Lanark, Leeds and Grenville

Mental Health Crisis Response Protocols

** Please note, Cornwall General Hospital and affiliated partners generously shared their work and protocols, which we have modified for our service area.

Draft #5

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Lanark, Leeds and Grenville

Mental Health Crisis Response Protocols

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PART I

Lanark, Leeds and Grenville
Mental Health Crisis
Response Protocols

Section 1.0 - Overview

This protocol was developed in collaboration with key stakeholders, who deal with individuals in acute mental health distress. The intent is to provide a comprehensive, seamless and integrated mental health crisis response for residents of Lanark, Leeds and Grenville. The Mental Health Crisis Response Protocol clarifies specific services the protocol participants provide and receive throughout the respective counties.

Lanark County Mental Health is responsible for delivering and coordinating mental health crisis services for the residents of Lanark County. Given the distinct service variations, Lanark County's mental health crisis response protocols governing relationships within this county are included in section II of this document.

The acute Schedule 1 facility (Elmgrove Service) governed by BPH/ROHCG is responsible for the following specific mental health services to adult residents. Mobile crisis response and outpatient services for the counties of Leeds and Grenville; inpatient services for Leeds, Grenville and south Lanark; and provision of a 24/7, 1-800 professionally staffed, telephone crisis line, covering all three counties of Lanark, Leeds and Grenville are the key components. All outpatient services are provided in collaboration with hospital and community partners, using a shared care model of service delivery and offered in satellite clinics, as close as possible, to individual's and families' homes.

The signatories to this agreement include:

Brockville Police Services - Officer in Charge Criminal Investigation

Ontario Provincial Police - Sergeant

Prescott Police - Chef or delegate

Gananoque Police - Chief or delegate

Brockville General Hospital - Service Director, Critical Care

Kemptville District Hospital

Perth/Smiths Falls Community Hospital

Elmgrove Service, BPH/ROHCG - Crisis/Outreach Team Coordinator

Ambulance - Division Manager

1.1 - Purpose

The purpose of this protocol is to provide for an effective and safe response to emergency mental health situations, where multiple community agencies may be involved. The working relationships are defined between the partners in response to crises involving individuals with suspected or confirmed mental illness and those in significant distress due to a situational crisis.

1.2 - Target Population

Youth over 15 years of age, adult and seniors who have a confirmed or suspected mental illness and who may be a danger to self or others; and

Youth aged 15 years of age, adults and seniors who are in a crisis situation and in significant distress and who require an emergency/urgent response.

Section 2.0 - Governing Principles

Response to people with a mental illness or in acute emotional distress should be provided by the least restrictive and least intrusive means possible and in a manner that ensures the safety, privacy, dignity and self-respect of the person, family and others;

Provision of prompt assessment and treatment for individuals and families who are experiencing a psychiatric crisis in the community is essential to ensure a safe level of physical and psychological well being for those individuals, families and community;

Inter-agency co-operation in assessment, intervention and co-ordination is essential to provide a comprehensive, efficient and effective crisis resolution, as well as facilitating ongoing service delivery;

People experiencing mental health crises in the community present unique challenges to all professional care providers requiring special education and skills;

Crisis treatment initiated in the community enhances the effectiveness of subsequent treatment and facilitates the individuals and family=s co-operation with the service provided, thereby reducing the inappropriate use of more intrusive institutional care;

Continuing evaluation is necessary to determine the usefulness of the service in facilitating efficient and cost effective treatment; and

Participants recognise that resources are often scarce and medical emergencies will take priority over mental health emergencies in certain situations. Every effort will be made to accommodate the other partners.

Section 3.0 - Response Categories and Priorities

3.1 - Emergency Response - High Risk

An emergency response is required where there is an actual or potential risk to a person=s life, such as in the case of a suicide attempt, homicide or an overdose of harmful substances. This includes situations where an immediate response is required in order to prevent loss of life. Most emergency situations require police and ambulance only. However, there are cases, such as imminent risk of suicide, where the Crisis/Outreach Team may be called to intervene in order to assist in stabilizing the client for transport.

The ambulance response will be Apriority 4 transport, Canadian Assessment and Triage Scale (CTAS) 1" - time critical emergency response, using lights and sirens with the person being transported to the nearest appropriate emergency department for treatment/stabilization.

The police will be available to assist the paramedics in these calls if the patient is not co-operative and/or there is a safety concern or in situations where the environment must be secured in order for other interventions to occur. Following medical clearance, the client may be transported to the Schedule 1 facility for further treatment and stabilization.

