

# Taking the Lead:

Investing in Community Crisis Response/Continuum



2nd Crisis Now Global Summit  
(Urgent & Emergency Mental Health Care)

# Crisis across countries (part II)

Panel moderated by Phil Moore

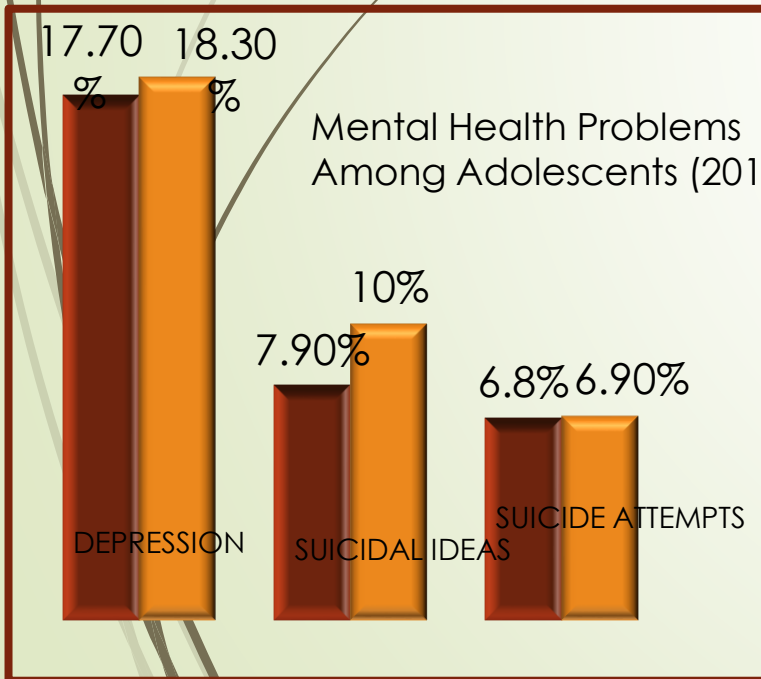
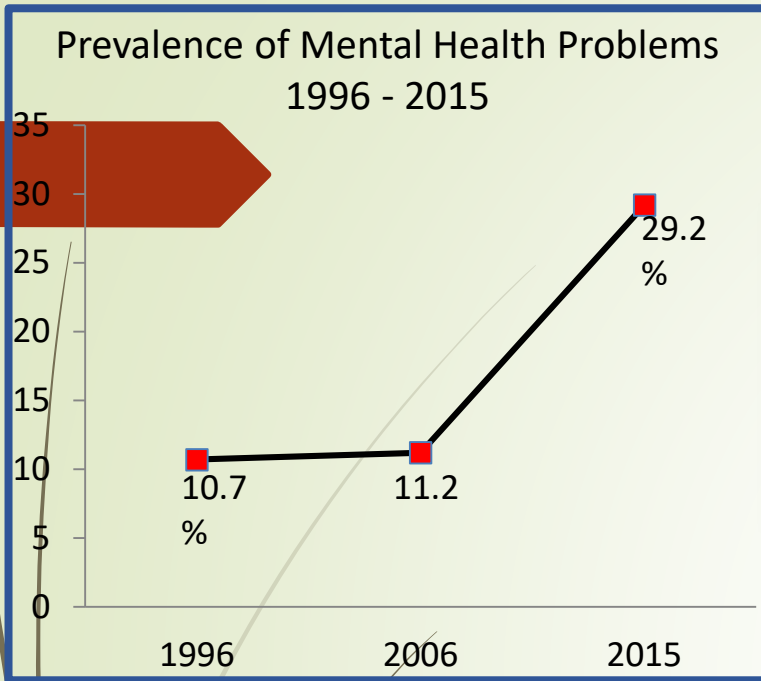


International date line  
Mountain Peak

Van der Grinten Projection  
© 2008, Revised 2014, Mapbox  
Designed and published by Loriel Labs Limited, Oxford, United Kingdom.  
A full range of detailed and customised wallmaps and atlas wallmaps.  
Maps authorised by The Folio Research Center, Wellesley, Mass. 01981, U.S.A.  
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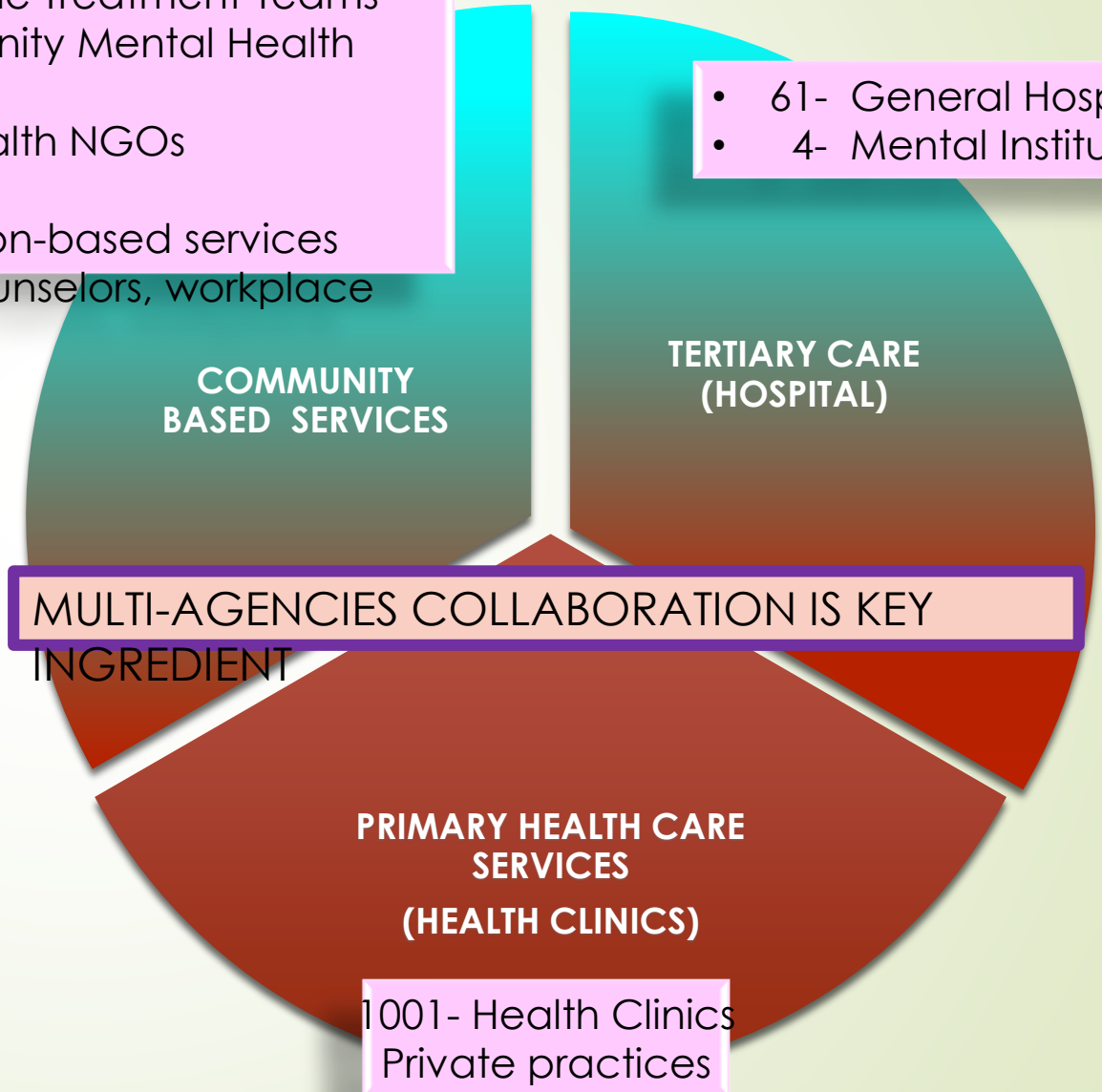
Malaysia

# MALAYSIA – MENTAL HEALTH CRISIS CARE



- Acute Home Treatment Teams
- 25 Community Mental Health Centers
- Mental Health NGOs
- Helplines
- Organization-based services (school counselors, workplace counselors)

