication. At the least, information about opioid

overdoses must be communicated back to the prescribing doctor so that he or she can adjust pain treatment and offer addiction treatment where indicated. An exclusively Spanish speaking subject may be at frank risk from this kind of situations.

Enhanced use of *Talk2All* with practitioners will enhance the outcomes of mental health crisis due to drug overdose. Dr. Shekhawat and the entire *Talk2All* Inc team needs to be applauded for these pragmatic achievements in using digital medicine to provide a simple solution for a national scale health problem that is currently in epidemic proportions globally.

