Mental Health Crisis Response in Rural Counties:

An Interdisciplinary approach

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Abstract

This paper looks at mental health crisis and the need that present themselves in the community. We look at literature and studies that have been conducted throughout the world. There is a focus on the team approach to mental health crisis response. This integrates multiple community entities as well as law enforcement. There is also a focus on rural mental health and the best practices for their response to mental health crisis.

The paper will look at the theories that arise form the research as well as the common themes. Throughout the research. There is also a look into the ethical considerations if mental health in rural areas is not addressed. We finally look at policy recommendations and program recommendations for the utilization and response to mental health crisis.

Keywords: Mental Health Crisis, Community Mental Health, Law Enforcement, Crisis Response Teams, Rural Mental Health

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Introduction

Mental Health Crisis, like any other crisis can lead to devastating effects for persons, families, and communities. The actions of those in crisis have rippling effects of those around them. However, unlike other crisis's there is no guidebook, or evidence-based practice. Therefor communities as a whole try to piece together services to ensure the safety of the community, oftentimes overlooking the need of the individual. This can lead to a person not seeking out care or looking for services that will aide in any type of recovery. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020)

This paper will be looking at mental health crisis and the need for an interdisciplinary approach to response. There are many community resources that can aide in the identification, response, and aftercare of a mental health crisis. The problem arises when there is no roadmap to how all these services will converge for the good of the individual. When this happens there are oftentimes people who end up waiting for services or being detained in either the Emergency Department for long periods of time or incarcerated within the local county facility.

This paper will not only address law enforcement but emergency responders on how they are often the first point of contact in a mental health crisis. There needs to be an outline of how each service can help. These initial points of contact oftentimes feel as if they are stopping the water form a dam with duct tape. There also needs to be involvement from the mental health services so that they can effectively triage and slow the cracks appearing in the dam.

Rural areas have difficult with the response for mental health crisis due to the limited resources. In this paper we will look at Wayne County Pennsylvania and their attempts at data collection, community needs, and what they currently have in place for crisis services as well as

aftercare services. We will also be looking at the services that are not available in the county, as many other rural areas do not have specialties in county and the residents will have to go elsewhere for care. (Bonynge et al., 2005)

This paper will look at studies conducted throughout the nations and how they have their own unique ways of addressing the mental health crisis. It will also address mental health crisis as the initial and at times continuing points of contact with care on the continuum of care for mental health services. There will also be a discussion on how law enforcement is oftentimes the point of first contact for those in crisis. We will also be looking at the justice system and how crisis response can mitigate the incarceration of individuals with mental illness. Lastly, we will be looking at best practices and how the Wayne County as a whole can move forward with developing a mental health crisis roadmap.

Literature Review

We will be looking at a variety of literature pertaining to mental health crisis and best practices. Specifically, we will be looking at studies conducted in other countries on how they manage and track mental health crisis, as well as looking at best practices. We will also be looking at mental health crisis and what its place is in the continuum of care. Then we will be looking at crisis teams and their effectiveness, rural challenges, how police factor into the crisis teams, and the unfortunate incarceration of some people.

First, we will look at the definition of what a mental health crisis is. This definition is taken from the Application for the Involuntary Emergency Examination and Treatment.

> A Person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgement, and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself. (Department of Human Services, n.d., p. 2; p. 2)

Most of the studies conducted in regard to mental health crises and the response to them have been completed outside of the United States. This paper will be looking at these studies as well as a meta-analysis of 36 previous studies completed. The first study we will be looking at is a study to see the effectiveness of a mental health decision unit. This unit differs from the Emergency Department (ED). These unites are characterized as short-term crisis stabilization and decision-making unit. From these units the individual can be than admitted into the psychiatric unit or discharged to the community with follow up care. (Goldsmith et al., 2020)

The hope with this study is to see if this experimental unit will help or hinder the crisis system. There is the fear that the Psychiatric Decision Units (PDU) will fragment an already fractured system. The study is conducted throughout the United Kingdom and the PDU's are placed throughout the inner cities and rural sites. The hope is to collect interrupted time series for the individuals as they come in and months after their discharge. (Goldsmith et al., 2020)

Although this study was looking at how the PDU's affected rates of success. They stated that the addition of another system actually leads to more confusion and additional fragmentation in the delivery of services. This begs to question what is the best way to deal with mental health crisis? The issues with mental health crisis not only lie in the Emergency Departments, where people can be held for far more time their physical emergency counterparts. (Goldsmith et al., 2020)

Another option for how a mental health crisis is address can also be found in the community. If the mental health crisis is at a point where it can be deescalated the individual might not have to enter the emergency department. This allows for the individual to remain in the community and be able to access services available in the community. The interictal part of these services is to assure that the person has access to community based mental health services.