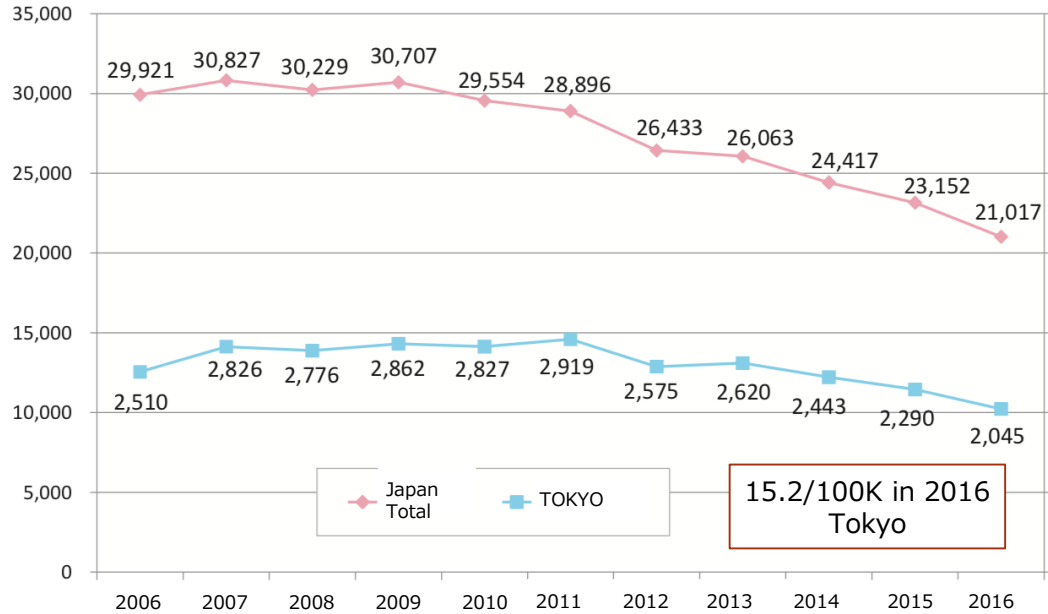
- 61- General Hospitals
- 4- Mental Institutions



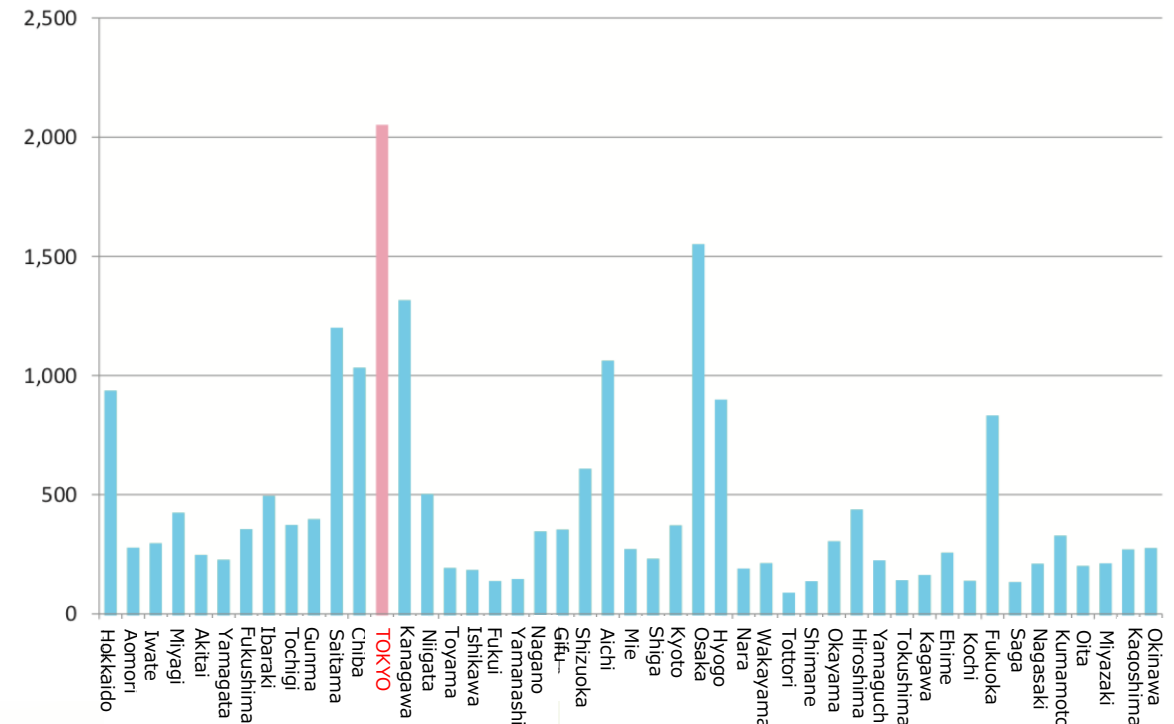
Japan

# Suicide NOW in Japan

Japan  
Nation Wide  
(Person)



Tokyo  
(Person)



Annual Change of Suicide: Demographic Statistics:

## Top 3 cause of death by age group

Rank	Teens	20s	30s	40s	50s	60s
#1	Suicide (43.2%)	Suicide (51.3%)	Suicide (40.0%)	Malignant neoplasm (32.9%)	Malignant neoplasm (42.3%)	Malignant neoplasm (48.5%)
#2	Accident (14.4%)	Accident (9.4%)	Malignant neoplasm (22.5%)	Suicide (15.3%)	Heart disease (10.6%)	Heart disease (11.4%)
#3	Malignant neoplasm (12.8%)	Malignant neoplasm (7.4%)	Heart disease (7%)	Heart disease (10.3%)	Cerebrovascular disease (8.2%)	Cerebrovascular disease (6.7%)

## Public support

Local Government

47 Prefectures

[On demand]

- Gate Keeper Skill up seminar
- Life-Safety network
- Suicide prevention by Depression

[24x7 support]

- Email, Phone Consultation for Youth
- Hotline of Heart and Life
- Navigation for Life
- Suicide Consultation Dial: Kokoro Lifeline of Life

## Private support

NPO/ Independent administrative agency

~\$700M/2016

47 Prefectures

[Entrusted business to the private sector]

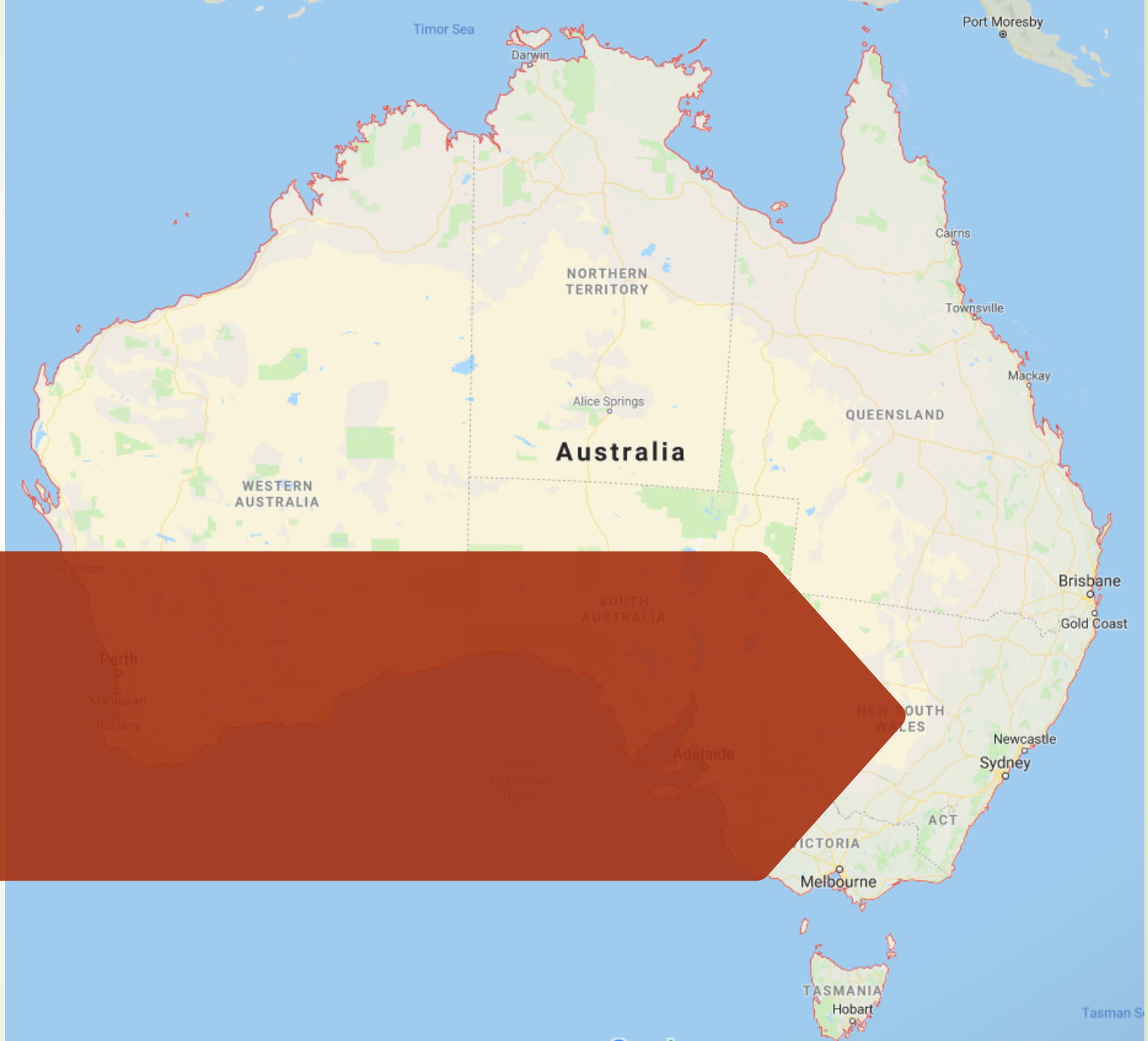
- In-Person Consultation Support Project
- Telephone Consultation Support Business
- Human Resource development project
- Strengthening Pilot Project

