HOW TO NAVIGATE A MENTAL HEALTH CRISIS

hope for mental health

2023

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Welcome

Kay Warren
Co-Founder, Saddleback Church

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What to do in a Mental Health Crisis

Steve Pitman
National Alliance on Mental Illness, Orange County Chapter

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We Have to Pay Attention

- Trouble with sleep, changes in behavior
- Feedback from school or other social settings (re: behavior)
- Temper or withdrawal
- Pre-occupation with internet activities

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At the First Sign

- Begin to assemble phone numbers (a handful not 100)
- When/if a crisis hits it will be difficult to think about who to call (when your "house is on fire" there is only one number to call)
  - If your family member is in crisis, it may feel like your house is on fire

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Welcome to the journey from pain to purpose!

You are not alone!

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You must get off the roller coaster

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What might a crisis look like?

- Poor attendance at school
- Drug/alcohol use
- New friends
- Changes in sleeping patterns
- Agitated
- Hearing voices
- Threatening
- Clenching of fists

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It is not illegal to hear voices

The CAT (Crisis Assessment Team) is not going to place a 5150 hold on your family member for hearing voices. It will be troubling to you but it is not illegal. The standard for an involuntary hospitalization is if the person is “a danger to self or others.”

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The Police Officers and the CAT team were drawn to their work to help people. Please do not take your understandable frustrations out on them. You want them to help your family member. Speak with them so they can hear your concern not your frustration!

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Mental illness is a biological disorder of the brain. At the National Alliance on Mental Illness (NAMI), we say it is a biopsychosocial disorder. There is no room to blame families.

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Take care of yourself!
You must go to bed every night with your tank full!

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Welcome to Holland!
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What to Expect from Mental Health Crisis Treatment
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Former Mental Health Pastor, Saddleback Church
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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

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Emergency Department (ED)

Psychiatric Evaluation

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

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Emergency Department (ED)

Psychiatric Evaluation

Criteria of an involuntary hold, also know 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.

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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.

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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.

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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.

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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.

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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.

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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 and Crisis Lifeline phone number, 988, to all family/friends involved including the individual who discharged.

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Emergency Department (ED)
What to Do if a Person is Discharged After Evaluation

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

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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.

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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 requires most doctors, nurses, pharmacies, hospitals, skilled nursing facilities, and other health care providers to protect the privacy of your health information.

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Emergency Department (ED)
Confidentiality

- The privacy rule does not require a health care provider or health plan to share information with your family or friends, unless they are your personal representatives.

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Emergency Department (ED)
Confidentiality

The provider or plan can share your information with family or friends if:

- You are involved in the patient's health care or the payment for their health care
- The patient tells the provider or plan that it can do so
- The patient does not object to sharing of the information
- Or, if using its professional judgment, the provider or plan believes that the patient does not object

https://www.hhs.gov/hipaa/for-individuals/family-members-friends/index.html

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Emergency Department (ED)
Confidentiality

- For best results, ask your loved one to sign an Authorization for Release 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.

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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.

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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 a occupational therapist
- Some places have outdoor spaces
- Rooms are often shared

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Psychiatric Inpatient Stay:
Expectations for Visiting Hours

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

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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.

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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

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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

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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.

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Psychiatric Inpatient Stay:
How Long Will My Loved One be on an Involuntary Hold?

5150: Also known as a 72 hour hold

"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)

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Psychiatric Inpatient Stay:
How Long Will My Loved One be on an Involuntary Hold?

5585: Also know 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.

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Psychiatric Inpatient Stay:
How Long Will My Loved One be on an Involuntary Hold?

5250: Also known as a 14 day hold

"Certification for Intensive Treatment" for a period of 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)

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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)

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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/

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Discharge to Ongoing Care:
Prohibition to Own, Possess, or Purchase Firearms

A person who has been taken into custody, evaluated and assessed by mental health professionals, and admitted to a designated mental health facility because that person was found to be a *danger to self or others*, is generally prohibited from possessing or acquiring firearms for five years after his or her release from the psychiatric facility.

