

## Crisis Systems in Ontario

OCSWSSW  
Education  
Day



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## Presenters

- **Guy Doucet** MSW, RSW Children's Hospital of Eastern Ontario (CHEO)/ Emergency Dept. Child & Youth Crisis Intervention Worker
- **Amanda Conrad** MSW, RSW Clinical Manager Crisis Intervention Resource Team Sudbury Regional Hospital
- **Greg Clarke** RSSW, CCAC Gerstein Center, Saint Elizabeth Health Care, Private Practise

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## Crisis



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## Objectives

- **Introduction** to Crisis
- **Review** of Crisis Response Service Standards
- **Review** of Crisis Response **Service Functions**
- **How** and **when** to access Crisis Services

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## Crisis what is it?

....the onset of an emotional disturbance or situation distress (which may be cumulative) involving a sudden breakdown of an individual's ability to cope.



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## Characteristics of a Crisis

- Time limited: Generally lasting no more than six weeks.
- Typical phases:
  - Traditional attempt to problem solve
  - Attempts to try alternative methods
- Disorganization
- People are more open to change
- Opportunity to resolve previously unresolved issues
- Successful experience

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## The Crisis Worker

- Goal is to stabilize the Crisis and restore to their pre-crisis level of functioning.
- Opportunity to develop new ways of perceiving, coping, and problem-solving.
- The intervention is time limited and fast paced.
- Worker must take an active and directive approach.

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## Goal of Crisis Intervention



- immediate relief of symptoms & rapid stabilization.
- Help individual better handle/ control immediate situation causing the crisis.
- opportunity to develop longer-term treatment and rehabilitation plans
- Mobilization of necessary community resources
- decrease the need for hospitalization

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## Process

- Assessment
- Intervention
- Termination
- Assessment includes: the stressor event; the person experiencing the crisis; and the meaning of the event to the person in crisis.
- Important to assess risk factors.

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## The clinical interview

- Assess current functioning
  - Sleep
  - Interests
  - Guilt
  - Energy
  - Concentration
  - Appetite
  - Psychemotor
  - Suicidality

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## Behavioural observations

- Mental status assessment
  - Behavior
  - Affect
  - Thinking
  - Cognitive Functioning
  - Judgment
  - Insight

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## RISK FACTORS

- Increased thoughts of self harm or harm to others
- Recent trauma
- Feelings of Hopelessness
- Past suicide attempts or family members who have completed suicide (suicide taboo)
- Family history of mental health problems/addictions and poor coping skills
- Non-resolved / chronic stressors
- Sudden lifestyle change/ social re-adjustment

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### Social Re-adjustment Rating Scale (Holmes/ Rahe 1967)

- 100 Death of Spouse
- 73 Divorce
- 65 Separation
- 63 Jail term
- 63 Close family death
- 53 Personal injury/illness
- 50 Marriage
- 47 Fired from job
- 45 Marital reconciliation
- 45 Retirement

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### Who are Crisis services for?

- Available to all people with symptoms of mental illness/addictions

(Depending upon the community, some programs specialize in children, older adults, or specific populations. Programs usually housed in both community and hospital settings.)

- Individuals with serious mental illness and/or those who may be at risk of causing harm to themselves or others

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### Crisis Standards

**Crisis Response Service Standards**  
for Mental Health Services and Supports  
May, 2005

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## Crisis Standards

- In 1999, the Ministry of Health and Long-Term Care *Making It Happen: Implementation Plan for Mental Health Reform*
- In June 2003, the ministry consulted with a stakeholder working group of front-line providers, including consumer organizations, regarding the content for crisis response service standards.

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## Features of Crisis Response Services

- Crisis response services are part of an integrated system of mental health services and should provide timely access to a wide range of crisis options on a 24 hour basis.
- Response times vary based on types of services offered and mandates of the crisis response agencies.

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## Features of Crisis Response Services

- Active treatment and support is offered in a variety of environments as soon as possible after an individual is identified as in acute distress.
- Services should provide immediate relief of symptoms and rapid stabilization so the condition does not worsen.

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### Features of Crisis Response Services Cont.

- Crisis response services also offer the opportunity to develop longer-term treatment and rehabilitation plans and have the potential to mobilize community resources and avert the need for short and/or long-term hospitalization.

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### Crisis Response Service Functions

- Assessment and Planning
- Crisis Support/Counseling
- Medical Intervention
- Environmental Interventions and Crisis Stabilization
- Review/Follow-up/Referral
- Monitoring and Evaluation
- Information, Liaison, Advocacy and Consultation/Collaboration

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### Assessment and Planning Standards

- Upon identification of a crisis, the first contact with the consumer by the crisis response service (CRS) must be established within 90 minutes.
- A crisis requiring in-person contact will be responded to as soon as possible. Response time should be within 24 hours, with consideration for travel time, weather, etc.

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### Assessment and Planning Standards

- Crisis support telephone lines must be configured to include a queuing system that lasts no longer than 15 minutes.
- During the wait time, voice instructions for alternative crisis management options must be provided (e.g., 911, local emergency number, another crisis line).

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### Assessment and Planning Standards

- Protocols must be in place with related service providers (e.g., case management services, psychiatrists, hospitals, primary care teams, etc.) in order to ensure access to necessary medical, psychiatric and psychological/social assessments and existing crisis management protocols.

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### Assessment and Planning Standards

- Services must be provided in the consumer's place of choice wherever possible.

