CRISIS SERVICES: ADDRESSING THE NEEDS ACROSS DIVERSE POPULATIONS

National Dialogues on Behavioral Health

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Before COVID-19

❖ Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA Feb 2020

SERVICES FOR ANYONE

AND EVERYONE!!!!

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
Knowledge Informing Transformation

Assessing Adequacy of System Capacity

Care for All Populations Throughout Lifespan

Crisis services are meant to address the acute mental health, substance use and suicide prevention needs of a community. This can only be achieved by designing services that meet the unique needs of all members of that community. Therefore, crisis services must offer the capacity to address the needs of rural and urban communities that may be experiencing mental health, substance use, intellectual, developmental disability and co-occurring medical problems by accepting all at the front door. This also means offering crisis services for children, adolescents, adults and an aging population that each have their own unique set of needs in each community.

Persons with Intellectual and Developmental Disorders

- Co-occurring IDD and MI

- IDD and its variants

- IDD across the age spectrum

- Crisis Services for stabilization and linkages

- IDD and services
  - Learning language distinct from MH systems
  - Crossover into other systems (forensics, criminal justice, juvenile justice, child welfare)
  - Funding distinctions
  - Organizational differences (NASDDDS/NASMHPD partnerships)

Persons with Intellectual and Developmental Disabilities

- Neurodevelopmental Disorders
  - Intellectual developmental disorder (IDD)
  - Autism Spectrum Disorder (ASD)
  - Attention deficit hyperactivity disorder (ADHD)
  - Other communication, motor, and learning disorders

- Neurodevelopmental disorders are distinct from the neurocognitive disorders,

Persons with Intellectual and Developmental Disabilities and Co-Occurring Mental Illness

- Psychiatric disorders have been shown to be 3-4Xin individuals with IDD

- Can include any illness

- major depressive disorder

- bipolar disorder

- psychotic disorders

- anxiety disorders

- impulse control disorders

- major neurocognitive disorders

- Etc.

Understanding the Individual's Strengths and Challenges

- Example:
- Individual with limited ability to verbally communicate anxiety, mood issues, or a psychotic thought or thought disorder may manifest in aggression or externalizing behaviors

- Consider the National Association for the Dual Diagnosed, in collaboration with APA, Diagnostic Manual-Intellectual Disability (DM-ID)

Persons with Intellectual and Developmental Disabilities

• Other neurodevelopmental disorders, such as ASD and ADHD, are also frequently co-morbid with IDD. While numerous studies show that ASD and IDD co-occur, the actual prevalence rates of IDD in ASD vary widely in the literature, ranging from between 16.7% to 84%. Harris J.C., Intellectual Disability: Understanding Its Development, Causes, Classification, Evaluation, and Treatment, Oxford University Press, New York, NY (2006).

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• Postorino et al. Intellectual disability in Autism Spectrum Disorder: Investigation of prevalence in an Italian sample of children and adolescents. Research in Developmental Disabilities 48 (2016) 193–201.

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Critical Issues in Recognizing Trauma and Environmental Stressors

- Underlying increased risk of victimization

- Trauma as defined broadly

- Understanding environmental contexts

- Understanding contextual issues in changes in behavior

Creating Positive Responses

- Environmental considerations

- Staff capabilities

- Enhancement of approaches
  - Positive behavioral supports
  - Person-centered care
  - Supported decision-making
  - Pharmacologic sensitivities

AGE COHORTS

Children and Adolescents

- Referral sites
  - Schools
  - Families
  - Juvenile Justice
  - Child welfare

- Child/Adolescent Friendly Settings

- Provision of Services and Linkages to Next Services
  - Consent issues
  - SUD
  - Trauma issues
  - Youth Guided, Family Driven

Older Adults

- Referral sites
  - Assisted living/ nursing homes
  - Family homes
  - Law Enforcement

- Settings and Needs

- Services and Linkages
  - Need for geriatric specialists informing care
  - Management of complex presentations and co-occurring medical conditions
  - Older adults with BH histories, vs new service utilizers
  - SUD
  - Suicide risk assessment
  - Psychosocial supports
  - Decision-making challenges
 - Abuse/Neglect Issues