This can lead to issues when there is the lack of services in the area. When looking at the 2022 Needs assessment completed by Wayne Memorial Health Systems, they identified that there was a need for mental health services. This is what often lead to primary care doctors acting as de facto psychologists.(The Institute for Public Health Research & Innovation East Stroudsburg University, 2022)

This shows the importance of the mental health crisis as not only a one moment incident but the aftercare that follows. The next study we will be looking at crisis teams and how they can impact the demand placed on the emergency departments. The fist study looks at integrating a crisis team into the community health services. "The development of such teams is consistent with the broader model of caring for people with mental health issues in the community." (Jespersen et al., 2016, p. 704)

While looking at the staff to best man these teams they look at people who have been working with individuals in both acute settings and community settings. Ideally the staff will have low turnover. This can allow for getting to know those individuals utilizing the services, but those individuals who are stakeholders in the process. There is also the need for these teams to have flexible hours and to be able to work at night and over the weekends. (Jespersen et al., 2016)

Although this study hoped to find definitive proof that these community services decreased the need for emergency department visits and acute inpatient care, there was not enough information to show this. There was no evidence of decrease in ED visits due to mental health, and there was even a noted spike in mental health ED visits. This study did look at the crisis teams responding to the ED. They were unable to gather information if this helped but the perception from the emergency room was that they were a benefit to aid in the questioning and

assessing of the individual. This might be the first step in which shows where mental health services would be beneficial. (Jespersen et al., 2016)

The next study discusses the mobile crisis team (MCT) and their approach to crisis care in the community. This study not only looked at the crisis response for mental health but those with due drug and alcohol addition and mental health. The findings show that those with co-occurring symptoms were more likely to be hospitalized due to mental health issues. Those who were diagnoses with a mental health illness and not a drug or alcohol illness was successful at a higher rate with MCT intervention. This shows that not only does mental health play a vital role in crisis response and stabilization, but drug and alcohol services also play a vital role. Although there is no information as to how they would interact with the initial crisis, referral for an evaluation and treatment are highly recommended. It is often noted that those who have drug and alcohol issues are typically self-medicating for some type of undiagnosed mental health illness. (Kim & Kim, 2017)

The meta-analysis of crisis intervention studies talks about crisis and how it is not a set point in time, and it is not easily defined. It is a spectrum, that can range from an individual person's acute crisis to a large disaster.

> The spectrum of crisis events ranges from public events that impact large segments of society, such as community wide disasters, a commercial airliner crash, or terrorist attacks, to private events, such as domestic violence, a suicide attempt, death of a loved one, or the onset of mental illness. Hundreds of thousands of individuals becomes so distressed and overwhelmed by life-threatening or traumatic even that they rapidly experience an acute crisis episode. (Roberts & Everly, 2006, p. 10)

The way this study looks at crisis response not only looks at the response of a team for one person, but a team for a disaster event or crisis. Typically, the teams that work with individuals have different training compared to those who are working with a group of people.

Although this study talks about the effectiveness of certain practices such as in -person, and in the community response it discusses how there is still so much that needs to be studied. One of the major factors that was found throughout the meta-analysis is that when a family worked with intensive family-based community teams there was a sharp decrease in cases of child abuse and neglect.

However, there is much to be desired for the amount of evidence-based information on the best methods. "…all too often crisis intervention programs are implemented without any built-in outcome measures or evaluation component." (Roberts & Everly, 2006, p. 16) This writer begs to ask why is it that with so many mental health trainings, programs, continuum of care and finances going into mental health that crisis is oftentimes overlooked. Crisis response and how people engage with those in crisis have the opportunity to create bridges that leads people from their isolation into the community and services.

As stated in Roberts and Everly's paper "Crisis Intervention can certainly provide a challenge, an opportunity, and /or a turning point within the individual or families life." (Roberts & Everly, 2006, p. 16) To this end we will be looking at how crisis fits into the continuum of care as well as guidance on best practices for crisis services.

