

Added Value in Crisis Care: Specific Strategies and Surprising Lessons

Dr. Mike Hogan

Co-chair, Crisis Now Task Force

The Farmer's Insurance Perspective: We (May) Know a Thing or Two Because We've Seen a Thing or Two

- Personal perspectives on Crisis:
 - Design (Western Mass c 1980, National Action Alliance on Suicide Prevention 2010-2021)
 - Funding: MA, CT, OH, NY
 - Advisory (Lifeline Steering Committee 2014-2021)
 - Family
- Something to consider...where we sit can determine what we see, and where we "stand"

Lesson: Regarding Crises, Just a Little Bit Can Help A Lot

- Often we perceive that people in crisis need a lot...possibly defined by:
 - Qualifications e.g. licensure, professionalism
 - Intensity of service...clinic, facility
 - Structure and setting e.g. an ED, hospital
- But we've come to understand that:
 - "Just a phone call" can make a tremendous difference...e.g. Maddy Gould's research on Nat'l Suicide Prevention Lifeline showing that most "suicidal" callers report that the call itself was sufficient to resolve—for now—their suicidal crisis
 - "Just a letter" can make a tremendous difference...e.g. Jerome Motto's study finding that suicidal behaviors among people discharged from inpatient psych care were reduced over 50% by caring, personal letters
 - Being able to see my therapist or a prescriber within 24 hours is often sufficient
 - Clarence's Comeback: A Lesson in Risk and Perceptions of Risk

Lesson: Advancing and Better Defining the Role of Peers

- A lesson from peer leaders, NOT Mike Hogan
- Good news: peer roles are accepted and already included in all levels of crisis services:
 - Call Centers
 - Mobile Crisis
 - Crisis Facilities
- This "valuing" of peers may be partly because crisis services are relatively new, and are evolving at a time when the distinct value of lived experience is better recognized
- But peers can still be viewed and (mis)used as "junior mental health staff" rather than as a resource that brings distinctive contributions
- We must work toward (see, value, compensate) having peers provide distinctive role e.g. as in Intentional Peer Support

Lesson: Crisis Care takes a ~~Village~~ Complete System

- We generally understand specific programs (a call center, a mobile team, a crisis facility), but understanding systems is harder.
But.... "parts is...parts"
- Recent developments in crisis care emphasize a systems approach with key elements that **ALL MUST BE PRESENT AND WORKING TOGETHER:**
 - Crisis Call Center with the ability to dispatch and schedule in real time...and in time the ability to handle calls from 911
 - Mobile Crisis Teams able to get to anyone within 1-2 hours
 - Crisis facilities: clinic, receiving/urgent care, peer respite

Painful Lesson: Inadequate Mental Health Crisis Care
Has Reinforced 911/Law Enforcement
And Emergency Rooms as the REAL Crisis System

- An equitable response requires more than asking law enforcement to do things differently
- Mental health crisis systems must accept responsibility and provide care instead of custody at every level

911/Law Enforcement and 988/Crisis Care System Integration: New Opportunities

Crisis System Components

911 System

988 Crisis System

Call Center

Public Safety Answer Point (PSAP)

Crisis Call Center

Responders

Police
EMT's

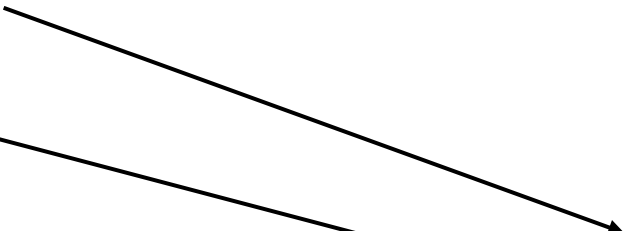
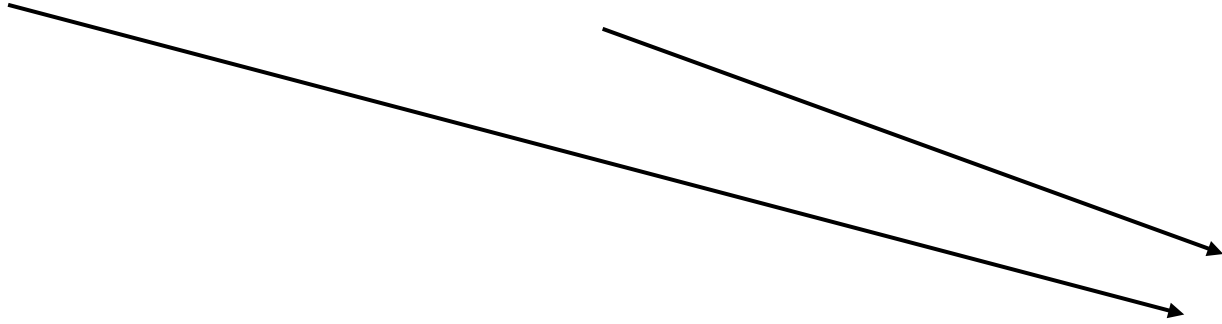
Co-responder teams

Mobile BH crisis team

Crisis Facilities

Jail
Emergency
Department

Crisis Receiving Facility
Crisis residential
BH Urgent Care



Thank You.
Comments and Questions?