

What People Want from Mental Health Crises Services

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The purpose of this study was to identify the strengths and the weaknesses of the current mental health crisis services system in the northeast region of Wisconsin and to make recommendations for improvements to these services. This study utilized a transformative framework design, which according to Engel and Schutt (2003), begins with quantitative data collection and analysis and is followed by qualitative data collection and analysis. This study is based on the social work theory of empowerment and involved three 4-hour crisis services forums held throughout the Northeast Wisconsin region. These forums provided an opportunity for those receiving services to provide feedback and make suggestions for service improvements, which may impact them in the future.

Twenty-eight people participated in the three forums. Some participants completed only the survey and others participated in only the discussion. All participants completed the demographic section of the survey. Table 1 reflects the number of participants at each location and their level of participation. Table 2 reflects the demographics of the individuals who participated in the three forums. Eighty-one percent indicated that they agreed or strongly agreed that their diagnosis was accurate while only 7% strongly disagreed or disagreed that they their diagnosis was accurate.

Participants averaged 15.6 (SD= 18.3) interactions with crisis services. The least number of times accessing crisis services was one and the highest was 65. Fifty-eight percent (n=14) of participants reported that these interactions involved an ongoing mental health professional such as a case worker, therapist or psychiatrist. Fifty percent (n=12) of the participants reported that their crisis involved a family member; 50% (n=12) reported the involvement of an emergency room; 42% (n=10) reported the involvement of telephone crisis services; and 37% reported police involvement. Only 4% (n=1) indicated that a certified peer specialist was involved in helping to resolve their crisis.

Table 3 identifies the types of problems that resulted in the need for crisis intervention services. Participants were instructed to identify all that applied to their situation. Many participants (67%, n=16) reported multiple problems. Only two participants reported alcohol being a problem and only one reported street drugs as being a problem. The individual that reported street drugs as being a problem also reported alcohol as being one of several problems resulting in the need for crisis intervention services. Of those reporting relationship problems, 82% (n=7) also reported multiple problems leading to the need for crisis intervention services.

Table 1
Participant Location and Level of Involvement

Location	Total Participants	Level of Participation	
		Survey ^a	Discussion
NAMI Fox Valley	13	13 participants	11 participants
Kewaunee County	7	5 participants	7 participants
The Gathering Place	8	6 participants	8 participants

^a All participants completed the demographic section of the survey.

Table 2:
Demographics of Forum Participants

Age	Mean	SD
Youngest Participant: 23 Oldest Participant: 66	43.07	10.85
Age when first received care or treatment for a mental health condition	20.71	9.48
Youngest: 5 Oldest: 42		
Gender	n	%
Male	9	32%
Female	19	68%
Ethnic Background	n	%
Caucasian/White	25	89%
Multiple Races	2	7%
Native American/Alaskan	1	4%
Highest level of Education	n	%
Some high school	3	11%
High school diploma	9	32%
Technical degree or some college	10	36%
Bachelor's degree	3	11%
Some graduate courses	1	4%
Graduate or post graduate	2	7%
Occupational Status^a	n	%
Work full time	2	7%
Work part time	8	29%
Student	3	11%
Home maker	2	7%
Volunteer	8	29%
Retired	1	4%
Receiving disability benefits	19	68%
Receiving other benefits	5	18%

Current living situation	n	%
Live alone	13	46%
Live with a roommate or significant other	4	14%
Live with family	8	29%
Live in a group home or Community based Residential Facility	2	7%
Other	1	5%
Primary Diagnosis	n	%
Bi-Polar Disorder	9	32%
Schizoaffective Disorder	6	21%
Borderline Personality Disorder	1	4%
Depression	4	14%
Dissociative Disorder	2	7%
Post-Traumatic Stress Disorder	1	4%
Attention Deficit Disorder	1	4%

^a Participants were instructed to select all that applied.

