VALUES, PRINCIPLES AND ORGANIZATION INFRASTRUCTURE IN MENTAL HEALTH INTERVENTION PRACTICE

Individuals experiencing mental health issues may encounter an array of professionals and non-professionals trying to intervene and help, including family and community members, peers, healthcare personnel, police, advocates, clergy and educators. The specific response offered is influenced by a number of variables, such as:

- Where and at what time of day intervention occurs,
- When it occurs within the course of the crisis episode,
- The familiarity of the intervener with the individual and/or with the type of problem they are experiencing,
- The interveners' training relating to crisis services,
- Resources of the mental health system and the ready availability of services and supporters, and
- Professional, organizational or legal norms that define the nature of the encounter and the assistance offered

RESPONDING TO A MENTAL HEALTH CRISIS

10 essential values are inherent in an appropriate crisis response:

1. **Avoiding Harm.** An appropriate response to a mental health crisis not only establishes physical safety, but also the individual's psychological safety. It considers the risk and benefits attendant to interventions and whenever possible employs alternative approaches, such as controlling danger sufficiently to allow a period of "watchful waiting". In circumstances where there is an urgent need to establish physical safety and few viable alternatives to address an immediate risk of significant harm to the individual or others, an appropriate crisis response incorporates measures to minimize the duration and negative impact of interventions used.
2. **Intervening using a Client-Centred Approach**: Mental health crisis may be routine in some settings and perhaps have even come to be routine for some individuals. Nevertheless, appropriate assistance avoids rote intervention based on "one size fits all" approaches, and instead seeks to understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be maximally incorporated in the crisis response.
3. **Shared Responsibility.** Research has shown 'feeling out of control' to be the most common reason consumers cite for being brought in for emergency care. An intervention done *to* the individual—rather than *with* them—can reinforce these feelings of helplessness. One of the principal rationales for client-centred plans is that shared responsibility promotes engagement and better outcomes. An appropriate response seeks to assist the individual in regaining control by considering the individual an active partner in—rather than a passive recipient of—services.
4. **Addressing Trauma.** Crises are intrinsically traumatic and certain interventions may have the effect of further imposing physical and/or emotional trauma. It is essential that once safety is established, harm resulting from the response is evaluated and immediately addressed by individuals qualified to diagnose and initiate needed treatment. There is also a dual responsibility relating to the individual's relevant trauma history and vulnerabilities associated with particular interventions, taking into consideration cultural sensitivity/appropriateness; responders should seek out and incorporate this information in their approaches, and individuals should take personal responsibility for making this crucial information available.

> ***"To promote patient-centered care, all parties involved in health care mental or substance-use conditions should support the decision-making abilities and preferences for treatment and recovery of persons with mental/substance use problems and illness"***

5. Establishing Feelings of Personal Safety. Upon experiencing a mental health crisis, an individual may have an urgent need to feel safe. A display of agitated behavior may reflect his or her attempts at self-protection, perhaps to an unwarranted threat. Assisting the individual in attaining the subjective goal of personal safety requires an understanding of what is needed for that person to experience a sense of security. Providing such assistance also requires that staff be afforded time to understand the individual's needs and have latitude to address these needs creatively.

6. **Based on Strength.** Sharing responsibility for a resolution means understanding that an individual, even while in crisis, can marshal personal strengths and asset in the resolution of the emergency. Individuals often understand the factors that precipitated a crisis as well as factors that can help ameliorate their impact. An appropriate crisis response seeks to identify and reinforce the resources on which an individual can draw, not only to recover from the crisis event, but to also help protect against further occurrences.

7. **The Whole Person.** For individuals who have a mental illness, the psychiatric label itself may shape and even dominate decisions about which interventions are offered and how they are made available. However, it is important to remember that an individual with a serious mental illness is a whole person, whose established psychiatric disability may be relevant but may not be immediately paramount. There may also be a host of seemingly mundane, real-world concerns that significantly affect an individual's response more than the mental illness itself: the whereabouts of the person's children, the welfare of pets, whether the house is locked, absence from work, and so on.

