

# My Turn: Reaching a student in crisis

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**For the Monitor**

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A 16-year-old high-school student uttered the words, “I’m going to hang myself.”

This put the Mobile Crisis Response team at West Central Behavioral Health into action. They received an alert to go to the local high school. In my role as community relations director, I witness the impact of our work in the community. Since January 1, we are being called upon with increasing frequency due to the state’s new crisis response model. We’ve gone mobile.

The school had called the student’s father for permission to contact the NH Rapid Response Access Point hotline to request a Mobile Crisis Response outreach. Our Mobile Crisis Response managers have been working with local schools for the past several months to develop just such a crisis protocol. They knew to call the state’s new toll-free number, now available to anyone in New Hampshire, at 833-710-6477 (online at NH988.com).

Dispatched as a team consisting of a Mobile Crisis clinician and a Mobile Crisis counselor, my colleagues arrived at the school where they were brought to a room away from prying eyes and ears to meet with a young woman in distress.

They made the space more presentable by tidying up and making the most comfortable chair available for the student. (A relaxed sense of place is important.) A great deal matters in those first few seconds to set the stage for a successful outreach. When the student arrived, they greeted her warmly. The student then sat down in the most comfortable chair with a sigh.

The clinicians reassured the student that she was not in trouble, and she would not have to answer any questions that made her uncomfortable. My colleagues explained the evaluation process, discussed confidentiality, and what information might not be confidential. The student understood and agreed to proceed.

The young woman talked about family life, her friends, her classes, and whether she looked forward to doing anything with others. She was open and honest. She then began to guide the conversation. She soon realized she had friends and family who loved her, and that ending her life is not a way to solve problems. The student seemed visibly relieved to be with people who cared and wanted to help, at her school, in familiar surroundings.

In one hour, this student discussed her protective factors such as sports, friends, a supportive social circle, her pets at home, and games she enjoys. She mentioned risk factors such as the time she spends at home isolating. This was particularly frustrating for her. There were other anxieties, but it became clear that she had many things she wanted to do in life. She had hopes and dreams!

Helping this young woman understand that her distress was temporary made the difference. So, too, did a discussion of how hard the pandemic's isolation was for everyone, how we are all in the same boat, and there are people willing to help her. She let out a deep breath and settled into the chair as if a burden had been lifted from her shoulders.

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During the conversation, the Mobile Crisis Response clinicians helped the student understand that she had many options far better than suicide. She agreed to meet with a therapist, with her father's approval. The lead crisis clinician promised to call her father to explore next steps with her doctor, a therapist, and school counselors. She was relieved to know she would not have to make that call.

As they spoke, this young woman's energy got stronger. It was apparent in how she carried herself as she left the room. (Body language also matters in a crisis evaluation.) Often, the unspoken is as powerful as what is said. As she left, the student mentioned how she would tell her friends that she would soon see a therapist to help her de-stress. And then, she smiled.

The clinicians determined that this student did not need to visit the hospital. Prior to the January 1 rollout of West Central's Mobile Crisis Response teams, the school would have called the student's parents, then referred the child to the emergency room. Today, with a single call, a stressful, expensive, and time-consuming emergency room visit was avoided.

This situation epitomizes the "call early, call often" expression of Roger Osmun, West Central's CEO and president. His work with mobile crisis teams over many years in Pennsylvania helps us realize that the sooner a person is seen by a crisis clinician before things reach a tipping point, the higher the likelihood of success. Most calls are resolved over the phone, but now, there are mobile crisis teams state-wide ready to help.

Back at the office, the lead clinician called the student's father who set up an appointment with his daughter's primary care physician. The father also scheduled a few times for his daughter to meet with a West Central crisis clinician until regular therapy began. Then, the clinician reached out to the school to update the counselors, to their relief. This helped them relax, knowing their student was in capable hands with an action plan in place.

This outreach was a success. Preventing an unnecessary emergency room visit is a big deal. While an ER visit can help, it can also increase stress and anxiety, making matters worse. Calm in an ER is rarely the order of the day. And the likelihood of moving the patient to a psychiatric hospital bed increases. This was all avoided thanks to the Mobile Crisis Response outreach program, now in place across New Hampshire.

This is a game-changer. A timely crisis call will minimize unnecessary emergency room visits, save lives, and help people recover more quickly and more fully in their own surroundings thanks to compassionate clinicians and a community that cares.

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