

ADVOCACY

As a family member, you are an excellent resource regarding your relative's special needs. You are also in a unique position to help facilitate communication among the professionals that your relative will encounter.

Voicing your opinions about available placement and treatment options can contribute to the decision-making process. Your support will ultimately lead to the future well-being of your loved one.

Take some time to read and explore the information contained in the "*Family Crisis Handbook*." If a copy is not available at the hospital, the handbook is online at www.sccatnj.org. The "Portable Emergency Plan (Two-Part)" and "After the Crisis is Over" sections of the handbook could be of particular interest to your family.

Bancroft Office Support Services (BOSS)

Production assistance and copy services provided by BOSS, a program of Bancroft, a non-profit organization serving individuals with developmental disabilities, brain injuries and other neurological impairments. Phone: (856) 454-9321 / 9322. boss@bnh.org



Information to help you when an adult loved one with a developmental disability experiences a mental health or behavioral crisis.

To learn more, please ask hospital personnel for a copy of the "*Family Crisis Handbook*."

DOCUMENTATION

If an episode in your relative's life necessitates a visit to the hospital's emergency room or crisis-screening center, it would be helpful to document the details that led to the crisis. For example, you should note the:

- **Time, location, and people present**
- **Behaviors exhibited**
- **Possible medical and/or environmental causes**
- **Previous crises or hospitalizations**



COMMUNICATION

Communication is important in any crisis:

- When asked by hospital personnel, share all pertinent information regarding the crisis event and current condition of your loved one.
- Document your interaction with hospital personnel, including names, titles, date/time and the information you receive.
- Contact and inform members of your relative's professional support team (e.g., Psychiatrist) about the crisis event to ensure continuity of care.
- Ask the screening center psychiatrist to communicate with your family member's personal psychiatrist or physician.

The co-authors of the *Family Crisis Handbook*, Donna Icovino and Lucy Esralew, Ph.D., are members of the Department of Human Services Dual Diagnosis Task Force.

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SCCAT

Statewide Clinical Consultation and Training (SCCAT) is a crisis response and clinical outreach team affiliated with Trinitas Regional Medical Center. SCCAT specializes in working with adults who have problems similar to your relative's. SCCAT provides services throughout New Jersey.

A SCCAT clinician can:

- Meet your family in the screening center
- Make recommendations regarding the level of mental health supports your relative will need
- Follow him/her onto a hospital unit or to the community when ready for discharge to go back home

Remember to ask whether **SCCAT** has been contacted.

If not, call **1-888-393-3007** and speak with a SCCAT intake clinician.



EMERGENCY ROOM (ER)

When you are in the ER:

- Tell the ER staff about any recent changes in your relative's life such as medical problems, medication changes and stressors.
- An ER physician will conduct a routine physical exam in order to rule out major medical problems.
- **Medical clearance** may include blood work, urine specimen test, etc. **This review may miss medical or dental problems.**
- If your family member is upset, he or she may receive a short-acting medication (PRN).
- If your family member is agitated and potentially dangerous to him/herself or others, he or she may be placed in mechanical restraints.

PSYCHIATRIC HOSPITALIZATION

Your family member may become hospitalized if he or she is deemed dangerous to him/herself or others:

- **Voluntary** hospitalization is for individuals who are legally able to give consent to admission, or whose legal guardian provides the consent to treatment.
- Individuals incapable or unwilling to give consent can be **committed** and hospitalized on an **involuntary** basis.
- Whether voluntary or involuntary hospitalization, your relative will **transfer** from the Emergency Room to an inpatient psychiatric acute care unit located at either the same hospital or a different hospital, or to the **2D Unit** at Trinitas Regional Medical Center in Elizabeth, which is a specialized inpatient unit for adults 18+ who are developmentally disabled and have a mental health disorder.

Please consult the *"Family Crisis Handbook"* for a more detailed description of commitment status, the rights of legal guardians and alternatives to hospitalization.

ENSURING THE BEST LEVEL OF MENTAL HEALTH CARE

If your relative meets the criteria for hospitalization, he or she should go to a psychiatric acute care unit, rather than directly to a county or state psychiatric hospital, which is specifically designed for long-term stabilization.

If your relative's stay in an acute care unit is involuntary, the initial commitment will last up to 72 hours. During that time, your relative will be transferred from the ER to the hospital, which will decide whether to continue the commitment beyond 72 hours. A judge will review this decision at a commitment hearing held at the hospital every two weeks to consider commitment status. **The hospital treatment team can discharge your family member before a commitment hearing, if he or she is deemed psychiatrically stable and eligible for discharge.**