Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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Submitted by the Greater Lewiston Auburn Area Local Council

Importance of Mental Health Crisis Prevention

The Issue:

We, as a community, have learned through trauma and tragedy the importance of being prepared for the next crisis. We prepare to prevent crisis in our physical and environmental health. We should do the same for a mental health crisis. We share concern that due to the rural nature of our state, the services needed during crisis are often unavailable to people in their immediate communities. The hours it takes to access these services are time-sensitive moments for those in crisis.

Recommendations:

1. Bolster the use of Wellness Recovery Action Plan (WRAP), trauma-informed, evidence-based, best practice centered training, Mental Health/Psychiatric Advanced Directives and other programs to formulate individual crisis plans and mental health toolboxes to hinder escalation of symptoms. Encourage the promotion of these trainings to people who:

- Have not had their first mental health crisis
- Have not been put in cuffs for their own safety
- Have not had their dangerous items taken from them at the Emergency Department
- Have not stayed in a crisis stabilization unit
- Have not had the doors locked behind them in a psychiatric unit/jail

2. Collaborate with NAMI and the Department of Education (DOE) to teach these training courses at the High School Level to prepare them for any mental health crisis.

3. Create a Mobile **Preventive** Mental Health Crisis team throughout the state. In our lived experience, with the closure of peer centers, we are finding it difficult to have resources to assist us during times of difficulty and/or crisis.

4. Create a reference sheet of reasons including chemical reasons people go into crisis and crisis triage to assist those who head down a dangerous path.

Expected Outcomes:

1. This will reduce the number of people in rural areas unable to get timely help when in a crisis.

2. This will reduce mental health crises and prevent escalation of injuries and death to everybody (self, family, friends, care takers, first responders and innocent strangers).
3. This will help peers become more self-aware of impending crisis and have some tools to help de-escalate themselves, rather than become so overwhelmed that they land in more turmoil than before.
4. Preventative support would allow limited psychiatric hospital resources to be available for those most in need of clinical care.
5. The costs of resources, including but not limited to mental health crisis, are astronomical:

- Police, ambulance and other emergency services.
- Respite services
- Transportation
- Emergency Department treatment and holding
- Loss of work
- DHS involvement
- Stress on family including children and caregivers.

It costs around $500 a day to stay in a crisis unit.
A five-day stay in a psychiatric unit costs around $10,000.
What if programs that have historical success in the prevention of these stays were reimplemented and empowered to do more work?
Additionally, what cost difference is there for rural peers in crisis accessing resources versus those in more populated areas of the state? Has the state investigated any data surrounding this?

For example,
If someone has not had their medication because they ran out and they have no transportation to get to the pharmacy, would it not be more cost effective to get transportation to and back than an emergency room visit?

Our bill, **LD 1843**, which is awaiting funding, would also serve as a preventative pathway to avoid escalation of crisis.