[Support model]

- Suicide measures nationwide private network
- Suicide Attempter Life support
- Regional Cooperation system network
- Suicide prevention for adolescence
- Heart care visit business
- Self-death bereaved mental care support project

# Decrease the number of Suicides

# Australia





## Crisis Services Australian Style



Telephone support services both NGO and Government e.g. Lifeline, BeyondBlue and then there are specialist Mental Health Services (MHCare).

Police and Ambulance Services with Mental Health staff in Police and Ambulance call centre, Co-responders.

Emergency Departments and Mental Health Acute Care Teams.

Follow-up from state public mental health services and private general practitioners, psychiatrists and psychologists (Commonwealth Government funded).

Public Health Networks (PHNs) who 'commission' specific NGO provided post suicide attempt follow-up services e.g. Wayback.



# Canada





# Crisis response in Canada



## Mixture of:

- Embedded co-responder model (e.g. MCIT Toronto, Car 87 Vancouver, MHMCT Halifax)
  - *Most common response used in Canada*
- Secondary follow up (e.g. COAST Hamilton)
- Non-police response (e.g. Gerstein Crisis Centre Toronto)
- Mental Health First Aid, ASIST training for police (e.g. Winnipeg)

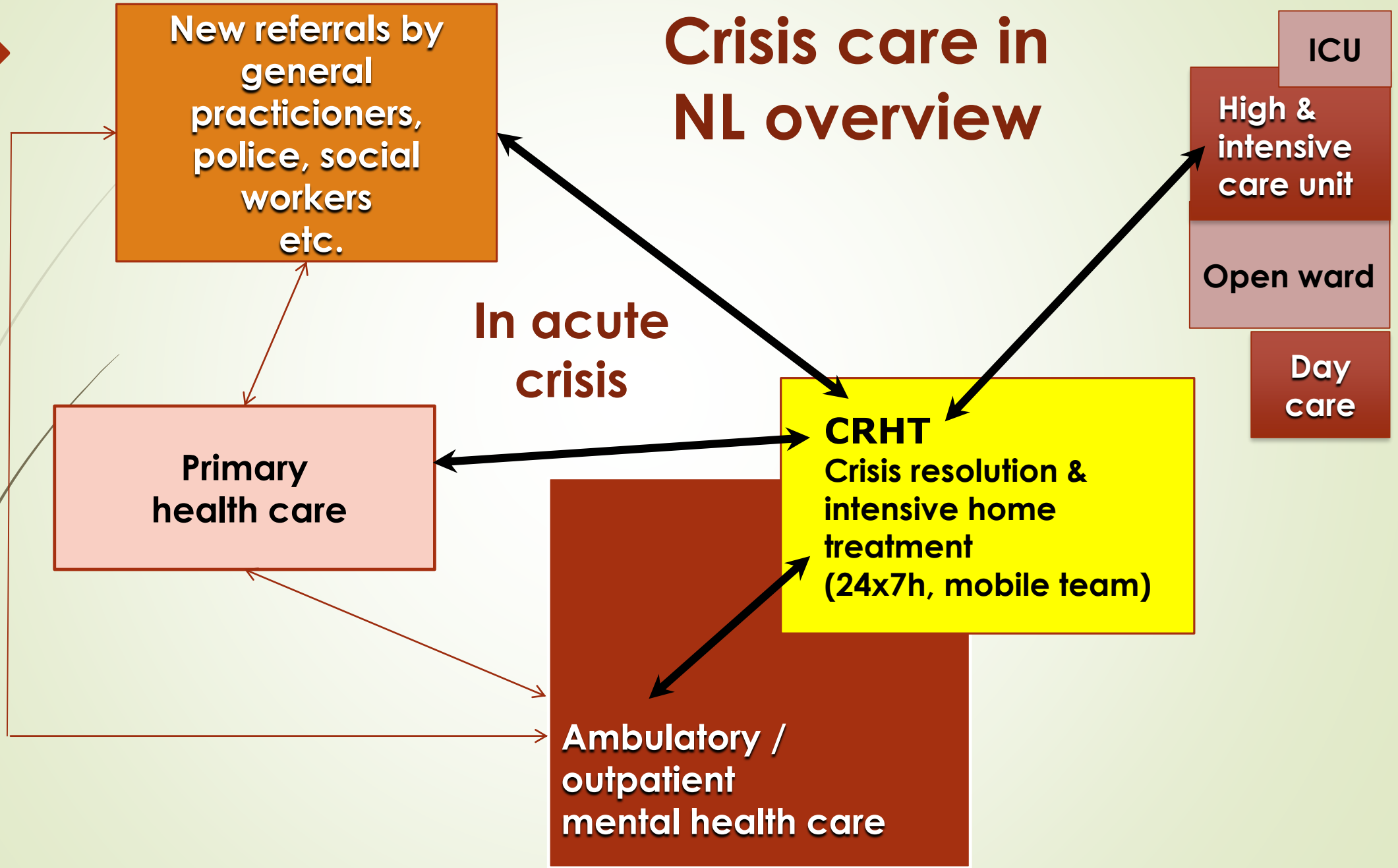
## Other Considerations:

- All new police officers receive some form of MH training across Canada
- Some models have partnerships with crisis lines, FOCUS situation tables
- New implementation and expansion of crisis models tends to be focused on co-responder models vs non-police models
- *"...Ontario does not have a mental health system"* (Iacobucci Report, 2014)

# Netherlands



# Crisis care in NL overview





# New Zealand

# Crisis Services In New Zealand: Recent progress

## Tupu Ake

A peer-led acute alternative mental health service

### 1. Great peer-led respite/alternatives to hospital options like “Tupu Ake” are growing:

- ▶ 12-bed in a home-like house in the community
- ▶ **Objectives:**
  - ▶ Enable reduction of stress, enhance wellness & maintain own safety within the community – *valued by guests*
  - ▶ Trauma informed
  - ▶ Provide a services – *valued by hospital crisis teams*
- ▶ Peer values & peer-led with integration with clinical teams
- ▶ No locks
- ▶ Costs \$297 per night vs \$1000 in an inpatient unit
- ▶ 0 seclusion hours

