NS Moms

CRISIS-READY

EMERGENCY ROOM

TIPS for Caregivers

2

The NOVA SCOTIA Moms

The Situation Requires an ER Visit

When a mental health emergency strikes, the path to care can feel overwhelming, chaotic, and isolating---not only for your loved one, but for you as the caregiver. The world can feel like it is moving both too fast and not fast enough. Stepping into the ER to support your loved one through a medical emergency is a brave step. Very often, when our loved ones have reached this crisis point, they are too unwell to seek treatment alone.

As a caregiver, you are not a mere bystander; you are a vital part of the care team. Your support and active presence will make a huge difference in the outcome of the experience. NS moms know firsthand how challenging it is to navigate a mental health crisis. We want you to feel empowered to face the situation with courage.

This guide is designed to provide actionable tips to help you stay grounded---speaking up for your loved one's needs and managing the logistics of the situation so you can focus on what matters most - getting your loved one the help they deserve.

Tips - First Visit

1.Always BE PREPARED. Mental Health emergencies can occur at any time. Even though the situation is stressful, it is advisable to present yourself to staff in a calm and respectful manner.

2.Bring a one-page story and a file card with the most important 'jot note' information, i.e., diagnosis, medications, safety risks, current psychiatrist, recent symptoms *(specific descriptions with dates/times are very helpful).*

3.Carry a printed photo of your loved one when he/she was well. The difference now that your loved one is unwell should be obvious to staff.

4.Ask as many support people as possible (family, friends) to send collateral information for you to share at the ER. Get someone to accompany you while you are in the ER. The more people who can provide information about your loved one's situation, the better the chance of admission if necessary.

5. If your loved one goes to the ER, and leaves before being seen by the Mental Health Team, request that an Alert of Possible Patient Risk *form* be initiated by the Community Treatment Team. This form will be sent to Emergency Psychiatry Services and the Mobile Crisis Team and should be in effect for two weeks.

6.If the ER recommends that your loved one be discharged and you agree that it is *safe*, ask/insist for a copy of the discharge instructions.

7.If you feel discharge is *unsafe*, ensure your safety concerns are documented and record the criteria that were used to decide against admission. Check that a psychiatric assessment was completed.

8.If you are asked to take your loved one home with you, ask for a copy of the discharge plan. Say that you need time to prepare to receive your loved one. Give your reason, particularly if safety is a concern. Ask that your request be documented with your reasons.

Tips - Subsequent Visits

9. Bring the most recent hand-written copy of the Special Care Plan *(aka Relaps Prevention Form)* with you. Present all items in *(Tip 2 & 3)* to the staff *(for tip #2, add the number of hospitalizations with dates)* and ask that it be added to the medical record.

10. Ask the triage nurse to bring up the current *Special Care Plan* on the electronic health records system. If your loved one has a clinician/clinical team, it should have been entered.

11. Nova Scotia Health strongly encourages all clinicians to create a Special Care Plan with patients. If you are listed on your loved one's Circle of Support (see below), you can ask to be involved in its creation. The Special Care Plan is required to be updated annually.

Trusted caregivers are always permitted to send collateral information for the Health Records (even if there is no consent).

Circle of Care and Circle of Support

It is important that you understand about your loved one's Circle of Support and Circle of Care, see the following link -

https://www.nshealth.ca/patient-education-resources/1849

How to report ER Failures

Emergency Room care that is exemplary should always be complimented. Likewise, Emergency Room failures should be reported to the appropriate hospital leadership asap. This reporting requires a formal, documented approach focused on lack of duty to care and patient safety.

Follow these steps:

1.Request a Patient Advocate if available.

2.Contact the hospital's Risk Management Department if there is one.

3.Document EVERYTHING (detailed log of events with dates, times, names of staff,specific behaviours, and any treatments denied). Be sure to note the severity of the mental illness and the patient's lack of capacity.

4.Identify the appropriate person to send the complaint to at the links below. You may have to phone the hospital, as leadership positions vary from facility to facility.

5.Send a CERTIFIED letter via mail (to prove receipt). Also send it via email (to ensure a digital trail). Request a response within a specific timeframe.

Alphabetical Hospital Look Up:
https://www.nshealth.ca/locations-and-facilities

Executive Leadership (https://www.nshealth.ca/locations-and-facilities no CEO at Hospital)
https://physicians.nshealth.ca/physician-leadership-directory

See also: https://www.nshealth.ca/contact/patient-relations

See also: https://nsmoms.ca/toolkit

Tips - If your Loved One Refuses Your Involvement at the ER

12.There is absolutely no law preventing you from sharing information with hospital staff. Inform hospital staff verbally and give them any written information that you believe they must have.

13. Without consent, hospital staff may not be able to share some information to you. That is a completely different matter from you providing information to hospital staff.

14.Be sure to provide the one-page story, the file card, and the Relapse Plan (mentioned in Tips 2 and 4 above) to the triage nurse or the attending psychiatrist.

15.If your loved one does not want you to be in the room during assessment, ask to speak with the psychiatrist or social worker separately. Let them know that you have vital collateral information regarding the patient's health that your loved one may not have the capacity to share.

16.If your loved one is excluding you due to symptoms like paranoia, delusions, and lack of insight, state this clearly to staff.

17.If you have previously been identified in the Special Care Plan as the Primary Caregiver or Substitute Decision Maker, remind staff of this. Even if your loved one is currently refusing your presence, those pre-existing roles may give you the legal right to be consulted.

18.If you are not permitted to be in the treatment room, stay in the hospital. Clinicians should encourage patients to consent to you being involved and the medical team may need to reach you quickly. You may be asked to provide safe transition to home if the patient is discharged.

19.If the situation becomes volatile due to your presence, notify staff that you are going to a different part of the hospital to wait and hand them your collateral information.

Some Emergency Contacts

In any emergency - call 911

Mental Health Mobile Crisis (Central) 902-429-8167 (Rest of the province) 1-888-429-8167

Mental Health & Addictions Intake Line -

1-855-922-1122 (Mon-Fri 8:30am-4:30pm; Tue/Thu until 8:00 pm; to connect with clinicians)

Virtual Care in Mental Health & Addictions: yourhealthns.ca, (use YourHealthNS app)

Nova Scotia 211: help@ns.211.ca, call or text 2-1-1 (24/7 free service, confidential information and referral service to connect you to mental health services across NS)

Suicide Crisis Help Line: 988.ca, call or text

9-8-8 (24/7 safe space to talk

Read This Important Advice!

Information in this pamphlet is based solely on actual experiences of many trusted caregivers. We are not lawyers. We are not doctors. This is not legal or medical advice. NSMoms can accept no responsibility for how you choose to use (or not use) this information.

NSMoms.ca/toolkit

Cover page design Cyndi Corbett.