The continuum of care is the way that legislators is trying to get a hold on mental health reform. The government is aware of the need for mental health services, programs, and training. However, due to lack of concise clear-cut definitions, and studies many read information in regard to mental health and are still uncertain of direction or speed one should be going. "In recent years, mental health has been a leading focus of news coverage, with policymakers at all levels of government regularly questioned as to their plans for reform, though the direction of mental health policy reform is vague, of defined at all." (Eide & Gorman, 2022, p. 2)

The problem than arises if there is no clear-cut policy reform how does an organization, community, state, or federal governments know where to start. According to Eide and Gorman the two most general challenges when looking at crisis care is financing, and data sharing. Firstly, for any program to work there needs to be a financial backing. This can come in the way of insurance billing. In order for there to be a systems wide change and reform with insurance there first has to be a consensus among the legislator as to what accounts for a crisis and what parts should be covered by insurance. Secondly, there needs to be data sharing amongst programs. This would require legal agreements, cross-agency collaboration, and a diverse group of stakeholders. (2022)

Although there is no evidence-based practices for crisis care there is oftentimes information in regard to best practices. However, these practices are vague and oftentimes lead to open interpretation from communities. "It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think thought and develop the structure of crisis systems that meet community needs." (SAMHSA, 2020, p. 3) Who gets to decide what is best for the community? This can lead to differing ideas and hopes for what a crisis intervention looks like. This can also lead to many misinformed providers responding to things in a manner that they shouldn't.

Crisis services not only are conducted throughout the community, but there are national crisis lines as well. There is the introduction of the 988 lines. This is the line that someone would call instead of 911 for a mental health crisis. These lines are manned at all times and people can either call and talk to someone or send a text. Due to the high frequency of calls, there can be wait times, or lag in response for someone. (Eide & Gorman, 2022)

Having a regional crisis line, according to the Best Practices toolkit is the minimum expectation for crisis services. When a person calls the national line, they are often transferred or referred to the regional crisis line. This usually happens once their immediate danger has passed. Each community is responsible for their own regional crisis line. This can be contracted out to other providers in the area. Wayne County Pennsylvania utilizes the Center for Community Resources primarily for crisis services. They offer a hotline, mobile crisis at certain times, and they have a walk-in center opened from Wednesday through Sunday. These services are free of charge and there is always someone available by the hotline. (Wayne County Courthouse, n.d.)

Though crisis services are not distinctly defined there is a list of core principles that are essential for the crisis system. These are in the SAMSHA Toolkit "1 Addressing Recovery Needs 2 Significant role for Peers 3 Trauma informed care 4 Zero Suicide/Suicide Safer Care 5 Safety/Security for Staff and people in crisis and 6 Crisis Response Partnerships with law enforcement, dispatch and emergency medical services (EMS)" (SAMHSA, 2020, p. 26)

The next documents that will be reviewed will look at crisis teams, and their effectiveness as well as police response separate from a team, and with a team. We will also review what has been tried in terms of crisis response team, stabilization, utilization of emergency departments, and the need for inpatient hospitalization.

When looking at how teams can respond to a mental health crisis it is not only important to look at the perceptions and views of the individual but those responding. Many times, police act as the front-line crisis workers by default. They are the ones that are called when a family does not know how to proceed with the individual. Although the police receive some type of

mental health training it oftentimes does not aid in their proceptions of how they should be fitting in to the crisis continuum of care.

In the United Kingdom there has been many studies looking at the police as frontline crisis workers, and their perceptions. According to the article *Investigating police officers' perceptions of their tile in pathways to mental healthcare* They state that approximately fifteen to twenty percent of a calls to the police are related to a mental health crisis. This also discusses that there is training for the police, but they oftentimes struggle with making onsite quick decisions as to what to do with the individual.