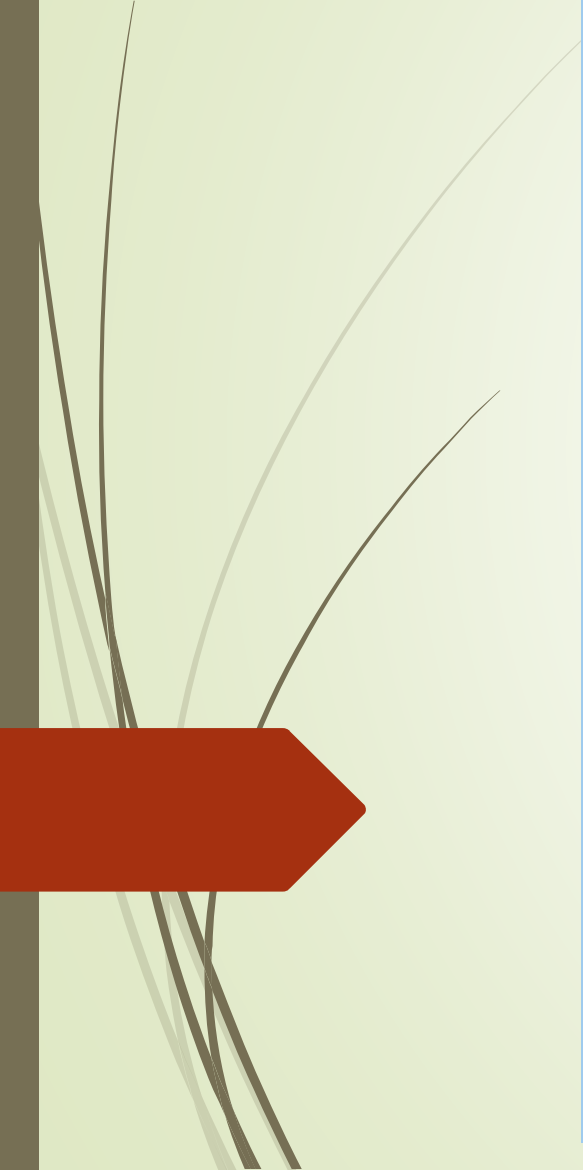
### ▶ Challenges

- ▶ Clinical paradigm with peer led
- ▶ Maintaining wellbeing of peers
- ▶ Constant leadership with team to ensure all staff work to peer principles

### 2. Mental Health Inquiry Report (2018)

- a. In NZ Maori for Maori and Pasifika for Pasifika services are important
- b. New services in Primary Care will enable much better access
- c. New Ministry of Health Suicide Prevention Plan will have trauma informed care basis.





Less than half of community crisis services are 24/7 <sup>1</sup>

Crisis resolution & home treatment is a priority service to focus on suicide pre- & postvention

England – pop 54m

58% of MH crisis services are not commissioned to accept referrals from anyone / don't accept self-referrals (adults) <sup>3</sup>

**£1.3bn on crisis MH over 5 years**

Only 14% of people report a positive experience of crisis care <sup>2</sup>

Even NHS.UK website has no option but to advise people to **call Samaritans or Mind** if experiencing mental health crisis

## NHS 10-year long-term plan <sup>4</sup>

- 100% coverage of 24/7 age appropriate crisis care, via NHS 111
- 24/7 best practice crisis resolution & home treatment (CRHT) functions for adults by 2020/21
- Range of alternative crisis services to ED & admission in all local MH crisis pathways
- Ambulances have MH vehicles, training, & MH professionals in Integrated Urgent Care services
- All non-MH hospitals to have 'core 24 <sup>5</sup>' MH liaison services, for adults and older adults
- IP MH services improve therapeutic interventions → better outcomes & experience, reduced ALOS
- Suicide prevention covers all areas & with timely suicide bereavement support to families and staff

**£12.2bn spent on MH in 18/19 – approx. 10% of NHS spend**

<sup>1</sup> NHS England audit 2018

<sup>2</sup> Care Quality Commission 2015

<sup>3</sup> NHS England audit 2018

<sup>4</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-guidance.pdf>

China

# Crisis Across Countries – Suicide Reduction in China:

Zhang Jie, Ph.D., Professor of Sociology

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Jinan, Shandong, China

State University of New York Buffalo State, USA

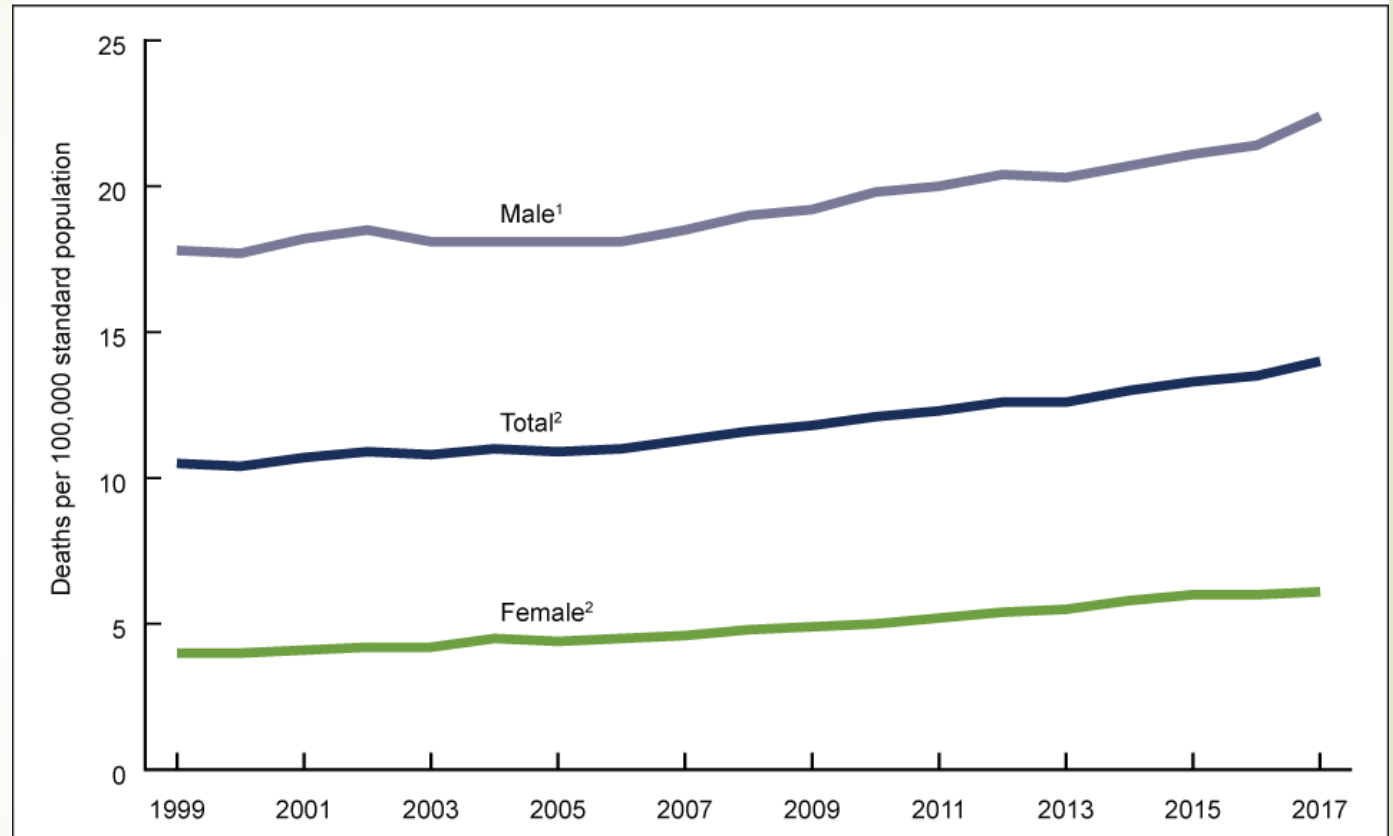
2<sup>nd</sup> Crisis Now Global Summit

Washington DC

September 9-10, 2019

The suicide rates in the US have rapidly increased by about 33%, from 10.5 per 100,000 population in 1999 to 14.0 in 2017

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2017



<sup>1</sup>Stable trend from 1999 through 2006; significant increasing trend from 2006 through 2017,  $p < 0.001$ .

<sup>2</sup>Significant increasing trend from 1999 through 2017 with different rates of change over time,  $p < 0.001$ .

