MHMCT

Mental Health Mobile Crisis Team

Mental Health Mobile Crisis Team

- Trials, Tribulations and Triumphs

Phases of Work

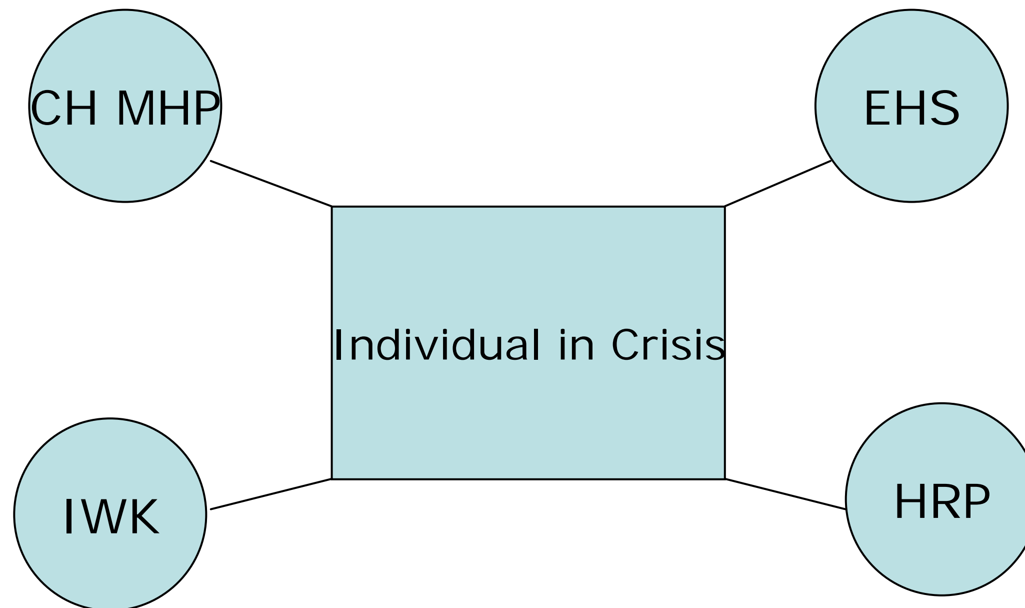
- Getting started
- Working through the process
- Details

Getting Started

- Who are the primary stakeholders?
- How to bring the group together?
- What are the issues? and
- Reviewing options

Common Goal

- Four mandates – common goal



Solutions

Getting people's attention

- Phone book
- People of influence at the table
- Feed the chaos
- Present the options; concrete solutions

Series of Events

- EHS – 60 - 911 calls from one person in 3 months
- HRP – long waits in the ED; amount of time spent on MH and Suicide calls
- Meeting with the Crisis Team at the IWK
- Strategic Planning Process for MH Program
- DoH – year of the crisis

Crisis Creates Opportunity

- Bring all the players to the table
- Have a person of influence make the invitations and lead the meeting
- Needs assessment by all parties

Solutions

Keeping People's Attention

- Data collection, Gap Analysis as a joint working group
- Understanding the size of the issue
- Reinforce benefits to stakeholders
- Broken Record

Solutions

Support Your Position

- Have data and literature that supports your position
- Consult with and find champions from other successful services

Being Prepared

- Proposal ready
- Broken Record

Police Calls

- Halifax Police responded to 1081 mental health/suicide calls in 2003.
- Average dispatched/cleared time for mental health/suicide police calls went from 92 minutes in 1999 to 214 minutes in 2003
- 3400 police hours were utilized on mental health/suicide calls in 2003 – equivalent to almost 2 full time officers

EHSNS

- Reported that compared to their other calls Mental health calls were not as receptive to paramedic intervention and higher percentage refused service or police intervention was required.
- Paramedics were also spending increasing hours at ED waiting for transfer of care

IWK Mental Health Program

- Reported that the response of referral to the outpatient follow up clinics was not always approp. or effective following a visit to the ED Crisis Team
- Felt that there was a significant population of at risk youth who would not use IWK ED but would benefit from a community based crisis response.

Capital Health

- Long Frustrating waits at ED for individuals experiencing a crisis – often with unsatisfactory results
- Referrals to existing crisis service were typically help seeking
- Lack of consistent approach from HRP officers when needed

History

Working through the Process

- August 2005 – announcement of funds for the integrated service from DoH

- Now the Real Work Begins!!!

