

Crisis Assessment and Intervention

Summarized by Thomas T. Thomas

When your mentally ill family member is experiencing a crisis, who do you call? For residents of the Berkeley-Albany area, the answer is the Mobile Crisis Team (MCT) from Berkeley's Department of Health Services. At our November 16 meeting, we heard from **Mitch Radin, PsyD**, a mental health clinician who has been with the team since 1996, and **Demetrius Nocerino, PsyD Intern**, a postdoctoral intern with the team. They discussed their role and goals in the crisis intervention and assessment process. **Francesca Tenenbaum**, Director of Patients Rights Advocates at the Mental Health Association of Alameda County, discussed procedures and hospitalization options, and NAMI East Bay's **Liz Rebensdorf**, who teaches a unit of Crisis Intervention Training for police officers, shared their perspective and concerns.



MITCH RADIN, PSYD

The Mobile Crisis Team works closely with the Berkeley police and fire departments, Radin explained. They carry police radios and respond to all kinds of people in distress, in addition to those experiencing a psychotic break. The team is involved in homicides and suicides and works with people experiencing a death in the family, victims of crime, and people suffering depression who need to talk. They also respond when the police find people in distress on the streets and during catastrophes.

The most common way to contact the team is by voicemail at 510/981-5254 and leave a message explaining the situation. "You should get a live person calling back if you contact us on weekdays between 8 am and 5 pm," he said, "and we're on duty until 10 pm." For quick service, call the Berkeley Police Department at 510/981-5900, and they will contact the MCT for you. Tenenbaum noted that most police departments have their own triage system, which includes homicides and robberies, so mental health crises may not be at the top of their list. Still, they will try to get to the family as fast as they can.

Most of the team's work is done over the phone, Radin said. They will consult with family members, see if they can manage the situation themselves, and offer suggestions and strategies. Anyone can call them, and the team has worked with people from as far away as Vermont. If the situation warrants, the team will come out to sites in Berkeley and Albany.

Team members travel with a police officer both for safety and to contain the situation. Their primary concern is the safety of the person in distress, working under the criteria of California Welfare and Institutions Code Section 5150, which

allows for involuntary hospitalization of people who are a danger to themselves or others or are gravely disabled—meaning they are unable to provide for the basic personal needs of food, clothing, and shelter. Radin said that, in the team’s experience, Berkeley police officers have been consistently sensitive and professional in these crisis cases. If the team recommends a 5150 hold for evaluation, the police officer is required to perform a personal search.

In dealing with mental health crises, the team tries to manage the situation and avoid hospitalization if possible. “People in crisis are often unable to think about their options,” Radin said. “We help them calm down, think about coping strategies, create safety plans if they are suicidal or homicidal, and decide if hospitalization is the right option.”

Just because a person is being delusional, which is frustrating to family members, he or she may not meet the criteria for a 5150 evaluation. Hospitalization should be the option only when it’s clinically appropriate, based on the person’s history. “It also depends on the severity of the crisis,” Demetrius said. “We ask people if they have support, for example, from family members and medication, and a plan to get through the night. We ask what it is they need.” The team’s job is to probe the person’s situation and delusions, understand what risks they pose and their potential for lashing out. The team is primarily concerned for the person’s safety and interests—“but we listen to everyone,” he said.



*DEMETRIUS NOCERINO,
PSYD INTERN*



FRANCESCA TENENBAUM

“If a person doesn’t want to talk,” Radin said, “we take our time. We explain that we’re there to evaluate him or her for psychiatric hospitalization. That often gets people talking.”

Tenenbaum pointed out that, once someone is hospitalized, he or she becomes involved in medication issues but cannot be forced to take medications once released. Doctors can, however, negotiate a discharge plan with a patient based on the use of long-acting medications. “Medication is a complicated issue,” she said. “People may be living in conditions that they might not choose if their psychosis was being treated.”

A person involuntarily hospitalized for 72 hours under Section 5150 may be released if a psychiatrist determines he or she no longer requires evaluation or treatment, or may be certified for 14 days of intensive treatment. In that case, the person receives a certification review, or “competency,” hearing. “Involuntary hospitalization is a constitutional issue,”

Tenenbaum said. “We hold liberty in great esteem.” She cited the instance of an artist living alone, mentally ill but not a danger or gravely disabled, who preferred not to take medication because it interfered with his creativity. And that was his right.

John George Psychiatric Pavilion on Fairmont Drive in San Leandro is Alameda County’s “front door” for psychiatric evaluations. (Herrick Hospital in Berkeley takes patients who have both mental and medical conditions.) John George has recently undertaken many improvements in staff and facilities, Tenenbaum said, including training in the “sanctuary model,” focusing on a patient’s strengths and developing wellness and recovery action plans (WRAPs); spending more money for occupational therapy programs; installing a maze for pacing and meditation, sensory stimulation facilities, and “comfort rooms”; offering longer visiting hours; and employing best practices such as helping patients before they escalate and extending stays to an average of seven to nine days to reduce recidivism.

The Sausal Creek Outpatient Stabilization Clinic on 26th Avenue in Oakland offers walk-in services for patients, including access to psychiatrists, assessment and medication evaluation, and problem-solving assistance. While the crisis team can help a person decide if he or she needs to go to Sausal Creek, they do not provide transportation.

Input from family members is important in procedures under both Sections 5150 and 5250. Until 2001, police and hearing officers had the option of ignoring such input, but AB 1424, passed that year, made accepting family input a mandatory part of the process. Alameda County provides an “AB 1424” form with questions and checklists to help families arrange their thoughts and consolidate this information. Tenenbaum suggested filling one out before a crisis arises.

Patients can also fill out an Advanced Directive, which designates preferred courses of action and appoints an agent with power of attorney in case they are incapacitated or found incompetent. This enables the patient to identify drugs to which they may be allergic or which have proven ineffective in the past. If no such directive exists, medication decisions are at the discretion of the doctor.

Rebensdorf described her work in Crisis Intervention Training, as part of a team sponsored by the Family Education and Resource Center including family members and consumers. To help police officers understand mental illness, she asked them to perform a drawing task while people stood behind them and talked into their ears. This simulated the experience of a schizophrenic hearing voices.

To help families understand what it’s like being the officer on the scene, Rebensdorf reported on their concerns. Police do not know what they’re walking into, and potential 5150 cases are fraught with tension and emotion. It helps if, in the call, the family can describe any weapons involved in the situation or available in the house. This includes potential weapons like fireplace poker and kitchen knives. If dogs or other animals are present in the house, they should be secured before the police arrive. It also helps if the family can describe the person in crisis and what he or she is wearing; if the person does not stay on the scene, this helps with a search or later encounter.

Before the police arrive, turn the lights on inside and outside the house, so that they are not walking into a dark yard or room. It helps if the family member or caller meets the police outside and is willing to come outside afterward for a debriefing.

“The police’s number one issue is safety,” Rebensdorf said. “They must make a quick assessment, though they’re not trained in clinical skills or social work. They need to be given authority to take charge of the event, so family members have to be willing to do whatever the police officer or crisis team member asks. If safety is compromised, the officer will do what’s necessary.

“The crisis is going to be upsetting,” she said, “but it’s best not to yell and add to the tension.”