KANSAS
MATERNAL &
CHILD HEALTH

CRISIS INTERVENTION FOLLOWING SCREENING

FURTHER ASSESS
positive response to #10
- Is patient having active thoughts of harming self or others?
- Does patient have a plan for causing harm to self or others?

Arrange for emergency services (per plan as developed by local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; edit below to reflect local plan)
- Discuss need for emergency services
- Identify emergency service options per local *mental health resources directory* and local policy and procedure
- Assess if patient is willing to accept services

Active thoughts or plan of self-harm or harm to others

NO   YES

Willing to accept emergency services?

YES   NO

Arrange for same day or next day appointment (per plan as developed by local agency; may include the following, but should be adapted to a plan/procedure that fits your community and ensures an adequate system of care; edit below to reflect local plan)
- Ask patient to verbally contract for safety
- Discuss need for immediate appointment and follow-through
- Assess if patient is currently seeing a mental health provider or if requires a new referral
- Provide patient with local mental health resources directory and identify available services/providers
- Schedule same day or next day appointment with mental health provider
- Refer to OB/GYN or primary care provider for follow-up
- Assure patient has support person available to her and emergency plan in place in the event feelings/thoughts worsen
- Document event/intervention (including patient's denial of current thoughts or plan)
- Fax EPDS and documentation to providers

If patient accepts emergency services/treatment:
- Assess if patient has support person available to transport to emergency service location
- Verbally contract for safety
- Arrange for transportation

If patient refuses emergency services/treatment:
- Have patient sign *refusal of transport for evaluation* form
- Call for transport to facility (e.g., hospital ER) by law enforcement officer as per local protocol for mental health evaluation non-compliance

- Stay with patient until arrangements are made for patient safety
- Collaborate with patient for care of child/ren (if applicable)
  –Consider friends, relatives, neighbors
  –Local emergency shelter or law enforcement if no other options
- Document to complete the intervention, including:
  –patient condition
  –Contacts made
  –Arrangements made
  –Time of events
    *Send copy of documentation to applicable providers
- Contact care provider (primary care, OB/GYN, and/or mental health provider) to inform of situation

*Contact supervisor at any point in this process (per agency policy)

FOLLOW UP
Debrief with supervisor

On follow-up visit with patient:
- Continue to evaluate mental health status
- Discuss experience
- Determine plan for mental health follow-up
- Help problem solve issues with accessing appropriate care
- Get signed consent from patient for follow-up communication with OB/GYN, primary care, or mental health provider
- Stay focused on purpose of keeping baby and mom safe

Contact patient next day:
- Provide support
- Obtain updated status
- Plan for ongoing follow-up visits (by self or partnering program staff, as applicable based on available resources)
  –Make warm referral if necessary to refer

Keep in touch with assigned therapist/provider:
- Minimum of monthly contact until mother is stable as determined by therapist/mental health provider