



What We Do

The **Mental Health Mobile Crisis Team (MHMCT)** provides intervention and short term crisis management for children, youth and adults experiencing a mental health crisis. We offer telephone intervention throughout the Capital District and mobile response in areas served by Halifax Regional Police including Halifax, Dartmouth and Bedford. *Our support is confidential, non-judgmental and respectful.*

MHMCT also supports families, friends, community agencies and others to manage mental health crisis through education, outreach and consultation.

Who We Are

MHMCT is a partnered crisis support service of Capital Health, IWK Health Centre, Halifax Regional Police and Nova Scotia Department of Health. The crisis team includes mental health professionals and dedicated police officers.

What We Value

- The worth and dignity of all individuals
- A solution-focused strength based approach
- Each individual's capacity to learn and grow
- Partnerships and collaboration

429-8167

1-888-429-8167 (*toll free*)

Telephone response: 24 Hours
Mobile response: 1 p.m. – 1 a.m.

Call us. We can help.

Mental Health Crisis vs. Psychiatric Emergency

A mental health crisis is:

- (a) an acute disturbance of thinking, mood, behaviour or social relationship that requires an immediate intervention;
- (b) which involves an element of unpredictability, usually accompanied by a lack of response to social controls; and
- (c) which may be defined as a crisis by the client, the family or other members of the community.*

Thoughts of suicide, distorted or psychotic thinking, intense anxiety, depression, unable to cope

A **mental health crisis** does not necessarily require hospital-based assessment/triage services and can be effectively supported in the community by a team of service providers.

A **psychiatric emergency** is when a person is in an immediate danger to him/herself due to compromised thinking and/or judgement. A psychiatric emergency requires hospital-based treatment services – *Call 911 or attend a local emergency department.*

What Clients Can Expect

- Initial support and triage over the phone and mobile visit by the mobile crisis team if necessary
- Assessment of the presenting situation, current supports and resources
- Supportive, collaborative planning for solution-focused options.
- Referral to appropriate follow up services
- Consultation/advocacy with existing supports and services
- Short-term crisis management as necessary

**Consistent with B.C.'s Mental Health Reform Crisis Response / Emergency Services*

Who Can Contact MHMCT

MHMCT is available to all individuals in the Capital District who are experiencing a mental health crisis.

This could include:

- an individual self referring and/or
- Family/friends, community supports/ services providers and health care providers or the community at large

The individual experiencing a crisis may or may not be a current outpatient of the Capital District Mental Health Program or mental health services at the IWK Health Centre.

Goals

1. Enable individuals experiencing a mental health crisis or distress to access a range of crisis intervention services in a timely and effective manner in their own environment or the environment of their choice.
“the right service, in the right place at the right time”
2. Provide a consistent integrated response to mental health crisis in the community regardless of which service identifies the individual in crisis (Capital Health, IWK, Halifax Regional Police, EHS or the community)
“any door is the right door”
3. Improve overall capacity of the community to address concerns related to individuals experiencing a mental health crisis through provision of support, information and education to caregivers, organizations services, and the community. In particular, to support the training needs of the identified service partners through both formal and informal processes.

“informed and trained responders result in better outcomes for all”

Objectives

1. Supporting individuals self determination in balance with safety of self and others.
2. Timely intervention to reduce the risk of escalating crisis.
3. Distinction between mental health crisis/distress and psychiatric emergency thus promoting referral to appropriate services to meet the needs of the individual.
4. Enhancing the Circle of Care: provide short term crisis management until other supports/services are in place or the crisis resolves: i.e. ongoing support and assessment, follow-up meetings, liaise with existing services and supports and referrals to longer term services or programs.
5. Outreach to individuals experiencing mental health distress or symptoms, as well as their caregivers/supports.
6. Improve the knowledge and skills of all frontline responders in regards to mental health issues through formal education sessions, information sharing and onsite consultation.
7. Advocacy for ongoing development of services and education in relation to understanding mental health issues, mental health crisis and acute psychiatric symptomatology.



MHMCT

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