Issues/Struggles

- DoH funding – divided between the two health services
- 4 different Services with different Mandates
- Committee members changing jobs
- Bureaucratic Structures
- Philosophical Views

Solutions

- Conversations
  - Respect
  - Trust
  - Intrigue
  - Curiosity
  - Client centered
  - Solution focused

Team Building

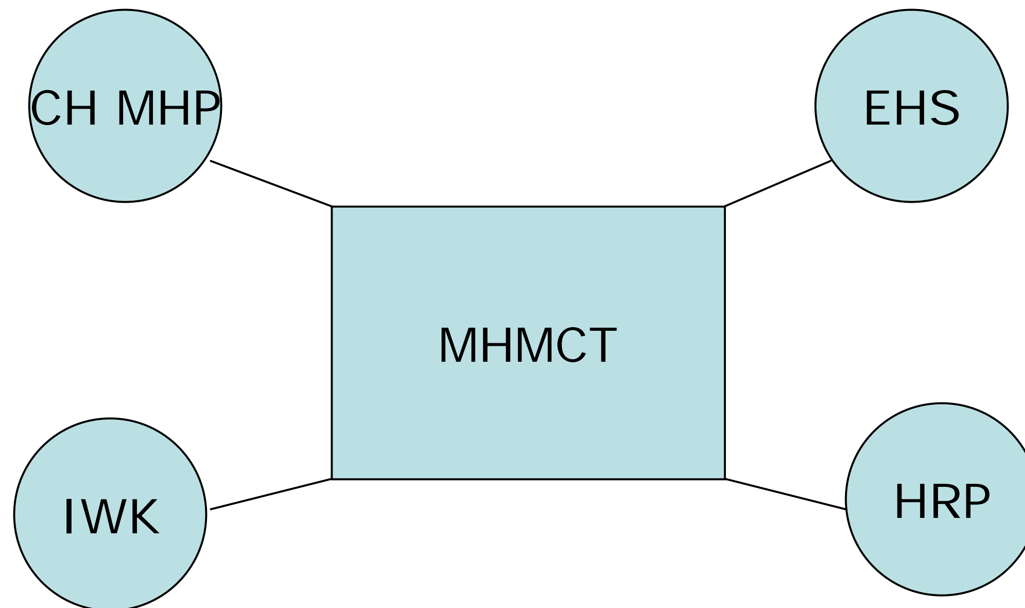
- Opportunity to have conversations, share knowledge and build trust
  - Attend conferences from all parties
  - Share information from all positions
  - Be a consolidated force

Details

Issues

- 4 Bureaucratic systems
  - Human Resources
  - IT
  - MOU/MA
- 4 different professional groups
  - How to build the crisis team

Four Bureaucracies



Start date—The ever moving target

- The start date was impacted by some of the unexpected obstacles/barriers
- Pressures from Health and other partners to get going

“Hurry up and wait”

Details

- Solution:
  - "This is what we need before we start" (MOU, MA, Team Building, HR)
  - Single Vision from the planning committee
  - Broken Record
  - Balance Passion/ Practicality/Patience

MOU/ MA - Issues

- Amount of time
- Legal Bureaucracy
- Attention to detail
- Mixed messages

MOU/ MA - Solutions

- Bring in the experts at the beginning
  - Legal council
  - Privacy officer
- Utilize the detailed proposal
  - Mandate, goals, objectives, functions

MOU

- Preamble
- Term and termination
- Terms and conditions of access, use and disclosure
  - Requests for information
  - Business information Confidential to parties
- Scope of Service
- Operation of Service
- Management of MCT
- Liability
- Roles and responsibilities
- Research
- General

MOU - Schedules

- Roles and Responsibilities of each party – HRP, CH, IWK, EHS
- Community Advisory Committee

Ministerial Authorization – Sharing of Information - Issues

- Police – Sensitive law enforcement information
- Health – Confidential Health Information
- FOIPOP – information protected within FOIPOP legislation

Information Sharing – Ministerail Authorization - Solutions

- Rely on Experts - Privacy Officers
  - Make them your friend
  - Early in the process
- Understand Complexity of information sharing - Even between health services

Human Resources

- Issues
  - Unions, pay scales, vacation/sick coverage
  - Reporting structure; accountablilty
  - Selecting the right officers/staff : balance of experience and energy
- Solutions
  - Operations committee
  - Expression of interest for police
  - Appreciating the subtle/and not so subtle differences; working closely with HR
  - Knowing when not to take "no" for an answer – make it happen

Evaluation/Research

Issues

- What data to collect and from where
- Accurate data is important to justify the effectiveness, credibility and mere existence of the program in fiscally restrained times
- Data serves as a starting point for potential future integrated services

