Resource Kit for Emergency Visits/Emergency Situations

This resource is intended to help prepare families who may be faced with an emergency situation with their children/youth due to mental health disorders/illnesses.

This kit was designed by families for families.

Being prepared for an emergency before the emergency happens can help to minimize risk and trauma.
Name: ________________________________

Address: ______________________________________
________________________________________

Phone: ________________________________
Disclaimer

The material in this Emergency Resource Kit is intended to help families and caregivers understand what to expect in emergency situations, and help keep all information handy should an emergency situation occur. By its nature, this kit provides information, but is not a complete review of every situation that you may encounter.

This kit is for general reference. This kit is not intended to cover every possible issue that you may encounter when struggling with children's mental health problems.

This kit should not be relied on as legal advice or a professional opinion. You may contact Children’s Mental Health Ontario for more information about services in the province. If you have a question about your legal rights, you may wish to consult a lawyer.

- Children's Mental Health Ontario website - www.kidsmentalhealth.ca
- Parents for Children's Mental Health (PCMH) website – www.pcmh.ca

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Do You Need Translation Services?

Mental illness is often stigmatized in any culture. It is important that you obtain information to help you treat your child's illness. Don’t wait until the situation is urgent. It can be very lonely and scary for the parent raising a child who has special needs even when you have lived in this country from birth. Find someone to talk to and talk to your doctor.

TRANSLATION/MULTICULTURAL SERVICES:

Centre for Addictions and Mental Health – www.camh.ca – fact sheets in 16 languages - www.camh.ca/About_Addiction_Mental_Health/Multilingual_Resources/index.html
Yellow Pages – www.yellowpages.ca/ or check your local listings under “Translation”

To access resources please visit:
www.ementalhealth.ca
Who Is This Guide For?

Almost 1 in 5 children in Ontario between the ages of 3 and 17 have a diagnosable mental health disorder. Of these approximately 500,000 children, 3/5 or about 300,000 of them have more than one disorder. (Source: Children’s Mental Health Ontario)

As parents supporting parents, Parents for Children’s Mental Health recognizes that child and youth mental health is one of the least talked about and most common childhood problems today. In our vastly varied experiences, we have found families raising a child with a mental health disorder often face situations where they need to access emergency services or resources.

It is the goal of this kit to share with families some information to enable them to be better prepared for emergency situations that may arise.

Who is this guide for?

- Families whose children/youth may face admission to the hospital
- Families who feel they need to have safety planning in place for their child/youth
- Families who present to the Emergency Room with their child/youth
- Families who contact 9-1-1 due to their child/youth being at risk to themselves or others
- Families seeking to support or advocate for their child/youth

Parents For Children’s Mental Health

Parents for Children’s Mental Health is dedicated to improving the experiences of families within the child and youth mental health services sectors. PCMH is the voice of families that shape and impact systems to promote mental health services that are delivered in an effective and timely manner.
Emergency Binder
Contents Check List

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>A Recent Photo</td>
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<tr>
<td>Individual Information Sheets Completed</td>
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<tr>
<td>Crisis Support Services Contact Information Sheet</td>
</tr>
<tr>
<td>Mental Health Information and Fact Sheets</td>
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<tr>
<td>Pencil Case with Pen</td>
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<tr>
<td>Copy of Health Card</td>
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<tr>
<td>Change for Parking</td>
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<tr>
<td>Blank Paper for Notes</td>
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Note:

• The binder should only contain relevant information for the specific individual involved
• The contents of the emergency kit should be current
• Try to keep all information as clear and concise as possible
In an Emergency - Dial 911

Ensure that you and your family are safe. 911 is for police emergencies, fire or serious accidents, or when you fear for the safety of the child, other family members or yourself.

Remember... It is not your fault, take time to breathe, relax and don’t be afraid to ask for help.

Emergency Room Locations:

PROTOCOL IN THE EVENT OF AN EMERGENCY/CRISIS

1. Ensure that you and your family are safe.
2. Assess the situation and then proceed with one of the following:
   • give the person time to calm on his/her own. If possible, maintain a calm, quiet environment.
   • call one the Family Mental Health Helpline (1-866-531-2600) for a listening ear, support or strategies to help support the person.