> The college of policing proposes that police officers should make decisions using the "National Decision-Making Model", which comprises six key elements: information, assessment, powers, options, and action/review. However, the reliability of this model for decision-making in mental health emergencies is unknown. (Marsden et al., 2020, p. 914)

When interviewing police on their perceptions of their involvement in mental health crisis they oftentimes discuss that the most challenging aspects of their involvement and decision making is the competing legislation and pressure from others. There has to be just cause to take someone into the emergency department to be assessed and oftentimes the issue at hand does not rise to that level. The police have to keep in mind the current laws and legislation revolving around mental health. (Marsden et al., 2020)

There are also the issues of funding and being able to man these teams. In an additional study completed in the United Kingdom where they developed a street triage in order to assess the situations. These services had an overall impact on the community by decreasing in the calls coming into the police and mental health offices. However, there was issues with keeping up the demand of staff to keep these services running. "Mental health staff with pre-requisite experience and knowledge of crisis response working in Street Triage was perceived as key to its

success but appropriate staffing arrangements presented challenges for mental health and police manager." (Horspool et al., 2016, p. 9)

When looking at the police's involvement in mental health crisis there is no way around having a crisis team without the presence of law enforcement. Police long have been the first responders to any type of disturbance in the community. They have the unique ability to disseminate information to families and individuals on how they can receive mental health services. In the Netherlands they work with the police so that they know who to refer these individuals to. "…that the police response to these crises is crucial in linking individuals to mental health services." (van den Brink et al., 2012, p. 6)

Just as police have difficulty making on the spot decisions in regard to mental health there are times when the individual is a risk to the health and safety of themselves or other around them. At times this causes the police to take that person into custody. The next topic we will be viewing is the incarceration on this individual with a serious mental illness or acute crisis. In a perfect world there would be the availability of each case to be deescalated without the intervention of the justice system, but it is not obtainable. In the literature there has been two different methods for the justice involved individual. The first one is the individual will be left in a processing center until they are able to be evaluated by a mental health professional. The other more utilized is the incarceration of the individual. (Stigter-Outshoven et al., 2021)

The issue than becomes that this person with mental illness is now in the justice system. This in itself leads to a plethora of issues. Although the individual is now in a secure environment, they have yet to have any type of mental health treatment. Many individuals are still being incarcerated while their acute crisis situation has not been resolved. This can lead to

staff at the prison having to deescalate and potentially segregate the individual for their safety and the safety of those around them.

> Clients' experiences as described in the interviews pointed to three broad themes: being in the criminal justice settings is extremely stressful and exacerbates mental health symptoms; mental health services are uneven and unpredictable within jail and prison; and transitions from criminal justice settings to the community bring multiple challenges. (Pope et al., 2013, p. 449)

There has always been a high correlation between those with serious mental illness and the toll that they can place on community services as well as the justice system. There is a low number of individuals that account for the majority of costs in the community. This is also true for those who have been incarcerated. Those with serous mental illness oftentimes are incarcerated for small offenses that rise from either drug use, or crimes of poverty, or even minor offenses to their judicial orders. This can oftentimes lead to patterns of incarceration or hospitalization. (Jones et al., 2020)

There is a high number of mental ill in the United States that are incarcerated. The United States already leads all nations in their incarceration rates. With the staggering number of individuals diagnosed and falling under the label as Serious Mentally Ill the question stands that if there were better adapted and available services in the community would this decrease the number of individuals incarcerated? "As a result, there are now ten times more individuals with Serious Mental Illness (SMI) in prisons and jails than there are in the mental hospitals" (Al-Rousan et al., 2017, p. 1)

Al-Rousan et al. continues to talk about how these staggering numbers have shown how the criminal justice system as been the frontline for mental health crisis. The team even talks about how the justice system has become the largest mental health institute. Oftentimes without the availability of mental health services. This leads to SMI being untreated for individuals in

the system. They will spend their time while incarcerated and then go back into the community without any type of recovery. (2017)

This high rate of incarceration for those with serious mental illness has produced some lawsuits against the state through the ACLU. These suites have been brought up multiple times in the state of Pennsylvania. The ACLU has taken the stance that there is too long of a wait period for those with serious mental illness to receive treatment. Due to a person's mental illness, they might not be able to stand as defense for their own case. This leads for the need for competency restoration. The ACLU has discussed how the criminal charges for these individuals range from stealing candy to homicide. (Walczak, 2019)

