



Niagara Health System  
Système De Santé De Niagara



## Niagara Crisis Guideline Launch



Canadian Mental  
Health Association  
Niagara  
*Mental health for all*



### Agenda

1. Welcome & Outcomes
2. Niagara Service Delivery Network & History of the Development of the Crisis Protocol
3. Community Partners
4. Niagara Crisis Guideline: Overview
5. Refreshment Break
6. Developing a Crisis Plan
7. Resources
8. Closing Remarks & Evaluation



## Community Crisis Guidelines

Crisis Guidelines are agreements among community service providers and emergency services to implement and evaluate practices and processes that reduce the intensity and frequency of individual crises in the community.



## Elements of Success

1. Participation of organizations who support individuals more likely to experience crisis
2. Agreement among organizations regarding roles and responsibilities responding to crisis
3. Development and maintenance of Individualized Crisis Plans with those most likely to experience a crisis
4. Communication, collaboration among key organizations



## Niagara's Crisis Guideline

- Developed by Niagara's Developmental Services sector, Mental Health and Addictions sector, COAST Niagara, Niagara Regional Police Services, & Niagara Health System.
- Focused on individuals with one or more difficulties with mental health disorders, addictions, acquired brain injury and / or developmental disabilities.

## Community Preparation

- Organizations will ensure that staff are familiar with social services and emergency services
- Organizations will provide training to emergency services on the population they support
- Organizations and Emergency Services will ensure that staff are familiar with their responsibilities under the Crisis Guideline

### Crisis Planning

- Organizations will encourage staff to develop, share and maintain a Crisis Plan with individuals they support
- Organizations will participate in the development and maintenance of Crisis Plans when invited
- Organizations will \*fax Crisis Plans with COAST Niagara & NHS Psychiatric Emergency Response Team (PERT)
- Crisis Plans will be updated at least annually
- Organizations will use the Crisis Plan when concerns escalate

### Organization Roles – Niagara Regional Police Services

- Respond to 911 requests
- If Mobile Crisis Rapid Response Team (MCRRT) responds, they will \*access Crisis Plan directly
- MCRRT will utilize strategies from Crisis Plan when responding to request
- If appropriate, transport individual to NHS Emergency Services or CMHA Safe Beds as an alternative

### Organization Roles – COAST

- \*Store and reference Crisis Plans
- Respond to crisis concerns
- Utilize Crisis Plan during response
- Assess, triage and respond to crisis:
  - Phone de-escalation
  - Build safety plan
  - Refer to other community services
  - Mobile intervention
- Provide follow-up, post-crisis telephone support as appropriate

### Organization Roles – Niagara Health system

- PERT will \*store and reference Crisis Plans
- Emergency Department (ED) will assess individual and triage for medical /psychiatric concerns
- If psychiatric concerns, Psychiatric Emergency Response Team (PERT) will assess further.
- ED and PERT will \*review the Priority Community Referral and Crisis Plan and consult with service providers / care providers during assessments
- PERT \*will initiate referrals to service providers as appropriate

### What to bring to NHS ED

- Priority Community Referral (fax ahead)
- Crisis Plan
- Medication List
- OHIP Card
- Money (parking, snacks, pay phone, taxi...)
- Calming items (blankets, squeeze balls, earplugs, iPads, sunglasses...)
- Cell phone
- Food and Drink
- Something to occupy time while waiting

### Organization Roles – CMHA Safe Beds

- CMHA will participate in Crisis Plan development as appropriate
- CMHA Safe Beds Program will provide short term residential care/stay as appropriate
- CMHA Safe Beds will assess the individuals need and their capacity to meet the need
- CMHA Safe Beds will work with COAST and service providers to \*initiate additional referrals as appropriate

### Sector Roles – Residential Providers

- Complete and \* fax Crisis Plans to COAST, PERT and other involved providers
- Use strategies in the Crisis Plan to de-escalate potential crisis and respond to crisis
- \*Ensure Crisis Plans are updated, at least yearly
- Ensure Priority Community Referral, Crisis Plans, medication sheets and other relevant documents are shared with NHS ED & PERT
- Accompany individual to NHS / CMHA Safe Beds
- Offer assistance to NHS / Safe Beds in supporting the individual

### Sector Roles – Non-Residential Supports

- Assist with Crisis Plan development and implementation
- Ensure Crisis Plans are \*faxed to COAST, PERT and other involved providers
- Use strategies in the Crisis Plan to de-escalate potential crisis and respond to crises
- Ensure Crisis Plans are updated, at least yearly
- Encourage individual and supports to bring Crisis Plan, medication list, and other relevant documents to NHS ED / Safe beds