Family Mental Health Helpline (1-866-531-2600)

   • call family and friends to care for other family members if required.
   • call 911 if you cannot transport person to hospital and make arrangements to follow or accompany ambulance.
   • if you can transport patient go to the Hospital Emergency room. Ensure you have basic information, medication and money for parking.

3. Reassure the person that is in crisis. “I'm here to help”, “I'd like to know how I can help.”

Create a safety plan if you believe this could happen again. See our template for creating a safety plan. This includes what to do in crisis and emergency situations.
### IMPORTANT CONTACTS

<table>
<thead>
<tr>
<th>Family Doctor:</th>
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<tr>
<td>Psychiatrist:</td>
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<td>Psychologist:</td>
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<td>Pediatrician:</td>
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<tr>
<td>Other:</td>
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<td>Other:</td>
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<td>Other:</td>
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**Important things to remember:**

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**Other Notes:**

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## Individual Information Sheet

### Personal Information

Person's Name: ___________________________ Date Completed: _______________________
Address: ________________________________________________________________________
________________________________________________________________________________
Phone: ______________________________  Healthy Card Number: __________________________
Able to provide consent:   YES   NO   UNKNOWN        Sub-Decision Maker:   YES   NO
Guardian(s)   Name(s): ______________________________________________________
               Phone: __________________________________________________________

### Psychiatric Information

Case Manager   Name: ___________________________ Phone: ______________________
               Agency: _________________________________________________________
               Primary Contact: _______________________ Phone: ____________________
Psychiatrist   Name: ___________________________ Phone: ______________________
               Address: _______________________________________________________
Psychiatric Diagnosis: _________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

### Medical Information

Family Doctor   Name: ___________________________ Phone: ______________________
               Address: _________________________________________________________
Medical Diagnosis: _____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Other Relevant Medical Information: ______________________________________________
____________________________________________________________________________
### Individual Information Sheet

**Pharmacy:** ________________________________  **Phone:** ____________________________

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Time</th>
<th>Prescribing Doctor</th>
<th>Target Symptoms</th>
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**Other Relevant Medication Information (eg. allergies):**

____________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________
Please include relevant behaviour information, including pertinent safety cautions, necessary for providing appropriate care to this person

Important Safety Information: 
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Behaviour Triggers: 
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Behaviour Strategies:

### Current and Effective Strategies

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<thead>
<tr>
<th>Behaviours</th>
<th>Intervention</th>
<th>Expected Outcome</th>
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### Known Ineffective Strategies

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Intervention</th>
<th>Expected Outcome</th>
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What to Have Prepared For A Trip To Hospital

• It is best to have reviewed the pages on Crisis before you need them.

• Your name, relationship to ill person, medications or list of medications, phone #, etc. We have included a sample form that can be handed to police, ambulance, nurses, etc. when in crisis. Keep a copy in your vehicle or in a safe place that can be easily accessed. (Special Note: You may wish to consider preparing a “Power of Attorney” prior to a trip to the hospital, when your loved one is “well”. Seek advice and guidance from a lawyer in this regard. If you have a Power of Attorney for your loved one, make sure you keep a copy of it in your Emergency Kit and present it at the hospital upon arrival.)

• A roll of quarters, loonies or toonies should also be available in the same location for parking and phone call needs.

• If you have time jot down your main concerns and what was happening that caused you to come to emergency – in the case of teens this can be passed on to team if they do not want you involved.

• If possible bring all medications with you.

• An updated copy of a Safety Plan for your child. (see Creating A Safety Plan)

What to Expect at Hospital

(This will vary, of course, depending on hospital visited.)

• Triage will determine urgency of situation and there may be a wait time or the person may be escorted to a safe room (an empty room, sometimes with cameras to watch patient) for safety reasons.

• If this was a police escort, police will need to stay until doctor has seen patient.

• Psychiatric team member will take patient and talk to them for further assessment. If patient is younger you will accompany them.

