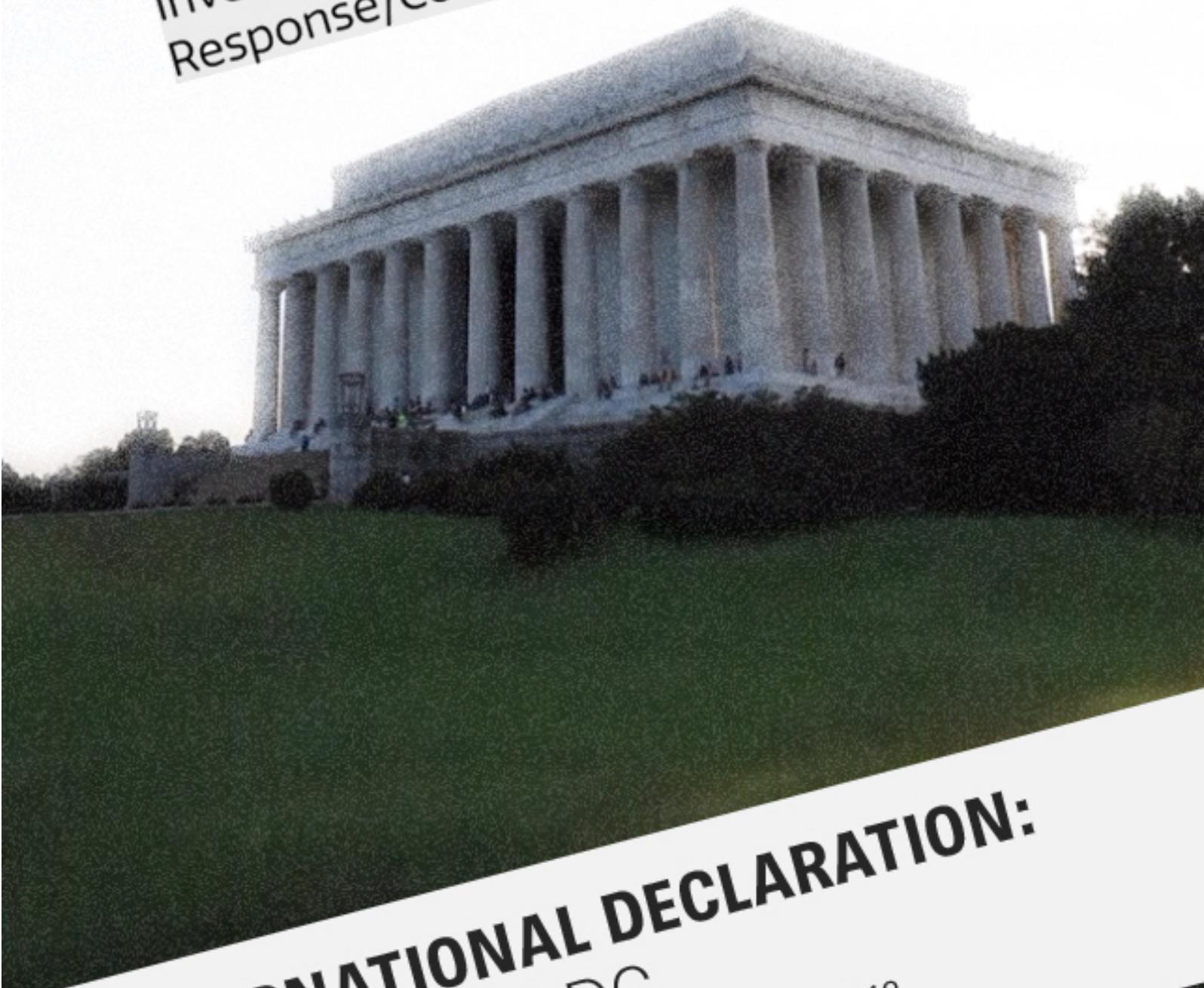




# Taking the Lead

Investing in Community Crisis  
Response/Continuum



**INTERNATIONAL DECLARATION:  
WASHINGTON DC**

IIMHL / CRISIS NOW ACADEMY 2 | SEPTEMBER 2019



# CRISIS NOW

*taking the lead*



Fidelity toolkit: [crisisnow.com](https://crisisnow.com)

The views in this document do not necessarily reflect the official views of the organizations which had staff attend the Summit, nor the official views of the Substance Abuse and Mental Health Services Administration (SAMHSA) nor the Department of Health and Human Services (DHHS).