Crisis/Outreach Team will not routinely go to situations that are at this level where the patient=s medical stability is the primary concern. The team will provide immediate response, when the patient is medically stable and the risk is related to mental health issues. The team in this situation will then be required to provide on-site intervention in order to facilitate treatment and will assess the client in the respective emergency room, if required.

3.2 - Urgent Response - Moderate Risk

An urgent response is required for a person who exhibits evidence of acute mental illness accompanied by agitation, distress, impulsiveness, unpredictability and/or engages in destructive acts and may display any of the following behaviors:

- Attempts or threatens suicide;
- Wanders or is confused to the degree where safe containment is threatened, such as in a care or support situation in the community;
- Sedation has been administered to enable safe transport; or the risk is such that mechanical restraint for safe transport is necessary.

The ambulance response will be APriority 3 Transport CTAS 2@B urgent - time critical with the person being transported to the nearest emergency department if requiring medical stabilization or sedation. This could include calling the Crisis/Outreach Team to provide assistance at the scene. The paramedics may assist police in the determining the need for more urgent medical assessment and the most appropriate facility to transport client. If there are concerns with regard to the patient or the staff safety, police will provide transport or will ride in the ambulance as back up.

Depending on level of risk determined, the client may be referred to Elmgrove Service, BPH/ROHCG for psychiatric assessment for possible admission. (If there are no safety factors police/ambulance will be cleared and will transport or arrange transport to the appropriate facility).

When this type of patient presents in emergency independent of other service providers, the triage nurse can call the Crisis/Outreach Team to attend to provide assessment and recommendations; at the request of the Emergency Room Physician or when the patient rates 9 or higher on the Crisis Triage Rating Scale.

3.3 - Routine - Low Risk

Symptoms of psychological and social problems that disrupt activities, such as a pattern of symptoms that may lead to additional problems in the future (but not immediate future), such as the following:

- Person is competent, knowledgeable and familiar with the current problem of issue, and based on that knowledge is comfortable and willing to wait for a convenient appointment;

- Clients needing additional support to prevent the onset of a more acute situation; and

- Transfers between facilities of stable patients.

The ambulance response will be APriority 1 - routine transport - CTAS 5". A routine response will apply where adequate care is currently being provided and the person requires transport to an approved mental health facility and other forms of transport have been considered and deemed unstable by the Crisis/Outreach Team. Patients may be offered follow-up by the Crisis/Outreach Team and if agreeable can refuse transport to the hospital.

The police may choose to call the Crisis/Outreach Team on these types of calls during service hours or may choose to fax a routine follow-up for the following day.

The Emergency departments in Leeds and Grenville can contact the Crisis/Outreach Team to provide assessment in the ER or to follow-up with the individual upon discharge.

Section 4.0 - Agreements

All Parties Agree That:

Training on topics specific to each participant=s expertise will be routinely provided to enhance serve clients service;

The Crisis Triage Rating Scale will be used as a tool to assist the participants to determine if hospital based treatment is indicated and, for those who it is not indicated, follow-up resources and support will be offered; and

To participate on the Crisis/Psychiatric Emergency Core Service Working Group, which meets on a regular basis, to discuss and resolve local issues regarding the interaction between services.

Police Agreements:

$ Police will endeavor to notify the appropriate hospital, as soon as possible, regarding a patient they have taken into custody for examination, under provisions of the Mental Health Act (MHA);

$ When a patient is deemed medically stable and is on a Form 1, of the MHA, they will be taken directly to the Elmgrove Service, BPH/ROHCG. When the police are unsure of the medical stability of the patient, they should request the back up of the ambulance service or take the individual to the nearest emergency room;

$ Police will remain with patients transported to the ER for evaluation under the Mental Health Act for a period of up to *one hour* unless other medical emergencies in the ER make this time frame unrealistic. The transfer of responsibility to the hospital will be made at the point that a decision regarding admission or discharge is made. Police will remain in the ER if specifically requested to assist with an agitated, aggressive or volatile patient;

$ Police Officers will assist the staff of the Crisis/Outreach Team, ER and Emgrove Inpatient Program, as requested, in order to assist with physically aggressive patients who pose a danger to staff or other patients. The privilege of this assistance should not be abused by hospital staff and is subject to periodic review;

$ When necessary, police officers will provide stand-by assist to the Crisis/Outreach Team and that as soon as safety is determined the police will be freed up if not required for duties under the MHA; and

$ Police acknowledge the limited ambulance resources available to the community in the evening hours and as such will transport clients to the Schedule 1 Psychiatric Facility, when the police have been involved in the call (MHA), with a medically clear individual.