• You may or may not be given an opportunity to provide background information. The best way to deal with this is to have written notes that you can pass on to the team.

• Assessment and follow-up may take several hours as an on-call psychiatrist or the patient’s own psychiatrist may need to be contacted.

• Discharge with care advice or admission to hospital will be the final step.
Creating a Safety Plan

“A Safety Plan” is defined as an organized set of guidelines used to supervise and structure space and time, due to the behaviour of your child in that space. It is used to work with and for the safety of the child that is acting out as well as for the other people in the space, including pets and property. A safety plan may be needed in a variety of settings including school and home.

If you are concerned about any safety issues with your child you should consider creating a safety plan with the appropriate professionals as well as with the child’s involvement if possible. It is a good idea to have the child agree with the plan. There is no right or wrong way to create a plan and each child’s needs are unique.

How Do You Know If You Need A Safety Plan?

1. Sexual Acting Out
   • The child is openly masturbating in public areas or in family areas of the home.
   • The child is acting out with the family pet
   • The child is acting out with dolls, stuffed animals or other toys
   • The child is acting out with other children in the school, neighborhood or family. This may include sexualized talk or touch that is inappropriate.

2. Anger Problems
   • The child is verbally abusive to staff, students or family members
   • The child is physically abusive to staff, students or family members or pets.
   • The child destroys property when angry which can result in harming others.

3. Escape Artist
   • The child gets up in the middle of the night to eat or explore or sleep walks.
   • The child leaves school, activities or the house when someone isn't looking or when angry, anxious, etc.

4. Fire Starter
   • The child has a history of, or is known to have a fascination with fire.

How to Create a Safety Plan

1. Define the issue or problem. Be clear and precise.
2. Be clear about who needs to be protected – the child, other children, teaching staff, property.
3. Try to pinpoint when the behaviour occurs if it is predictable. Is it when the child is left unsupervised, when they are anxious, before tests or when told no.
4. Determine who needs to be involved with the plan and who it should be shared with.
5. Set a time limit for the safety plan re: how long you will use it, how often it will be re-assessed and what change in behaviour you are looking for, if any.
6. What happens if the safety plan fails – do you have a list of crisis numbers to call and are you prepared to call the proper authorities if needed – i.e. police, case workers, etc.
7. Re-evaluate the plan and decide if it was a success, what worked, what didn't, what can be changed and what did we leave out. With educational safety plans they may need to be modified frequently.

We recommend that you attach the personal health information to the safety plan so that all data is quickly available.
**Tips for Self-Care**

MOST OF ALL, to be an effective advocate, parent, and partner you must keep your own life going! DON’T create a bubble around you and your child’s illness.

- Take time to enjoy yourself and do things to take your mind away from the illness of your child. Structure your day and stick to a schedule.
- Pace yourself. Don’t be afraid to not always be there.
- Remain positive and optimistic – keep that sense of hope.
- Grieve your loss and dream new dreams.
- If it is indeed a mental illness accept the fact that your child is not choosing to be “bad” and that they may not have control due to the illness.
- Acknowledge that those around you may react negatively to the words “mental illness”. Develop a thick skin. You did not cause the illness and you can not cure it.
- Get counselling if you cannot deal with how you are feeling about the illness of your child – feelings of guilt, shame and grief are normal.
- Sometimes you may need to give up some authority. Let events take place as they unfold. Be ready to compromise.
- Understand that it may take time to make a diagnosis.
- Take time for just you and/or you and your significant other.
- Join a support group and find out as much information as possible.
- Eat healthy foods and drink lots of water throughout the day to maintain your energy.
- Try to exercise or do something active on a regular basis.
- Practice meditation, yoga or other relaxation techniques.
- Get a good night’s sleep even if it means taking the phone off the hook for the evening.
- Try distraction: spending time with pets, going for a walk, watching television, HOUSEWORK!
- Look for humour in unexpected places and laugh out loud!

Practice self-compassion and NOT self-pity.
Support

“When you feel like giving up, remember why you have held on for so long” - Unknown

PCMH Support Groups can offer a port in the storm. To find a support group in your community

www.pcmh.ca/a-z