We acknowledge and thank our hosts the Education Development Center (EDC, Inc). This International Declaration was formed from the International Initiative for Mental Health Leadership (IIMHL) Crisis Now 2 summit held in Washington, DC in September 2019.

# Preface

Like a physical health crisis, a mental health crisis can be devastating for individuals, families and communities. Too often, that experience is met with delay, detainment and even denial of service that can all add to a person's trauma history. While a crisis cannot be planned, we can plan how we organize services to meet the needs of those individuals who experience a mental health crisis. It can also lead to hope, recovery and action. It is the latter outcome this document seeks to promote.

## The Current Patchwork System Relies on Hospitals and Law Enforcement

With non-existent or inadequate crisis care, costs go up due to unnecessary referrals to hospital emergency departments, heavy reliance on extended inpatient treatment, hospital readmissions or a lack of access to any services, all leading to exacerbation of symptoms. For the individual an overuse of law enforcement- by sustaining crisis response systems that require law enforcement to respond to all crisis situations- results in a greater likelihood of justice system involvement and human tragedies. In too many communities, the "crisis system" has been unofficially handed over to law enforcement who are neither equipped nor trained to deliver mental health crisis care and their unwarranted presence at a crisis situation often increases the anxiety of the person in crisis and can be stigmatizing. The current approach to crisis care is patchwork, delivering minimal care for some people while others fall through the cracks, resulting in multiple readmissions, life in the criminal justice system or death by suicide.

## A Better Way

A comprehensive and integrated crisis network is the first line of defence in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources.

There is a better way. Effective crisis care that saves lives and dollars requires a systemic approach. Piecemeal solutions are unacceptable. Research has demonstrated the effectiveness of the core elements of systemic quality crisis care as being:

- High tech crisis call centers
- 24/7 non-law enforcement mobile crisis team
- Crisis stabilization centers and
- Essential principles and practices governing care pathways.

These quality crisis systems are further enhanced by harnessing data and technology, drawing on the expertise of those with lived experience, delivering services where the person is and providing evidence-based suicide prevention.

But .... perhaps the most potent element of all is relationships. To be human. To be compassionate.

## The Washington DC Declaration

We know from experience that immediate access to help, hope and healing saves lives while delays far too often contribute to justice system involvement, homelessness and disability. Participants from eight countries coming together in September 2019 could not foresee how these principles would be catapulted in importance by COVID-19 and the surge in demand on hospital care in early 2020. Now is the time for change.



David W. Covington, LPC, MBA  
RI International



Dr. Brian Hepburn  
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# The Washington Declaration

Crisis care is the most basic element of mental health care, yet in many communities, it is taken for granted. Limited. An afterthought. A work-around. Even non-existent. A mental health crisis is not planned. It cannot be scheduled. It can happen to anyone... anywhere... anytime.

We, the participants at the 2nd Crisis Now Global Summit on Urgent & Emergency Mental Health Care in Washington DC September 2019 represent a diverse group of healthcare leaders, academic institutions, civil society, the private sector, governments and persons with lived experience:

**Support:** the commitments made in the 2018 Global Ministerial Mental Health Summit Declaration on Achieving Equality for Mental Health in the 21st Century.<sup>1</sup> In particular, the call is supported for WHO to evaluate the current Mental Health Action Plan 2013-2020 and to extend the Mental Health Action Plan beyond 2020.