(See WIC of CA 8103(f) for more detail)

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Discharge to Ongoing Care:
Prohibition to Own, Possess, or Purchase Firearms

Effective January 1, 2020, according to 2018 CA AB1968, amending WIC 8103(f), a person would generally be permanently prohibited from accessing or acquiring firearms if he or she was admitted to a mental health facility *more than once* within a one-year period.

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Discharge to Ongoing Care:
Prohibition to Own, Possess, or Purchase Firearms

- People who have been certified for intensive treatment i.e., 5250, are generally permanently prohibited from accessing or acquiring firearms, unless they successfully petition a court to restore their firearm access.
- The admitting facility is required to file a report with the State Department of Justice, identifying the patient on the day of admission. A subsequent, updated report is required when the patient is discharged from the facility.

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Break

To our online audience:

We are currently on a break. During this time there will be no sound. We will return momentarily to continue with today's program.

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What to do Post-Crisis

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Former Mental Health Pastor, Saddleback Church

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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 determines what programs can be accessed

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Post Crisis: Discharge Tips

- Continuity of care is your goal during a transition from inpatient to 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.

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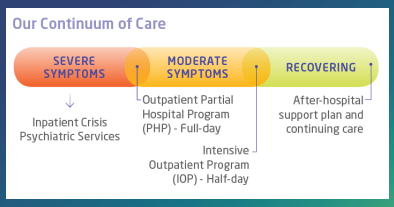
Post Crisis: Treatment Options

Behavioral Health Continuum of Care



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Post Crisis: Treatment Options

Partial Hospitalization Programs (PCPs)

Partial Hospitalization Programs are ideal for:

- Individuals who need step-down from inpatient care to continue recovery
- People experiencing a decline in functioning or increase in symptoms, such as becoming more isolated, or expressing suicidal thoughts, but are not actively suicidal (no intent or plan)
- Individuals who are still psychiatrically stable but are using unhelpful coping strategies, such as self injury, or self medicating with substances in response to their personal stressors or moods

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Post Crisis: Treatment Options
Partial Hospitalization Programs (PCPs)

- PHPs refer to outpatient programs that patients attend for six or more hours a day, every day or most days of the week. These are often known as "Full day" programs.
- PHPs vary by model, but generally either provide psychiatric, substance use, or dual diagnosis treatment services.
- These programs, which are less intensive than inpatient hospitalization, commonly offer group therapy, educational sessions, individual therapy as well as family sessions

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Post Crisis: Treatment Options
Partial Hospitalization Programs (PCPs)

- A PHP may be part of a hospital's services or a freestanding facility.
- Treatment might include group therapy, groups in which coping skills or other concepts are taught, individual therapy, art therapy, visits with a psychiatrist, or even meals.
- Each patient would be assigned a case manager or individual therapist who, along with other members of the treatment team, would make recommendations based on the progress the patient is making.

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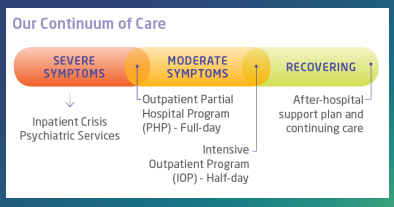
Post Crisis: Treatment Options
Behavioral Health Continuum of Care



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Post Crisis: Treatment Options

Intensive Outpatient Programs (IOPs)

Intensive Outpatient Programs are ideal for:

- Step-down from Partial Hospitalization Program (PHP).
- Individuals needing more structure and support than traditional outpatient therapy.
- Reinforcement of skills and relapse prevention in order to transition back to daily life including home, school, work, and social interaction.

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Post Crisis: Treatment Options

Intensive Outpatient Programs (IOPs)

- IOPs are similar to PHPs but are attended for lesser days. These are often known as “Half day” programs.
- At this level of care, treatment days are usually 3-4 hours long, and patients will attend anywhere from 3-6 days per week for a limited time usually in the morning, afternoon or evening.
- Most IOPs focus on either substance abuse or mental health issues, though there are some that provide care for dual diagnosis.