Elmgrove Service
Crisis/Outreach Team and Inpatient Program Agreements:

- Crisis/Outreach Team will assist the police/ambulance/ER as requested in crisis situations, with acutely disturbed mental health patients in the community. Triage priority will be given where possible to police, ambulance and ER calls for assistance;

- Crisis/Outreach Team will provide next day assessment and short-term follow-up to clients seen by police/ambulance/emergency room when the Crisis/Outreach Team is not available. These situations must not be emergent in nature and for clients who do not require immediate assessment/hospital admission;

- Whenever possible and appropriate, the staff of the Crisis/Outreach Team will relieve the Police and ambulance services on mental health calls;

- Crisis/Outreach Team will provide consultation to police, ambulance and the emergency departments in Leeds and Grenville with regard to heavy service users and assist to develop a management plan;

- Crisis/Outreach Team recognizes the need for both police and ambulance assistance, then both services will be contacted concurrently and arrangements made to meet at a common location. The parties will consult regarding roles and best made of transport for client;

- Crisis/Outreach Team staff has vehicles and can transport clients for the purpose of psychiatric assessment for possible admission. In situations where the person does not require active monitoring or medical care and there are no perceived risk to the workers or to client safety, this mode of transport will be used, as it is a less stigmatizing and less threatening means of transport than ambulance or police vehicles;

- BPH/ROHCG On-Call psychiatrist will be available to South Lanark, Leeds and Grenville hospital emergency departments for telephone advice concerning mental health patients requiring a possible admission to a Schedule 1 Facility;

- Elmgrove Service will accept direct transfers of medically cleared patients from all areas of South Lanark, Leeds and Grenville, who have been assessed in the community to be in need of psychiatric assessment for admission. This provides continuity of care for the patient and reduces duplication of resources and assessments; and

- Patients who do not require admission will be referred to the Crisis/Outreach Team

for urgent follow-up (within 24 hours) when appropriate to do so.

Brockville General Hospital - Emergency Agreements:

- ER Physician will consider a potential involuntary admission a medical emergency. The ER Physician should see such a patient as soon as possible but (at the maximum) no more than 1 hour after arrival. All parties recognize medical trauma situations will be always the highest priority for triage. The ER Physician will contact the Elmgrove Physician On-Call; and

- ERs will work in cooperation with Elmgrove Service Inpatient Program, to ensure that admitted patients that cannot be immediately transferred, will be monitored through hospital resources. This will be done in order to expedite the transfer of custody of the patient from police to hospital (**unless a risk to the safety of staff or patient is identified that requires police stand by assistance**).

Kemptville District Hospital Agreements:

- ER physician will consider a potential involuntary admission a medical emergency. The ER physician should see such a patient as soon as possible, but (at the maximum) no more than 1 hour after arrival. All parties recognize medical trauma situations will be always the highest priority for triage;

- Medically stable patients requiring Schedule 1 psychiatric assessment for possible admission admission will be transported by police and ambulance, but if sedated will be transported by ambulance;

- Patients not requiring Schedule 1 admission, but who require mental health follow-up will be referred to Elmgrove Crisis/Outreach Team; and

- The transferring hospital will make all the arrangements for transportation and will notify the receiving hospital in advance of the need to transfer. If ambulance transport is required, the request for an ambulance will be prioritized in accordance with the response categories previously described.

Perth/Smiths Falls Community Hospital Agreements:

- ER physician will consider a potential involuntary admission a medical emergency. The ER physician should see such a patient as soon as possible, but (at the maximum) no more than 1 hour after arrival. All parties recognize medical trauma situations will be always the highest priority for triage;

- Medically stable patients requiring Schedule 1 admission will be transported by

police and ambulance, but if sedated will be transported by ambulance;

- The transferring hospital will make all the arrangements for transportation and will notify the receiving hospital in advance of the need to transfer. If ambulance transport is required, the request for an ambulance will be prioritized in accordance with the response categories previously described; and

- Patients not requiring Schedule 1 admission, but who require mental health follow-up will be referred to Lanark County Mental Health per their specific service agreement.

Ambulance Agreements:

- When the ambulance service receives a call from a person who is not a health or mental health professional seeking transport for a person who appears mentally ill, the relevant ambulance service will categorize the request in accordance with the standard ambulance medical dispatch criteria identified above;

- If, on arrival at the location, the ambulance service responding to a call believe the person appears to have a mental illness but does not require immediate transport to a hospital, they will contact the Crisis/Outreach Team to assist with assessment and most appropriate management of the patient;

- If the person appears to be mentally ill and requires hospital treatment but refuses to be transported by ambulance, the police will be called and will either transport client or assist the ambulance service in the transport;

- To ensure their safety, Form 1 MHA patients who have been sedated will require ambulance transport; and

- Ambulance paramedics will call the police if they determine they cannot provide transport without assistance.

