Crisis Intervention in the Church

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Agenda

- Definitions
- Crisis support model
- Triggers and warning signs
- Assessing severity
- Do’s/Don’ts during a crisis
- Getting help – Crisis resources
- Crisis prevention strategies
- Suicide crisis intervention
- Case study

Studies show…

- A pastor or youth pastor is often the first person consulted about mental health issues (either directly from the individual or from the individual's family)
- However, researchers have found that more than 32% of families were told by their pastor that their loved one did not really have a mental illness

Church leaders are often the "first responders" to mental health issues and mental health crises, and need to be equipped with how to manage these situations in a supportive and effective way.

(Focus on the Family, 2013)

Definitions

- **Crisis:**

An emotional upset, arising from situational, developmental, biological, psychological, socio-cultural, and/or spiritual factors. This state of emotional distress results in a temporary inability to cope by means of one's usual resources and coping mechanisms… It is recognized that a crisis state is subjective and as such may be defined by the client, the family or other members of the community.

(Hoff, 1995; Ontario Ministry of Health and Long-Term Care, 1999ab)

- **Mental health crisis**:

A potentially threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.

(SLO County Mental Health Services, 2016)

Definitions

- **Crisis Intervention:**

A process that focuses on resolution of the immediate problem through the use of personal, social and environmental resources. The goals of crisis intervention are rapid resolution of the crisis to prevent further deterioration, to achieve at least a pre-crisis level of functioning, to promote growth and effective problem solving, and to recognize danger signs to prevent negative outcomes.

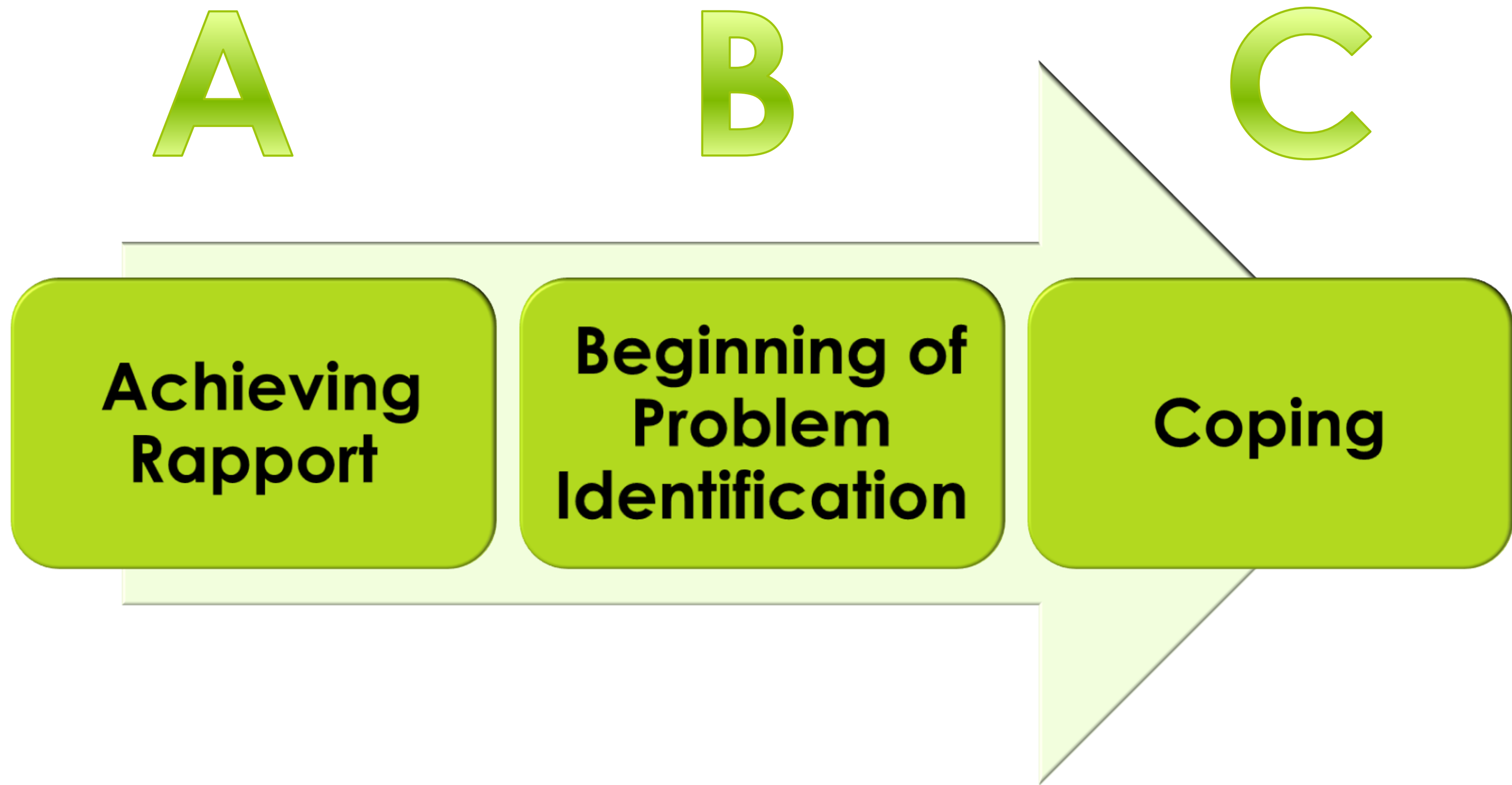
(Hoff, 1995)