**Commend:** National Standard for Behavioral Health Crisis Care Best Practice Toolkit published by the US Substance Abuse and Mental Health Services Administration (SAMHSA) in February 2020 that provides guidance on the structure of crisis systems designed to meet community needs.<sup>2</sup>

**Acknowledge:** Article 25 of the Universal Declaration of Human Rights which says the enjoyment of the highest attainable standard of health is a fundamental human right. In a report to the UN General Assembly Human Rights Council the Special Rapporteur:

.... highlights the need for and States' obligations to create and sustain enabling environments that incorporate a rights-based approach to mental health, and which value social connection and respect through non-violent and healthy relationships at the individual and societal levels, promoting a life of dignity and well-being for all persons throughout their lifetimes.

Paragraph 24: To be compliant with the right to health, determinants of mental health must always be available, accessible, acceptable and of good quality.<sup>3</sup>

**Recognize:** United Nations Sustainable Development Goal 3.4 which targets, by 2030, a one third reduction in premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health and well-being.<sup>4</sup>

## The Continuum of Crisis Care

Effective crisis care requires a systemic approach that incorporates the established core elements of crisis care:

- Regional or state-wide crisis call centers
- Centrally deployed, always available non-law enforcement mobile crisis care close to home
- Facility-based crisis emergency receiving and short-term stabilization services; and
- Essential crisis care principles and practices.

In addition, the evolution of information and communications technology and of best practices in mental health care has led to newer elements of comprehensive crisis care that are now defined as essential:

1. Data and Technology that brings big data to crisis care and provides the ability of real-time coordination.
2. Power of peer staff utilizing their lived experience to provide relief and recovery in an environment more like a home than an institution.
3. Power of going to the person with mobile crisis teams operating where the person is located. Combining modern technology with the long-established value of close to home care.

Implemented systemically, these integrated approaches to modern crisis care, blending long established principles with new and evolving approaches, will maximize scarce human, financial and physical resources.

Most importantly... effective crisis care saves lives.

## A Call to Action

The delegates to the 2nd Crisis Now global summit call on governments, healthcare leaders, business and community led organizations to deliver crisis care that is on par with medical emergency care so that:

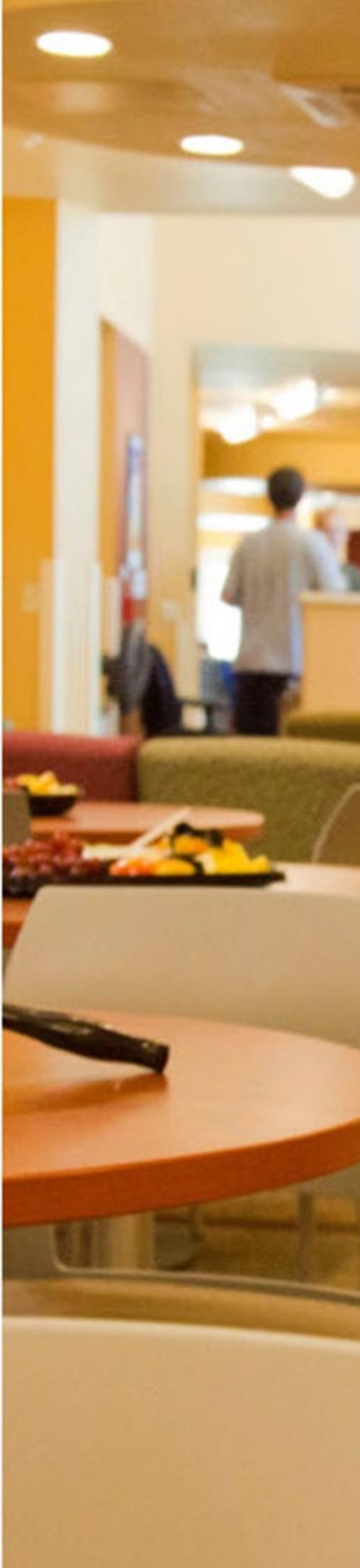
1. **QUALITY CRISIS CARE IS AVAILABLE FOR ..... EVERYONE.**
  - a. Neither age nor location are a barrier to crisis care, which is open to all irrespective of age, ethnicity, economic and employment status or with complex needs. Integrated technology delivers real-time coordination of services and ensure delivery is matched to individual and clinical needs.
  - b. Choice and dignity, even in involuntary circumstances, are preserved. No person experiencing a mental health crisis will be placed unnecessarily in an inpatient psychiatric facility or jail.
  - c. Leaders at every level are passionate in the belief that a mental health crisis can be prevented and, if it occurs, will ensure people can access the compassionate support they deserve to fully recover.
  - d. Systematic screening, assessment and safety planning are standard practice and at every visit these are reviewed and followed-up using at least one form of caring contact.
  - e. Family and friends are fully engaged in crisis care and supported to overcome inappropriate application of confidentiality or privacy rules that push them away when offering support.
  
