

NASCO Institute 2024

Mental Health Crises in Housing Cooperatives: A Consent-Based Approach

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Mental health crises in housing cooperatives—let's talk!

Mental health crises are common in student housing cooperatives, and due to our shared living environments and close proximity, members may find themselves needing to respond to a housemate who is actively in crisis. When this occurs, it can be difficult to know how to respond. In addition, traditional teachings about responding to mental health crises often conflict with principles we value in our cooperatives, such as consent, and can perpetuate oppressive harm. This presentation is designed to help you understand the ways that consent and safety can both be prioritized, guide you through taking a consent and context-based approach to responding to mental health crises, and share tools for creating a positive and prepared culture surrounding mental health in your co-op.

Some starting principles

01.

This presentation will discuss some difficult topics, including mental health crises, suicidality, and hospitalization. Please feel free to step out or take breaks as needed—it won't interrupt the presentation!

02.

This is a judgement-free zone. There are no wrong answers and no stupid questions.

03.

Being mentally ill or in crisis does not make someone inherently incapable of giving consent, and it is especially important to protect the consent and autonomy of vulnerable individuals.

04.

While we'll be discussing people in crisis and people giving support, these are not distinct categories. One person might find themselves giving support one day and receiving support the next, and anyone is capable of experiencing a mental health crisis.

05.

Mental health crises can take on a variety of forms, each involving different factors and responses. While some of the points discussed will apply to all mental health crises, some will be focused specifically on crises involving suicidality.

My background

- President of the Spartan Housing Cooperative, an 18 house housing cooperative in Ingham County, MI
- Previously served as the Vice President of Education, responding to conflicts that couldn't be solved at a house-level and providing support to house conflict resolution teams
- Spent three years on house conflict resolution teams
- Senior at Michigan State University studying psychology
- Survivor of psychiatric abuse

How do we respond to mental health crises in our houses?

How do we respond to mental health crises in our houses?

- Fear of doing the wrong thing
- Feeling unsure about how to respond
- Feeling unqualified to respond (“someone else needs to be involved”)
- Turning to what we have been taught about how to respond to mental health crises

Traditional teachings on responding to crises

What we are taught

- Tell a trusted adult
- Seek outside support—call emergency services or take the person in crisis to a hospital

This advice is given regardless of the wants of the person in crisis

What these teachings tell us

- Outside supports, like emergency services, can be trusted to handle mental health crises
- Seeking outside support is always safer than not doing so
- People in crisis cannot give consent/their consent does not matter

If the person in crisis consents to seeking outside support, this advice works well. What about when they do not consent?

Why might someone not consent to the involvement of emergency services or hospitalization?

Thinking beyond “this person is incapable of knowing what is best for them.”

Fears about treatment within the mental healthcare system

- Abuse and neglect can occur within the mental healthcare system, and in higher-level settings, patients often have no/restricted ability to leave if abuse occurs
- Mental health providers may perpetuate stigma against patients, leading patients to feel “devalued, dismissed, and dehumanized” (1)
- Inpatient and emergency room environments can be dehumanizing and stress inducing (lack of autonomy, lack of privacy, strip searches, restricted access to supportive others and coping mechanisms, involuntary care, “prison-like” environment), leading to worsened symptoms (2)

Financial concerns

Financial strain is a significant risk factor for suicide (3), and the financial costs of an emergency room visit or inpatient stay may worsen a person’s mental health.

- In 2016, the average cost for a mental health or substance use disorder-related inpatient stay was \$7,100 for 6.4 days (4)
- Involuntary hospitalization may lead to being given and billed for care without consent (5)
- Time taken off work while receiving care may increase financial strain and impact job security

Do people experiencing a mental health crisis still have the right to withhold consent?

According to the United Nations (6), a mentally ill person can only be forced to receive treatment without their consent if this treatment is “urgently necessary in order to prevent immediate or imminent harm to the patient or to other persons”.

This relies on someone to judge if there is a risk of immediate harm. This also doesn’t define what level of harm is required for this to occur—does this only include the risk of death or serious injury, or does this include any form of harm, including non-suicidal self-injury or self-destructive habits? While specific guidance on giving treatment without consent may vary by area, the consent of people experiencing mental illness is not always prioritized.

Preserving consent whenever possible

Acting without someone’s consent should be treated as a very serious decision that cannot be made lightly.

While you are not providing mental healthcare to your housemates, acting without consent when one of your housemates is in crisis may lead to them being forced to receive care without their consent.

This should only be done to protect the individual in crisis from imminent grave harm (probable death or substantial permanent impairment of bodily function) or others from imminent harm.

- A person in crisis may be at risk of non-imminent or non-grave harm—their right to consent should not be revoked in these situations. This includes the risk of non-suicidal self injury and destructive behaviors.

