

Mental health crisis services are different based on where a person lives. The better prepared a person is when faced with a crisis situation, the better the outcome. An effective response system should have:

- **24-Hour crisis lines.** These are the first contact for a person in crisis or their loved one. Telephone crisis services can determine how urgent a situation is, give some simple counseling, information and guide a person to other services.
- **Walk-in crisis services.** Clinics or psychiatric urgent care centers offer aid right away. They work well because they are less intensive than a hospital. Still, they may suggest hospitalization if there is an extreme situation. These walk-in clinics may can reduce unnecessary arrests.
- **Mobile crisis teams** step in wherever the crisis is taking place. They usually work alongside police, crisis hotlines and hospital emergency staff. Mobile teams determine if someone needs to be sent to the hospital and can connect an individual with community-based programs or other services.

Respite Care and Residential Services

Short term care and residential services help stabilize a person, resolve problems and connect them with other sources for ongoing support. They can provide physical and psychiatric evaluation, daily-living skills training, social activities, counseling, and treatment plans. This can be an option if someone does not want to be hospitalized. This service is also a good transition space for after leaving the hospital. There are different ways these services work, depending on how much support is needed:

- **Family-based crisis home support.** The person in crisis lives with a trained “professional family” that gives them practical and emotional support. Mental health professionals also visit daily for treatment.
- **Crisis respite centers and apartments.** 24-hour care and support are given by crisis workers or trained volunteers until a person is stabilized. In some places, peer support specialists give encouragement, support, assistance and role models in a non-threatening atmosphere.
- **In-home support.** 24-hour care and support in the person’s own home. This is used when it is necessary to separate a person from the everyday environment.

Crisis Stabilization Units

Crisis Stabilization Units (CSU) are small spaces of less than 16 beds. This is meant for people in a mental health crisis whose needs cannot be met safely in residential service settings. Getting into a CSU can be voluntary or involuntary. CSUs are helpful when a person needs a safe, secure space that is less restrictive than a hospital. CSUs try to stabilize the person and get them back into the community quickly.

Extended Observation Units (24-Hour Beds)

These are 23-hour beds that can be its own service or used within a CSU. Someone can be in an EOU when the crisis can be resolved in less than 24 hours. EOUs are made for persons who may need short, intensive treatment in a safe environment that is less restrictive than a hospital.

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