Table 3:

Types of problems that resulted in the need for crisis intervention services

Types of problems	n	%
Feeling very afraid	12	50%
Feeling out of control	11	46%
Relationship problems	11	46%
Acting out of control	6	25%
Problems accessing ongoing mental health services	5	21%
Problems caused by medications	4	17%
Problems at work or school	4	17%
Physical health problems	4	17%
Problems caused by alcohol	2	8%
Other problems	8	30%
Suicidal ideation	2	8%
Psychotic symptoms	2	8%
Panic about the lack of employment	1	4%
Feeling overwhelmed	1	4%
Sleep difficulties	1	4%
Didn't know I had a mental illness	1	4%

Table 4

Part III Survey Questions and Results

	Disagree	Neutral	Agree
The response to my request for help was timely.	34%	25%	42%
	n=8	n=6	n=10
The people involved spent enough time with me.	46%	17%	38%
	n=11	n=4	n=9
The people involved treated me with respect.	30%	21%	50%
	n=7	n=5	n=12
The people involved listened to me, my story, and my version of events.	38%	21%	42%
	n=9	n=5	n=10
The people involved did a good job of addressing the problems that I was concerned about.	41%	17%	42%
	n=10	n=4	n=10
The people involved described the nature of the proposed plan and the risks, benefits and alternatives before asking me to consent.	63%	21%	16%
	n=15	n=5	n=4
I was involved in the development of the proposed action plan.	59%	17%	25%
	n=14	n=4	n=6
The crisis intervention staff was qualified to deal with specific needs and issues related to my cultural background.	41%	4%	55%
	n=10	n=1	n=55
People involved intervened in a way that was not traumatizing.	46%	17%	38%
	n=11	n=4	n=9

Table 5

Part IV Survey Questions and Results

	Not Helpful	Neutral	Helpful
Having someone contact my doctor, therapist or case worker.	0%	21%	69%
	n=0	n=5	n=19
The opportunity to share the kind of treatment I want.	4%	13%	83%
	n=1	n=3	n=20
Crisis counselors who are trauma informed.	4%	8%	88%
	n=1	n=2	n=21
Activation of a crisis plan that I created.	8%	13%	79%
	n=2	n=3	n=19
Availability of a Certified Peer Specialist.	4%	21%	71%
	n=1	n=5	n=17
Comfortable waiting area.	16%	21%	63%

	n=4	n=5	n=15
Calm, soothing environment.	0%	13%	87%
	n=0	n=3	n=21
Lowered lights.	12%	13%	75%
	n=3	n=3	n=18
Something to eat or drink.	16%	21%	63%
	n=4	n=5	n=15
Phone call to a supportive friend.	4%	21%	63%
	n=1	n=5	n=18
Soothing music.	21%	21%	75%
	n=1	n=5	n=18
Deep breathing exercise or relaxation tapes.	17%	29%	54%
	n=4	n=7	n=13
Access to basic art supplies.	30%	38%	33%
	n=7	n=9	n=8
Ability to take a walk.	8%	8%	84%
	n=2	n=2	n=20
Help in identifying and avoiding triggers of future episodes.	8%	4%	87%
	n=2	n=1	n=21
Referral to peer support groups.	4%	8%	87%
	n=1	n=2	n=21
Being given self-help materials.	4%	25%	71%
	n=1	n=6	n=17
Being encouraged about my chances for recovery.	4%	8%	88%
	n=1	n=2	n=21
Help in creating a relapse prevention plan or a WRAP.	8%	8%	84%
	n=2	n=2	n=20
	Not Helpful	Neutral	Helpful
Help me access prescribed medications.	4%	13%	84%
	n=1	n=3	n=20
Having someone help me figure out how to pay for medications.	17%	21%	63%
	n=4	n=5	n=15
Having the responder set up a follow-up visit with a provider.	12%	13%	75%
	n=3	n=3	n=18
Having someone help me with any financial problems I am having.	17%	25%	59%
	n=4	n=6	n=14
Having someone call me a few days later to see how I'm	16%	4%	79%

doing.	n=4	n=1	n=19
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Table 6

Common Themes to Improve Mental Health Services

Access to Mental Health Services

Police Involvement in Mental Health services

Collaboration Among Mental Health Service Providers

Follow-up

Person-Centered Care

Training and Information for Both Service Providers and Those Receiving Services

Crisis Prevention

Utilization of Peer Specialists

Central Location for Crisis Services
