

Summary of Public Meeting on Mental Health Crisis Services

A public meeting was held on October 27, 2005, at the Rocky Mountain Development Council to review and discuss the Helena community's services for adults with mental illness experiencing crises. A total of 35 people participated. John Munding facilitated the discussion which was structured according to an Adult Crisis Response Assessment tool developed by the Central Service Area Authority. Participants in this discussion were:

Bonnie Adee, Anita Roessmann, Dan Anderson, Alan Bottelson, Martha Bottelson, Curt Chisholm, Joyce DeCunzo, Leo Gallagher, Patti Jacques, Dan Ladd, Gene Leuwer, Cheryl Liedle, Tim McCauley, Gary Mihelish, Bob Mullen, Sheila Nally, Dennis Nyland, Rita Pickering, Molly Protheroe, Mike Ruppert, Quentin Schroeder, Heidi Thielen, Lou Thompson, Mignon Waterman, Julie Chriske, Scott Boyles, Mark Lerum, Stephanie Nugent, Michelle Money, Brian Garrity, Laura Behanna, Kay Flinn, Heidi Spritzer, and Bev Urich.

The following is a summary of the major points made during this meeting.

What is an "Adult Mental Health Crisis?"

One meeting participant defined a mental health crisis for an adult as follow: "As a consequence of mental illness, extreme behavior poses a risk to the person's safety or to the safety of others. Because of the mental illness, someone is going to get hurt right now."

The discussion included the following additional observations:

- Many mental health crises involve problems with medications. People discontinue needed medications because of unpleasant side effects, inability to afford the medications, and/or misunderstandings about the need for the medication.
- Crises sometimes result in extreme behavior that requires the intervention of law enforcement officers. The presence of law enforcement may escalate the crisis.
- Psychiatric crisis are very often fueled by co-occurring drug and alcohol abuse or addiction.
- Mental health crises have profound effects on the individual's family and the entire community.

What kind of crisis response services do we have in Helena?

In general, the group finds crisis services to be inadequate and those that are available are not organized into a true crisis response system.

- Services that once were available in Helena, such as a hospital psychiatric inpatient unit at St. Peter's, a crisis house (New Visions) operated by Golden Triangle and a mobile crisis team, no longer exist.
- The St. Peter's emergency room can provide an initial crisis evaluation, but if an individual needs inpatient care, he/she must be transferred to Montana State Hospital or community hospitals in Great Falls, or Missoula.

- Golden Triangle, Boyd Andrew and other local agencies attempt to see clients on an emergency basis but they do not have the capacity to provide 24 hour care if that is required.
- The Helena Indian Alliance offers psychiatric care 1 day/week including crisis care but also does not have the ability to provide 24 hour care.
- St. Peter's provides inpatient medical drug/alcohol detoxification services but it is not clear whether patients with serious co-occurring mental illness can be admitted for this service.
- The only site in Helena for secure 24 hour care of a person in a mental health crisis is the Lewis and Clark County detention center. (By law, individuals who appear to have a mental illness and require commitment may not be held in jail. Sec. 53-21-139, MCA.)

What telephone crisis services are available?

Telephone crisis lines can offer limited counseling and assistance in finding an appropriate service for the caller. The telephone services available in Helena are not clearly linked to an organized crisis response system.

- Golden Triangle Community Mental Health Center operates a crisis telephone line 24 hours per day, 365 days per year. There was some lack of clarity whether this line is available for persons with non-Golden Triangle therapists or persons who are not already connected to Golden Triangle.
- Boyd Andrew has an after hours phone number.
- There are a number of toll-free national crisis hot lines including, 1-800-273-TALK, 1-800-SUICIDE, and 1-800-950-6264, but these lines are not part of a Helena crisis system.

Transportation

Because Helena does not have local mental illness inpatient care, transportation is a major issue and expense.

- Some patients are transported to other hospitals via ambulance.
- Individuals who have been detained for a mental health evaluation, who are awaiting commitment or who are civilly committed are transported by sheriff's deputies in a police vehicle, wearing handcuffs and sometimes shackles. This method of transportation, with its implication of criminality, can escalate the crisis and make the individual less willing to seek help in future crises.