If these individuals were seen and deescalated prior to police involvement and/or destructive behaviors, there is a possibility that these staggering numbers would decrease in the jails and prisons. This leads to another reason why well researched evidence-based crisis response is necessary. Through the majority of literature reviewed the research teams focus on crisis management and response in urban areas. This paper will look at crisis response in rural areas. Rural areas provide their own set of challenges including vast distances between individuals and services. There is also a lack of mental health services needed for the everyday treatment services needed. According to the Needs Assessment completed through the Wayne Memorial Hospital intentional self-harm was the fourth leading case of death in Wayne County. They also discuss how there is a higher population to provider ratio in Wayne and Pike Counties than there is across the state of Pennsylvania. (The Institute for Public Health Research & Innovation East Stroudsburg University, 2022)

Lower than necessary services are just one of many complications that arise in rural areas. This section will look at research and studies done in other rural and frontier areas, and

how they meat the demand for inclusive mental health crisis response. “A survey of state and local rural health leaders finds that mental health and mental disorders to be the fourth most often identified rural health priority.” (Gamm et al., 2010, p. 97)

When looking at the literature in regard to mental health crisis in rural areas there is a lot of research revolving around task sharing. In order for there to be a holistic approach to mental health in these areas there needs to be the availability for agencies and primary care settings to be able to assist in the task sharing. This can decrease the demand on law enforcement and emergency room admissions. (Hoeft et al., 2017)

There are also studies looking at the Crisis Intervention Teams (CIT) in rural communities. These teams usually consist of local law enforcement and mental health professionals. There are multiple obstacles when it comes to getting this programming started though.

> Focus group participants citied two major obstacles in putting CIT in their community. First, they stated that both mental health professionals and law enforcement officials had different ways of thinking…Second, participants stated that issues related to internal resources needed to start CIT training within small police departments were also a potential problem…(Skubby et al., 2012, p. 758)

The rural areas do lead to distinct challenges. However, when there is smaller communities there is the potential for better interdisciplinary connections. These examples can be found in the success stories and decrease in hospitalizations. The last discussion in literature review looks at the individuals’ stories and how they perceive the interventions that occurred when they were in crisis.

The first journal conducted multiple surveys to individuals who have been seen by crisis. They discussed their lived experiences. Within the research of interviews there was three common themes that arise. The overarching themes were that the individuals felt humiliated; the

families felt conflicted and powerless; and the service providers were feeling frustrated. (Bradbury et al., 2016)

This echoes in the other journals and interviews conducted with those who have been in crisis. During a crisis an individual discusses how the police and mental health professional did not talk to her they were talking to each other and her family. The person in crisis was unable to participate in the plan for her safety. This adds fuel to the fire that has already begun. (Gregory & Thompson, 2013)

There is a study that was conducted in 2019 exploring those with mental health and their experiences with the police. As with the lack of evidence-based practices, there is also a lack in studies conducted on the perspective of police encounters with people in crisis. This study states that "Given the topicality of police encounters with people experiencing mental illness, it is perhaps surprising that only seven international published studies to date have looked at their views of encounters with police and overall attitudes to the police." (Jones & Thomas, 2018, p. 237)

Throughout all of the literature reviewed there is the need for well-funded, cross systems research on the ways mental health crisis can be delivered in both rural and urban areas. It is the responsibility of the communities at large to create a well woven safety net of services. When one line is loose or missing a person can still fall. These studies are the first line of the safety net so that others may fall into place. The systems of emergency response, mental health, law enforcement, primary care, community mental health, and others can set the pace for how they interact and support the community in all way. This is especially needed for when someone is in crisis.

Analysis

The above literature discusses many opportunities, pitfalls, and necessary improvements that should be made in the crisis arena. In this section we will review the theories and common themes that have emerged throughout the literature. We will be looking at Crisis Theory, Labeling Theory, Network Theory, and Task Sharing.

The first theory we will be reviewing is crisis theory. Although the label itself makes it apparent as to why it would be reviewed with mental health crisis there are other aspects that make this theory common. "We finally argue that an understanding of Crisis Theory supported by a systematic approach can be applied to most types of severe psychological disturbances…" (Baumgardt & Weinmann, 2022, p. 1) This theory represents a model framework that can be utilized during a crisis situation.

This theory points out how a crisis is a singular point in time. The things that can make one person feel overwhelmed or to the point of mental health crisis is different for individuals. However, this theory looks at crisis as not only a mental health issue but also a change in life events. This theory looks at the moment the crisis starts and how multidisciplinary models can be utilized to decrease this within the community setting and eliminating the psychiatric labels.