Mental Health Crisis Line Agreements:

- Mental Health Crisis Line of Lanark, Leeds and Grenville will have the capacity to screen and refer clients on to more specialized resources such as Lanark County Mental Health, ACTT, Ambulance, Police, etc.;

- Mental Health Crisis Line of Lanark, Leeds and Grenville will provide support to those people in crisis in our community, including those that require regular ongoing support in order to prevent a more acute crisis requiring more intensive resources;

- Mental Health Crisis Line of Lanark, Leeds and Grenville will determine the most

appropriate resource to respond to emergent mental health situations (for example, ambulance for a medical emergency such as an overdose); and

$ Mental Health Crisis Line of Lanark, Leeds and Grenville will make referrals for others whose crisis is not an urgent mental health crisis, but rather one that requires the support of other local resources.

Section 5.0 - Monitoring and Review

The services provided under this protocol will be monitored by each organization, as well as reviewed jointly by all protocol participants annually, or as needed on an emergency basis. Staff at each participating agency will be designated to conduct this review of this Emergency Mental Health Response Protocol. It is also agreed that issues will be addressed as they occur, in order to resolve any conflicts. To initiate this process, contact the respective representatives from the participating organizations.

Section 6. 0 - Conflict Resolution

In situations where the protocol participants find themselves in a situation of conflict with regard to the protocol or its use they will first attempt to resolve it at the line level. Should this not resolve the conflict then they will each bring the dispute to their immediate supervisor for review and resolution.

Section 7.0 - Terms of Agreement

The protocol will come into effect April 1, 2003. A formal review will take place between January 1, 2004 and March 31, 2004.

Signed By Representatives:

Brockville General Hospital - ER	**Kemptville Police**
BPH/ROHCG, Elmgrove	**Gananoque Police**
Brockville Police	**Kemptville District Hospital**
Ontario Provincial Police	**Perth/Smiths Falls Community Hospital**

Prescott Police **Ambulance**

APPENDICES
APPENDIX A

Brockville Psychiatric Hospital, ROHCG
Elmgrove Crisis Response Screen

Referral Initiated By: ☐ Client ☐ Family ☐ Friend ☐ Professional Referral Source

Reason for Contact: ☐ Mental Health Crisis ☐ Information on Resources, (*specify*)

Name:				**C.B. # :**	**Marital Status:**
Address:				**D.O.B. (d/m/y):**	
Contact Date: (d/m/y)	**On Site Visit**	**Time**		**Tel: (H)**	**(W)**
	Phone Call	**Time**		**Family Doctor:**	
Referral Source:			**Tel:**	**Family Doctor Tel:**	

Involved Agencies: **Contacts:**

Active OP: ☐ **No** **Yes** ☐ **Clinician Name:**

Presenting Problems: Screening of Clinical Indicators (as indicated by client, family or referral source)

☐ **Harm to Self**
☐ Suicidal ☐ Self-Injury,
*(specify)*_____
☐ **Harm to Others: (Indicate)**
☐ Emotional ☐ Physical ☐ Sexual
☐ **Legal Issues:** ☐ Criminal History
☐ **Fire Hazard**
☐ **Medication Issues**
☐ Non-adherence ☐ Side-effects
☐ **Victimization/Trauma**
☐ Elder Abuse ☐ Childhood Trauma
☐ Partner Abuse
☐ Other, Specify_____

☐ **Addiction Issues**
☐ **Self Care, (ADLs)**
☐ **Serious Medical Concerns**
☐ **Elopement Risk**
☐ **Social Difficulties:**
☐ Housing ☐ Financial
☐ Education ☐ Employment Issues
☐ **Relationship Difficulties:**
☐ Partner ☐ Children
☐ Family ☐ Other, Specify
_____

Mental State Indicators:
☐ Mood Disturbance
☐ Anxiety
☐ Cognitive Impairment
☐ Psychosis:
☐ Delusions ☐ Hallucinations ☐ Abnormal thought process ☐ Negative symptoms
☐ Unusual Behavior, (specify)_____

Documented History: ☐ A.B.I. ☐ Dementia
☐ Schizophrenia ☐ Mood Disorder
☐ Adjustment/Grief/Trauma ☐ Dev. Delay
☐ Personality Disorder ☐ Other, Specify_____

Summary of Presenting Problems:

Triage Assessment Results: (CTRS) _____
☐ **Emergent, immediate** psychiatric assessment/intervention and possible admission