Solution:

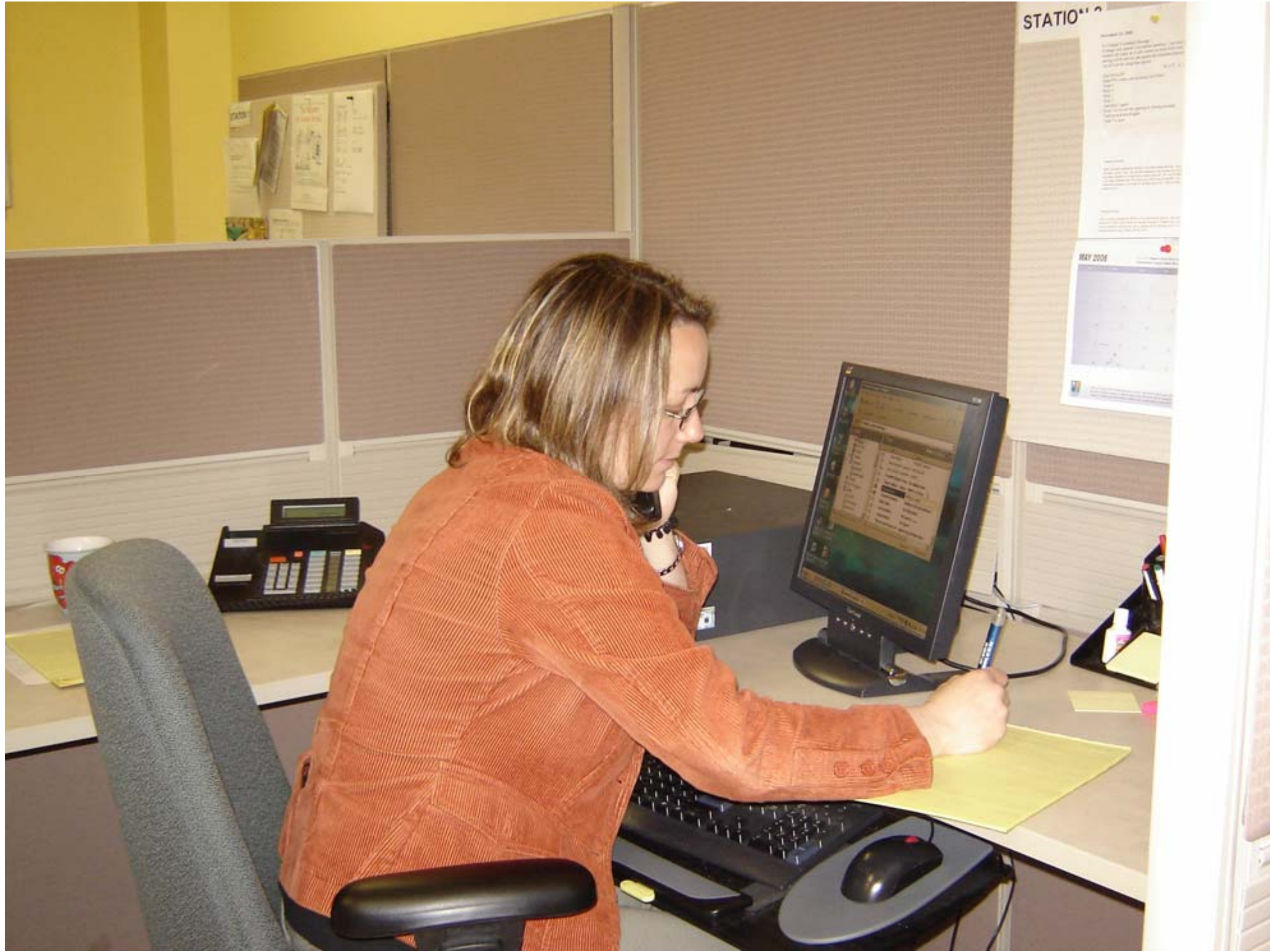
- Find a good researcher; rely on experts
- Take time to discuss what data we want to collect, build it into budget and workload, and collect it from day one
- Database development

Triumphs!!

