Child and Adolescent Mental Health Crisis Services

Ali Martinez, M.Ed  
Director, Alachua County Crisis Center (ACCC)

Amanda DiLorenzo-Garcia, Ph.D  
Mobile Response Coordinator, ACCC
Disclaimer

• This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Learning Goals

• What advocates and mental health professionals need to know about effective mental health treatment for suicidal youth;
• Youth non-suicidal self-injury, and where that fits into crisis response; and
• How families can support their child at home after a mental health crisis; and
• How advocates and community-based organizations can work with schools on risk assessment and providing clinical services
Agenda

• Who we are
• ACCC services for youth
  – Prevention Services
    • Outreach
    • Community training and engagement
  – Intervention Services
    • Crisis Response
  – Post-Intervention Services
    • Clinical
    • Debriefings
Alachua County Crisis Center

- Location: North Central Florida
- Population approx. 269,000
- University/College Town
Alachua County Crisis Center - Overview

- 24/7 Crisis Line
- National Suicide Hotline
- Mobile Crisis Response (MRT/Care Teams)
- Clinical Services
  - Counseling
  - Family Counseling
  - Survivors of Suicide Group
- Outreach
  - Presentations for suicide prevention
  - Debriefings
  - Education
Alachua County Crisis Center – Roles and Statistics

Phone Call Volume
- ~3500 a month

Phone Counselor Training
- Three times a year
- 25-30 trainees
- Six-month commitment

Mobile Crisis Response (MRT/Care Teams)
- Seven Staff Members
- Care Team Members
  - Consultants and Associates
Prevention: Collaborating to Enhance Support

- Connecting with Schools (Counselors, School Board, School Resource Officers), local law enforcement, Co-Responder teams, community agencies, counselors, medical clinics, etc.
- Outreach
- Presentations
Prevention: Crisis Intervention Training (CIT)

- CIT for Law Enforcement
- Training Volunteers
  - Phone - Six Week Training
  - Care Team Members
Intervention: Mobile Crisis Response Teams

- On-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools and emergency departments.
- Available 24/7
- Services offered by MRTs
Postvention

- CARE Teams
- Follow ups
- Debriefings
Connecting Youth with Mental Health Resources

- Warm Hand offs
- Referrals (Examples)
  - Crisis Center
  - Mobile Response Teams
  - Treatment Services
  - Crisis Stabilization Units
  - Crisis Line/ National Suicide Hotline
  - Other Resources
Effective Mental Health Treatment for Suicidal Youth

Types of treatment available

• Individual Counseling
• Family Counseling
• Outpatient intensive programs
• In-patient Hospitalization
• Psychiatric Services
• Support Groups
• Cognitive Behavioral Therapy
• Dialectical Behavioral Therapy
• Parent-Child Interaction Therapy
• Play Therapy
• Trauma-Informed Approaches
Questions to consider when referring child/family to treatment:

- Acuity (need for immediate crisis intervention, hospitalization, assessment)
- What is the child and family saying they need?
- What resources available?
- What, if any, role can the school play?
- What kind of follow up care is available?
- Is there is need for both counseling and psychiatric services?
- Would individual and/or family counseling work best?
- What would be the possible risk/benefits/impact of hospitalization?

Let’s take a look at what youth are facing and what that means for connecting them to effective treatment.
Youth In Crisis

• Global pandemic
• Socio-Political division
• Systemic racism
• Family stressors
• Bullying/Cyber-bullying
• Increased academic pressure
Youth and Mental Health

Common mental disorders in youth

13%
Mood disorders/depression:
lethargic mood that impacts thoughts, interests, sleep and eating habits

32%
Anxiety disorders:
most common (ages 12–18); intense feelings of excessive worry and fear

9%
Attention deficit hyperactivity disorder:
inability to concentrate; hyperactivity that interferes with daily life

3%
Eating/feeding disorders:
 extreme or abnormal eating habits leading to extreme weight loss or weight gain; feelings of low self-esteem and low confidence with self or body

(U.S. Department of Health & Human Services, 2019)
Adverse Childhood Experiences (ACEs)

- Sexual or physical abuse
- Natural disaster (hurricane, earthquake, flood)
- Car accidents
- Bullying
- Witnessing a death, murder or suicide
- Kidnapping
- Rape/Sexual Assault
- Shootings (Drive-by shooting, school shooting)
- Incest
- Fires
- Physical/emotional neglect
- Violence in the home/community
- Physical and/or emotional neglect in children
- Discrimination/racism
- Global Pandemic – COVID-19
Impact of Trauma

- Intense and ongoing emotional upset
- Depressive symptoms or anxiety
- Behavioral changes
- Difficulties with self-regulation
- Problems relating to others or forming attachments
- Regression or loss of previously acquired skills
- Attention and academic difficulties
- Nightmares
- Difficulty sleeping and eating
- Self-harm
- Physical symptoms, such as aches and pains.
• Self-Injury is surrounded by a taboo
• Talk about what the behavior means for the young person and how it feels
• What triggers the behavior?
• What does it mean for suicide risk?
Engaging Youth Experiencing Crisis/Suicidal Ideation

