In Their Own Words

Reimagining Our Response to People in Crisis

REIMAGINE Crisis Response

As of July 16, 2022, 988 is the new three-digit number to call if you or a loved one is experiencing a mental health or suicide crisis. The availability of 988 gives us a unique opportunity to reimagine our crisis response system. Right now, the full system we should have in place to respond to people in crisis who call 988 is not available in most communities. A well-designed crisis response system, built upon the three core elements of the National Guidelines for Crisis Care, can be the difference between life and death for people in crisis.

Hear why we need to #ReimagineCrisis from people that experienced our current response to mental health and suicidal crises. Share your story at ReimagineCrisis.org/Stories.

24/7 Crisis Call Centers

988 will operate through the existing National Suicide Prevention Lifeline, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health. The scope of the Lifeline was expanded by Congress to include mental health crises.

When someone dials 988, their call should ideally be answered by a local crisis call center with staff who are well-trained and experienced in responding to a wide range of mental health, substance use and suicidal crises. These crisis call centers should be able connect people to local services, including dispatching mobile crisis teams, scheduling appointments with local providers and conducting follow-up calls. The majority of calls can be de-escalated over the phone (roughly 80 percent).

> "Recently I have called crisis hotlines a few times because of a mental health condition I was experiencing. These calls kept me from going to the ER and I avoided hospital stays. The people on the other end of my calls responded effectively and the calls lasted over an hour. I was upset at the pattern the cars in my neighborhood were driving and because of that I could not drive home. The person on the other end of the phone call stayed on while I drove safely until I encountered a disturbing car driving pattern. They talked to me until I arrived at my place and walked inside the door. This situation I had called them about was very complicated in my mind and it was resolved."
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> **-Teresa, NH**

Mobile Crisis Teams

For someone in crisis who needs more support than can be offered over the phone, mobile crisis teams should be available to de-escalate crisis situations, create a connection with the person in crisis and link the person to services and supports. Current crisis lines estimate that an in-person response is needed in 10-20 percent of calls.

Mobile crisis teams travel to an individual and provide assessment and stabilization, or they may help an individual go to a place that can offer a higher level of care, if needed. Mobile crisis teams should be staffed by behavioral health professionals, including peers with lived experience.

Mobile crisis teams should also collaborate closely with law enforcement in the community, but only include police in the response when absolutely necessary. Typically, less than five percent of dispatches in communities need law enforcement backup. Unfortunately, too few communities have mobile crisis teams in place. Mobile crisis teams should be available to every person in crisis if they need it to reduce law enforcement involvement and help individuals get connected more quickly to behavioral health services.

"I am the father of a 38 year old daughter who was diagnosed with mental illness about 10 years ago. We have a good crisis team in our area of rural counties. However, the number of patients it can help is limited in crisis situations. When this occurs, I am instructed to go to the emergency room. If she needs inpatient care, the local sheriff gets involved and a facility is found. She is handcuffed during transport for her own safety. I do not know where she is until she is able to call. This is harsh for us, as she is ill, not a criminal."

-Jim, Texas

Crisis Stabilization Programs

If someone needs more intensive care, there must be an alternative to going to the emergency room. Crisis stabilization provides that alternative, and it is needed in about 20-30 percent of mobile crisis team calls.

This is often provided in a living room-like setting, providing short term observation and stabilization services, often for less than 24 hours. Ideally, strong crisis stabilization programs include peer supports, detox facilities, accept all policy referrals with zero rejections and have dedicated areas for first responders to drop off an individual.

Very few communities have access to crisis stabilization programs. To make them more widespread, we need to remove barriers to insurance coverage of crisis stabilization services as well as resources to cover infrastructure costs of building "brick and mortar" centers.

"My son has mental illness and has been in trouble with police. The police do not understand what they are dealing with in a mental health crisis. Often, he doesn't get the help he needs and his situation escalates into a string of negative activities. If there was an intermediary place to go to stabilize, other than a police station or emergency room, the my son could calm down enough to carry on. There have been times he has gone to the ER. After a few hours he doesn't actually get admitted, but he does calm down. Sometimes that is all it takes. The option must be available--it can save a lot of busy people in hospitals and police stations a lot of trouble."

-Darlene, NY