Crisis Services

Mental health crisis response services are a vital part of any mental health service system. A well-designed crisis response system can provide backup to community providers, perform outreach by connecting first-time users to appropriate services and improve community relations by providing reassurance that the person's needs are met in a mental health crisis.

What Makes an Effective Mental Health Crisis Service?

Mental health crisis services vary depending on where an individual lives. Becoming familiar with the available services and how to access them is an important step towards being prepared for a psychiatric crisis. The better prepared a person is when faced with a crisis situation the better the outcome. The following are pieces that together make up an effective response system.

- **24-Hour crisis lines** are often the first point of contact for a person in crisis or their loved one. Telephone crisis services provide assessment, screening, triage, preliminary counseling, and information and referral services.

- **Walk-in crisis services**, such as clinics or psychiatric urgent care centers offer immediate attention. They focus on resolving the crisis in a less intensive setting than a hospital, 1001though they may recommend hospitalization when appropriate. Walk-in clinics may serve as drop-off centers for law enforcement to reduce unnecessary arrests.

- **Mobile crisis teams** intervene wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel. Mobile teams may provide pre-screening assessments or act as gatekeepers for inpatient hospitalization and can also connect an individual with community based programs and other services.

Respite Care and Residential Services

Crisis respite and residential services can help a person stabilize, resolve problems and connect with possible sources of ongoing support. Services that may be provided include physical and psychiatric assessment, daily living skills training, social activities, counseling, treatment planning and connecting to services. Crisis residential services can either be an alternative to hospitalization or a step-down setting upon leaving a hospital. Crisis respite services are also beneficial because they can provide short-term relief to individuals who are caring for family members who might need more support outside of the home.

There are various models for providing respite care depending on how much support is needed:

- **Family-based crisis home support** is where the person in crisis lives with a screened and trained "professional family." In addition to practical and emotional support from "family" members, mental health professionals visit the home daily for planning treatment.

- **Crisis respite centers and apartments** provide 24-hour observation and support by crisis workers or trained volunteers until a person is stabilized and connected with other supports. In some locations, peer support specialists provide encouragement, support, assistance and role models in a non-threatening atmosphere.

- **In-home support** is like a crisis apartment but in the person's own residence and may be used if separation from the everyday environment is not necessary.

Crisis Stabilization Units

Crisis Stabilization Units (CSU) are small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. CSUs try to stabilize the person and get him or her back into the community quickly.

Extended Observation Units (23-Hour Beds)

23-hour beds, also known as extended observation units (EOUs) can be a stand-alone service or embedded within a CSU. Admission to an EOU is appropriate when the crisis can be resolved in less than 24 hours. EOUs are designed for persons who may need short, intensive treatment in a safe environment that is less restrictive than a hospital.

See more at: http://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Crisis-Service-FS.pdf
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