








An Integrated Crisis Care Framework

An Integrated Crisis Care Framework

Introduction: The three stages of crisis are fluid, and individuals may transition between or out of these stages at any time. A person may move to wellness/recovery from any stage of crisis. Within this framework there is a need to address all 9 components to effectively provide crisis care. Each of the 9 components are necessarily interconnected – you cannot have one component without the others. To implement these components, human resources, responder wellness, advocacy, stable funding, and training are all considered enablers of this framework. Application of this framework requires ongoing, continuous, critical reflection.

	Relational care	This is the relational and trust-building aspect of care. It honors the caregiver/recipient relationship with emphasis on empathy, flexibility, dignity, and reciprocity. It extends beyond the transactional approach and is attuned to complex entanglements of dignity-promoting care that forefront meeting individual needs/desires and instill hope.
	Spaces of care	This refers to deep consideration of where care is taking place. Priority factors include adequate physical space, privacy, ability to move away from busy, chaotic spaces, sound, ability to engage with wellness tools, potential for social connection, and updates about next steps.
	Accessibility	This refers to the ease with which an individual can obtain mental health supports, services and wellness promoting opportunities through all aspects of care from prevention, connection to supports, and other management of their mental health. This includes timely access as well as language and cultural accessibility.
	Continuity of care	This refers to care after an initial encounter with a crisis team, hospital, or institution that takes places in a timely manner, ensuring people remain connected between service engagement (including non-medical services), and are not isolated or unsupported in transition to subsequent service usage.
	Social determinants of health	This refers to the ability to address individuals' social and material needs and living circumstances. Alternative options, outside of biomedical or hospital-oriented services are required including housing/shelter, food access/security, employment and opportunities for social connection and recreation.
	Collaboration	This refers to the need for involvement across sectors, professions, and services coalitions, and formal/informal support groups. An ability to draw on resources and make connections for a range of needs including acute de-escalation, ongoing therapy or counselling, alternative non-medical care options including peer support, housing/shelter services, health services, recreational or social activities.
	Choice	This refers to prioritizing consent-based care, where individuals are offered all available options customized to their needs. Where options are prohibitively limited, this is to be explained as part of the consent process. Self-determination is associated with a strengths and empowerment approach and strongly linked to recovery.
	Community engagement	This refers to services being directly community informed, engaged, and driven to ensure that the needs of community members are addressed, and there is full inclusion, participation and empowerment of community. Community refers to the diversity between and within groups, including people who are of lower socioeconomic status, Black, Indigenous, People of Colour, 2SLGBTQ+, immigrant, English as an Additional Language, and those who are mental health service-users among other marginalized groups.
	Trauma and equity informed	This refers to employing trauma-informed approaches in interactions and ensures trauma-informed spaces, inherently embracing anti-oppressive principles. It acknowledges the broad effects of trauma on individuals and their well-being, actions, and circumstances. This includes recognition of distrust of communities in mental health services and the impacts of historical and ongoing trauma.