

HOW TO NAVIGATE A MENTAL HEALTH CRISIS

hope

for mental health 

Pre-Crisis

What is a mental illness?

Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, daily functioning, and ability to relate to others.

(Navigating a Mental Health Crisis: A NAMI resource guide for those experiencing a mental health emergency, p. 3)

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Pre-Crisis

What are signs of a mental illness?

Mental disorders are usually associated with significant impairment or distress in social, occupational, educational or other important activities.

Pre-Crisis

What is a mental health crisis?

A mental health crisis happens when a person has suicidal thoughts; a crisis may also be an acute state of deterioration, such as hearing voices, having visual hallucinations, or having delusions.

Or, the person is unable to address their needs for food, clothing and shelter due to a mental illness.

Pre-Crisis

How to prepare for a mental health crisis:

Learn all you can about the illness your family member has.

Find out about insurance benefits and support systems when things are going well.

*Learn to recognize early warning signs of relapse, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.

Pre-Crisis

How to prepare for a mental health crisis:

A visit to a psychiatrist, case manager, therapist, support group, or friend may help prevent a full-blown relapse.

*Create a crisis kit containing information and physical items.

Emergency Department (ED)

First time expectations of going into an ED:

- You or your loved one may not be admitted
- Long stays in the ED
- Insurance eligibility will determine where a person is admitted
- Bed availability
- Might have to transfer
- Security guards
- Restraints
- Crowded

Emergency Department (ED) Psychiatric Evaluation

A mental health evaluation will be done by a mental health professional when a patient is brought into the emergency department to determine if the patient meets criteria for an involuntary hold.

Emergency Department (ED) Psychiatric Evaluation

Criteria of an involuntary hold, also known as a 72-hour hold or 5150 hold, includes evaluating if there is probable cause to believe that a person is a danger to self, danger to others, or gravely disabled (unable to provide food, clothing and shelter) as a result of a mental disorder.

Emergency Department (ED) Psychiatric Evaluation

If an evaluation is done by a peace officer or Crisis Assessment Team (CAT) professional out in the field, an involuntary hold application may have been written in the field, so the patient actually will be seen by a psychiatrist or mental health professional when brought to the hospital to confirm the hold.

Emergency Department (ED)

Voluntary vs. Involuntary Admission

- A voluntary admission at a psychiatric hospital is going into a secure psychiatric facility through the emergency room on your own will.
- You have the right to discharge at any time unless an involuntary hold is written during treatment.

Emergency Department (ED)

Voluntary vs. Involuntary Admission

- Involuntary hospitalization, also known as “commitment,” is when a legal document is written to “hold” the person by a designated evaluator.
- This can be a person on the Crisis Assessment Team, peace officer, a professional person designated by the county, or mental health professional/member of the attending staff in the emergency room.

Emergency Department (ED)

Voluntary vs. Involuntary Admission

- The individual will be held against their will initially for up to 72 hours for assessment and evaluation.
- Only a psychiatrist can discharge the patient from the hold.
- The emergency department will do a blood draw with the patient being admitted. One reason in doing so is to determine if there are any substances, alcohol, physical problems, etc. causing any physical risk or harm.

Emergency Department (ED) Voluntary vs. Involuntary Admission

- Protocol is to “medically clear” a patient for transfer to a secure psychiatric unit.
- If a person being evaluated does not meet legal criteria for an involuntary hold, the person evaluated will be discharged from the emergency department.

Emergency Department (ED)

What to do if a person is discharged after evaluation:

- Explore options for residential treatment programs, partial hospitalization programs, intensive outpatient programs, or other services in your local area as needed.
- Schedule appointments with a therapist and psychiatrist.
- Give the Suicide Prevention Lifeline phone number, 800-273-TALK, to all family/friends involved including the individual who discharged.

Emergency Department (ED)

What to do if a person is discharged after evaluation:

- Seek out or increase contact ASAP with a licensed therapist, psychiatrist and/or other person providing care.
- Dispose of and secure any means – remove danger.
- Notify friends and family to create a 24 hour no-suicide watch team as appropriate.

Emergency Department (ED)

If the person is placed on an involuntary hold:

- Once a person has been “medically cleared” in the emergency department, and the involuntary hold is written, they will be transferred to a psychiatric unit either at the current hospital or another hospital.
- Hospital staff are in charge of coordinating the transfer.
- A transfer to another hospital will be done by ambulance.

Emergency Department (ED)

Confidentiality

- The U.S. Department of Health and Human Services enforces the Federal privacy regulations commonly known as the HIPAA Privacy Rule (HIPAA).
- HIPAA stands for the Health Insurance Portability & Accountability Act.
- HIPAA requires most doctors, nurses, pharmacies, hospitals, skilled nursing facilities, and other health care providers to protect the privacy of your health information.