### Post Crisis

- Individual and support team evaluate the effectiveness of Crisis Plan
- Crisis Plans are updated and \*shared as appropriate (at least annually)
- \*Referrals for developmental services are directed to Developmental Services Ontario (DSO)
- \*Referrals for mental health services are directed to Mental Health and Addictions Action Line
- Identified gaps in services and supports are shared with Niagara Service Delivery Network

# Refreshment Break





### Crisis Plans - What

- Agreements by the individual, their friends/family, & service organizations on how to identify and respond to pre-crisis, crisis and post crisis behaviour.
- List stressors / triggers and things that should be reduced prior to and during a crisis
- List de-escalation strategies that should be increased prior to and during a crisis.
- Documented and shared so that they can be referenced during times of stress and confusion.

## Crisis Plans – Why & When

- Crisis Plans reduce the number and intensity of crises
- Crisis Plans should be developed when there is a risk of a recurrence of a crisis – responses to future crises should be proactive and predictable, not reactive.
- Crisis Plans should be reviewed and updated after each crisis and annually.

## Crisis Plans – Elements for Success

- Involvement and agreement of individual
- Involvement of people who know the person & may be present during the crisis
- Involvement of service organizations who are involved and have an identified role in responding to the crisis
- Identification of a lead case manager / coordinator / communicator
- Regular review and updating
- All parties have access to current Crisis Plan

## Crisis Plans – Working as a team

- BSO has implemented an Integrated Community Lead model
- Involvement of people from multiple sectors and organization
- Clear identification of “Lead” for plan
- Regular review and updating
- Benefits of approach
- Lessons learned to implement the development of crisis plans

<b>CRISIS PLAN</b> Niagara Community Crisis Guideline	
<b>Date:</b> October 5, 2015	<b>DOB:</b> October 6, 1964
<b>Name:</b> Mary Poppins	<b>Emergency Contact/SDM:</b>
<b>Address:</b> 1 Disney Movie Way Fort Erie, ON L8T 4A8	<b>Parents:</b> Minnie & Mickey Mouse 905-123-4567, (Cell) 905-891-0111
<b>Client Tel #:</b> 905-123-4567	<b>Contact #:</b> (Cell) 905-891-0111
<b>Psychiatrist:</b> Dr. Goodness, Mood Disorders Clinic (St. Josephs Healthcare )	<b>Contact #:</b> 905-123-4567
<b>Family Physician:</b> Dr. Goodhealth Quest Health Centre	<b>Contact #:</b> 905-123-4567
<b>Lead agency/Case manager</b> Community Living, Dick VanDyck	<b>Contact #:</b> 905-891-0111
<b>Known Diagnoses (medical and psychiatric):</b> Asthma Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder Developmental Disability (mild).	<b>Contact to collect Medication History:</b> Dr. Goodhealth, Minnie & Mickey Mouse <u><b>*Be sure to bring medication list to Hospital</b></u>
<b>List Stressors or Triggers:</b> Crowded places. Being asked to do things I cannot do. <b>What would you NOT find helpful during a crisis?</b> Loud noises, crowded areas, being touched, strangers asking me what is wrong.	

**LEVEL 1 (BEGINNING ESCALATION PHASE or STRESS PHASE/Early Warning Signs)**

What do you feel when you are stressed?	What helps at this time?
<p>Unable to sleep at night. Excessive tiredness during the day lasting several days.</p> <p>Re-occurring thoughts of ex-boyfriend and their breakup.</p>	<p>Daytime exercise, no caffeine (pop/coffee) after 4 pm, keep a regular bedtime, listen to calm music, and write concerns in journal.</p> <p>Supports reminding me of sleep strategies.</p> <p>Calling people listed on cell phone when having re-occurring thoughts.</p> <p>Calling supports about pleasant topics (horses, dogs, etc.) until I am ready to talk about the negative thoughts.</p> <p>Going to bedroom and distracting myself by watching television, napping, or using the computer.</p> <p>Dick VanDyke calling on a weekly basis to check in. We will have pleasant conversations until I am ready to express anxiety.</p>

Fidgety, want to rub wrists and/or ask repetitive or silly/immature questions.

Using items from my 'sensory kit' (squishy balls / frog, gum), instead of fidgeting and picking at skin.