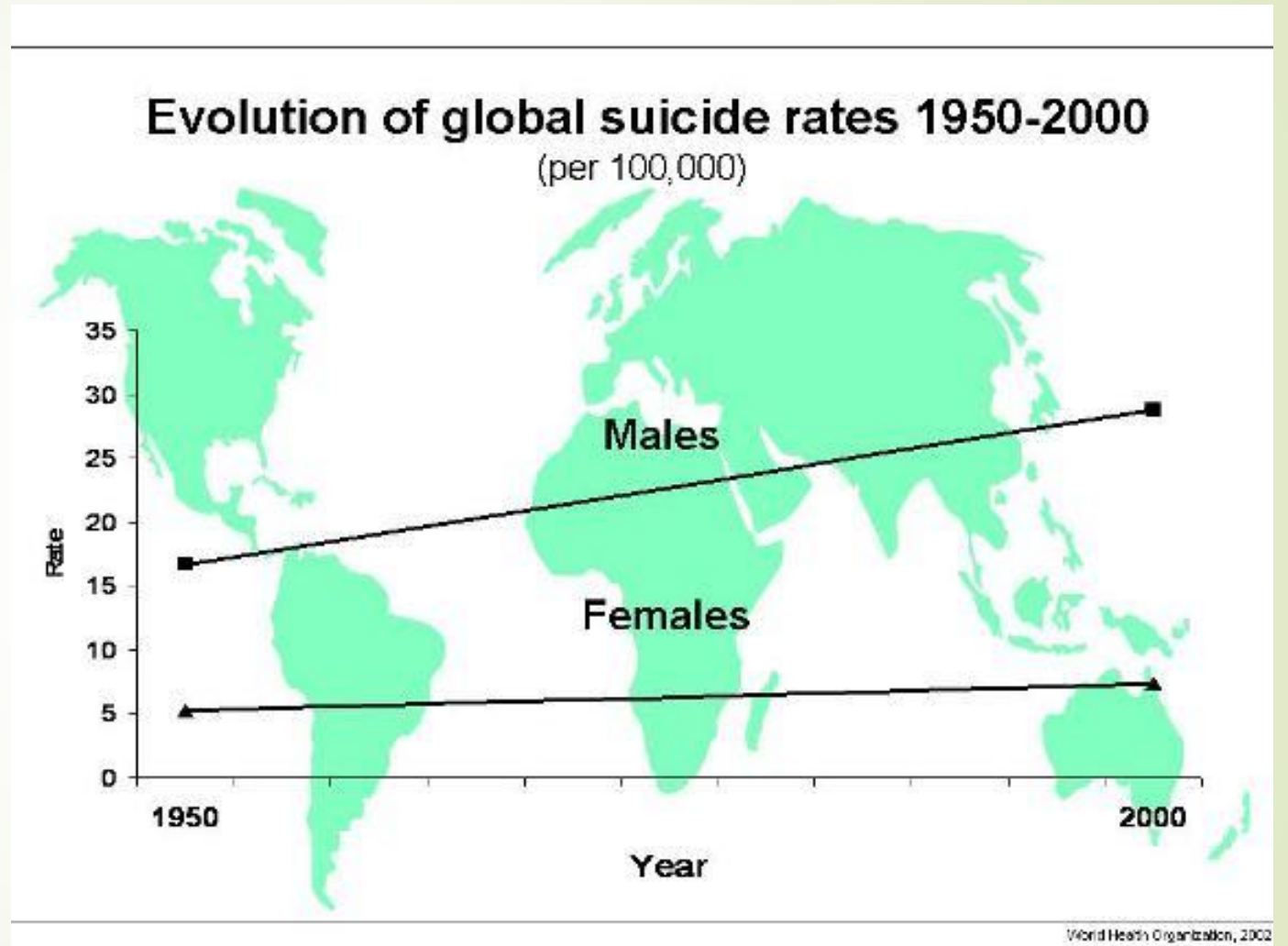
NOTES: Suicides are identified using *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.

Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 1 at:

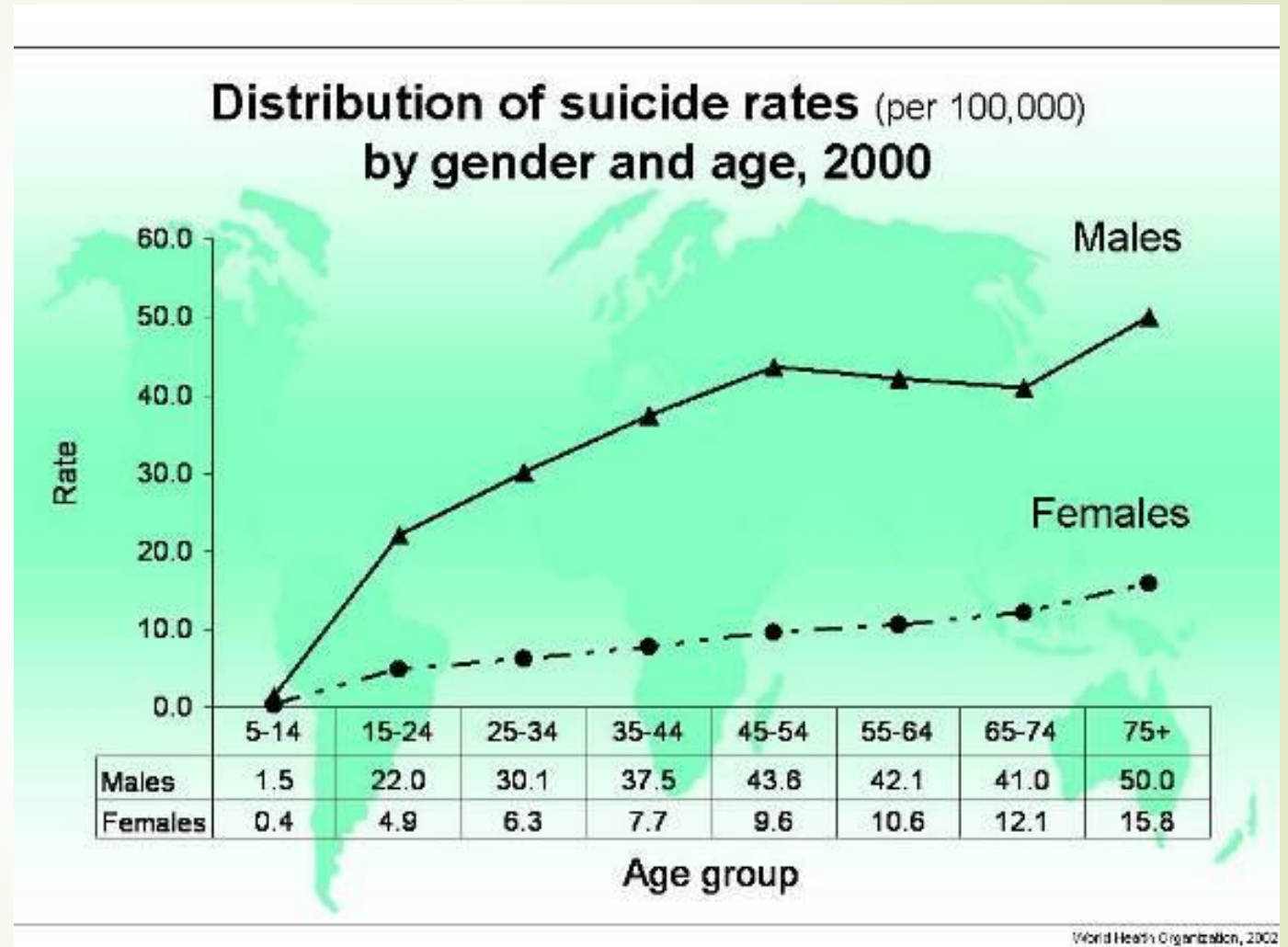
[https://www.cdc.gov/nchs/data/databriefs/db330\\_table-508.pdf#1](https://www.cdc.gov/nchs/data/databriefs/db330_table-508.pdf#1).

SOURCE: NCHS. National Vital Statistics System. Mortality.