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Post Crisis: Treatment Options

Intensive Outpatient Programs (IOPs)

- IOPs may be part of a hospital’s services or freestanding.
- It is important to note that every program is different and tailored to the needs of both the patient and type of issues being addressed.

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Post Crisis: Treatment Options

Intensive Outpatient Programs (IOPs)

- Some outpatient settings are based in community mental health centers; others are located in general hospitals where individuals visit an outpatient clinic; and many are private practice offices with a mental health clinician (licensed psychologists, counselors, social workers, or therapists).
- It should be noted that if the patient comes from an inpatient, PHP, or IOP, it is a best practice for a psychiatrist and therapist to communicate. An Authorization to Release Information signed by the patient is required.

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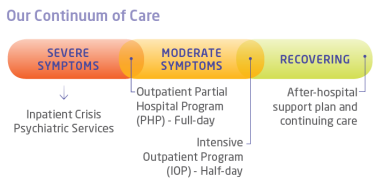
Post Crisis: Treatment Options

Behavioral Health Continuum of Care



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Post Crisis: Treatment Options

Outpatient Treatment & Continuing Care

- While there is wide variety in the types of outpatient settings, they all involve office visits with no overnight stay.
- Most common approach to stepping down into outpatient treatment is the combination of seeing a psychiatrist and licensed therapist for ongoing care.

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Post Crisis: Treatment Options

Outpatient Treatment & Continuing Care

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- It should be noted that if the patient comes from an inpatient, PHP, or IOP, it is a best practice for a psychiatrist and therapist to communicate. An Authorization to Release Information signed by the patient is required.

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Post Crisis: Treatment Options

Residential Treatment Centers (RTCs)

- Residential treatment centers usually provide care for 30-90 days on average.
- Stays may be individualized according to each facility's policy and extend past a year when clinically indicated.
- They provide psychiatric, substance use, or dual diagnosis treatment services.

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Post Crisis: Treatment Options

Residential Treatment Centers (RTCs)

- Patients live on the premises of a treatment center.
- They attend various forms of group and individual therapy & often work with a psychiatrist for medication management
- Establishing new daily routines that will support people in achieving long-term recovery.

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Psychiatric Inpatient Stay:
Steps to Filing a Grievance

STEP ONE: Share the incident and current concerns with hospital staff by calling the following in order: Charge nurse, and if not satisfied, the unit manager, and if no solution, the administration.

- Your goal is to determine what the hospital will do or has done to ensure a solution to your concern
- This step should get a family the quickest response
- Document what measures, if any, are being take to ensure quality care and safety

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Psychiatric Inpatient Stay:
Steps to Filing a Grievance

STEP TWO: If you are unhappy with the results of your interactions with the hospital, you can call the Patient Rights Office in Los Angeles at 213-738-4888, and submit a grievance about the hospital.

- The Patient Rights Office with the Department of Mental Health will do an investigation
- Or, you can call the Patient Rights Office to ask about any options you may have as a family regarding your concerns

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Psychiatric Inpatient Stay:
Steps to Filing a Grievance

STEP THREE:

- The family may also submit a grievance with their insurance company who also has their own protocol for handling quality of care issues.
- When a family contacts their insurance and submits their concerns, it can invoke a quicker response or solution while their loved one is in the hospital.

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Psychiatric Inpatient Stay:
Steps to Filing a Grievance

STEP FOUR: The family may also submit a grievance with the hospital itself.

- This is different from calling the charge nurse or other staff.
- Contact the hospital to determine how one can submit a formal grievance, or you can check the hospitals website for information on how to do so.
- An investigation will occur if a complaint or grievance is submitted.
- They follow a written protocol upon receiving a complaint or grievance, and usually provide results of the investigation to you.

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Psychiatric Inpatient Stay:
Steps to Filing a Grievance

STEP FIVE: Submit a grievance to the hospitals licensing and accrediting bodies.

- Hospitals locally are licensed by the State of California Department of Healthcare Services, and you can call them at: 800-228-1019.
- Also, local hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the "Big" accrediting body of hospitals. You can report an event with the Joint Commission on their website.

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Question & Answer

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Resources Available

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