Global Behavioral Health Crisis Care Principles

Crisis Now III Summit Amsterdam

June 2024

PREFACE

Building on the learnings of the past four years

In 2019, the participants of the Crisis Now II Global Summit developed the International Declaration in Washington that called on governments, health care leaders, business and community led organizations to deliver crisis care that is on par with medical emergency care so that:

- Quality crisis care is available for … Everyone
- Quality crisis care is delivered … Everywhere
- Quality crisis care can be accessed … Every time

Those participants who came together in September 2019 could not foresee how the importance of their call would be elevated by COVID-19 and the surge of hospital-based care in early 2020. During the pandemic, the world saw double digit increases in depression and anxiety rates with millions of people experiencing behavioral health crises (WHO). While there is wide variation in crisis care principles, systems, and practices around the world, in the past few years, many countries have advanced their crisis care models with the goal of delivering immediate access to care that makes the person feel cared for when and where it is needed; including the integration of virtual or telehealth care services.

Behavioral health systems building around the world

As health systems and global leaders have turned their focus from an initial pandemic response to systems building, participants in the International Crisis Now III Summit noted that the development of global behavioral health crisis care principles is essential to advancing this issue as a high priority on the world's public health agenda:

- Just as in physical health, behavioral health crisis care can save lives
- Variation in crisis care availability or quality leads to barriers to access to potentially lifesaving care
- Global crisis care principles can help countries develop or improve their mental health and substance use crisis care systems
- Collaboratively developed crisis care principles informed by a multitude of global perspectives are best positioned to meet the needs of communities throughout the world

What are principles? *They are a framework meant to be universal and lay out what is aspirational across countries and systems and are not meant to represent values or standards by which to measure performance.*

Who are they for? *Principles are for public health leaders who shape health systems globally, including leaders in health ministries and international organizations, as well as anyone delivering crisis care around the world.*

In 2024, 100+ health leaders came together to develop global crisis care principles to help public health leaders shape and improve current systems and outcomes for individuals affected by suicidal, mental health, or substance use crises and the communities and systems who support them. We hope these principles will help inform leaders throughout the world as they build and adapt their health care systems, programs, and practices to meet the unique needs of their communities.

David W. Covington, Recovery Innovations

Kana Enomoto, McKinsey Health Institute

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A note from people with lived experience at the Crisis Now III Summit

Crisis care must align with the principles of the WHO's Quality Rights Initiative.[1]

Crisis care must have, as a foundation, respect for a person's human rights essential to trauma-informed care and recovery. That means that the person most affected is primary in decision making about their own care, individually and systemically. Each person must receive information about their rights and choices, in their choice of language, and have access to independent advocacy.

The understanding of crisis and the response to it varies globally and culturally, and more privileged countries must practice cultural humility and cultural awareness in knowledge exchange.

Similarly, the unique expertise of people with lived experience is essential to good care, not an add on.

Evaluation criteria must be driven by people with lived experience.

- *Amy Watson*
- *Himali Pandya*
- *Jennifer Chambers*
- *Kelly Davis*
- *Keris Jän Myrick*
- *Kimberly Wing*
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- *Steve Miccio*

[1] For more information, see "WHO QualityRights e-training on mental health"

Global Behavioral Health Crisis Care Principles

Health leaders across systems and geographies can build on and tailor these principles based on their communities and cultures

Principle 1: Providing safe, accessible and belonging-centered care

- **Limit restrictive means in crisis response**: Develop a system of care designed to resolve issues in the home or community wherever possible, and relying on hospitals or law enforcement only when clinically or legally necessary. Prioritize approaches that do no harm to individuals[2], their families, caregivers, or the broader community
- **Measure belonging and access gaps**: Identify who feels connected to and supported by the system, and address gaps in access and support for at-risk and underserved populations. Regularly assess whether services foster a sense of connection and value
- **Embrace cultural and linguistic care needs**: Build systems, programs, and practices that strive to create environments where all individuals feel seen, understood, and respected
- **Cultivate workforce connections with local communities:** Recruit and invest in workforce development within the communities served, ensuring care is provided by individuals who reflect and understand those communities. Support the workforce in creating a sense of belonging
- **Ensure responsible technology use**: Creating technology platforms that improve access to quality care, support effective and safe collaboration, and enhance data-sharing when needed to improve care delivery, while being respectful of confidentiality and privacy concerns