Within this theory there is the availability for growth for the person. This spot in time looks at what is happening what can be done and what changes can be made. This in theory, is what should be the focus of crisis services. However, the challenges related to Crisis Theory are that there is a distinction between a point in time crisis for a person and a mental health crisis for a severely mentally ill person. This is because those with underlying severe mental illness have organic, biology related symptoms that cannot be merely addressed by a point in time crisis

response. This response if for those who are having distress in the response to events in their life. (Baumgardt & Weinmann, 2022)

Although this theory has been criticized throughout the nineteen seventies and nineteen eighties there has been fresh research on this theory and how it relates to negative stereotypes. When looking at labeling theory it does not talk about how one is labeled prior to having any involvement in the criminal justice system or mental health system. It discusses the labels that are added to individuals due to their involvement in these systems. These labels have negative connotations on the individual. The labels given are not only given by outside sources but can be internalized. This self-concept labeling negatively impact and individual. It also lowers the way a person thinks about themselves, and their given value. (Gunnar Bernburg, 2019)

When looking at self-labels, and the labels given to us from others, there is a direct correspondence to how people think, act, and interact with others based on these labels. These negative deviant labels can have a lifetime of impact on a person. They can decrease self-esteem, people one relates to, employment opportunities, and involvement with the justice system. These labels are important to keep in mind when working with an individual. (Gunnar Bernburg, 2019)

When responding to a crisis, especially a mental health crisis it is important that a person does not feel like they are negatively labeled the moment a first responder is there. This can severely impact the tone and outcome of the crisis response. When a person is in crisis it is imperative that they continue to feel self-worth, and autonomy.

> Contemporary work on labeling theory underscores that the theory not only fits well with other theories of crime and deviance, but its primary focus on social exclusion complements other sociological theories arguing that weak social bonds, blocked opportunities, and association with deviant groups are important factors explaining criminal and delinquent behavior. (Gunnar Bernburg, 2019, p. 17)

The next theory visits throughout the research is network theory. This theory discusses how mental health disorders are a casual interaction between symptoms. There are four principles in network theory. These include Complexity, Symptom-Component Correspondence, Direct and Casual Connections, and Mental Disorders follow a network structure. (Borsboom, 2017)

The first principal that network theory looks at is complexity. This states how mental health disorders, and diagnoses are best described as an interaction between components of the psychopathological network. This shows how there are different pathways and networks that are in play when one is diagnosed with a mental health illness. The complexity of the symptoms is what leads to the diagnosis. This is especially important to keep in mind when going into a mental health crisis. There will be a complex array of symptoms that might be seen as a person is in crisis. (Borsboom, 2017)

The Symptom-Component Correspondence whose how there is a link between the symptoms and the diagnosis. This correspondence is not as straightforward as the principal of complexity. In the symptom-component correspondence there is a link between looking at the symptoms and if they are biological in nature or if they are tied to an external component. This correspondence shows how the direct and casual connections are shown. When there is a diagnosis there is oftentimes networks of ideas, and symptoms that occur with the diagnosis. This is important to know that if working with an individual who might have paranoid schizophrenia that will oftentimes have more symptoms than just being paranoid. They can be hearing voices, and they can be agitated. (Baumgardt & Weinmann, 2022)

The last principal of the network theory states that mental disorders often follow a network structure. This principal shows how there is oftentimes comorbidities within the mental

health field. These comorbidities can range from additional diagnoses to drug abuse, and criminal activities. It is important to remember that when meeting with an individual in crisis that there is a plethora of pathways and connections that are going on within their diagnosis.

The last team across all of the literature is the idea of task sharing. This idea was developed by the World Health Organization. This practice was developed due to the unmet needs of certain areas for services. It was the hope of the World Health Organization to be able to create a system in where services were better delegated through the community. Task sharing is not a handing off of jobs and responsibilities but provides a guide for how there can be feasibility in the interventions. (Magidson et al., 2019)

The role of task sharing is to create this team wide approach in where lay persons can provide services with oversite. The hope with this is that the licensed specialists will be able to focus on trickling down their knowledge, training, and oversite so that many people have the skill necessary to address a mental health crisis.