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**Crisis Support / Counseling standards**

- Services are consumer directed and will be provided in the least intrusive manner possible.
- Written protocols must be developed to ensure that timely consultation is available with various service providers (e.g., physicians, guidance counselors, CAS workers)
- Short-term crisis support/counseling will be available to provide risk assessment, de-escalation and safety planning

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**Environmental Interventions and Crisis Stabilization standards**

- All CRS will have access to other services 24 hours a day, seven days a week.
- All CRS will have access to current community contact information.
- Protocols are in place for providing referral and support

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**Review/Follow-up/Referral Standards**

- The consumer must have the opportunity to review, discuss and comment on the service and its appropriateness.
- A review process must be established that includes an assessment of consumer outcomes including status and stability
- Written protocols must be established for providing referral and transition to post-crisis services.

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### Crisis assessment/intervention Standards

- **Goals:**
  - Identify trigger for crisis
  - Determine current risk level
  - Identify current needs
  - Assist with attaining a stable state, or at least get them to a place of safety

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### Crisis Response Service Functions

A range of services and supports are required by consumers and their families to assist in crisis prevention and ongoing support

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### Service Functions

#### Assessment and Planning

- gathering pertinent information from the consumer and other key supports to develop an understanding of recent events, and psychosocial and biological factors related to the presenting crisis.
- development of an intervention plan based on the consumer's immediate needs, strengths, weaknesses and social support system

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**Service Functions Standards**

**Crisis Support/Counselling** – provides the individual and family with emotional support, practical assistance and access to a range of appropriate resources available to resolve the immediate crisis.

**Medical Intervention** – is an integral part of the crisis response system. It is important to develop links between medical and non-medical service providers to ensure access to resources to resolve the crisis. Medical interventions may be provided by nurses, physicians and pharmacists.

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**Service Functions Standards**

**Environmental Interventions and Crisis Stabilization** – involves access to required services to stabilize the crisis and includes direct action within the individual's community to provide supports such as arranging for money/income support, dealing with employers, planning for long/short-term housing/accommodation issues and addressing family issues.

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**Service Functions Standards**

**Review/Follow-up/Referral** – provides appropriate referral to ongoing services and supports that have been mutually defined by the consumer and service provider once the crisis has dissipated

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## Service Functions

**Monitoring and Evaluation** – evaluates the achievement of goals (from the perspective of both the consumer and service provider) and consumer satisfaction

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## Service Functions

**Information, Liaison, Advocacy and Consultation/Collaboration** – provides information to the consumer, family/key supports and service providers regarding types of services and supports available. Works to establish partnerships among service providers to create an integrated service network, and advocates and consults on behalf of consumers and families/key supports within the service network.

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Where do I go and how do get there?



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## Examples of Crisis Response Services

- **Telephone Crisis response**
  - Warm lines
  - Distress center crisis lines
  - 24/hr crisis line
- **Walk-in services**
  - Community based
  - Hospital based
- **Mobile crisis outreach**
  - Community based
  - Hospital based
  - Population specific
  - Partnerships with police

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## Examples of Crisis Response Services

- **Hospital Crisis service**
  - Access to 24/7 hour Psychiatric emergency/medical crisis
  - Many larger emergency centers have Crisis Programs attached to their ED
- **Crisis residential services**
  - Safe beds
  - Crisis short term stabilization beds

Service Response options will vary across the province depending upon population density, and whether you reside in an urban or rural setting.

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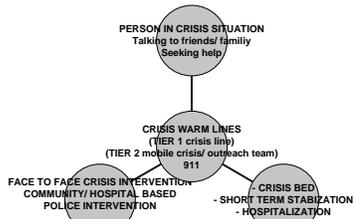
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## FLOW THROUGH CRISIS SYSTEM



Least intrusive services to most intrusive services

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### Case example

- 28 year old female presenting at GP's office
- requesting help for management of ongoing symptoms of depression
- anti-depressant medication initiated at last visit x2 weeks has made no improvement
- strong family history of depression.

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### Case example

- client is having difficulty performing normal routine, presently off work
- upset with herself as she lacks energy to complete normal tasks which include parenting two young boys ages 3 and 5
- client reports situational stresses which are contributing to her mood disturbance

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### Case example

- client is feeling hopeless, and now starting to voice thoughts that perhaps husband and children would be better off if she was not around.
- client becomes very tearful at this point.

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### Additional Sources

- RAO Nursing Best Practice Guideline *Crisis Intervention August 2002 pdf.*  
[www.rnao.org](http://www.rnao.org)
- Crisis Response Service Standards for Mental Health Services and Supports May 2005 pdf.  
[www.health.gov.on.ca](http://www.health.gov.on.ca)

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### Resources

- To find a crisis service near you
- [www.connexontario.ca](http://www.connexontario.ca)
- Click on Mental Health icon
- Click on “finding service”
- Enter “Crisis” and specific area
- Or call 1 866 531- 2600 Monday to Friday

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### Resources

- Crisis Workers Society of Ontario
- [www.cwsontario.org](http://www.cwsontario.org)

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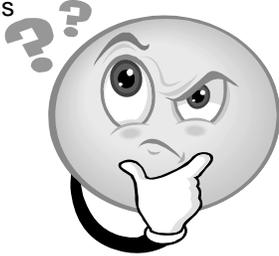
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## Crisis Systems

- Questions



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