8. **Re-learning the language of Mental Health.** The casual use of language stigmatizing mental illness should be avoided. Instead of saying someone is traumatized or is schizophrenic, for example, the language should be "This is a person who has gone through trauma" or "This person is living with schizophrenia." There is a phrase for this type of humanizing sentence construction: people-first language, which is speaking and writing in a way that acknowledges the person first, then the condition or disability. It helps people understand that the person is not the disease, the person has the illness. It does not stigmatize the person -- it gets to the point that the individual has something that needs to be evaluated and treated. At times, it also gives the client a feeling like she or he can move past the mental illness and that the mental illness is not who they are or who define them.

9. **The Person as Credible Source.** Assertions or complaints made by individuals who have been diagnosed with serious mental illness tend to be viewed skeptically by others, as there may be presumptions that any statements they make are manifestations of delusional thinking. Consequently, there is a risk that legitimate complaints relating to such matters as medical illness, pain, abuse or victimization will go unheeded. Even when an individual's assertions are not well-grounded in reality and represent obviously delusional thoughts, the "telling of one's story" may represent an important step toward crisis resolution. For these reasons, an appropriate response to an individual in a mental health crisis is to not be dismissive of the person as a credible source of information, so as to adequately understand that person's strengths and needs

10. **Recovery, Resilience and Natural Supports**. When an individual experience mental health crises, it is important to recognize an individual's potential of resilience and his/her support system, rather than solely focusing on the "deficit". An appropriate crisis intervention contributes to an individuals' journey of recovery and promote resilience. Such interventions pay attention to an individual's dignity, encourage community engagement, and promote the sense of hope.

11. **Prevention.** It is important to raise the priority given to the prevention of mental health issues and to consider the social determinants of health. An appropriate crises intervention requires action on addressing an individual's basic need, such as food and shelter, as well as systemic change.
12. **Psychoeducation.** For individuals experiencing mental health challenges, ensure involvement of the individual and the family can significantly improve the level of understanding about mental health including illness and disorders. Providing basic knowledge including symptoms, medications, causes and treatment can help the individual and the caregivers better understand what to do in crisis situations, and improve the quality of live and wellbeing of the person and his/her family and friends network. It is important, although, to ensure the individual's rights including self-determination, consent and confidentially when sharing information with the client's support systems.

PRINCIPLES OF ENACTING THE ESSENTIAL VALUES

1. **Services in a Timely Manner.** Timely access to services reduce the intensity and time of an individual's distress. When crisis escalates, intervention options may be limited. Timely access presupposes a 24-hours/7-days-a-week availability and outreach when an individual is unable or unwilling to come to a traditional service site.
2. **Encourage Community Engagement.** Emergency interventions should not include restriction of individuals' routine activities. Such restrictions might cause or exacerbate individuals' isolation condition. Individuals should be encouraged to maintain their supportive relationships with friends and family, and to stay connected with their formal and natural support system.
3. **Peer Social Support.** Services and intervention should promote peer support; such services include support groups, befriending program, etc. Peer support provides individuals opportunities to connect with others who share common experience. Individuals will receive emotional and social supports, which break social isolation and promote sense of hopefulness.
4. **Adequate Mental Health Care with Quality Time.** In some hospital emergency department settings, individuals with mental health crisis may experience inadequate services, such as involuntary assessments and limited opportunities to express their concerns and presenting issues clearly and concisely. Psychiatric crisis intervention should always include face-to face counselling time to allow clients to express themselves without distractions. Service providers should develop understanding of an individual's situation when providing services. Settings fail to do so should seek an organizational or systemic change.
5. **Strength-Based Approach.** A strength-based approach recognizes an individual's strength and capacity in managing his or her own life rather than focusing on clinical signs and other deficits. A strength-based approach also promote resilience and empowerment to an individual towards self-managing future possible crisis.
6. **Emergency Crisis Intervention and Case Management.** Individuals with severe mental health crises often have received health-related service or assistance. Crisis intervention must take the history of an individual's past service experience (such as any executed psychiatric advance directives and crisis plan) into account, and assess the current service gap and determine any possibility of risk. A post-event review should also be included as it may be critical for possible crisis plan change.
7. **Service Proficiency and Competency.** Crisis intervention requires professional skills. Service providers from different fields, however, do not necessary have relevant training. Intervention by untrained service providers, such as police officers, may result in injuries or even death of individuals with mental health crisis. Some police departments recognize the importance of mental health training, and many established connections with mental health professionals who provide timely on-site assistance. In order to ensure the proficiency of service providers and the quality of service, different professionals must connect across traditional bureaucratic boundaries.
8. **Access to Services without Barriers.** Individuals who do not meet agencies' eligibility criteria should be guided and referred to appropriate alternative service providers. If fail to seek alternative services, agencies must reconsider their eligibility criteria and take action accordingly to meet individuals' needs of mental health services. Individuals should