2. **QUALITY CRISIS CARE IS DELIVERED ..... EVERYWHERE.**
  - a. Leadership at a national level is accountable for designing and implementing 'all-of-government' framework for mental health crisis.
  - b. Leaders at all levels and across all sectors hold themselves accountable to deliver integrated, person-centered crisis response.
  - c. Lived experience leaders actively participate as partners in the design, implementation and evaluation of crisis solutions.
  - d. Parity with a physical health emergency is recognized; ensuring access to timely and expert, compassionate care is available for individuals experiencing a mental health crisis.
  - e. Every system has the essential principles and practices: Recovery focus, significant role for peers, safety/security for everyone and partnerships with law enforcement to provide safety as warranted.
  - f. The workforce is adequately trained to provide effective, compassionate, trauma-informed care.
  
3. **QUALITY CRISIS CARE CAN BE ACCESSED ..... EVERY TIME.**
  - a. A common understanding and agreed standards ensure consistent delivery of crisis services. There is no-wrong-door with services accepting all referrals without question.
  - b. Sustained and stable funding ensures services can plan for and respond as and when it is needed.
  - c. Technology, including 24-hour crisis helplines, and mobile crisis teams enable access to services in a timely way and close to home with a focus on dignity and respect.
  - d. Strong collaborations with law enforcement and other emergency services as partners with local health practitioners, social services and trained gatekeepers such as teachers and faith leaders support immediate transition to crisis services and crisis care.
  - e. Continuous improvements are driven by data and implementation science: sharing agreed data items for consistent measurement across systems, publishing results from implementation trials at the earliest time possible and prioritizing new research and its funding, based on outcome.

## Conclusion: Everyone .... Everywhere .... Every time

All major institutions in society, places of employment, government agencies, health systems, faith communities or social and educational organizations, must support a crisis response system so that access to compassionate, person-centered crisis care is affordable, accessible, accountable, comprehensive and rooted in best practices. Mental healthcare must be moved out of the shadows and into mainstream care focused on the whole person. Parity should be the norm and that means, for individuals experiencing a crisis, access to timely and effective care based on the person's needs must be equivalent to that of a person with a physical health emergency.

Finally, our mindset and culture must be one of a recovery-oriented approach to crisis care. The risks of harm to self or others are recognized, but the basic approach is fundamentally different. When crises are managed in comfortable and familiar settings, people feel less alone and isolated with their feelings of anxiety, panic, depression and frustration. This creates a sense of empowerment and belief in one's own recovery and ability to respond effectively to future crises. A recovery-oriented approach is integral to transforming a broken system.

Crisis Phones/  
Text/Chat,  
Mobile Teams  
& Facility  
Alternatives



# Participants

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 Zhang Jie



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  - National Standard for Behavioral Health Crisis Care Best Practice Toolkit; SAMHSA 2020
  - United Nations Sustainable Development Goals; accessed online <https://sustainabledevelopment.un.org/sdg3#targets>

**Note:** The flags above represent the countries from whom individuals participated in the International Initiative for Mental Health Leadership (IIMHL) Crisis Now 2 summit held in Washington, DC in September 2019. They do not imply the endorsement of national governments.



#Crisis**Talk**

[crisisnow.com](https://www.crisisnow.com)