Emergency Department (ED)

Confidentiality

- For best results, ask your loved one to sign an Authorization for Release/Release of Information of their medical information to you during the emergency evaluation or admission process.
- If the patient refuses, ask staff to continue asking your loved one throughout treatment in hopes that they will change their mind as their condition improves.

Emergency Department (ED)

Helpful insights for people who are receiving care:

- Increase your willingness to participate in your treatment and care.
- Be as honest as you can when hospital staff are working with you.
- Know that a team of professionals are there to assist you.
- Take advantage of the many “tools” accessible to you during your stay.

Psychiatric Inpatient Stay

Typical Daily Routine:

- Regular meals
- Individual therapy
- Group therapy
- Meet with psychiatrist
- Medication disbursement by the nursing staff
- Meet with the social worker
- Meet with an occupational therapist
- Some places have outdoor spaces
- Rooms are often shared

Psychiatric Inpatient Stay

Expectations for Visiting Hours:

- Visiting hours are limited in time.
- Rules are strict to ensure patient safety.

Psychiatric Inpatient Stay

Request a family session (aka “Treatment Team meeting”).

- If the authorization for release has been signed, and your name has been added to this document in their chart by your loved one, you can request a family session with the *psychiatrist, social worker, and nurse*.
- It is recommended your approach be polite and collaborative in nature.

Psychiatric Inpatient Stay

Request a family session (aka “Treatment Team meeting”).

Ask the treatment team for the following:

- Diagnosis and what the diagnosis means.*
- Course of the illness and its prognosis.
- Estimated length of stay.*
- Symptoms causing the most concern, what they indicate and how they are being monitored.
- Medications prescribed. Why these particular medications have been selected, the dosage, the expected response and potential side effects- plan if onset of side effects.*

Psychiatric Inpatient Stay

Sample Treatment Plan

- Individual treatment
- Group treatment
- Medication compliance
- Stabilize mood
- Increase coping skills
- Eliminate psychosis*
- Improve insight & judgement*
- Eliminate suicidal ideation
- Monitor & adjust medication

Psychiatric Inpatient Stay

How long will my loved one be on an involuntary hold?

- The Lanterman Petris Short (LPS) Act of California. The LPS Act concerns the involuntary civil commitment to a mental health institution in the State of California and refers to sections 5150, 5151, and 5152 of the Welfare and Institutions Code (WIC).
- This bipartisan bill was signed into law in 1967 and went into full effect in 1972.

Psychiatric Inpatient Stay

How long will my loved one be on an involuntary hold?

5150: Also known as a 72 hour hold.

It is the “Detention of Mentally Disordered Persons for Evaluation and Treatment” for a period of 72 hours for persons alleged to meet the legal criteria of being a danger to self or others or gravely disabled due to a mental disorder.

(See WIC 5256.1 for more detail)

Psychiatric Inpatient Stay

How long will my loved one be on an involuntary hold?

5585: Also known as a “Children’s Civil Commitment and Mental Health Treatment Act.”

This is the children’s version of a 72-hour involuntary hold. It uses the same legal criteria of being a danger to self or others or gravely disabled due to a mental disorder for detainment.

Evaluation and treatment of a minor beyond the initial 72 hours shall be pursuant to the LPS Act.

Psychiatric Inpatient Stay

How long will my loved one be on an involuntary hold?

5250: Also known as a 14 day hold.

It is a “Certification for Intensive Treatment” for a period of an additional 14 days (from end of 5150) for persons alleged to meet the legal criteria of being a danger to self or others or gravely disabled due to a mental disorder.

(See WIC 5256.1 for more detail)

Psychiatric Inpatient Stay

How long will my loved one be on an involuntary hold?

Certification Review Hearing: Also known as a Probable Cause Hearing.

A facility-based hearing for persons on WIC 5250 or 5270 holds. The hearing is to determine if the psychiatric treatment facility has probable cause to detain the person for the remainder of the hold period.

The Certification Review Hearing is to be held within 4 days of the person being placed on the hold.

If no probable cause is determined, the patient can elect to stay voluntarily, or discharge against medical advice.

(See WIC 5256.1 for more detail)

Discharge to Ongoing Care

Suicide rate after discharge from psychiatric facilities.