Protecting people in crisis by avoiding fear-based responses

While involving high level of supports may seem safest and reduce our own negative feelings, it is important to understand that...

- Escalating the situation may be most beneficial for us, but not for the person in crisis
 - This can be actively harmful: involuntary hospitalization is associated with an increased risk of suicide compared to voluntary hospitalization (while controlling for other factors) (7)
- Hospitalization is not always safer than them staying at home
 - Overall high rates of suicide after psychiatric hospitalization suicide may be connected in part to adverse experiences during hospitalization (8)

Instead, using a consent and context-based approach can be most beneficial to the person in crisis.

Steps for a consent and context-based approach

- 1 Check in with yourself
- 2 Show support
- 3 Create a safe environment and meet basic needs
- 4 Assess the situation
- 5 Create a context-based plan
- 6 Continue support

1 Check in with yourself

Providing support during a crisis can be difficult, and your consent also matters. Checking in with yourself can help you decide how to proceed.

- How are you feeling? What is this situation bringing up for you? How much capacity do you have to respond?

If you're low on capacity, it can help to gather more information on the situation. If your housemate is actively in crisis, you may still want to respond or seek their consent to involve another housemate or supportive person, but if they are not in crisis, you might choose to set up a later time to provide support or recommend other sources of support. You might also be able to provide some forms of support (spending time with the person) but not others (talking directly about what they are going through).

It's important to be able to set boundaries when you need to! This might include statements like:

- I want to help, but this topic is very triggering for me. Would you be comfortable talking to anyone else about this?
- I am so sorry, but I am super busy right now. I could talk some now but maybe we could have a longer conversation later?
- I am having a hard time myself today, and I don't think I can talk right now. I'm happy to spend time with you, though, if that would help.

2 Show support

When someone is experiencing a mental health crisis, they are likely dealing with intense emotions and may be nervous about reaching out to others. Directly sharing your support can help relieve tension. This might include statements like:

- I'm so sorry you're going through this.
- Would it help if I stayed with you?
- I know this must be really hard.
- I care about you so much.
- Let's work together to figure this out.

3 Provide a safe environment and meet basic needs

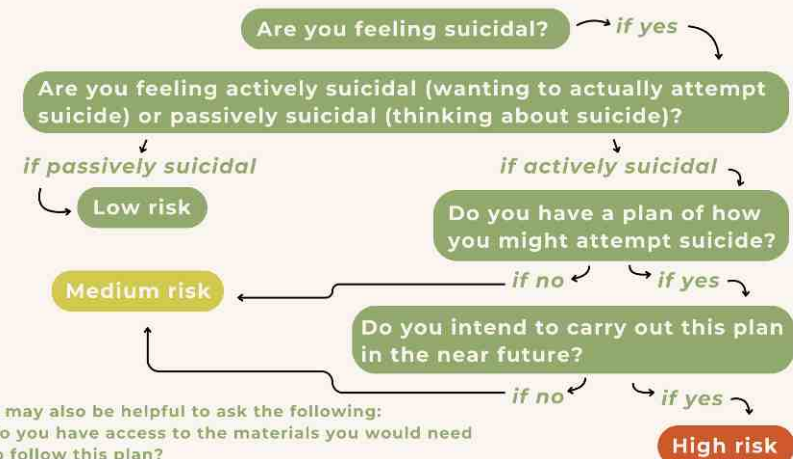
Ensuring that basic needs are met and that support can be provided in a comfortable environment can help decrease intense emotions.

- Find a private and comfortable space to talk
- Ask if there is anything that your housemate needs immediately, like food or water
- Reassure your housemate that you are there to help and that you want to work with them to support their needs

4 Assess the situation

Using a context-based approach requires gathering information about the situation in order to choose the most appropriate course of action.

In healthcare settings, healthcare professionals ask questions to determine the risk of harm for a person experiencing a mental health crisis. While you may not be a healthcare professional, similar questions can help you determine the best way to respond. The following is specific to crises involving suicidality, but an adjusted approach can be used for other forms of crises.



5 Creating a context based plan

After you've assessed risk level, you can use this to come up with an appropriate plan for next steps.