☐ **Urgent, priority** mental health crisis intervention services and follow-up *(within 1 to 3 days)*
☐ **Routine, non-urgent** mental health services on an Outpatient basis

Service Outcome:
☐ Arranged intake assessment with worker, _____Date:_____
☐ Completed full intake process, worker _____
☐ Arranged immediate psychiatric assessment with Dr._____
☐ Admitted to Inpatient Program ☐ Notified ACT/hospital/community partner (*specify*)_____
☐ Referred to Crisis/Outreach team ☐ Assisted with referral to other resources (*specify*)_____
☐ Referred to Outpatient Program ☐ Referred to family physician/community psychiatrist *(circle)*
☐ Referred to addictions services ☐ Client declined services

Signature of Crisis Worker/Clinician: **Date:**

Appendix B

Brockville Psychiatric Hospital
A Division of the Royal Ottawa Health Care Group

Elmgrove Service

Crisis/Outreach Program

Crisis Triage Rating Scale

Score 1 to 5 in each category using the descriptive standards as guidelines.

A. DANGEROUSNESS (circle number)

1. Expresses or hallucinates suicidal/homicidal ideas or has made serious attempt in present illness. Unpredictably impulsive/violent.
2. Same as 1, but ideas or behaviour are to some degree ego-dystonic or history of violent or impulsive behavour but no current signs.
3. Expresses suicidal/homicidal ideas with ambivalence or has made only ineffective gestures. Questionable impulse control.
4. Some suicidal/homicidal ideation or behaviour, or history of same, but clearly wishes and is able to control behaviour.
5. No suicidal/homicidal ideation or behaviour. No history of violent impulsive behaviour.

B. SUPPORT SYSTEM (circle number)

1. No family, friends or others. Agencies cannot provide immediate support needed.
2. Some support might be mobilized but its effectiveness will be limited.
3. Support system potentially available but significant difficulties exist in mobilizing it.
4. Interested family, friends, or others but some question exists of ability or willingness to help.
5. Interested family, friends or others able and willing to provide support needed.

C. ABILITY TO COOPERATE (circle number)

1. Unable to cooperate or actively refuses.
2. Shows little interest in or comprehension of effects to be made in his behalf.
3. Passively accepts intervention maneuvers.
4. Wants to get help but is ambivalent or motivation is not strong.

5. Actively seeks outpatient treatment, willing and able to cooperate.
TOTAL SCORE: (Add A, B & C) _____

Crisis Triage Rating Scale (by Dr. Herbert Bengelsdorf, M.D.)

Brockville Psychiatric Hospital
A Division of the Royal Ottawa Health Care Group

Elmgrove Service
Crisis/Outreach Program

Crisis Triage Rating Scale Definitions

CRISIS	DEFINITION	OBJECTIVE	PROCESS & RESOURCES
ROUTINE (13 - 15)	Impaired life skills, loneliness, isolation, limited support, financial, relationship and employment stress or any other non-acute personal crisis.	Early intervention, prevention, education and referral to appropriate resources.	Promote a support network by referring to community/hospital resources, peers, family, and significant others. **Resources:** Distress line, GPCO, Access Centre, Tenant House, AA and NA, Tri County Addiction Services, Brock Cottage, Child and Youth Wellness Centre, NAMI, Leeds Grenville Rehab and Counselling Services, Developmental Services, Brockville & Area Community Living Association, Loaves and Fishes/Food Bank, Public Health Unit, ODSP and Ontario Works, etc.
URGENT (10 - 12)	Psychosocial crisis, and/or early decompensation that is not serious enough to warrant hospitalization at this time.	Early intervention, de-escalate, re-stabilize and offer treatment.	Contract for safety short-term follow-up, and referral to BGH and/or EGU for an assessment. May/may not require police involvement. **Resources:** Crissi/Outreach Team, Distress Line, Brockville Walk-in Clinic, Kids Help Line, Interval House, Family & Children=s Services, Leeds Grenville Rehab and Counselling, Sexual Assault Centre, Brock Cottage, Developmental Services, Lanark County Mental Health Services, Community Health Centres, Health Action Line, etc.
EMERGENT (1 - 9)	Acute decompensation, child/or other person may be at risk, person experiencing psychotic episode, person is homicidal and/or suicidal.	Control, de-escalate, stabilize and offer treatment.	Warrants police involvement, use of ambulance, medical emergency requiring hospitalization, psychiatric crisis requiring access to hospital, assessment and possibly admission. If not admitted, contract for safety and follow-up and/or refer to community resources. **Resources:** BGH and/or BPH (Elmgrove)