

MENTAL HEALTH SAFETY AND EMERGENCIES

(Template for organization/company guidelines)

CHECK OUT EMERGENCY POLICIES WITH YOUR AGENCY BEFORE YOU START FIELD WORK WITH SCREENING FOR DEPRESSION

Mental Health Safety Guidelines:

Screening for depression can prompt some clients to bring up subjects that you might not otherwise discuss with them, such as a wish to harm themselves. For this reason, it is best to have some training in handling emergency situations, especially stated intentions for self-harm, or a “suicide threat.” In most cases where this comes up spontaneously, people may be looking for help so it is not as difficult to offer basic help in accessing services as it might seem. It is a goal of our program to provide a safe environment for both staff members and clients. In order to prevent injuries or potentially dangerous situations, and to provide an optimal environment for health, the following safety guidelines should be followed at all times. **Any questions, concerns or suggestions about safety are to be presented to your supervisor immediately.**

- DO NOT attempt to “TALK DOWN” an agitated or threatening client!
- If you feel unsafe LEAVE THE ENVIRONMENT IMMEDIATELY
- CALL 911

Warning Signs for Dangerous Behavior

Factors to Watch For:

- Agitation
- Severe emotional changes or mood swings
- Rage
- Agitated psychosis, such as active delusions or paranoia or hearing voices and seeing visions, but with agitated or threatening behaviors

Combined Factors That Increase Risk:

- Paranoia – define
- Angry victim stance – describe
- Active mental illness including hallucinations and/or delusions

Even Greater Risk Increase:

- Combined severe mental illness with substance abuse

(Crowley, 2003)

Specialty Referrals and Emergencies

Some types of clients should be prioritized for specialized attention, such as expediting their referrals or referring to a more specialized type of agency. While outreach workers are not clinicians, they are often on the “front lines” of services organizations in the community and may encounter situations where they feel that specialized or urgent attention is needed. Some of these may be emergencies, and others may be just special types of clients or illnesses requiring more specialized attention, although not urgently.

Urgent or Non-urgent Special Need?

1. Actual or threatened HARM TO SELF—this is an urgent situation and needs immediate, specialized attention. See below.
2. Actual or threatened HARM TO OTHERS—this is an urgent situation and needs immediate, specialized attention. See below.
3. Gravely disabled—this is an urgent situation and needs immediate, specialized attention.
4. Individuals with substance abuse issues or who are suspected to be intoxicated—this often requires more specialized help from a substance abuse provider and depending on the level of intoxication or behavior problem, may or may not require urgent assistance.
5. Individuals who have a history of violent behavior—this may not be known to the caseworker and while it suggests more specialized help is needed, will likely depend on the particulars of the behavior and situation in the community.
6. Children or Adolescents—most often require providers with special training in assessing and treating this age group. Pediatricians or family doctors can be an important first step in referring clients. Unless they have urgent problems such as a threat to harm self, this is not necessarily an urgent situation.
7. SMI (Serious Mental Illness)—persons with psychotic disorders, such as delusional thinking, paranoia, seeing visions, or hearing voices (hallucinations) often require specialized help from a mental health provider, but it may or may not be urgent depending on whether criteria are met for the first 3 above.

To Access the Mobile Crisis Service (6512):

1. Call 911
2. State the nature of the call.
 - a. Describe the behavior or comments made prompting your call. Do not downplay the situation. If it was important enough to make you call 911, then explain the importance to the operator.
 - b. Ask the police to come with the Mobile Crisis Service (6512).
 - c. Stay on scene until police arrive.
3. This does not mean that the person will be taken away for evaluation- if there is an alternative solution to the condition then the Mobile Crisis Service Technicians and the on-scene officers will determine what is appropriate at that point.

What we have learned from talking to 911 is in most emergency situations involving a threat to harm oneself, it is best to have the individual affected call if they are able to do so. For example, if a client is concerned about harming themselves, then it is best to support them in calling 911 or a suicide crisis line. This is a situation you likely will want to discuss with your supervisor first if possible. This process gives the client direct contact with someone trained to deal with such situations and avoids their not being there when the emergency service arrives.

For persons threatening to harm others, it is probably best to report this situation to your supervisor or follow your agency procedures. In most of these situations, you or someone in charge does the reporting, unless the person threatening to harm someone wants the help. For grave disability, the individual may be unlikely to be able to make the call or act on his or her own behalf.

In many cases it can be helpful to role-play handling a suicidal emergency. Here is an example:

Scenario 1:

Client: I have been feeling so down lately. I've thought of taking my own life.

Outreach Worker: I'm so sorry! Let's figure out how to help you. Do you feel that way right now? We can call 911 and get some help right away, to get to an emergency room.

Client: No, I won't do anything right now.

Outreach Worker: Are you sure you are safe? This is very important to talk to your provider about. Are you talking to your counselor or doctor?

Client: Yes, all the time. He says I have to keep hoping. He thinks the medications will help in a week or two. I'm just blowing off steam.

Outreach Worker: Please tell your counselor you mentioned it to me. Also, I will tell my supervisor about our conversation, as I think it's important we all know how to support you.

If you begin to consider hurting yourself, I want to make sure you call 911 or go to an emergency room. Do you know where you would go?

Scenario 2:

Client: Yes, I've even been thinking of taking my own life. I have a gun at home, I find myself just holding it and looking at it, thinking.

Outreach Worker: That sounds really serious and is something you need help for right away.

Client: Oh, I'll be OK.

Outreach Worker: No, really. That's too serious a risk, now that you've told me. The best thing is to get help now. I am going to tell our supervisor so that he (she) can help us. We need to call 911 or go to an emergency room.

Client: I have a counselor. He told me to call him anytime. Let's do that first.

Outreach Worker: OK, let's do that now, and I'll just make a call to my supervisor.

OR:

Client: I really don't want to go to an emergency room.

Outreach Worker: You need help. {Options: I can call 911, right now, but it's best if you do it so that they know how to reach you and help you see it through. OR: Here is a suicide hotline number, let's call it right now because you need the support right away; while you do that, I'll let my supervisor know].

Client; Well, OK, if you really think I should.

Outreach worker calls supervisor and notifies him/her and gets support for next steps.
DOCUMENT WHAT HAPPENED IN A WRITTEN NOTE FOR YOUR SUPERVISOR

Non-Emergency Mental Health Transportation (Local information):

For clients meeting criteria for a psychiatric evaluation, and are **not an imminent threat of violence to self or others:**

1. Call NOPD Psych Team:
821-2222
2. Request a **“103 M Truck”** for mental health transportation

Children with Mental Health Issues:

Central City NOAH Children’s Mental Health Clinic

(504)897-4850

210 State St (@ Tchoupitoulas)

New Orleans, LA

M-F 8-4:30

Provides mental health services and medications to children 6-17 years old who are residents of Orleans Parish.

Or go to Children’s Hospital Emergency Room.