Building the Crisis Team

- Solutions
  - Orientation
  - Education
  - Food
  - Conferences

NOVA SCOTIA
DTJ 432



Blending of Approaches “Good Cop – Bad Cop”

- Blending of approaches
  - Health – Thoughts/feeling; process focused
  - Policing – Result/outcome focused,
- Scenario

Reflective Practice

- Willingness to have conversations to deal with the “FIRSTS” of a new service

Dealing with the Firsts

- Operations need to meet regularily to address issues that were not expected
- Interventions that were not expected

What Clients Can Expect

- Initial support and triage over the phone and mobile visit by the mobile crisis team if necessary
- Assessment of the presenting situation, current supports and resources
- Supportive, collaborative planning for solution-focused options.
- Referral to appropriate follow up services
- Consultation/advocacy with existing supports and services
- Short-term crisis management as necessary

**Consistent with B.C.'s Mental Health Reform Crisis Response / Emergency Services*

Who Can Contact MHMCT

MHMCT is available to all individuals in the Capital District who are experiencing a mental health crisis.

This could include:

- an individual self referring and/or
- Family/friends, community supports/ services providers and health care providers or the community at large

The individual experiencing a crisis may or may not be a current outpatient of the Capital District Mental Health Program or mental health services at the IWK Health Centre.

Goals

1. Enable individuals experiencing a mental health crisis or distress to access a range of crisis intervention services in a timely and effective manner in their own environment or the environment of their choice.

   "the right service, in the right place at the right time"

2. Provide a consistent integrated response to mental health crisis in the community regardless of which service identifies the individual in crisis (Capital Health, IWK, Halifax Regional Police, EHS or the community)

   "any door is the right door"

3. Improve overall capacity of the community to address concerns related to individuals experiencing a mental health crisis through provision of support, information and education to caregivers, organizations services, and the community. In particular, to support the training needs of the identified service partners through both formal and informal processes.

   "informed and trained responders result in better outcomes for all"

Objectives

1. Supporting individuals self determination in balance with safety of self and others.
2. Timely intervention to reduce the risk of escalating crisis.
3. Distinction between mental health crisis/distress and psychiatric emergency thus promoting referral to appropriate services to meet the needs of the individual.
4. Enhancing the Circle of Care: provide short term crisis management until other supports/services are in place or the crisis resolves: i.e. ongoing support and assessment, follow-up meetings, liaise with existing services and supports and referrals to longer term services or programs.
5. Outreach to individuals experiencing mental health distress or symptoms, as well as their caregivers/supports.
6. Improve the knowledge and skills of all frontline responders in regards to mental health issues through formal education sessions, information sharing and onsite consultation.
7. Advocacy for ongoing development of services and education in relation to understanding mental health issues, mental health crisis and acute psychiatric symptomatology.

MHMCT

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A partnered crisis support service of

Capital Health, IWK Health Centre,

Halifax Regional Police and

Nova Scotia Department of Health.

429-8167
1-888-429-8167 (*toll free*)

Telephone response: **9** a.m. – **5** a.m.
Mobile response: **1** p.m. – **1** a.m.

Call us. We can help.

What We Do

The **Mental Health Mobile Crisis Team** (MHMCT) provides intervention and short term crisis management for children, youth and adults experiencing a mental health crisis. We offer telephone intervention throughout the Capital District and mobile response in areas served by Halifax Regional Police including Halifax, Dartmouth and Bedford. *Our support is confidential, non-judgmental and respectful.*

MHMCT also supports families, friends, community agencies and others to manage mental health crisis through education, outreach and consultation.

Who We Are

MHMCT is a partnered crisis support service of Capital Health, IWK Health Centre, Halifax Regional Police and Nova Scotia Department of Health. The crisis team includes mental health professionals and dedicated police officers.

What We Value

- The worth and dignity of all individuals
- A solution-focused strength based approach
- Each individual's capacity to learn and grow
- Partnerships and collaboration

Mental Health Crisis *vs.* Psychiatric Emergency

A mental health crisis is:

(a) an acute disturbance of thinking, mood, behaviour or social relationship that requires an immediate intervention;

(b) which involves an element of unpredictability, usually accompanied by a lack of response to social controls; and

(c) which may be defined as a crisis by the client, the family or other members of the community.*

Thoughts of suicide, distorted or psychotic thinking, intense anxiety, depression, unable to cope

A **mental health crisis** does not necessarily require hospital-based assessment/triage services and can be effectively supported in the community by a team of service providers.

A **psychiatric emergency** is when a person is an immediate danger to him/herself due to compromised thinking and/or judgement. A psychiatric emergency requires hospital-based treatment services – ***Call 911 or attend a local emergency department.***

Key Messages

- Person focused
- Ongoing conversations/Trust – between Parties
- Operations Committee – ongoing focus and commitment of regular meetings and time

Key Messages con't

- Healthy respect of the bureaucratic process
- Don't take no for an answer
- Broken Record
- Persistence, Patience, Passion