Principle 2: Centering in lived experience and person-driven approaches

- **Embed in design:** Ensure lived experience is present in all levels of crisis care design
- **Embed in delivery:** Ensure lived experience is present in all crisis care delivery levels
- **Offer recovery-based approaches[3]:** Recovery Oriented Systems of Care (ROSCs) are person-centered and focus on building on the strengths and resilience of individuals, families, and communities to reduce harm and improve health, wellness, and quality of life
- **Put people at the center of care:** Ensure person-centeredness and empowerment in crisis care

Principle 3: Ensuring timely access to supportive care for all

- **Adapt based on the individual:** Ensure that the timeliness of care fits the context of the individual, as defined and determined by the individual needing crisis care[4]

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2 Examples include: A) Offering a wide range of choices of treatment (e.g., emergency communication call center with triage or supported transfer, law enforcement or specialized law enforcement crisis response, non-law enforcement crisis dedicated team, telehealth), B) Removing incentives for not being individual-centered, C) Training law enforcement, judges, multi-disciplinary teams on crisis response protocols, D) Mapping the current status of processes to identify how to transition to individual centered ones

3 Recovery based approaches empower individuals to make their own choices about their care including mental health care

4 Access can be defined as providing resources that are relatable to a person's lived experience and that they are willing to utilize; access must include choice. Every individual regardless of location, socioeconomic status or cultural background has the right to a crisis response to their self-defined crisis need in a self-defined time

- **Adapt based on the context and community:** Ensure that the timeliness of care fits the context of the local community to leverage culturally competent help[5]
- **Adopt local timeliness standards**: Create expectations around time to access care based on emergency, urgent, and standard levels of health care need
- **Adopt no-wrong-door access:** Create expectations that emergency behavioral health crisis care providers accept referrals analogous to local expectations for emergency physical health care services

Principle 4: Prioritizing and delivering an evidence-informed Public Health or Community Approach

- **Be standardized and comprehensive**: Approaches consider how crisis care fits into relevant public health efforts including considering health related social needs, ensuring all people involved (people and providers) feel safe and supported, and promoting mental health
- **Inform with evidence**: Approaches are built based on evidence-informed and best practice guidance; including research, community-defined evidence, and lived experiences of individuals and families
- **Reduce stigma and encourage decriminalization:** Approach embeds stigma reduction across the age span through communication, education (including decriminalization), and guidance for policymakers
- **Incorporate measurement:** Approach tracks program impact using standardized measures of key outcomes and experiences for all people involved
- **Improve continuously**: Care models incorporate a test and learn approach
- **Invest in workforce**: Approach prioritizes training and expanding the behavioral health workforce to meet community needs
- **Apply technology**: Improve access to care, care coordination, and impact of available workforce through technology
- **Build sustainable funding**: Approach identifies funding mechanisms that support the approach (e.g., both public and private funding)

Principle 5: Collaboration and integration within a broader community ecosystem

- **Integrate crisis care into broader health care continuum:** Crisis care model design and delivery incorporates links from preventative services to crisis response to follow- up care in a seamless way, including hand-offs for the individual
- **Adapt for culture, community, and age**: Care models are adjusted for the cultures, communities, and age cohorts they are meant to support
- **Partner with health and non-health care organizations, institutions, and communities**: Collaborations include a broad range of organizations throughout society, incl. health care providers, schools, universities, employers, law enforcement, religious/spiritual organizations, NGOs, and others

[5] Access can be broadened to include community-based orgs (e.g., Faith based) particularly in rural or remote areas

Participants

The views in this document do not necessarily reflect the official views of the organizations which had staff attend the Summit, nor the official views of the Substance Abuse and Mental Health Services Administration (SAMHSA) nor the U.S. Department of Health and Human Services (HHS). We acknowledge and thank hosts, co-sponsors, and contributors including American Foundation for Suicide Prevention, Arkin, Behavioral Health Link, Centerstone, McKinsey Health Institute, Mental Health America, NASMHPD, Recovery Innovations, and SAMHSA. The principles described here were formed from the discussions in the Crisis Now III summit held in Amsterdam in June 2024 that includes the participants listed on this page.

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