Race/Ethnicity

- Historic and current barriers to access, disparities in outcomes

- Diagnostic issues

- Triage to Criminal Justice (13x more likely for black men) (Hansen and Jackson 2019)

- Black youth 2.5x more likely to be diagnosed with conduct disorder than adjustment and adhd (Fadus et al 2019)

- Barriers to access but also half as likely to use professional mental health services (Lukachko et al 2015, Williams 2014)

- Legacy of abuse and exploitation contributes to distrust in the healthcare system, historical trauma

- Role of cultural differences, stigma, religion, coping styles, trauma, familial influence sense of trust in the "system"

"Experiential" minorities such as LGBTQIA

- Competence of Service Providers

- Recognition of the impact of marginalization

- Risk level variance

- Person-centered approaches
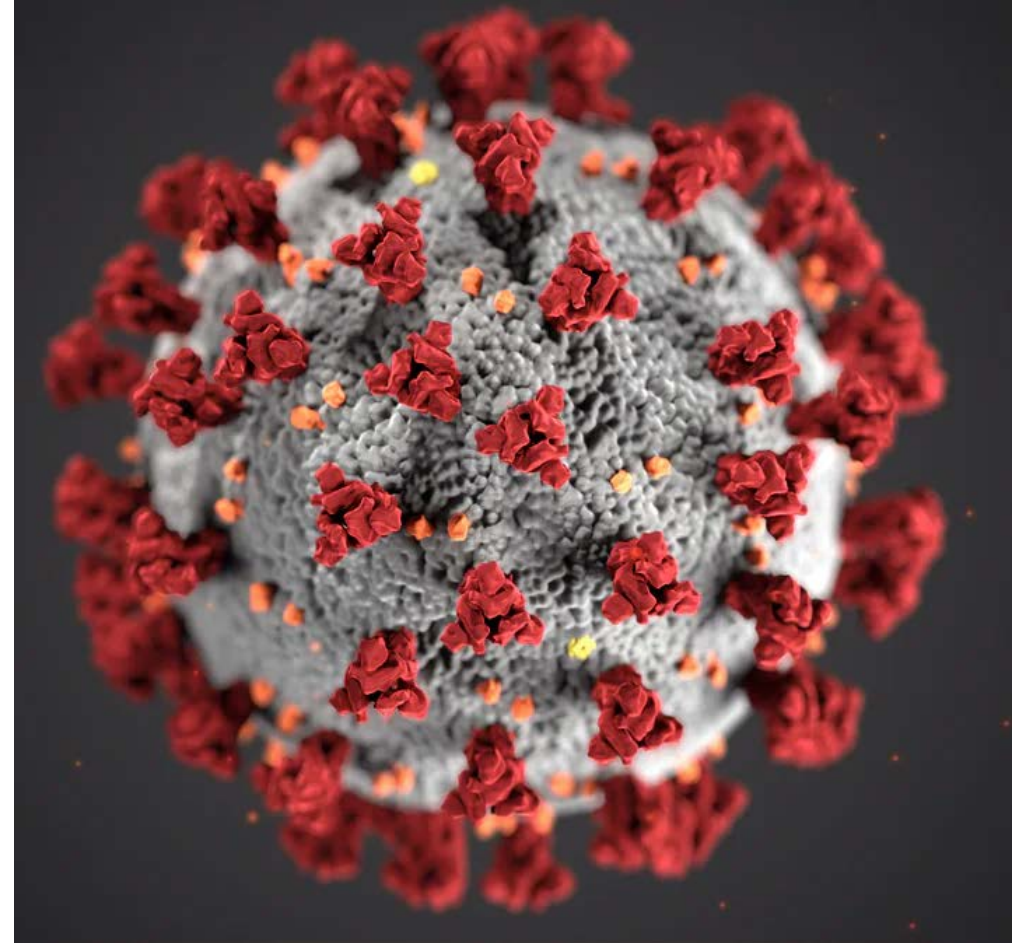
Medically Complex
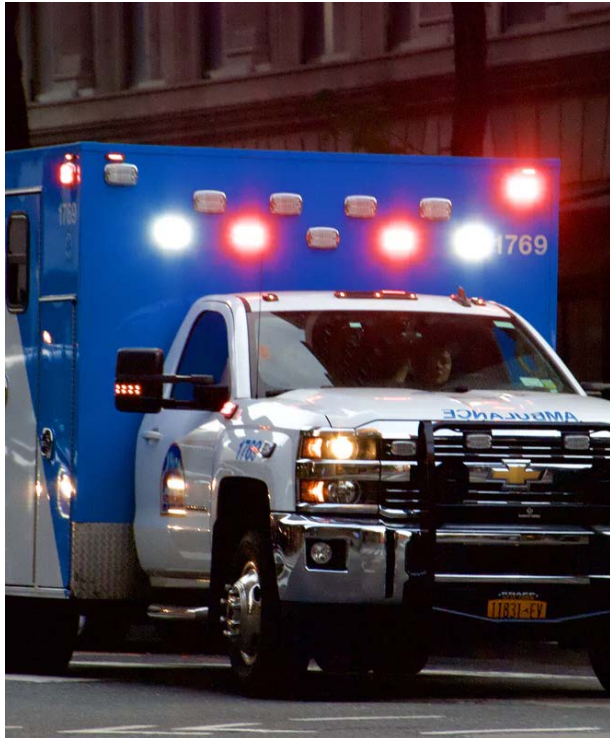
Medical Clearance guidelines