The overall suicide rates in the world are slightly on the rise

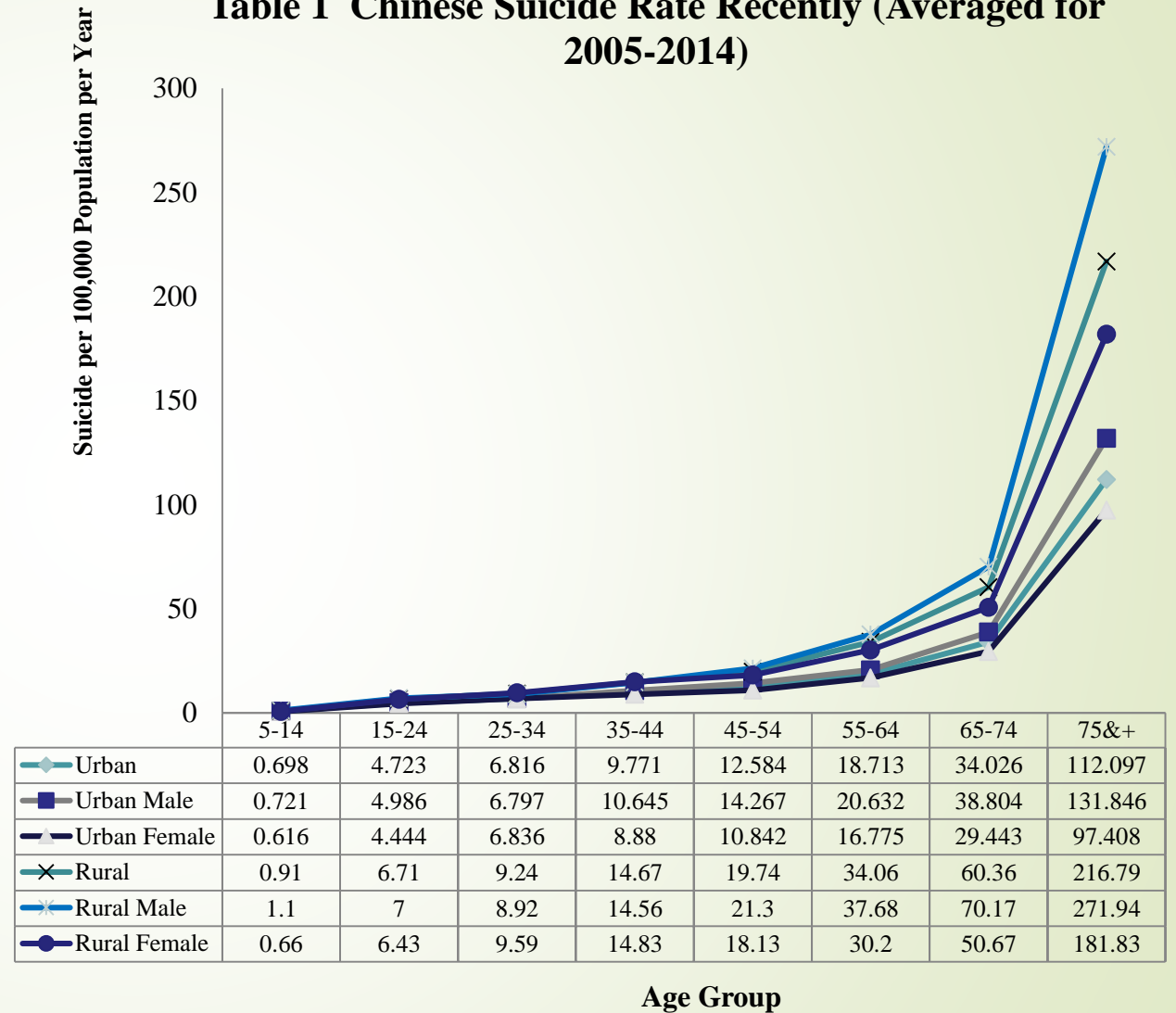


# Distribution of suicides rates (per 100 000) by gender and age, 2000



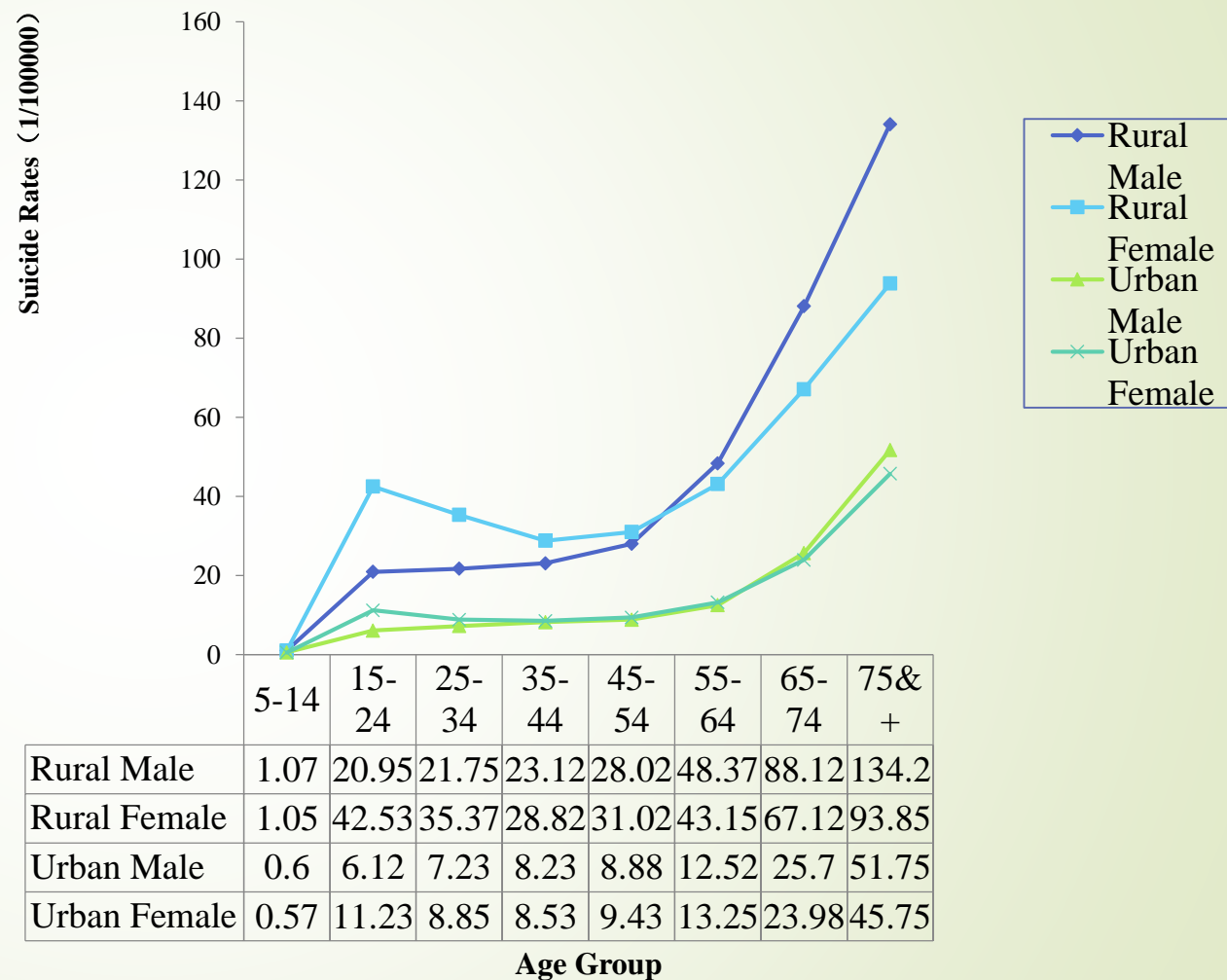
In contrast, the overall suicide rate in China has decreased from 23/100,000 in 1999 to 8.61/100,000 in 2017, marking a 63% drop over past two decades