In a meta-analysis of 100 studies of 183 patient samples, the post discharge suicide rate was approximately 100 times the global suicide rate during the first 3 months after discharge.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5710249/>

Post Crisis: Discharge Tips

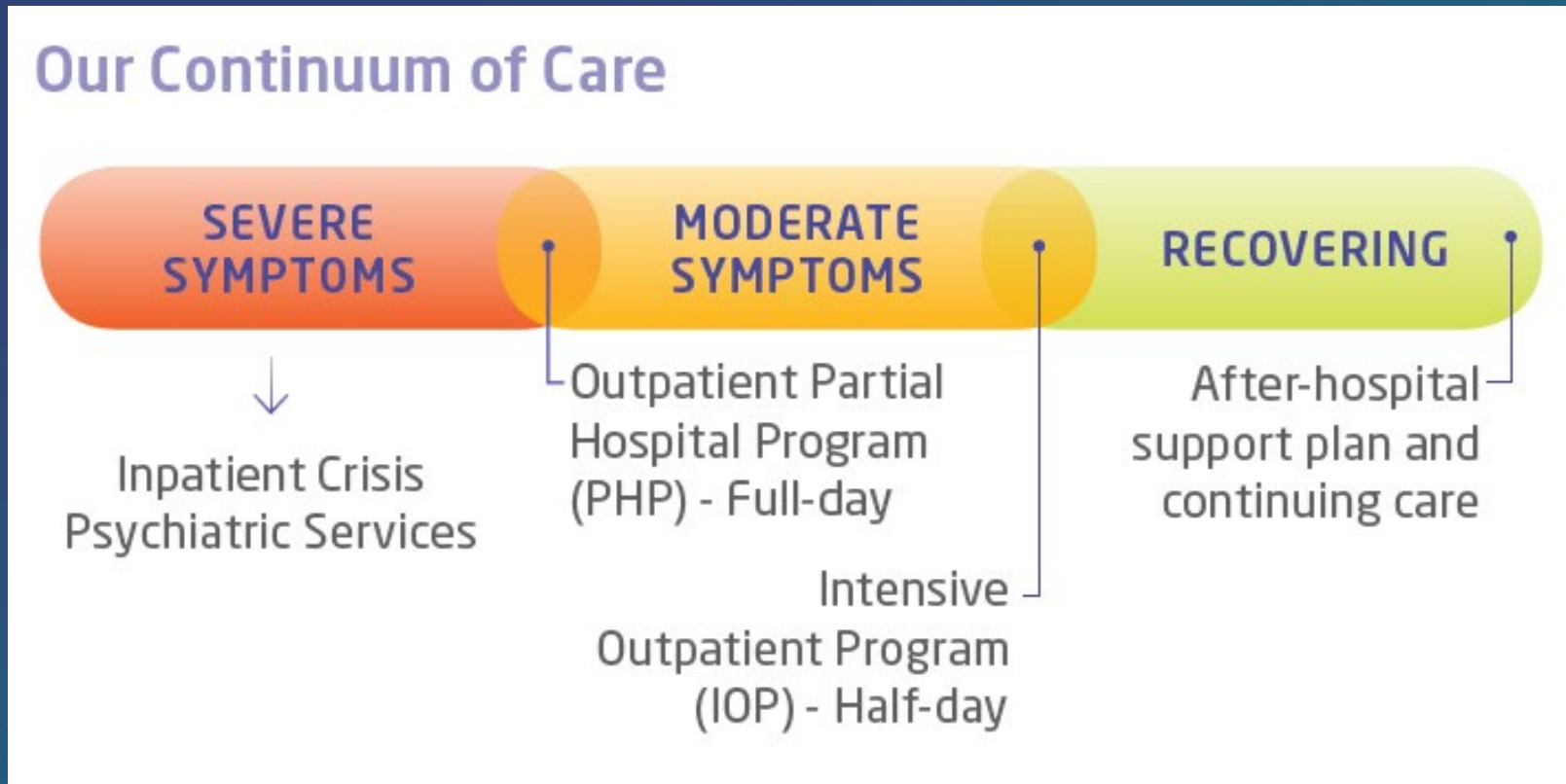
- Secure any deadly means including guns and medications.
- Discuss what level of care is most appropriate for your loved one after discharge with the treatment team.*
- Once the level of care is determined, ask the social worker to provide you options for that care. You can also do your own research.*
- Understand that the insurance of your loved one may determine what programs can be accessed.

Post Crisis: Discharge Tips

- Continuity of care is your goal during a transition from inpatient to another level of care.
- Ensure your loved one gets their prescription filled and are supported in making appointment(s) after discharge.*
- Work with your loved one to obtain a copy of their medical record from the hospital.*
- Insurance requires all inpatient psychiatric hospitals to have your loved one make an appointment with a psychiatrist and therapist before discharge when stepping down to an outpatient treatment setting, or have an appointment set up to start other care.

Post Crisis: Treatment Options

Behavioral Health Continuum of Care



Q&A

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