Judicious use of Emergency Departments

Linkage to Emergency Departments

COVID-19 AND OTHER INFECTIOUS DISEASES

- Crisis services with video and tele- capacity

- PPE access

- Testing if needed

- Adequate staffing under COVID-19 conditions

Criminal-Legal Involved

- Over-representation of persons with MI, SUD and IDD in the CJ and JJ systems

- Coordination with
  - Law enforcement
  - Corrections
  - Juvenile Justice
  - Courts
  - Probation/Parole

- Building alternative pathways.

- Access to treatment "divert to what?"

- Embracing the population

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Mobile Crisis and Co-Response

System Considerations

- Partnerships across systems
  - Mental health
  - Developmental Disabilities
  - Aging and Adult Services
  - Child Serving Agencies
  - Juvenile/Criminal legal systems

Crisis Services: Potential Policy Recommendations to Address Diverse Populations

- Recommendation #1: Secure and leverage varied funding and broad partnerships

- Recommendation #2 Build systems-based approach for early identification of youth at risk of mental health crises

- Recommendation #3: Consider multiple medical, physical, and psychiatric comorbidities in all populations served

- Recommendation #4. Geriatric populations must receive appropriate care and coordination with older adult services

- Recommendation #5: Enhance cultural capability: awareness of historical trauma in racial, ethnic and experiential minority populations and encouragement of personal narratives; foster welcoming and supportive environment for persons from historically marginalized communities

- Recommendation #6: Consider mental health and substance use stigma in communities of color, while identifying and addressing barriers to psychiatric care for racially and ethnically oppressed persons

Crisis Services: Potential Policy Recommendations to Address Diverse Populations

- Recommendation #7: Develop knowledge about immigration policies and promote the health of undocumented persons with mental illness, including addressing undocumented patients' fears

- Recommendation #8: Consider sexual and gender identity as part of their biopsychosocial assessment in order to provide equitable treatment for a diverse population

- Recommendation #9: Clinical examinations should include a broad assessment of individuals' functional strengths and limitations to provide individualized person-centered treatment

- Recommendation #10: Consider how staff and physical environments may provide healing for persons with intellectual and developmental disabilities, and utilize biopsychosocial assessments

- Recommendation #11: Collaborate with community stakeholders to ensure early intervention to divert ED visits, focus on preventive care, and build alliances with other stakeholders.

- Recommendation #12: Re-examine COOP planning and ongoing needs related to COVI-19 PPE, testing, vaccines, housing, transitions in care supports.

- Recommendation #13: Function as part of the continuum of care, partnered with all other aspects of the continuum to help persons access best next door

Comments? Questions? Feedback?

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Crisis Services