## Collaboration with other Service Providers: Formal and Informal Support Systems

Module 4, Chapter 2

### Advantages of Collaborating with the Informal and Formal Supports that a Recipient may have in the Community

Crisis responders, like all of us, cannot be all things to all people. The team has a role to fill in the community. This role is to provide intervention and support to people who are experiencing a mental health crisis or emergency.

Following this intervention, the crisis responders must be able to hand off long-term or specialized support of a stabilized recipient to the person's usual support network. As part of this transition, crisis responders must be willing to work with the recipient's support network to the extent that the recipient allows.

Sometimes enlisting friends and family to better support the recipient is appropriate. Depending on the recipient, involving formal support services such as Consumer Support Program (CSP) services or mental health rehab services may be an option. Ideally the person will be able to receive support as needed through a number of avenues. A partial listing of people and organizations that a crisis responder may wish to collaborate with is listed at the end of this document.

At times the crisis responder's role will be to assist the recipients in developing or extending their support network. Collaboration with other providers will assist in making appropriate referrals for those individuals who will need more support or a more specialized support than their current network can provide.

Collaboration with community providers and individuals in the community can have a very positive effect on willingness to enlist the help of the crisis response team when needed. It is often a lot easier for most of us to seek help from someone we know. Building relationships with community providers, advocates, recipients, and families of recipients will make the intervention process less stressful for everyone.

### Collaborating With Community Services, Advocates, Potential Recipients and Potential Recipients' Families

One of the best ways to introduce any service is a visit by the people who will provide the service. The crisis responder team may wish to visit local providers such as mental health clinics, community support programs, vocational programs, case managers, home health care agencies and other agencies that may serve people who will make use of the crisis response services.

The team should present the services that they can provide and the limitations of those services. They should also discuss the kind of cooperation that they may need from the providers either during or following a recipient's crisis, how to make referrals to the community provider and how the provider would refer someone to the crisis team.

Visiting the people who will actually be served by the team is another way of introducing the services into the community and building a collaborative relationship. There are many ways of connecting with potential recipients, including visits to CSP programs, consumer/survivor network meetings, the local mental health advisory council, day-treatment programs and hospitals, to name a few. A special emphasis on the individualized, non-institutional focus of the service is of particular importance when explaining the crisis response service to potential recipients.

A follow-up letter should be sent after the visits. This letter should again list the services provided, the limitations of the services, how to receive services and whom to contact if questions arise.

## Collaboration during a Crisis Intervention Visit

The collaboration that occurs when the crisis team is intervening in a crisis will depend largely on the recipient being served. Asking the recipient about his or her support network is a very important piece of the crisis intervention process.

However, a given recipient may not wish to involve family, friends, or service providers at the time of the crisis. He or she may not wish to involve others at all, or it may be something that he/she chooses after the crisis has stabilized. Others may wish to have family or friends directly involved.

If a recipient has developed a crisis assistance plan prior to the current crisis, the crisis response team should attempt to follow the plan to the extent possible, including bringing in those people identified to assist with the plan.

In some instances, the family, friends, or service provider will be requesting assistance from the crisis program. When this is the case, the crisis responder should get as much information about the situation as possible from the caller.

## Sharing Information with Families and Friends

When family members call because a loved one is in crisis, they are also experiencing a great deal of stress. They may have no experience with or understanding of mental illness or the effects of overwhelming stress. They will need information about some basics.

Communication and information to share with families and friends may include the following:

- Positively acknowledge family members and friends for seeking help (*You did the right thing by calling*).
- Tell families and friends that they and their loved one deserve to feel better and receive necessary assistance.
- State that mental illness is a medical illness, treatments exist and family or friends did not cause it.
- Share basic information regarding mental illness, if appropriate, such as pamphlets, flyers, brochures etc.
- Emphasize that families, friends, and the person in crisis do not need to cope with this situation alone. Support organizations exist for families, friends, and the individual experiencing the crisis.
- Provide contact information on local organizations providing support and treatment.

Other families or friends may be well informed about mental illnesses but will likely be working through one of the five stages of grief. A family may approach the crisis provider with confusion, anger, sadness, bargaining, acceptance, or any combination of these emotions and others. The crisis provider must be careful not to take these emotions as a reaction to the crisis provider personally.

Remember that the family or friends of a person in crisis may also be experiencing a crisis.

**Program Evaluation**

Providing referral sources and recipients with a satisfaction survey requesting written feedback on the services provided by the crisis responder serves several purposes.

- Results of satisfaction surveys are useful in overall program evaluation and program development.
- Satisfaction surveys (distributed some time after the intervention) provide referral sources and recipients with an opportunity to comment on the crisis services provided. The crisis program supervisor will then be able to address any concerns or complaints with the responder. Often these concerns or complaints have to do with unmet expectations (e.g., “I expected the recipient to be hospitalized and that did not happen”), so the supervisor may need to explain the laws and limitations regarding hospitalization.
- The information provided in the satisfaction survey may indicate that the recipient is in need of additional crisis or stabilization services.

In addition to the satisfaction surveys, it is important to stress fact that the crisis program supervisor is eager to hear from providers or recipients if problems

arise. This can be stressed when staff members meet with agency staff to develop relationships.

Community providers, recipients or family members may have a tendency to generalize what the crisis staff will or will not do based on the outcome of one intervention. Again, when building relationships, it is important to stress that, while the process of planning the visit and conducting the assessment are somewhat routine, each case is different and the outcome depends on a multitude of factors (e.g., level of recipient cooperation, history, current recipient stressors and his/her support system, and the assessment of the crisis responder).

One factor that should not enter into the decision about placing a recipient on a Hold is the availability of in-patient beds at the time of the intervention. If referral to a hospital is needed, that should be done even if there are no beds available at that hospital. The recipient will be evaluated by an M.D. or licensed psychologist and be transferred to another hospital where a bed is available.

At times, a particular hospital Emergency Room may be on Divert Status (determined by the hospital administrator) because of over-crowding or lack of staff. In these cases, police or paramedics will be instructed to divert to another hospital when they call to inform E.R. staff that they are enroute with a patient.

Services and contacts that a crisis response team may wish to collaborate with include:

- Family and friends of the recipient
- Landlords and/or employers/co-workers of the recipient
- Mental Health Clinics and Mental Health Case Managers
- Adult and Child Protection
- Pre-petition screening
- Mental Health Community Support Programs and Mental Health Rehabilitation Services Providers
- Emergency Medical Technicians/ambulance companies and hospitals
- Home Health Agencies
- Law enforcement
- General Practitioners/Medical Clinics and psychiatrists and therapists
- County Social Service Agencies
- Residential treatment facilities for individuals who have a serious and persistent mental illness
- Supportive Housing Agencies and homeless shelters
- Minnesota Mental Health Consumer/Survivor Network
- NAMI-MN (National Association for Mental Illness-Minnesota) and local branches

- Minnesota Mental Health Association
- Vocational rehabilitation services
- Detox facilities
- Community based co-occuring disorders
- Sexual assault service providers
- College/university Mental Health Services