Mental Health Crisis Examples

- Talking about suicide threats
- Talking about threatening/homicidal behaviour
- Self-injurious behaviour
- Alcohol or substance abuse (overdose)
- Highly erratic, unusual or aggressive behaviour
- Eating disorders collapse
- Not taking prescribed psychiatric medications
- Psychotic episode
- Emotionally distraught, severely depressed or anxious

(SLO County Mental Health Services, 2016)

"ABC" Crisis Support Model



"ABC" Crisis Support Model

- **"A" Achieving Rapport**
  - Creating a safe environment
  - Building trust
  - Listening, eye contact, asking appropriate questions
- **"B" Beginning of Problem Identification**
  - Exploring precipitating events/triggers
  - Gaining perception re: the meaning of the event, emotional response, severity and urgency of crisis, risk level
  - Exploring how the crisis has affected daily functioning
- **"C" Coping**
  - Identifying past and present coping strategies
  - Developing a coping plan to manage the current crisis

(Khouzam, H., Tan, D. & Gill, T., 2007)

Possible Triggers

- Substance use
- Medication — medication is taken irregularly, stopped, the dose is too low, or there's been a recent change in medication
- Overwhelming emotional involvement from family members
- Relationship conflicts and/or inadequate supports
- Severe mental stress, such as the death of a loved one
- Condition-specific triggers — e.g., the anniversary of a traumatic event; feelings, thoughts or situations that have come before a previous episode of illness
- Other medical or physical problems

(CAMH, n.d.)

Possible Warning Signs

- Confused thinking
- Excessive fears and anxieties
- Social withdrawal
- Substance abuse
- Perceptual disturbances
- Suicidal thoughts

(MHA, 2016)

Possible Warning Signs

- Prolonged depression (sadness or irritability) or feelings of extreme highs and lows
- Dramatic changes in eating and/or sleeping habits
- Strange or irrational thoughts; fixed false beliefs
- Growing inability to cope with daily activities (e.g., work, school)

(MHA, 2016)

Assessing Crisis Severity

Situations that require immediate professional assistance:

- A plan and intent to hurt self or others
- Unable to care for self
- A state of serious confusion, disorientation or significant mental deterioration
- Medication problems such as serious side effects
- Substance overdose

Proactive Crisis Responses

- Maintaining good rapport and trust
- Having quick access to a list of crisis numbers
- Having quick access to the individual's emergency contacts, including family numbers and any professional supports
- Being aware of the closest hospital emergency departments
- Developing a pre-emptive crisis plan with the individual
- Explain confidentiality policies (and exceptions) upfront with individuals

Do's/Don'ts During a Crisis

Do's:

- Take it seriously & show empathy
- Keep conversation short/simple
- Voice your concern; tell your observations
- Remain calm; speak slowly & clearly; use normal voice
- Ask concrete questions
- Repeat questions or statements as needed
- Invite person to partner with you to get help: "What can I do"
- Get professional help immediately
- Reduce distractions from surroundings
- Avoid touching, give physical space & escape route
- Brief police & emergency response team on situation

Do' s/Don' ts During a Crisis

Dont' s:

- Assume situation will take care of itself
- Be sworn to secrecy
- Try to cheer person up or tell them to snap out of it (guilt, shame)
- Further upset with your own emotions
- Criticize, debate or try to reason
- Shout, even though person may hear voices that are louder
- Take what person may say personally
- Have continuous eye contact (may feel threatening)
- Risk your personal safety
- Try to handle situation yourself

Getting Help: Crisis Resources

When you need to call for help in an emergency or crisis:

- Visit your local emergency department or call 911
- Contact a distress centre
- Contact the individual's doctor or psychiatrist