Financial Issues

Intensive medical treatment for any illness, including mental illness, is expensive for the consumer and the provider. And as they do with other health problems, people without insurance or with inadequate insurance may avoid seeking assistance until their mental illness has reached a crisis stage that requires the most expensive care. The challenges for Helena and Montana is how we can combine and coordinate federal, state, local and individual consumers'

resources to provide an adequate crisis system and whether we have the same will to do this for mental illness that we have for other health problems.

Law Enforcement

A person in crisis, especially if he/she is exhibiting dangerous behavior, is often responded to by law enforcement officers. Officers daily assess situations to determine whether mental illness, intoxication, some combination of these issues or neither of these issues is a factor in calls. Helena needs both well-trained officers and services the officers can use when medical assessment and treatment is called for.

- Helena and Lewis and Clark County law enforcement agencies have taken leadership roles in helping to bring crisis intervention team (CIT) training to Helena. This training will help ensure officers who encounter mentally ill individuals have the training to respond safely and humanely.
- Although Helena has taken a major step toward having well-trained officers, those officers do not have the facilities available to bring mentally ill individuals to.
- As a result of the lack of crisis care services, law enforcement officers spend a great deal of time transporting individuals to out-of-town treatment facilities and providing security at the emergency room.

Preventing Crises.

Meeting participants described a number of scenarios in which crises might be avoidable with a better system of mental health care and better public understanding of mental illness.

- Sometimes a family of a person with mental illness can see a crisis coming on but, either because the consumer refuses services or the service system is unresponsive, nothing is done until a full-blown crisis occurs.
- Some patients discharged from Montana State Hospital do not have the supports necessary to continue recovery. One specific issue is how they will continue to have medications available during the transition from the State Hospital to the community.
- Seeking help for mental illness must be de-stigmatized so that the many individuals enduring “quiet crises” will ask for help before the illness leads to suicide or other disastrous outcomes.

What are the priorities for strengthening adult mental health crisis response in Helena?

Much of the discussion centered on the need for a mental health crisis facility in Helena as the highest priority. The Helena Local Advisory Council had previously described the facility as follows:

- Is available for admissions 24 hours per day, 365 days per year.
- Is secure in order to serve involuntary patients
- Provides i) immediate assessment ii) outpatient intervention, iii) referral to other inpatient and outpatient settings, and iv) short-term (7-day) inpatient treatment

- Has a close working relationship with a general hospital in order to assure patients have immediate and direct access to medical services. It is preferable that the crisis facility is co-located with a general hospital and/or other key community health resources
- Has a “no wrong door” admission policy but also a clear enough mission to avoid being used inappropriately
- Provides at least the level of detoxification services defined by the American Society of Addiction Medicine as level III.2-D, “Clinically Managed Residential Detoxification”.

Other improvements in crisis response services discussed include:

- Opportunities for volunteer work by hospital staff and local mental health professionals to increase St. Peter’s ability to assess and treat patients with mental illness.
- Re-establishing mobile crisis teams of mental health professionals.
- Re-establish a non-secure crisis house similar to New Visions to provide for voluntary patients with less-critical crises.
- Improve co-occurring services to reduce incidence of crises
- Develop peer support services to prevent some crises.
- Improve transition support services for people discharged from Montana State Hospital
- Create a true *system* of crisis services which incorporates and makes effective use of all available resources and coordinates them for maximum responsiveness to consumer needs.

Next Steps

The group discussed how to proceed with attempts to establish a crisis facility for Helena. The Helena Local Advisory Council has described the type of facility/program needed and has written a draft business plan. Ideas for next steps included:

- Work with the Central Service Area Authority
- Create a multi-agency group such as the one Billings has
- Create more public visibility for the project
- Establish an entity capable of receiving private donations, grants, etc.
- Visit facilities similar to the one Helena is proposing to better understand the services, costs, physical plan requirements, etc.
- Ask local government and major local health care providers to take a more of a leadership role in refining the crisis facility proposal finding the means to implement it.

The meeting ended with some degree of frustration that many of the issues surrounding the need for better crisis service have been repeatedly discussed but a clear plan for solving the problem has not emerged. There also was a strongly expressed commitment by many present to continue pushing this issue and to work with state and local governments, health care provider agencies, mental health professionals, advocacy groups, and local non-profits to find a solution.