



What is a Mental Health Crisis?

A **mental health crisis** is any intensive behavioral, emotional, or psychiatric situation perceived to be a crisis by the individual experiencing the crisis, family, or others who closely observe the individual which if left untreated, could result in an emergency situation in the placement of the person in a more restrictive, less clinically appropriate setting, including but not limited to, inpatient hospitalization or at the very least, significantly reduced levels of functioning in primary activities of daily living.

The Value of Triage within the State of Tennessee

- FY15 Statewide answered 110,871 phone calls.
- FY15 Statewide 72,279 dispatched a responder.
- FY15 Statewide 30,021 Resolved by phone.



The Value of Triage

To process the first point of contact in order to determine the need for service, the nature and urgency of the care required. To help reduce the burden of the crisis counselor completing the face to face assessment.



Customer-focus Approach

“Your customer doesn’t care how much you know until they know how much you care.”

(Damon Richards)

- Treat every caller with respect and courtesy.
- Remember the client’s name.
- Help the caller feel he or she did the right thing by calling “I’m glad that you called.”
- Explain the triage process.
- Be empathetic.
- Remain calm.
- Offer tearful, distressed callers time.
- Listening skills 101
- Warm transfers



Level of Response

- Based on the risk assessment.
- Risk assessment is about identifying factors that raise the risk of that particular form of harm to occur.
- C-SSRS
- Gather enough information in order to make an informed decision.
- Involve natural supports, power of attorney, conservator, Department of Children Services, case manager, and legal guardian.
- Access to outpatient scheduling system.
- Is the situation reasonably stable or are there indications of rapidly changing risk?
- Will the opportunity to engage the person be lost if action is not taken in a particular time frame?



Residence/Group Homes

- ◉ Who is currently in the home? (natural supports, children, if alone and client is at high risk of self harm contact police)
- ◉ Risk of harm? (self, others, or from others)
- ◉ Current and history of violence?
- ◉ Does anyone know that the client is calling?
- ◉ Group home staff, does client know that staff are calling?
- ◉ Coordinate responses with law enforcement.
- ◉ Are there any pets in the home?
- ◉ Are there any firearms in the home? If so, are they locked up? Any intent to use?
- ◉ Any current medical conditions? When in doubt, send for medical clearance.
- ◉ Functioning status.
- ◉ If IDD group home, has the behavioral analyst/care coordinator been contacted?

Emergency Room/Medical Unit

- ◉ Is the client medically stable and ready for discharge following MCRT assessment?
- ◉ Are there any pending labs or tests?
- ◉ What medical interventions have been given?
- ◉ If intoxicated, can the client participate in the assessment? (Blood Alcohol considered)
- ◉ Ask for H&P, Urine drug screen, and other labs
- ◉ Who transported client to the ER? (was police involved)

Correctional Facilities/Jails

- Is the client a Tennessee Department Of Corrections inmate?
- Is the client a federal prisoner?
- Is the client on suicide watch?
- Is the client prescribed any medications?
- Is the client medication compliant?

Special Considerations for Children and Youth

- Identify factors that may place the child at risk.
- Consider functioning across multiple domains: social, emotional, academic, and behavioral.
- Don't assume that because there is an adult present that the adult is capable of supporting, managing the child's symptoms and behavior.

If you determine a face to face assessment is not needed:

- ◉ Knowledge of resources in the community.
- ◉ If there is access to patient electronic record, advise on any upcoming or overdue preventive care appointments, medication management appointments.
- ◉ Follow-up (attempt three times)

Follow-Up

Purpose: to evaluate the post crisis status of the client.

Follow-up demonstrates caring

- Allows the crisis team to check on physical manifestations of illness such as eating and sleeping.
- Does the client have a better understanding of what happened and why?
- Assesses overall functioning.
- Have they kept their follow-up appointments and related questions? (Are they taking medications as prescribed)
- Are there any additional stressors?
- Have they had to use their safety plan? Do they need any other referrals?

Questions?

Maria Bush, LPC-MHSP
Program Specialist
Office of Crisis Services and Suicide Prevention
Andrew Jackson Building, 5th Floor
500 Deaderick Street, Nashville, TN 37243
p.615-532-0407
Maria.bush@tn.gov
www.tn.gov/behavioral-health