*****SIDENOTE:***

When you are concerned about an individual who is NOT connected to mental health professional supports:

- *Encourage them to discuss mental health issues / symptoms with their family doctor*
- *Connect them to a community mental health clinic or hospital*

Getting Help: Crisis resources in Toronto

Distress Lines	Crisis Addiction Services	Mobile Crisis Teams
Toronto Distress Centres: 416-408-4357 or 408-HELP **Gerstein Centre:** 416-929-5200 **Telecare**: 416-920-0497 **Warm Line, Progress Place**:416-960-9276 **Kids Help Phone:** 1-800 668-6868	**Toronto Withdrawal Management System:** 1-866-366-9513 Central Access #, which is a primary point of entry into the Withdrawal Management Services referral system	**St. Mike's Hospital Mobile Crisis Team (911)** Accessible through police **St. Elizabeth Health Care** 416-498-0043 **St. Joseph's Hospital Mobile Crisis Team (911)** Accessible through police **Scarborough Hospital Regional Mobile Crisis Team** 416-495-2891

Getting Help: Crisis Distress Lines

- Counselling and referral services, usually 24 hrs/day
- Services are free and anonymous
- Person in distress can call for help
- Caregiver can call for advice on how to handle situation

*To find local crisis line, see resources at end

Getting Help: Mobile Crisis Teams

- Team usually includes a police officer and mental health professionals (not all communities have this service)
- Offer crisis intervention, assessment and referral to community services or take person to hospital
- Call 911 and ask for Mobile Crisis Unit (let them know it is a mental health crisis)
  - Ask to speak to a crisis intervention officer
  - Must answer questions to determine what type of help is required (e.g. police, ambulance, etc.)

Getting Help: Police

Willing

- Police can bring person in crisis who willingly agrees to go to hospital
  - Pros and cons of other means for person to get to hospital
  - If police don't think the person is a danger to self or others then they may give advice for dealing with the situation and leave

Unwilling

- Police can bring person who is thought to be a danger to self or others to hospital against their will
  - Form 1
  - Crime: Police may lay a charge if they believe person has committed a crime

Getting Help: Police

Tips when police are involved

- Prepare the person by explaining why the police have been called – be kind but firm
- Inform next of kin & involve family in crisis intervention plan
- If you are the one making the 911 call, ask which hospital the person will be taken to
- When talking to police (as well as the ER triage nurse or doctor) give as much information as possible so they can assess the level of risk & danger
- If the person is resistant, aggressive or violent, they may be handcuffed (mental health arrest)
- Once the person arrives at the hospital, they are in the custody of the hospital and admission depends on the physician's assessment
- Be patient while waiting in the ER

Getting Help: Hospital ER

- Person will be seen by triage nurse, then likely an ER doctor, and then may be seen by a psychiatrist
  - Doctor decides if person will be admitted or discharged
  - Encourage person to inform the nurse/doctor if they are considering harming themselves or others
  - Support & advocate for person in ER & give as much relevant information as possible
- Form 2
  - Issued by Justice of the Peace allowing police or trusted individual to take person to the hospital for psychiatric assessment

Getting Help: Hospital Admission & Residential Treatment

Inpatient Mental Health Services

- Admitted through hospital ER or referral from doctor in community
- Voluntary or involuntary (rights advisor)
- If person is being discharged and still needs support, inform attending doctor so referral options can be discussed

Residential Treatment

- Intensive treatment for addictions or concurrent disorders
- Reside at facility 24 hrs/day for a few weeks to several months
- Voluntary
- For admittance: referral unnecessary, formal assessment necessary
- Some programs are private (fee for service), some are public (OHIP)

Getting Help: Family Doctor & Psychiatrist

Family Doctor or Walk-in Clinic

- Can provide support and treatment options such as medication and referral to psychiatrist, if more specialized treatment is needed
- Be specific about the symptoms that are being experienced in order to access the help that is needed

Psychiatrist

- Diagnose & treat mental illness
- Monitor medication (dose & fit for symptoms)
- May provide some counselling
- Provide referrals to community services & supports
- Usually must be referred from family doctor, walk-in clinic doctor, or ER doctor

Getting Help: Community Supports

Early Intervention Clinics

- For people who show signs of the early stages of psychosis
- Located in hospitals or other community settings
- Teams usually include nurses, psychiatrists, social workers, etc.
- Assessment, symptom management, help with recovery process for individual and their family
- May need referral from a doctor to access services

Getting Help: Community Supports

Case Management

- Support for people with mental illness that helps them live more independently
- Help can include accessing housing and managing medication through a case manager

