

In need of help? Crisis and suicide prevention just a phone call away

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Barry Rose, Crisis Services manager for University Neuropsychiatric Institute, talks about the long-term cost savings and better health care that people who need mental health care receive because of crisis intervention, Thursday, Jan. 16, 2014, in Salt Lake City.

Tom Smart, Deseret News

Summary

Help ranging from emotional support to referrals to community-based services starts with a telephone call to the CrisisLine at 801-587-3000. The line is operated by mental health professionals at the University Neuropsychiatric Hospital.

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Don Finnemore, UNI's crisis intervention specialist

SALT LAKE CITY — In Utah, crisis intervention starts with a phone call.

The CrisisLine is operated by the University Neuropsychiatric Institute is a 24-hour, seven-days-a-week service staffed by mental health professionals. The number is 801-587-3000.

The CrisisLine provides a wide array of assistance depending on what a person needs. It is also the Utah affiliate for the National Suicide Prevention Network Lifeline at 1-800-273-TALK (8255) and provides statewide assistance.

People in Salt Lake County undergoing mental health treatment can also call UNI's Warm Line, a recovery support line operated by certified peer specialists available daily from 3 p.m. to 11 p.m.

Certified peer specialists are people in recovery from their own mental health issues who have been trained to provide support and encouragement to individuals experiencing mental health crises. The Warm Line can be reached at 801-587-1055.

Sometimes people just need emotional support to help them through a rough patch in life. Other times, they need the help of community mental health or other supportive services in the community. The CrisisLine provides those referrals, too. Callers who live outside Salt Lake County are referred to services in their own areas.

"The best crisis assessment is getting people to tell their own story and then to ask some guiding questions," said Don Finnemore, UNI's crisis intervention specialist.

Assessment tools help mental health professionals, who are primarily licensed clinical social workers, to determine the best way to help callers.

"If people stay with you, usually it ends successfully," Finnemore said.

Sometimes staff members determine that UNI's Mobile Crisis Outreach Team is needed to provide rapid, face-to-face mental health assessments and crisis intervention in the individual's own home. Teams made up of a licensed mental health professional and a certified peer specialist travel throughout Salt Lake County to provide assistance.

The program is a partnership between UNI, Salt Lake County and Optum Health and only available in Salt Lake County. The team averages about 200 outreaches a month, said Barry Rose, University Neuropsychiatric Institute crisis services manager.

Many times, the visits from outreach teams are discreet. Team members travel in pairs in their own cars. If a safety or medical issue is at hand, police and fire services also respond. The team also responds to calls for assistance from law enforcement, schools and other community agencies.

Once a situation is under control, team members talk to the person in crisis, their family members and conduct a psychiatric assessment. They then refer them to appropriate community mental health resources and follow up with them to determine if they have gone to recommended treatment or appointments.

"As a clinician, it is a much richer environment to assess someone in their own home," Finnemore said.

Often calls to the crisis line come from family members seeking help for a loved one.

When the mobile teams arrive, it is not uncommon for the person in crisis not to immediately participate in the conversation. But they often join in once other family members discuss their concerns. Then the team is able to reach out to the person in crisis, Finnemore said.

Some people require immediate intervention. UNI's receiving center provides observation and assessment services for up to 23 hours. Most people are stabilized to the point they return to their homes and follow up with mental health treatment providers in the community.

The receiving center serves people who voluntarily seek help, as well as people referred by law enforcement or other agencies.

Finnemore said the receiving center spares patients and their families the expense and emotional upset of an emergency room visit or hospitalization in a psychiatric hospital. The receiving center serves people who voluntarily seek services, as well as people referred by police or other agencies.

Another alternative to hospitalization is UNI's Wellness Recovery Center, which is a short-term residential program for Salt Lake County residents experiencing an acute mental health crisis. It provides crisis intervention, assessment services, medical management and emotional support from licensed professionals and certified peer specialists.

Only about 10 percent of patients who seek services through UNI's programs require hospitalization, Rose said. UNI also operates a 170-bed psychiatric hospital to provide more intensive treatment.

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