

Parent Handouts What to Do and Available Services/Resources

If your child needs to be transported to an emergency room (ER), there are three ways this can occur:

1. Calling 911

Call 911 when the child is in immediate danger of self-harm. Request a Crisis Intervention Team (CIT) trained officer to assist and possibly transport your child to the ER. CIT officers are well-versed in dealing with individuals in crisis. If there is a specific cultural or language need, mention this during the 911 call. If your child is transported to an ER, the law enforcement officer will often handcuff them for both your child's and the officer's safety. It is important to remind your child that this is being done for their safety, not because they are a criminal.

2. Calling Uplift Family Services (<http://www.upliftfs.org>).

UFS provides Santa Clara County's (SCC) Child and Adolescent Mobile Crisis Program 24-hour crisis line at **408-379-9085** or **1-877-41-CRISIS**. This is a mobile mental health crisis unit in SCC for minors (under 18) only (<http://upliftfs.org/services/crisis/>). The crisis unit will do an assessment and call the local ambulance service if they determine that your child needs to be taken to the ER.

3. Transporting Your Own Child

Transporting your child to the ER yourself is **not** recommended. Driving while helping a child in crisis is not safe. For the safety of you and your child, have a second adult with you. Do not take your child to an Urgent Care facility. Urgent Care does not have the capacity to deal with an emotional/psychological crisis and will transport your child to an ER via ambulance.

Getting Help: What to Expect

When your child's distress is first identified:

If 911 or UFS determines that your child is in immediate danger, they will be transported to Emergency Care. The law enforcement officer may initiate a 72-hour hold for a psychiatric evaluation, called a California Welfare and Institution Code (WIC)5585 for minors or WIC5150 for adults. To place a person on a hold it must be determined that they may harm themselves or others, or that they are gravely disabled (lack the ability to care for themselves).

If an ambulance is called for transport to the ER you may or may not be allowed in the vehicle with your child. If you are not allowed in the ambulance be sure to find out which facility they will be taken to. Youth in crisis are transported to the nearest hospital emergency room. Palo Alto police will send or take your child to the Stanford ER. The ER staff will conduct a full physical and psychological assessment. Be aware that, if your child is agitated, the hospital staff may opt not to calm your child with medication so as not to mask any symptoms. A guard may be placed outside your child's door in the ER; again, this is done for their safety. You may be able to sit with your child while in the ER; however, at times you will be asked to leave in order for the physician to speak in private with your child. Depending on the outcome of this assessment they could either be admitted, released or transported to an in-patient facility.

If it is determined that your child is **not** in immediate danger and is released, the attending physician should review with you discharge plans, including immediate steps to take to ensure continuing care for your child. You should follow up **immediately** with the child's primary care doctor or therapist. It is vital that you seek follow up care for your child (see Mental Health Resources list and the HEARD Alliance's mental health provider/organization search: <http://www.heardalliance.org/business-directory/>)

Other parents who have experienced their child's crisis situation strongly recommend bringing a notebook to record information from healthcare providers, instructions, and observations. This is vital due to the stress you are experiencing and the quantity of new information. Do not hesitate to ask questions.

It is also important that you find support for yourself. (See attached Self Care Advice for Parents with a Child in Crisis.) Expand your compassion circle to include supportive family and friends. Your child will also benefit from knowing there are those who support them just like they would be supported if they had a physical illness.

When your child is hospitalized:

Once the attending doctor determines that your child is medically stable they will be transported to a psychiatric care facility. There are no in-patient beds for the psychiatric care of minors in Santa Clara County. Stanford's Emergency Department most commonly hospitalizes youth in need of psychiatric care at St. Mary's Hospital in San Francisco, Mills Peninsula Hospital in Burlingame, or Alta Bates Hospital in Berkeley. Once hospitalized, parents of minors have access to their child's medical records unless it is determined the child's safety will be compromised if this information is released. Parents can always provide information about their child.

Several things are done in a psychiatric unit for your child's safety:

The unit will be locked. There are restrictions on possessions, including clothing (no belts, straps, shoelaces, etc.), sharp objects, cigarette lighters, and other possibly dangerous objects. You may bring your child some of their favorite possessions (quilts, pillows, pictures, food, etc.). Often the hospital staff provides a list of acceptable items you can provide that will give comfort to your child.

Stabilizing your child requires a variety of services:

An assessment is conducted by the professional team, usually consisting of a psychiatrist, psychologist, nurse, and social worker. Treatment may consist of a combination of talk therapy, mindfulness-based meditation, group support, medication, etc. Family may be included in support or therapy sessions. In order to understand the treatments that are recommended and to begin to process your child's care plan, it is important that you work with the care team. You should keep your child's care team informed of any effects of treatments that you notice. Treatments and medications (dose, frequency, type) may be adjusted depending on their effects.

Supporting your child during their hospital stay:

Your visiting hours will be limited. Often you may visit only in the evenings on weekdays and from midday to the evening on weekends. Telephone and email contact is allowed.

Your child has been through an exhausting experience and is working hard to get well. They may feel frightened and excessively tired. At this point your child is safe and your non-invasive support can be most helpful. It is important that your child knows people do care. You and trusted friends and family can bring some lightness into this serious situation by providing supportive comments and conversations that do not focus on the crisis, in spite of how worried you are. Ask the staff how you can best support your child, understanding that the answer may be to just let your child be. Your child may just need to have down time when they are around you. It is also important that you are open-minded and compassionate towards others who are in the hospital. Remember that they are hurting and in crisis as well.

When your child transitions out of the hospital:

When your child is ready to leave the hospital environment, you will create a Discharge Plan with a discharge planner and your child's care team. It is important that you understand the goals of this plan. For your child's safety, care should not end with their hospital release. Depending on the setting that will most enhance your child's recovery, it may be recommended that your child transition to a residential home or a day program before returning home.

Often, subsequent suicide attempts occur shortly after leaving a treatment facility or ER. Vital to your child's safety is means reduction, which is "reducing a suicidal person's access to highly lethal means" (Harvard School of Public Health Means Matter, <https://www.hsph.harvard.edu/means-matter/>). Reducing access includes removing firearms and alcohol; monitoring medications; and limiting the quantity of potentially poisonous substances present in the home. See "Recommendations for Families" for more information: <https://www.hsph.harvard.edu/means-matter/recommendations/families/>.

When your child returns home they must have an immediate follow up with their psychiatrist/psychologist. Accompany them to the first appointment for support and to guarantee that they attend. Encouraging ongoing attendance at therapy sessions is a must.

In order for your child to return to school the attached Health Plan form must be filled out by your psychiatrist or psychologist. This form will allow the school psychologist or counselor to communicate with your child's care provider. A meeting will then be arranged so that you and your child can make a School Re-Entry Plan with the school psychologist or counselor. This plan ensures that when your child returns to school, they do so in a manner and at a pace that will potentiate their ongoing success and well-being.

It is also important for you and your child to create a Safety Plan with the school psychologist or counselor. This is a personal plan about how to deal with a subsequent crisis, including a list of individuals and resources your child will contact in a crisis. (See the Personal Safety Plan)

Key to the recovery of your child is vigilance. By listening and providing encouragement and understanding your child can feel hopeful. Your continued support adds value to medical services and helps your child continue on the path of recovery.