**Table 1 Chinese Suicide Rate Recently (Averaged for 2005-2014)**

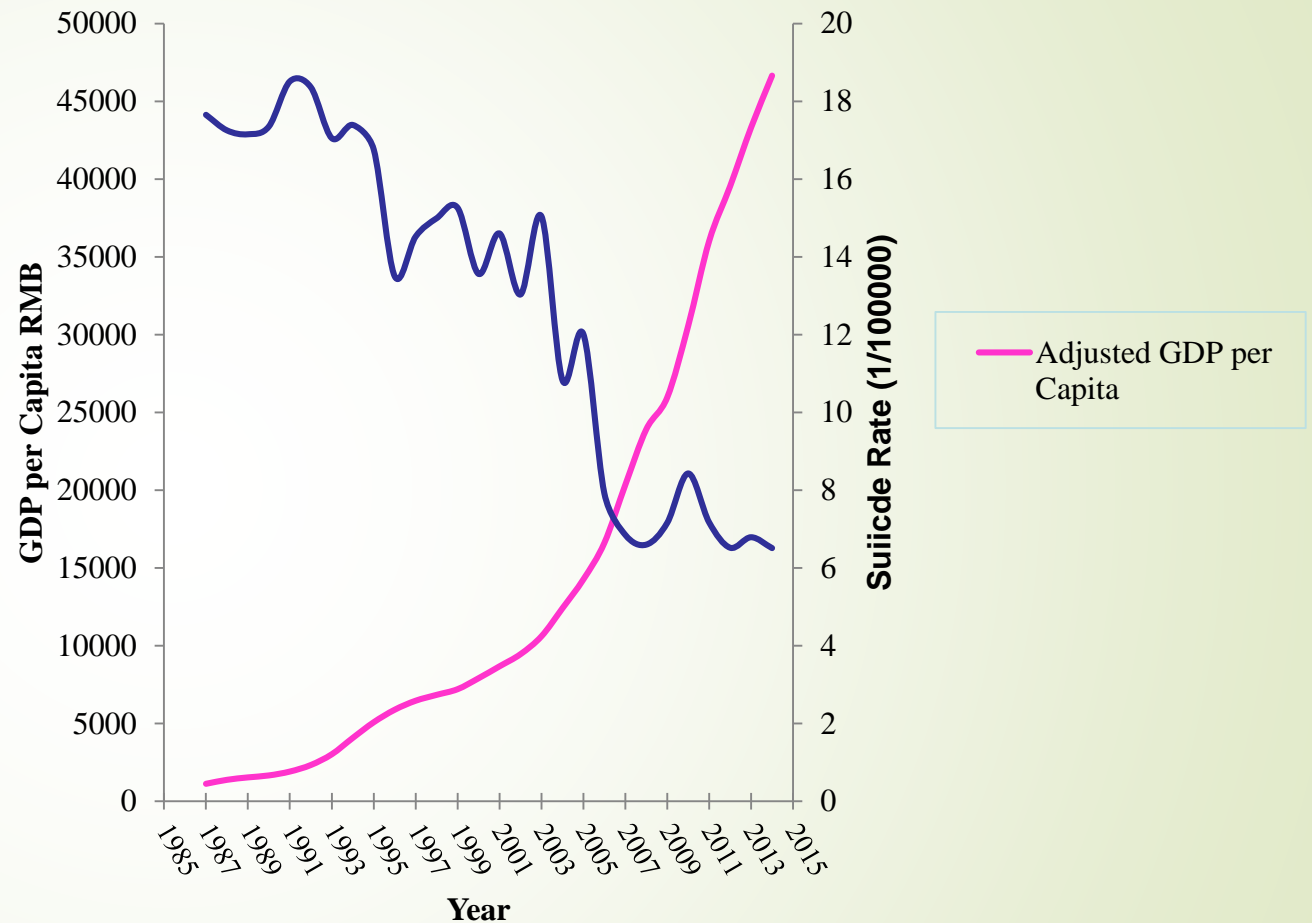


# Suicide Rates and Pattern in China Used to Be

**Table 2 Chinese Suicide Rates (Averaged for 1987-1994) by Age, Gender, and Location**



# Drop of Suicide Rates and Rise of Economy in the Past 30+ Years in China



**Figure 1 Overall Suicide Rate and Adjusted GDP per Capita**

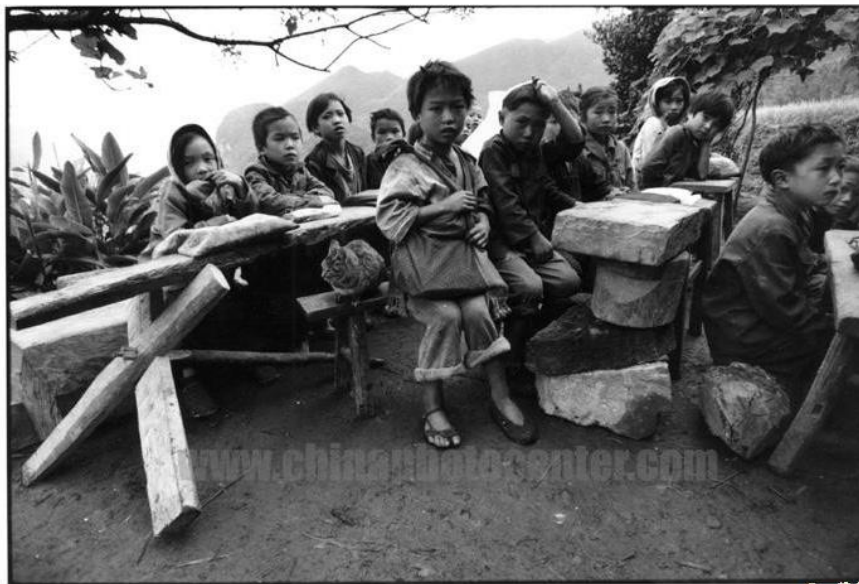
The most dramatic decrease has been observed in rural young women under 35

	1995	2014	Ratio
Total	16.76	6.51	2.57
Male	15.28	7.49	2.04
<b>Female</b>	18.16	5.75	<b>3.16</b>
Urban	4.08	5.48	0.74
<b>Rural</b>	20.94	7.76	<b>2.70</b>
Urban Male	3.79	5.71	0.66
<b>Urban Female</b>	4.36	4.29	<b>1.02</b>
Rural Male	19.04	9.65	1.97
<b>Rural Female</b>	22.71	7.51	<b>3.02</b>

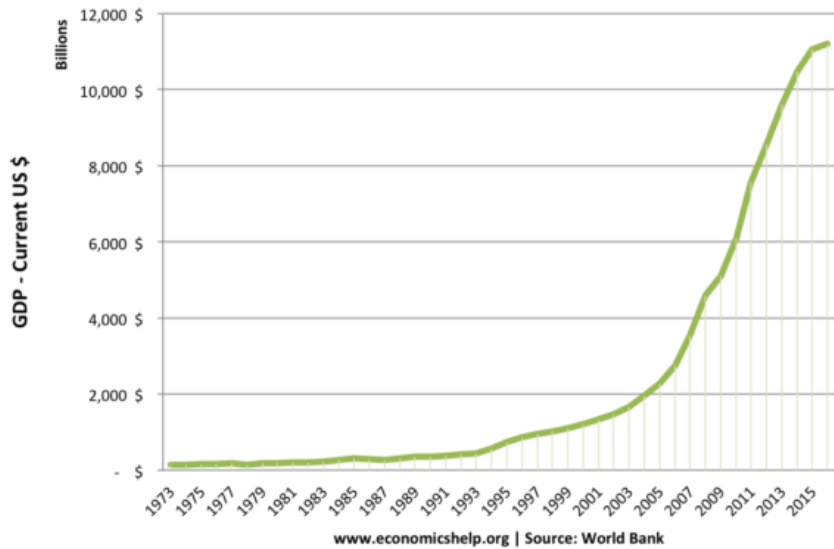


# What happened in China in the past 40 years?

1. Fast economic development has rapidly improved the quality of life
2. Migration to urbanized areas reduced rural populations
3. Modernized and liberal social values liberated rural women
4. One-child one-family policies made young women more valued
5. Surveillance-based counseling monitored youths on campuses
6. The governmental media control curbed the contagion of suicide



Chinese GDP current US \$



www.economicshelp.org | Source: World Bank

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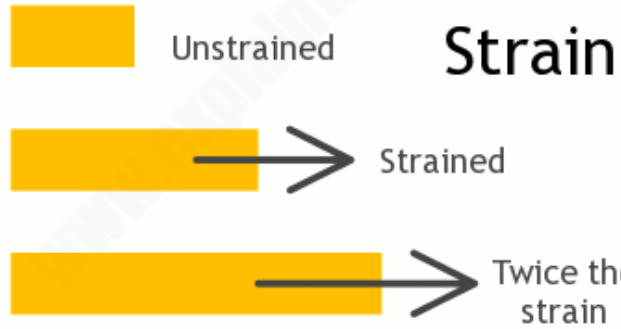
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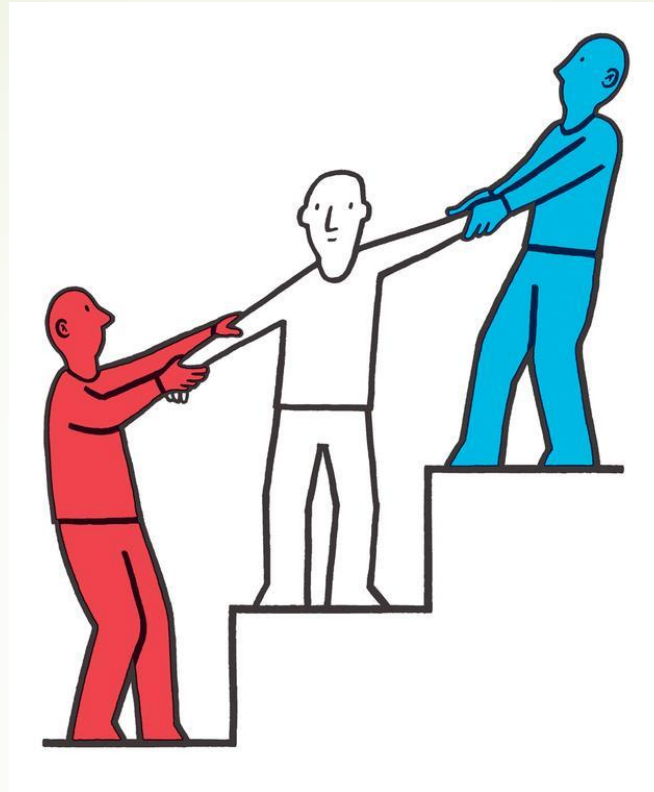
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# Stress