also receive services at an early stage to prevent exacerbation of mental health condition and use of emergency department services. Agencies receive referrals from hospital emergency departments should promote services and have regular outreach plans to promote service use before mental health crisis occurrences.

9. **Interveners have a comprehensive understanding of the crisis**. Meaningful crisis response requires a thorough understanding of the issues at play. An appropriate understanding of the emergency situation not only includes an appreciation for what is happening at the moment, but also why it is happening and how an individual fares when he or she is not in crisis. Crises- particularly recurrent crises-likely signal a failure to address underlying issues appropriately. When crisis intervention occurs outside of the individual's customary setting, such as in a hospital emergency department or a psychiatric inpatient unit, it may be challenging to get a good understanding of the individual's circumstances. Mobile outreach services, which have the capacity to evaluate and intervene within the individual's natural environment, have inherent advantages over facility-based crisis intervention, especially when an individual with lived experience is part of the intervention team. Such mobile outreach capacity is even more meaningful when staff and peers' familiar with the individual have the ability to meet the individual where he or she is. When intervention within an individual's normal living environment is not feasible, hospitalization is not the inevitable alternative. Consumer-managed crisis residential programs can represent a viable, more normalized alternative that produces good outcomes.

10. **Helping the individual to regain a sense of control is a priority**. Staff interventions that occur without opportunities for the individual to understand what is happening and to make choices among options (including the choice to defer to staff) may reinforce a lack of control. The individual's resistance to this may be inaccurately regarded as additional evidence of his or her incapacity to understand the crisis situation. Incorporating personal choice in a crisis response requires not only appropriate training, but also a setting with the flexibility to allow the exercise of options. Informed decision-making in this context is not a matter of simply weighing risks and benefits associated with various interventions; it also includes an understanding among staff that an intervention that is of individual's choosing may reinforce personal responsibility, capability and engagement and can ultimately produce better outcomes. The specific choices to be considered are not limited to the use of medications, but also include the individual's preferences, involving whom and with what specific goals. While the urgency of a situation may limit the options available, such limitations may also highlight how earlier interventions failed to expand opportunities to exercise personal control. Post-crisis recovery plans or advance directives developed by the individual with assistance from crisis experts are important vehicles for operationalizing this principle.

11. **Services are congruent with the culture, gender, race, age, sexual orientation, health literacy and communication needs of the individual being served**. Being able to effectively connect with the individual is crucial. Variables reflecting the person's identity and means of communication can impede meaningful engagement at a time when there may be some urgency. Establishing congruence requires more than linguistic proficiency or staff training in cultural sensitivity; it may require that the individual be afforded a choice among staff providing crisis services whenever possible. In addition, to ensure clients are able to express themselves, language barriers need to be addressed. Using of professional and appropriate interpretation services are important in providing individuals access to services.