What to listen for:

- Apathy
- Preoccupation with death
- Behavioral/academic issues
- Physical complaints
- Self-harm
- Changes to eating and sleeping patterns
- Changes in mood/appearance/energy
-Continual seeking out counselors/teachers/staff
Talking with Youth in Crisis

- Building trust
- Role of empathy
- Compassionate Curiosity
- Open Ended Questions
- Addressing taboos
Barriers to Listening to Youth in Pain

- Assumptions
- Stigma
- Fear
- Our own story
- Our desire to fix
Bringing in the Family

- Bandwidth for Conversation
- Reminders for Families
  - Check in and be present in the conversation
  - Hear what is contextually happening
  - Consider the experience of powerlessness and desiring control
Family and Socio-Cultural Considerations

- Family may look different than we expect
- Being careful with our language (e.g. mom, dad)
Care for Suicidal Youth

- Client based and collaborative when possible
- Culturally competent
- Systems based
- Empowering and educating family
- Both counseling and psychiatric care/assessment as needed
- Collaborative safety planning
- Thorough crisis response and assessment
- Trauma informed care
- Follow up care
Supporting a Child at Home After a Mental Health Crisis

- Importance of support post hospitalization/crisis
- Transparency of needs, concerns, limits, boundaries (i.e. limiting phone use but ok to have to call a crisis center)
- Predicting and preparing
- Collaborative safety planning
- Removal of means
- Family having own resource to process fears, concerns, etc. (not leaning on the child for that support)
Families Using FACES to Prevent, Intervene, and Support

- Awareness for caregivers
- How to support caretakers talking with suicidal youth:
- Ongoing conversations and observations
- FACES
  - F - Feelings
  - A - Actions
  - C - Changes
  - E - Expressions
  - S - Situations
- Ongoing conversations and observations

FACES adjusted from “FACTS” credited to the Society for the Prevention of Teen Suicide, 2016
Acknowledging Feelings with Youth

- **FACES - Feelings**
- Name feelings for youth
- **Common Feelings:**
  - Hopelessness
  - Helplessness
  - Worthlessness
  - Emptiness
  - Anxiousness
  - Purposelessness
- Thought of being a burden
• FACES - Actions
• Behavior often is a young person’s language and means of communication
  – Observations:
    • Self-harm
    • Bullying
    • Risk-taking
    • Drugs and/or alcohol
Observing Changes in Youth

- FACES - Changes
- What are you observing?
- Has something changed?
- Examples:
  - Mood, attitude, behavior
- Behavioral example:
  - Disengaging from social activities
  - Extracurricular activities, hobbies
    - And not placing interest somewhere else
Expressions Share Valuable Insight

• **FACES** - **EXPRESSIONS**
• Developmental Considerations
• Statements:
  – “I do not want to live anymore”
  – “I’m sad all the time”
  – “I want to kill myself”
• Blogs, Tik Tok, social media, in-person
Supporting Youth Through Life Situations

- **FACES** – Situations
- Changes in environment and relationships
  - Transitions
  - Loss of relationships
  - Loss of hope
  - Loss of normalcy

- FACES opens the door for caregivers to consider how to approach worrisome conversations with their youth
Advocates and community-based organizations can work together to assist schools on risk assessment and providing clinical services:

- Tapping into the expertise in your community
  - Crisis Centers, Family Therapists, Academics
- Provider/Resource listings
- Joint workshops and trainings for community and school staff
- Mental health team meetings/consultations for specific families or to discuss trends/concerns
- Suicide Prevention Coalitions
Key Takeaways

- Youth suicide prevention is a community wide effort
- Importance of Warm Hand Offs and Continued Care
- Enhancing Family Support through Education and Empowerment
What we have learned:

- Truly listening
- Importance building trust with child and family/guardians
- Slowing down the process
- Work as a team
- No assumptions
- Knowing your community’s resources
Resources

**National Suicide Prevention Lifeline (24/7):**
800-273-8255
Ayuda En Español Lifeline ofrece 24/7, gratuito servicios en español, no es necesario hablar ingles si usted necesita ayuda.
1-888-628-9454

**Crisis Text Line:**
Text CONNECT to 741741

**Boys Town National Hotline (1.800.448.3000)**
Crisis and support line for children, youth and their parents, 24/7 and Spanish available. Multi-topic and issue assistance.

**Teen Link:**
1.866.TeenLink • 866.833.6546
www.teenlink.org
Teen Link Flyer
LGBTQ

**Trans Life Line* (all ages)**
www.translifeline.org
Call: 1-877-565-8860
Available: 7am-1am, everyday
*Completely ran by trans people

**The Trevor Project (Ages 13-25)**
+Trevor Lifeline Hotline
1-866-488-7386
www.thetrevorproject.org
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)