



Regional Crisis System: Services and Geographic Area

CRISIS SERVICE COMPONENTS	Waterloo Region	Wellington-Dufferin Region
Crisis Line	Canadian Mental Health Association 1-866-366-4566 or 744-1813	Community Torchlight (operated by) 1-877-822-0140 or 821-0140
Mobile Crisis Adult	Canadian Mental Health Association 1-866-366-4566 or 744-1813	Trellis Mental Health & Developmental Services 1-877-822-0140 or 821-0140
Mobile Crisis Child & Adolescent	KidsLink/Lutherwood 9:00 am – 9:00 pm, reduced weekend hours Access through the Crisis Line (above) Children's Mental Health Access Centre: 519-749-2932	Wellington: 24/7: use Crisis Line (above) Dufferin Child and Family Services 7 days week: 519-941-1530
Walk-in Crisis	Canadian Mental Health Association- Centers for Mental Health and Hospital Emergency rooms	Trellis Mental Health & Developmental Services offices Hospital Emergency rooms CMHA - Centers for Mental Health
Stabilization Services- Respite Beds	Waterloo Regional Homes for Mental Health crisis/respite home For inquiries/referral 519-576-7431	
Community-based psychiatric consult	Grand River Hospital – outpatient and Hazelglen process under development. CMHC at Cambridge Memorial Hospital.	Trellis Mental Health & Developmental Services HHC – Transitional Care
Psychiatric Hospital-based Services: ER Consultation	Grand River Hospital Cambridge Memorial Hospital	At Guelph General Hospital with Homewood Health Centre
Hospital-based Services: Brief Stay	Grand River Hospital Cambridge Memorial Hospital	Guelph General Hospital (EMHU under development) Homewood Health Centre – Trillium units
Service Resolution Coordinator	Regional Crisis Services c/o Trellis Mental Health & Developmental Services 821-8089, ext. 236	Regional Crisis Services c/o Trellis Mental Health & Developmental Services 821-8089, ext.236
Regional Crisis System Coordination	Elly Harder c/o Trellis Mental Health & Developmental Services 821-8089, ext. 233	Elly Harder c/o Trellis Mental Health & Developmental Services 821-8089, ext. 233
Self-Help Alliance Peer & Family Supports	Self-Help Alliance is a partnership between consumer-survivor organizations in Waterloo Region, Cambridge, Wellington and Dufferin Counties; including the Mood Disorders Association. Head office in Guelph – 519-766-4315	

Psychiatric Emergency

A psychiatric emergency is an unpredictable, acute situation that requires an immediate response to avoid an imminent risk of harm. Psychiatric emergencies are limited to 4 situations: 1. Serious risk of suicide 2. Serious risk of physical harm to others. 3. States of seriously impaired judgment in which an individual is endangered (e.g. delirium, dementia, acute psychotic episode, severe depression, mania, severe dissociative state). 4) Situations of risk to a defenseless victim (e.g. abused child or elder).

Mental Health Crisis

A crisis is a serious disruption of the individual's baseline level of functioning, such that his or her usual coping mechanisms are inadequate to restore equilibrium. It is an emotionally significant event in which there may be a turning point for better or worse. It does not necessarily imply danger of serious physical harm or life-threatening danger (as in an emergency). Developmental crises related to: 1. Life transitions (e.g. adolescents, old age etc). 2. Situational crises precipitated by unpredictable stressful events (e.g. divorce, job loss, death of a loved one)

DISTINCTION BETWEEN A CRISIS AND A PSYCHIATRIC EMERGENCY

	CRISIS	PSYCHIATRIC EMERGENCY
DEFINITION	<p>A crisis is a serious disruption of the individual's baseline level of functioning, such that his or her usual coping mechanisms are inadequate to restore equilibrium. It is an emotionally significant event in which there may be a turning point for better or worse. It does not necessarily imply danger of serious physical harm or life-threatening danger (as in an emergency).</p>	<p>A psychiatric emergency is an unpredictable, acute situation that requires an immediate response to avoid an imminent risk of harm.</p>
CLASSIFICATION	<ol style="list-style-type: none"> 1) Developmental crises related to life transitions (e.g adolescents, old age etc) 2) Situational crises precipitated by unpredictable stressful events (e.g divorce, job loss, auto accident, death of a loved one) 	<p>Psychiatric emergencies are limited to 4 situations:</p> <ol style="list-style-type: none"> 1) Serious risk of suicide 2) Serious risk of physical harm to others 3) states of seriously impaired judgement in which an individual is endangered (e.g delirium, dementia, acute psychotic episode, severe depression, mania, severe dissociative state) 4) situations of risk to a defenseless victim (e.g. abused child or elder).
TYPE OF INTERVENTION	<p>Crisis intervention (form of brief psychotherapy which does not exceed 6 sessions)</p>	<p>1 session of psychiatric assessment and intervention</p>
GOALS OF INTERVENTION	<p>Restore pre crisis level of functioning</p>	<p>Lessen or eliminate the danger to self or others</p>
FOCUS OF INTERVENTION	<p>Evaluating and addressing three areas of an individual's functioning: 1) the meaning ascribed to a stressor (e.g. confronting and altering gross</p>	<ol style="list-style-type: none"> 1) Assessing the emergency including an explicit assessment of the risk of harm 2) Applying standard psychotherapeutic

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	CRISIS	PSYCHIATRIC EMERGENCY
	<p>misperceptions of reality), 2) the coping strategies utilized to deal with the stressor (e.g. reinforcing adaptive coping strategies and discouraging maladaptive ones) and, 3) the social supports available to assist in coping with a stressor (e.g. enlist the help of family and friends.)</p> <p>Within 24 to 48 hours of the onset of a crisis and in the absence of potential danger to self or others.</p>	<p>standard psychotherapeutic techniques and/or medication to reduce the risk</p> <p>3) Facilitating a disposition commensurate with level of assessed risk (e.g. involuntary hospitalization, contacting Family & Children Services, involving the police, etc)</p>
TIMING OF INTERVENTION	<p>Within 24 to 48 hours of the onset of a crisis and in the absence of potential danger to self or others.</p>	<p>Emergency intervention is initiated immediately whenever there is evidence of potential danger. Emergency intervention always precludes crisis intervention until the danger has passed.</p>
APPROPRIATE PERSONNEL	<p>Community mental health professionals, family physicians, staff of domestic abuse shelters etc.</p>	<p>Police, paramedics, and highly trained mental health professionals with immediate access to medical personnel (e.g. psychiatrist, ER physicians) and the physical facilities to safely and securely detain an individual, if needed, for observation and treatment.</p>
LOCATION OF INTERVENTION	<p>Community Mental Health agencies, private offices of physicians and mental health professionals, etc</p>	<p>Hospital Emergency Room with adequate security. Can occur in the community via highly trained mobile teams that have immediate access to psychiatric/physician consultation and police intervention.. Access to safe and secure facilities to involuntarily detain patients at high risk of harming self or others is essential.</p>

Crisis System 'trampoline'

Mental Health Services

Addiction Services

Senior Services

Child/ Adolescent Services

Social Service

Developmental Services

Informal & Peer Supports



Crisis services, a 24/7 safety net
- brief services with connection back