Task sharing allows a limited number of specialists to practice in teams with other providers and community resources to reach populations in need. The mental health specialist role shifts from direct service provider toward trainer, supervisor, and consultant. Task shifting was first discussed as a solution to scaling up mental health. (Hoeft et al., 2017, p. 49)

When looking at the possibilities that can come from task sharing one can think of all the teams' members that can be included in a crisis team. The task sharing can also accompany the need and treatment from law enforcement. There needs to be a delimitated training and mental health oversite, but if this works in conjunction with the police there can be a radical reduction in the crisis services needed. (Hoeft et al., 2017) These theories and themes are just some of the ideas found across all of the research and literature review.

Ethical Implications

There are many ethical implications that surround mental health crisis. The first and foremost ethical concern is the health and safety of the community. Mental health crisis should be as important as a physical health crisis. Both can be devastating to the individual and family. In Wayne County it has been noted that "Intentional self-harm was the 4th leading cause of death in Wayne County, impacting 25.6 per 100,000" (The Institute for Public Health Research & Innovation East Stroudsburg University, 2022, p. 12)

While looking at death by suicide rates, there is also a high need of available community resources. This need continues to outpace the implementation of new staff. There is also a decrease of inpatient hospital beds. This can lead to long waiting time in the emergency rooms. This will at times deter people from seeking out help. "While behavioral health care has long been underfunded, underappreciated and stigmatized, the pandemic has intensified the unmet need for services and has led to heightened difficulties for individuals with Behavioral Health conditions accessing care" (American Hospital Association, 2022, p. 1)

Not only are we obligated as a society to ensure that health services are accessible this should be the case for mental health services as well. When there is no safety net for individuals, they end up harming themselves or others. This at times leads to the incarceration of individuals with serious mental illness. The jail and prisons are not the place for individuals with serious mental illness. However, this is often the place where they end up. There is evidence that individuals with Serious Mental Illness are overly represented in the justice system. However, there is no definitive reason why this has occurred. This leads to leaders discussing the deinstitutionalization of individuals from state hospitals into the legal system. This leads to a

strain on the prison systems and individuals remain mentally ill with no treatments. (Prins, 2011)

The ACLU has been working with to decrease the amount of psychiatrically disabled individuals in jails. The ACLU talks about how they are so severely impacted due to their diagnosis that they are unable to prosecuted, and or punished. This leads to the question; Why are they still kept in prison? If an individual is in this situation there is an ethical responsibility to try and help. Many times, individuals in the system are alone. These people are also very alone. Many of out clients' families have abandoned them-not because they are bad people necessarily, but because they societal and medical supports to help… are not there." (Walczak, 2019, para. 4)

Policy Recommendations

When looking at policy recommendations it is important to note that crisis consists of a web of services and providers. Mental Health Crisis is a service that should be treated as if there is no wrong door as to which one can enter mental health services. However, it appears that these services are often disjointed. Mental Health Crisis services are for anyone, anywhere, and at any time. These services should be at the forefront of mental health reform since it is oftentimes the time and place it is needed most for the individual. (SAMHSA, 2020)

In this section we will look at policy recommendations in the following areas: federal, state, local, judicial, and community wide. Mental Health crisis needs to stop being the forgotten service that falls back on a phone hotline. There needs to be real time response in the community. Mental Health crisis has the potential to be a great service in the home and community it has the ability to aide individuals while keeping them in the home and community

setting with supports. The best way for a person to remain autonomous is to be able to be given choices and have compassionate response from providers.

When looking at the federal government and their take on mental health crisis there is not a lot of resources and literature in regard to evidence-based services. There have been some best practices that have been disseminated but without proper research and funding they have not raised to their full potential. When looking at the National Guidelines for Behavioral Health Crisis Care it discusses how there is a lack of consistency and adequacy. Mental Health crisis when provided properly has the following:

1. An effective strategy for suicide prevention
2. An approach that better aligns care to the unique needs of the individual
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis
4. A key element to reduce psychiatric hospital bed overuse
5. An essential resource to eliminate boarding in emergency departments
6. A viable solution to the drains on law enforcement resources in the community
7. Crucial to reducing the fragmentation of mental healthcare (SAMHSA, 2020, p. 10)

When mental health is adequately provided it can be the lifeline someone needs. In order to best provide this service, there needs to be a trickle down of information dissemination and funding. However there needs to be input from those on the front lines of crisis support. Mental Health crisis is not something that can be easily described and taught by reading a book. This service is something that one needs to be surrounded by and partake in the best be trained.