12. **Rights are respected.** An individual who is in crisis is also in a state of heightened vulnerability. It is imperative that those responding to the crisis be well-versed in the individual's rights. It is critical that appropriately trained advocates be available to provide needed assistance. Correctly or not, many individuals with serious mental illnesses have come to regard mental health crisis interventions as episodes where they have no voice and their rights are ignored. Meaningfully enacting values of shared responsibility and recovery requires that the individual have a clear understanding of his or her rights and access to the services of an advocate. It is also critical that crisis responders not convey the impression that an individual's exercise of rights is a defiant act.

13. **Services are trauma-informed**. Adults, children and older adults with serious mental or emotional problems often have histories of victimization, abuse and neglect, or significant traumatic experiences. Their past trauma may be

in some ways similar to the mental health crisis being addressed. It is critical to understand how the individual's response within the current crisis may reflect past traumatic reactions and what interventions may pose particular risks to that individual based on that history. Because of the nature of trauma, appropriately evaluating an individual requires far more sensitivity and expertise than simply asking a series of blunt, potentially embarrassing questions about abuse and checking off some boxes on a form. It requires establishing a safe atmosphere for the individual to discuss these issues and to explore their possible relationship to the crisis event.

14. **Recurring crises signal problems in assessment or care**. Many organizations providing crisis services-including emergency departments, psychiatric hospitals and police-are familiar with certain individuals who experience recurrent crises. In some settings, processing these "high end users" through repeated admissions within relatively short periods of time becomes so routine that full reassessments are not conducted. While staff sometimes assume that these scenarios reflect a patient's lack of understanding or willful failure to comply with treatment, recurrent crises are more appropriately regarded as a failure in the partnership to achieve the desired outcomes of care. Rather than reverting to expedient clinical evaluation and treatment planning that will likely repeat the failed outcomes of the past, recurrent crises should signal a need for a fresh and careful reappraisal of approaches, including engagement with the individual and his or her support network.
15. **Meaningful measures are taken to reduce the likelihood of future emergencies**. Considering the deleterious impact of recurrent crises on the individual, interventions must focus on lowering the risk of future episodes. Improving an individual's prospects for success requires not only good crisis services and good discharge planning, but also an understanding that the crisis intervener-be it police, hospital emergency department, community mental health program, or protective service agency-is part of a much larger system. Performance-improvement activities that are confined to a single facility or a specific program are sharply limited if they do not also identify external gaps in services and supports. Although addressing certain unmet needs may be beyond the purview of one facility or program, capturing and transmitting information about unmet needs is an essential component of crisis services.

INFRASTRUCTURE

An Organization's infrastructure should support interventions consistent with the values and principles listed above. Given the nature of individuals with mental or emotional problems, these values and principles are applicable to a very broad array of organizations. While needed infrastructure will necessarily vary by setting, population served and the acuteness of crises being addressed, there are some important common denominators:

- **Staff that is appropriately trained and that has demonstrated competence** in understanding the population of individuals served, including not only from a clinical perspective, but also from their lived experiences.
- **Staff and staff leadership that understands, accepts and promotes the concepts of recovery and resilience,** the value of consumer partnerships and consumer choice, and the balance between protection from harm and personal dignity.
- **Staff that has timely access to critical information,** such as an individual's health history, psychiatric advance directive or crisis plan. Such access is, in part, reliant on effective systems for the retrieval of records, whether paper or electronic.
- **Staff that is afforded the flexibility and the resources,** including the resource of time, to establish truly individualized person-centered plans to address the immediate crisis and beyond.

- **Staff that is empowered to work in partnership with individuals being** served and that is encouraged, with appropriate organizational oversight, to craft and implement novel solutions.
- **An organizational culture that does not isolate its programs or its staff** from its staff from its surrounding community and from the community of individuals being served. This means that the organization does not limit its focus to "specific" patient "universal" strategies that target prevention within the general population. The intent here is not to dissipate the resources or dilute the focus of an organization, but to assure recognition that its services are a part of a larger spectrum and that it actively contributes to and benefits from overall system refinements.
- **Coordination and collaboration with outside entities** that serve as sources of referrals and to which the organization may make referrals. Such engagement should not be limited to service providers within formal networks, but should also include natural networks of support relevant to the individuals being served.
- **Rigorous performance-improvement programs** that use data meaningfully to refine individuals' crisis care and improve program outcomes. Performance improvement programs should also be used to identify and address risk factors or unmet needs that have an impact on referrals to the organization and the vulnerability to continuing crises of individuals served.