Wrapping myself in bulky clothing and seek out 'safe space' (toilet stalls, bedroom) to be away from others.

Supports reviewing these strategies when they see fidgeting / picking.

Supports reminding me to: bring 'sensory kit' and use 'safe spaces' when leaving home.

Supports offering to speak to others about the anxiety difficulties and strategies to reduce them. "Please allow Mary to use her sensory kit and go to her safe space".

Supports offering to help me complete stressful activities: breaking the activity down into more manageable steps; making a photo timetable for completing the activity.

<b>LEVEL 2 (PRE-CRISIS or DISTRESS PHASE)</b>	
<b>When you are feeling overwhelmed what might we see?</b>	<b>What helps at this time?</b>
Confusing thoughts	<p>Going to a 'safe space' to focus on pleasant thoughts until my thinking clears.</p> <p>Supports recognizing my difficulty focusing and curt comments as a sign of confusing thoughts. They will prevent other people from crowding me or asking questions, and assist me to get to a 'safe space'.</p> <p>Calling supports about pleasant topics until I am ready to talk about how I am feeling and what I can do to feel better.</p>

Shortness of breath / asthma attack	<p>Stopping activity and using asthma medication as soon as symptoms start.</p> <p>Supports reminding me to bring asthma medication wherever I go. Supports reminding me to use it as early as possible when needed.</p> <p>Supports assisting me to get to a 'safe space', preventing others from crowding me, and staying with me.</p> <p>Speaking to supports about pleasant topics until I am ready to talk about how I am feeling and what I can do to feel better.</p> <p>Remembering that my supports will not get upset if I have an asthma attack and call for assistance. Being patient until my supports can get to me.</p>
Uncontrolled crying/yelling (typically "Give me Space"), Pulling my hair, Scratching myself, Biting my hands/arms, and ripping my clothing. Self harm talk (sometimes describing a plan)	<p>Supports remaining calm no matter how upset I am and what I am saying. Supports preventing other people from crowding or asking me questions, and assist me get to a 'safe space'. Supports sitting and talking to me until I am calm and ready to talk about my anxiety.</p>

**LEVEL 3 Crisis Phase**

<b>How do you know when you are in crisis and need help? What do you feel and do?</b>	<b>What helps at this time?</b>
Crying, yelling and self harm talk that continues to escalate and does not respond to calming strategies.	<p>Calling COAST 1-866-550-5205 and reviewing strategies from this crisis plan. Re-attempting calming strategies.</p> <p>If am not able to calm, COAST helping me and/or my supports determine if I should go to the hospital, CMHA Safe Beds, or call 911 indicating a preference to have the Mobile Crisis Rapid Response Team involved.</p> <p>Alerting PERT that I am coming and need a quiet place in the ED to wait for them.</p>

**Who should we notify when you are in crisis?**

My parents: Minnie & Mickey Mouse, 905-123-4567 C: 905-891-0111

I agree with this crisis plan:	Valid until: October 5, 2016
Client/Guardian:	Date: October 5, 2015
Witness:	

**Date of next review: September 5, 2016 or when my situation changes**

**MENTAL HEALTH CONSENT FOR THE COLLECTION, USE AND  
DISCLOSURE OF PERSONAL HEALTH INFORMATION**

1. I have had all my questions answered to my satisfaction and fully understand that specific providers will either collect, use and/or disclose my personal health information.
2. I have been advised and I am aware that the following providers will collect, use and/or disclose my personal health information.
3. I have initialed the specific boxes to indicate my consent with respect to the collection, use and/or disclosure of my personal health information.

Developmental Service Provider(s) (specify):	
Canadian Mental Health Association Niagara (specify):	
Community Outreach and Support Team (COAST)	
Primary Care Provider (specify):	
Gateway	
Niagara Region (specify):	
Addiction Services (specify):	
Niagara Health System Outpatient Service	
Niagara Regional Police (NRP)	
Long-Term Care Facility (specify):	
Other:	

I have been advised and I understand that I can withdraw my consent to the collection, use and/or disclosure of my personal health information at any time by contacting your primary service provider or **COAST at 1-866-550-5205**

THEREFORE, HAVING REVIEWED AND FULLY UNDERSTANDING THE PURPOSE OF THIS CONSENT, I consent to the collection, use and disclosure of my personal health information to the specific providers indicated above.

**Mary Poppins**

*Mary Poppins*

Printed Client Name

Signature

Substitute Decision Maker, if applicable

Signature

Date: October 5, 2015

## Closing Remarks