This being said the Substance Abuse and Mental Health Services Administration does do it's best to provide free training and information dissemination. However, there is often no fiscal match to the services that are expected to be provided in a community. If there are no allocated funds, there is at times competitive grants in which many agencies will apply for, and few will get. The ones who are lucky enough to get said funding oftentimes spend most of the time of the funding trying to get the program off of the ground.

This is where the state can help with implementing and providing guidance for mental health crisis. The state has the ability to provide training and expectations as to the credentials of those responding to the crisis. The state can also allocate federal funds to aid in these programs starting. Another financial avenue is to look at managed care and insurances and how they can not only fund inpatient hospitalization but some type of in-home crisis response.

The in-home crisis response should consist of teams of interdisciplinary practices. These should include crisis workers, mental health case workers, law enforcement and others as necessary. It is unlikely that a psychiatrist or licensed social worker would be able to visit in the home. However, there should be the availability to consult them while in the home and community. For counties like Wayne County this would require there to be better cell phone service and/or broadband. For instance, if someone was in crisis in Northern Wayne County there are many areas where cell phones do not work. Also, if the provider wanted to have a tele psych appointment the video might not work due to lag in the service.

Lastly there should be some provision and policies around those who have had to be incarcerated due to their mental health crisis. This could include creating a processing center where an individual can be held until seen by a crisis worker or mental health professional. If a person in crisis is incarcerated into the jail, they have yet to be treated and the likelihood of them continuing in crisis is great. Therefor it is for the betterment of the individual that an alternative to incarceration is developed. This would be beneficial for those who are actively aggressive in their crisis and are not able to remain in the emergency department without one-to-one constant care. This would allow for the person to have supervision in a secured environment while waiting for the crisis team. This means that the team would have to be willing to respond into the correctional setting. Another option for the local prison is the use of a telepsychiatry. This

way they might be able to start a medication regime for the person while awaiting meeting with the crisis team.

There are many opportunities to better the crisis response in all areas, not just Wayne County PA. There can also be a small, separated area in the emergency department that allows for a person to remain there for twenty-four to forty-eight hours. This might be enough time to deescalate the crisis situation while also giving time for a case worker to refer the individual to outpatient setting. The idea of crisis de-escalation will only work if there are enough services so that a person does not have to wait months and months for the most basic of outpatient mental health. There can also be the development of mental health crisis as a track of study in the social services schooling. This could be taught and integrated into schooling allowing people to have at least some idea of what mental health crisis looks like and how it can be approached prior to someone going into the mental health field.

Summary

This paper looked at mental health crisis and how it plays and important part in the continuum of care for mental health services. While looking at these services' literature was looked at as to the studies completed around the world to their take on mental health crisis services. Some of the studies utilized Street Triage, and Crisis Intervention Teams. Most of the studies discussed the need for crisis response to be a team model with mental health as an active part of the team.

In the literature review there was discussion on what constitutes a crisis. The section 302 of the mental health procedures act was cited talking about what information is needed for an involuntary assessment of mental health. This documentation also discussed the process in which a person is to be notified of the 302 warrant and their rights and responsibilities. Although

there are many types of mental health crisis services this paper focuses on the in home and community mental health crisis services.

As a county there is a national crisis line 988. This line was implemented this year and is being used as a divert from 911 for mental health crisis. This line is manned twenty-four hours a day and staff have the ability to transfer the calls to a local chapter of crisis services. The hope is that this service will decrease calls that law enforcement has to respond to. It is the hope that this line will be able to effectively triage mental health crisis and potentially deescalate the situation without the need for in person intervention.(SAMHSA, 2020)

This paper also looked at police involvement in mental health crisis and how there is oftentimes arrests due to this. The literature discusses the importance of either mental health training for law enforcement or mental health professionals to be readily available for assistance to law enforcement. Due to amount of time, it takes for a person to go through the 302 process it can tie up law enforcement for a long period of time. This is why oftentimes aggressive individuals in crisis oftentimes end up incarcerated.

Lastly the paper looks at some policies and treatment options that can aide in mental health crisis. First and foremost, there needs to be research on mental health crisis. This research needs to come from mental health agencies, law enforcement, primary care doctors, schools, and jails. There needs to be adequate funding in order to get these programs off of the ground. Also there needs to be implementation of safety nets in local emergency departments as well as prisons.

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