Health Care Providers Strategies to reduce Compassion fatigue, Burnout and Vicarious Trauma.

Staff is aware of his or her own emotional, psychological, and physical condition when providing service. Service providers and organizations should take action to maintain good physical and psychological health condition in order to effectively assist individuals who experience traumatic experience. Practice self-care can ensure service providers have sufficient energy to deal with crisis situation, and to avoid burnout and compassion fatigue. These strategies include:

- Increase awareness of need for balance between personal life, work & family.
- Self-awareness: recognize work-stress and the impact it has in your body. It will help to understand how your own body works and what kind of strategies the organization and the individual could take in place to reduce stress symptoms.
- Provide structure and regular debriefing and clinical supervision, which are key factors to the staff's wellbeing and mental health given that it provides an opportunity for encouragement within colleagues, use of a solution focused approach, to share concerns and new strategies to deal with difficult cases.
- Manageable workload including time for administrative tasks and number of clients seen per day.
- Promote knowledge and information about employee benefits, which somethings it includes self-care options, such as massages, acupuncture, psychotherapy sessions, dentist services among other benefits.
- Provide opportunities to professional growth and leadership skills, including training opportunities, retreats among others. As well as training and resources to effective communication and conflict resolution in the workplace environment.
- Opportunity and space where employees' suggestions and feedback are considered. For instance, staff meetings are key to communicate updates, recognise work done, share new ideas, and request feedback from employees.
- Peer and social support are fundamental to reduce work related stress and increase productivity to provide effective services for individuals served. Social support also included community engagement and participation in broader common causes to break alienation, isolation, cynicism and feelings of helplessness.

- Being proactive in taking care of one's own mental well being seems to be a key factor for successful work. It includes physical exercise which could contribute to the well being and bring long term benefits to employees. Organizations can promote physical exercise activities, by including 1-hour activity per week, such as yoga, Zumba, pilates among others.

References

Allen, M, Carpenter,D.,el al (2003) What do consumers say they want and need during a psychiatric emergency? Journal of Psychiatric Practice.

Beiser,M. (1999). Strangers At The Gate: The "Boat People's First Ten Years in Canada. Toronto, University of Toronto Press.

Beiser, M., Simich,L.,& Pandalangat,N.(2003) Community in distress: mental health needs and help seeking in the tamil community in Toronto. International Migration.

Canadian Centre for Victims of Torture. (2016) Programs and Services. Retrieved from (http:/www.ccvt.org/programs.html)

Ontario Ministry of Health and Long Term Crae.(2009) Everydoor is the Right Door: Towards a 10 year Mental Health and Addiction Strategy.

Patel,V.(2002) Where There is no Psychiatrist: A mental health care manual. Glasgow: Gaskell

Killian. K. (2008). Helping till it hurts? A multimethod Study of Campassion Fatigue, Burnout and Self-Care in Clinicians working with Trauma Survivors. *Traumatology, 14 (2)*

Psychological Health And Safety In Canadian Healthcare Settings. (2015). The Canadian Healthcare Association. Retrieved from http://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/PolicyDocs/2015/HCC/EN/PsychHealthWork_EN.pdf

Workplace Strategies for Mental Health. (n.d). Retrieved from https://www.workplacestrategiesformentalhealth.com/Psychological-Health-and-Safety/Implementation

Dipanjan, B, Rai, A., Kumar Singh N., Kumar, P., Munda, S. & Das, B.**, Psychoeducation: A Measure to Strengthen Psychiatric Treatment. (2011). *Delhi Psychiatric Journal 14 (1)*