Peer Support

- Can be helpful to talk with someone who has gone through something similar
- Check with local mental health agencies and crisis help lines for programs
- Self –help groups: 416-487-4355; www.selfhelp.on.ca/

Getting Help: Community Supports

Counselling

- Access through mental health or counselling agencies or private counsellors
- Some services are covered by OHIP and others are not (but if not, sliding scale may be available for those that cannot pay the full fee)

ACT (Assertive Community Treatment Team)

- 24 hour care team (e.g. nurses, doctors, social workers, etc.)
- Alternative to hospital for those with serious & persistent mental illness
- Need a referral through doctor or mental health worker

Hospital Outpatient Services

- Many hospitals offer specialized clinics, individual & group support or therapy, day treatment programs for mental health issues

Withdrawal Management Services (Detox)

- Offered in the community and inpatient services
- Helps with problematic symptoms that can happen when a person who has a substances dependency tries to stop using the substance(s)

Getting Help: Community Supports

Family & Caregiver Support

- Families & caregivers can often benefit from additional support when they have a loved one with mental health issues
- Services include counselling, peer support, education
- Available through hospitals, community centres, mental health agencies, online, phone support lines, a few churches
- Contact www.tinyurl.com/cmhafamily

Crisis Prevention Strategies

- Identify signs of a pending crisis and develop a crisis plan / relapse prevention plan
- Take medication as prescribed, and speak to the doctor about any desired changes
- Recognize stimuli that may trigger symptoms, and try to avoid them or reduce exposure
- Learn about the disorders – psychoeducation reduces the rate of crises
- Apply coping skills learned in treatment to deal with symptoms and stressors
- Develop a structured routine
- Increase visits to supporting professionals / psychiatrist

(CAMH, n.d.)

Suicide Crisis Intervention: Introduction

- Stats
- Prevention, intervention, postvention
- Dynamics of a crisis experience
- Most suicides can be prevented – but only by choice

Suicide Crisis Intervention: Causes & Risk Factors

- Very complex and varied
- Risk factors to consider:
  - Prior attempt
  - Age
  - Gender
  - Single
  - Poor health
  - Alcohol/drugs
  - Depressive symptoms
  - Life stressors
  - Psychosis
  - Social/sexual identity issues
  - Combination of factors
  - Other

https://www.beyondblue.org.au/family-and-friends/parents-and-guardians/family-guide-to-youth-suicide-prevention/youth-suicide-risk-factorsx

Suicide Crisis Intervention: Potential Warning Signs

- Verbal
- Behavioural
- Situational
- Syndromatic

Suicide Crisis Intervention: Risk Assessment

Lower Risk

- Suicidal ideation but no plan & no action
- Situational stress & low coping skills
- Needs help now or may worsen
- Needs emotional support & good listener without feeling judged or stigmatized
- Likely needs referrals (e.g. psychotherapy, assessment by medical doctor, debt counselling, marriage counselling)
- Build support network
- Increase ability to cope and find hope

Suicide Crisis Intervention: Risk Assessment

Medium Risk

- Suicidal ideation and some idea of a plan but no action
- Important to work collaboratively
- Remove access to suicide method
- Show care & concern
- Assist in getting help & follow up to find out if they are accessing help
- Check-in frequently including assessing suicide risk (e.g. 1-10 scale)

Suicide Crisis Intervention: Risk Assessment

High Risk

- Suicidal intent & a lethal, specific, available plan or person has already taken some action toward self-destruction
- Take immediate action to help save a life
- Ask questions to find out if the person is in danger (e.g. have they taken anything or done anything to harm themselves?)
- Get details & if in danger, call 911 or go to hospital ER
- Always err on the side of caution
- If not currently in danger, develop safety plan
  - Call their therapist, doctor, family member (don't promise person confidentiality)
  - Call crisis help line
  - Suicide watch
  - Daily check in
  - Contract for life

Suicide Crisis Intervention: Evaluation of the Means

- How specific
- How lethal
- How available

Suicide Crisis Intervention: Decreasing Suicidal Thoughts

- Connect with others
- Do an activity to calm/comfort
- Problem-solve with someone who can help
- Focus on reason for living
- Remember things that have helped in the past

Suicide Crisis Intervention: Decreasing Suicidal Thoughts

- Identify triggers
- Get treatment for mental health issues *(e.g. depression, anxiety, alcohol and drug abuse)*
- Follow through with prescribed medications
- Build in structure and routine
- Engage in enjoyable/meaningful activities
- Pray with someone, worship with others (even if don't feel like it initially)

