COMMUNICATION

Communication is important in any crisis:

- When asked by hospital personnel, share all pertinent information regarding the crisis event and current condition of your loved one.
- Document your interaction with hospital personnel, including names, titles, date/time and the information you receive.
- Contact and inform members of your relative’s professional support team (e.g., Psychiatrist) about the crisis event to ensure continuity of care.
- Ask the screening center psychiatrist to communicate with your family member’s personal psychiatrist or physician.

DOCUMENTATION

If an episode in your relative’s life necessitates a visit to the hospital’s emergency room or crisis-screening center, it would be helpful to document the details that led to the crisis. For example, you should note the:

- Time, location, and people present
- Behaviors exhibited
- Possible medical and/or environmental causes
- Previous crises or hospitalizations

ADVOCACY

As a family member, you are an excellent resource regarding your relative’s special needs. You are also in a unique position to help facilitate communication among the professionals that your relative will encounter.

Voicing your opinions about available placement and treatment options can contribute to the decision-making process. Your support will ultimately lead to the future well-being of your loved one.

Take some time to read and explore the information contained in the “Family Crisis Handbook.” If a copy is not available at the hospital, the handbook is online at www.sccatnj.org. The “Portable Emergency Plan (Two-Part)” and “After the Crisis is Over” sections of the handbook could be of particular interest to your family.

To learn more, please ask hospital personnel for a copy of the “Family Crisis Handbook.”

The co-authors of the Family Crisis Handbook, Donna Icovino and Lucy Esralew, Ph.D., are members of the Department of Human Services Dual Diagnosis Task Force.

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When you are in the ER:

- Tell the ER staff about any recent changes in your relative’s life such as medical problems, medication changes and stressors.
- An ER physician will conduct a routine physical exam in order to rule out major medical problems.
- Medical clearance may include blood work, urine specimen test, etc. This review may miss medical or dental problems.
- If your family member is upset, he or she may receive a short-acting medication (PRN).
- If your family member is agitated and potentially dangerous to him/herself or others, he or she may be placed in mechanical restraints.

Remember to ask whether SCCAT has been contacted. If not, call 1-888-393-3007 and speak with a SCCAT intake clinician.

Your family member may become hospitalized if he or she is deemed dangerous to him/herself or others:

- Voluntary hospitalization is for individuals who are legally able to give consent to admission, or whose legal guardian provides the consent to treatment.
- Individuals incapable or unwilling to give consent can be committed and hospitalized on an involuntary basis.
- Whether voluntary or involuntary hospitalization, your relative will transfer from the Emergency Room to an inpatient psychiatric acute care unit located at either the same hospital or a different hospital, or to the 2D Unit at Trinitas Regional Medical Center in Elizabeth, which is a specialized inpatient unit for adults 18+ who are developmentally disabled and have a mental health disorder.

Emergency Room (ER)

Ensuring the best level of mental health care

Please consult the "Family Crisis Handbook" for a more detailed description of commitment status, the rights of legal guardians and alternatives to hospitalization.