Low risk

Passively suicidal, no intent or plan

Medium risk

Actively suicidal, may have a theoretical plan but no intent

High risk

Actively suicidal, with a plan and intent

Low risk

- Ask if there are ways that you can provide support
 - If your housemate is unsure, it can help to provide options—these could include providing space for them to talk, providing a distraction, helping them reach out to a higher form of support of their choosing, checking in on them in the future, or spending time with them, among other possibilities
- Offer resources
- Consider creating a safety plan to help if their symptoms worsen

Medium risk

- Ask your housemate if they think that they would benefit from immediate care. If they say yes, you can offer to help them find a ride to a care center
- If your housemate does not have an intent to act on their plan or does not have a plan and they do not want to pursue hospitalization or involve emergency services, you should not force this upon them

Medium risk

- Ask if there are ways that you can provide support
- Make a safety plan or go over one that they have previously made
 - This may include finding ways to decrease access to items that your housemate might use to harm themselves
- Ask if your housemate has a therapist or other higher form of support and offer them resources if they do not currently have one
 - If they have other people in their support system, it may help to recommend they check in with them

High risk

- If your housemate is at a high risk of suicide, it is time to reach out for further help
- Preserve your housemate's autonomy as much as possible by involving them in the process
 - Let them know that you are concerned about them and think that involving outside support could be helpful
 - Provide them with options for how to proceed—these could include going to the hospital, calling a hotline, and/or calling a current higher form of support like a psychiatrist.

High risk

- It is possible that your housemate will not want to reach out for further help. In this case, it may be necessary to seek outside support yourself—in the US, you can call 988.
 - It is important to only provide further help without consent when absolutely necessary, so make sure that you have assessed your housemate's risk level first.
- If you choose to do so, do your best to keep your housemate informed of what you are doing, update them throughout the process, and try to stay with them until help arrives. It may be helpful to seek the support of another housemate in this process—you can ask if there is someone your housemate would be most comfortable involving.

6 Continue support

Often, support is still needed after a crisis has passed. If you haven't already done so, ask your housemate if there are ways that you or others can continue providing support and create a plan for the future.

- While you may have provided support in this situation, if you are not able to provide ongoing support, it may be helpful to involve others with your housemate's consent, including members of your house or cooperative leaders responsible for responding to well-being concerns and conflict. There may also be ways that you are able to provide ongoing support while others provide different forms of support.

Your housemate may be embarrassed after the crisis has passed or nervous about how you will view them in the future. Continuing to engage with them as you have previously can help.

Beyond crises: Creating a positive and prepared culture surrounding mental health in your co-op

Creating a shared understanding before a crisis occurs

The best time to start a dialogue around mental health is before a crisis occurs in your co-op. Making sure your housemates know how to respond can help them feel prepared if a situation arises, and setting norms about how to respond in crisis situations can help protect anyone who might experience a crisis during their time in your co-op.

In addition, starting the conversation around mental health early can help your housemates feel comfortable seeking support and reduce concerns about stigma.

Setting norms around seeking support

Conflict and burnout can occur when members feel that they are unable to set boundaries around providing support. Often, this occurs because norms surrounding seeking support and consent are not agreed upon by the house. Setting related norms can help!

- **Consent to vent:** housemates should get the consent of those around them before venting
 - **Consent must be informed and freely given**, so it's important that those around them know what will be discussed and that pressure is not put on housemates to give consent
- It can also be helpful to make sure housemates are on the same page about respecting boundaries and know how to set boundaries, even in tricky situations

Safety plans

- **Guide written by an individual (potentially in collaboration with supportive others or shared with supportive others) to help them when they are in crisis**
- **Helps guide the actions of both the individual and members of their support system when the individual is in crisis**
 - Gives the individual a pre-made roadmap for what to do when they are struggling with their mental health
 - If shared, gives those providing support information about how the individual would like for them to provide support

A safety plan might include...

- **Warning signs**
 - Traits that can help the individual and their supports recognize when the individual's mental health worsens
- **Internal coping strategies**
 - What the individual can do on their own when they recognize these traits
- **Distractions**
 - What the individual can do to distract themselves when their coping strategies don't fully provide relief
- **Supportive friends and family members**
 - People the individual can reach out to for additional support
- **Further help**
 - Resources the individual can use for additional support
- **A plan of action**
 - A plan for using the plan! The plan is meant to be used step by step, with the individual moving to the next step when previous steps do not work. If the plan is shared with others, this section might tell them what the individual does and does not want them to do if they are in crisis, including who can be involved and ways to reduce access to things that could be used to cause harm

Safety plans and your co-op

Some of the houses in my co-op have members create or update safety plans at the start of each semester, though these focus more on items that would be useful for those providing support if a crisis occurs, like what forms of internal support might be helpful and if, when, and how they would like outside support to be involved. Access to these plans is given to the house's conflict resolution team.

If you think that this could be helpful in your house, start a conversation about this with your housemates and see what they think!

Know your resources!

It can help to know about available mental health resources before a crisis occurs, both for yourself and others! It can help to have a list of these posted in a public space in your co-op.

These could include:

- Local mental health care providers
- Crisis centers and psychiatric emergency rooms
- Peer support programs
- Support groups
- Low or no-cost services
- Crisis lines, preferably grouped by those that do and do not call emergency services
- Support services with focuses beyond mental health

Thanks for listening!

Any questions?



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