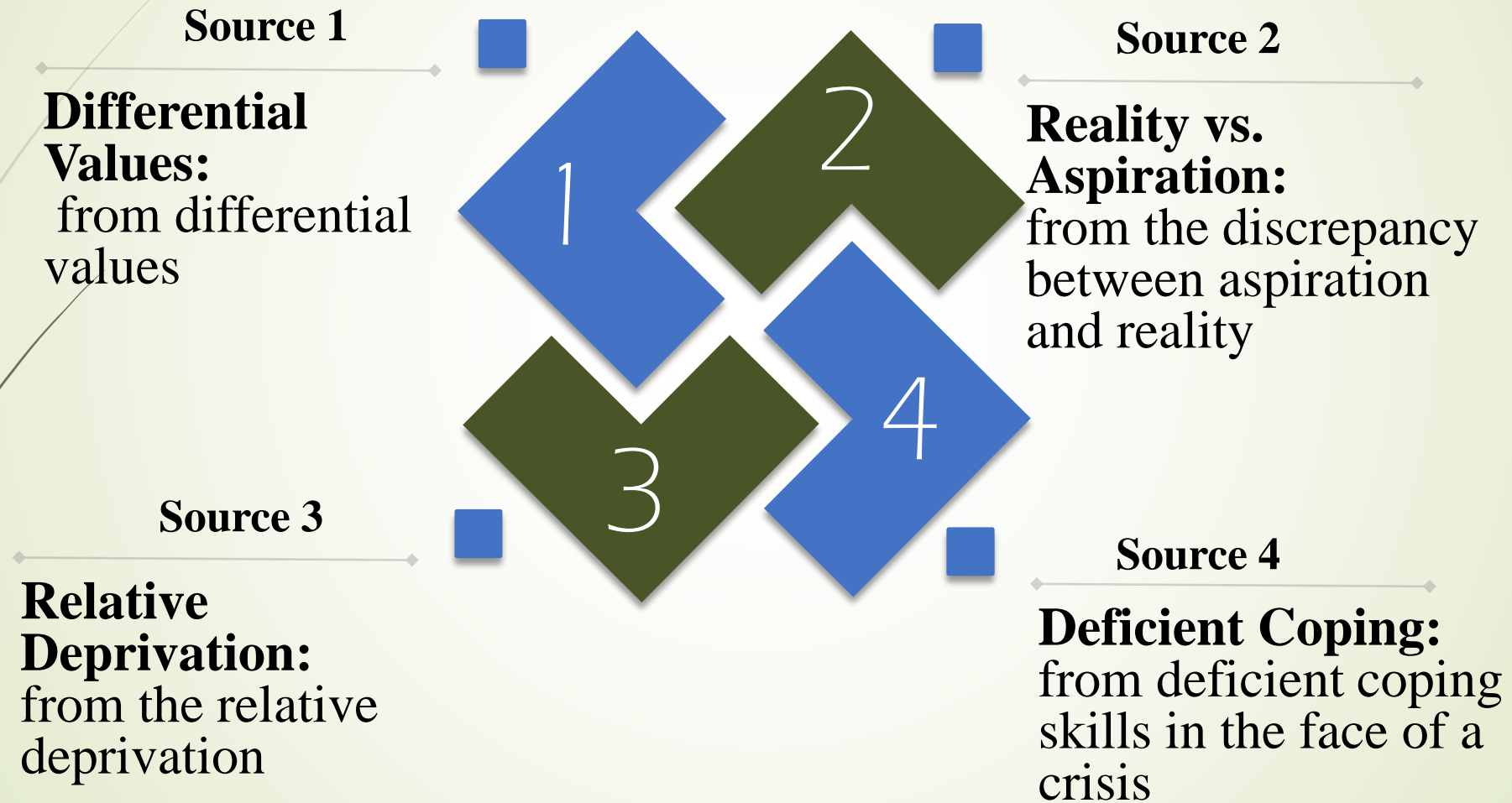
www.explainthatstuff.com

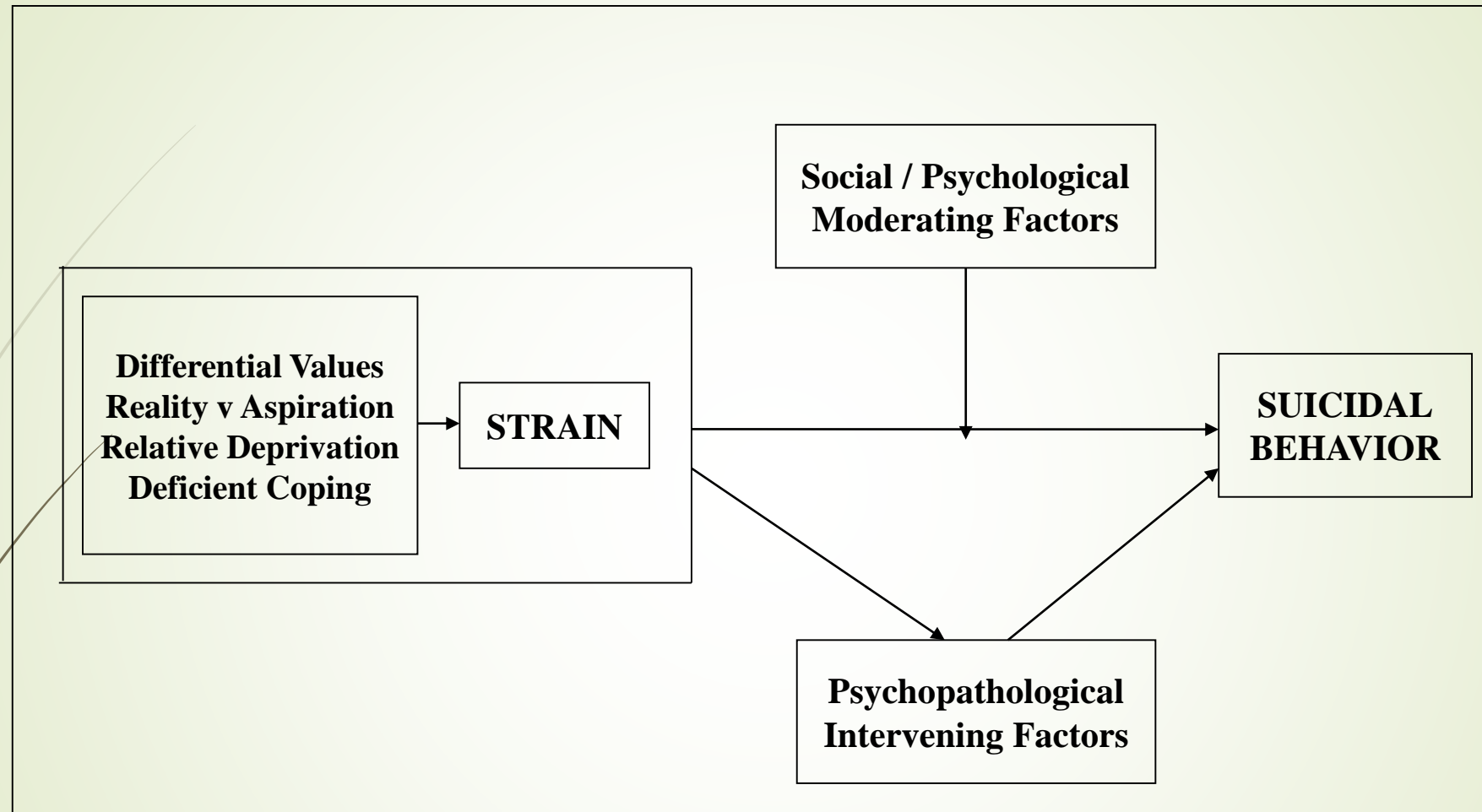


# The Strain Theory of Suicide and Mental Disorders

# The Four Sources of Strain for Suicide

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**The Social Psychological Model of Suicide**



# Thank you and input welcome!

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