General Crisis Resources

- ACT services (Assertive Community Treatment Team)
  - ConnexOntario: www.mentalhealthhelpline.ca or 1-866-531-2600
- Early Intervention Clinics
  - ConnexOntario: www.mentalhealthhelpline.ca or 1-866-531-2600
- Mental Health
  - Canadian Mental Health Association: www.cmha.ca (find local branch)
  - For community mental health services: ConnexOntario: www.mentalhealthhelpline.ca or 1-866-531-2600
- Mobile Crisis Units
  - For local team in your area:
  - Call 911
  - ConnexOntario: www.mentalhealthhelpline.ca or 1-866-531-2600

General Crisis Resources

- Schizophrenia
  - Schizophrenia Society of Ontario: 1-800-449-6367 or www.schizophrenia.on.ca
- Suicide prevention
  - Ontario Suicide Prevention Network: www.tinyurl.com/ospninfo
  - ConnexOntario: www.mentalhealthhelpline.ca or 1-866-531-2600
- Substance abuse – withdrawal services & residential services
  - DART: 1-800-565-8603 or www.dart.on.ca
  - Toronto Withdrawal Management System: 1-866-366-9513
- Substance abuse & concurrent disorders services
  - 1-800-565-8603

Case Study

Ricardo is a middle-aged, recently divorced man who has been attending your church for the past 6 months. He works as a public transit driver, but has been off work for the past month due to experiencing some medical complications and low back pain. As you are an elder at the church, Ricardo has met with you a few times and has disclosed some personal stresses in his life including his recent marriage breakdown, limited interactions with his only son due to loss of custody, his chronic back pain issues and feelings of hopelessness and loss. Ricardo states that he has been taking pain medication multiple times a day to manage the ongoing pain. Ricardo also appears to mumble aloud to himself at times when alone, but quickly dismisses this as "just the voices in my head".

Ricardo is gentle spirited, soft spoken and has always been very generous. He is desperate to reunite with his son, but is beginning to lose hope. Today, when you meet with Ricardo, he appears dishevelled and fatigued and looks more depressed than usual. He can barely lift his head when talking with you. Ricardo discloses that he feels like he "wants to die". Ricardo admits that he has had one past suicide attempt a few years back when his wife first threatened to leave him.

Case Study: Questions

1. Identify the potential crises that Ricardo is experiencing.

2. What are some triggers that may have contributed to Ricardo's crises?

3. a. What suicide risk factors does Ricardo present with?

b. What types of questions can you ask Ricardo to determine if his level of risk is low, medium or high?

4. How would you respond to Ricardo in this situation? How could you provide ongoing support to Ricardo?

5. a. Knowing his situation, what resources could Ricardo potentially benefit from now?

b. After Ricardo gets help and is relatively stable again, what types of ongoing support can you provide him? What crisis prevention strategies can you utilize with him?

Case Study: Possible Answers

1.

- Thoughts of wanting to die - potential suicidal ideations
- Possibly experiencing an episode of psychosis - talks about voices in his head and is observed to be mumbling aloud to himself
- Severely depressed – appears more depressed than usual and presents as dishevelled

2.

- Medical complications and chronic pain
- Relationship issues - recent marriage breakdown
- Loss of custody of his son
- Potential dependence on opioids
- No longer working – less structure during the day

3a.

- Prior attempt
- Male
- Recently single / divorced
- Poor health
- Depressive symptoms
- Life stressors – not being able to see his son, not being able to work

3b.

- use simple, direct questions – ask if he has current suicidal thoughts
- ask if he has a specific plan / method to end his life
- ask if he has access to these methods
- be looking to assess how specific, how lethal, how available

Case Study: Possible Answers

4.

- Apply ABC Crisis Support Model
- Build trust and provide non-judgmental support
- Identify problem and potential triggers; carefully assess severity of risk
- Connect him to professional supports and seek urgent medical assistance pending risk level
- Ongoing support: Provide regular check-ins, visits, prayer and support; advocate for his needs; ensure he has a crisis plan; encourage him to maintain structure and routine; help get him connected to support groups / social supports

5a.

- Potentially in need of mobile crisis team or emergency department (and hospital admission) pending risk level
- Getting him connected to a psychiatrist would be key in terms of gaining access to other ongoing mental health services and supports
- Pending his response to treatment, would likely benefit from outpatient mental health services
- Ensure he is aware of the range of supports available

5b.

- ensure he has a crisis plan and that all parties involved have a copy of the plan
- have quick access to emergency numbers
- advocate for ongoing community professional support
- identify triggers and reduce exposure of triggers
- encourage him to maintain structure and routine, and help him get connected to support groups / other social supports
- encourage him to participate in a variety of structured, meaningful activities
- help him to apply effective coping skills

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