Mandatory Reporting

Federal and state law outlines the criteria for reporting suspected abuse and/or neglect. The following are quick references:

- United States Code, Title 18 subsection 1169—Reporting of child abuse.
- United States Code, Title 34 subsection 20341—Child abuse reporting.
- United States Code, Title 42 subsection 13031—Duty to report suspected child abuse.
- Montana Code Annotated 41-3-201—Report and Investigations of child abuse and/or
- neglect.
- Montana Code Annotated 52-3-811—Report of elder and individuals with developmental
- disabilities abuse and/or neglect.

Best practice recommends maintaining positive relationships with individuals when reporting. Attempts should be made to include individuals in the reporting process unless doing so increases risks of safety. For reports of possible child abuse and/or neglect, contact:

Montana Department of Public Health and Human Services
Centralized Intake
1.866.820.5437

For reports of possible elder or individuals with developmental disabilities, contact:
Montana Department of Public Health and Human Services
Adult Protective Services
1.800.551.3191

Emergency Medical Attention

Any emergency situation must be considered the highest priority. Emergencies are defined as any life-threatening situation to self or others that requires immediate medical attention. Individuals, families, and peers should **call 911 immediately**.

Engaging individuals experiencing a crisis situation:

The following are best practice and trauma-informed recommendations for engaging and supporting individuals experiencing a crisis situation:

1. Ensure safety of self and others.
2. Seek medical and emergency services if needed.
3. Ask to meet in private and escort to a safe and private location.
4. Listen empathetically and avoid minimizing the situation.
5. Demonstrate cultural humility and sensitivity.
6. Discuss concerns and instill hope.
7. Be open and non-judgmental.
8. Be direct and specific.
9. Be respectful even if there is personal disagreement with circumstances and choices.

10. Maintain clear and consistent boundaries and expectations.
11. Communication understanding and be honest about responsibility to ensure their safety.
12. Recognize risk factors, signs and or symptoms that increase risk of safety and well-being.
13. Offer options for health care support.
14. Provide reassurance and encouragement.
15. Connect individuals to health care professionals by accompanying them to the appropriate health care destinations.

Asking about suicide, homicide, and/or self-injury

While it can be challenging, we must ask direct questions around thoughts of suicide, homicide, and/or self-injury to include:

1. Do you ever feel so badly that you have thoughts of suicide?
2. Do you have a plan?
3. Do you know when you would do it?
4. Do you have access to what you would use?

Information from these questions is important to make the best connection with health care professionals. For any situation where an individual is reluctant to seek professional care for suicide, homicide, self-injury, or other necessary medical attention, use emergency procedures and contact 911 for immediate assistance. We have an ethical and legal responsibility to ensure the safety of any individual actively expressing thoughts or plans of suicide, homicide, and/or self-injury/harm.

Risk Factors

- Exposure to others' suicides
- Prior suicide attempt or attempt history
- Depression or other mental health disorder
- Substance use disorder
- Family history of mental health or substance use disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Access to guns or other firearms in the home
- Being in prison or jail
- Being exposed to other's suicidal behavior, such as family member, peer, of media figure
- Medical illness
- Ages between 15 and 24 or over 60
- Trauma history including military combat exposure

Warning Signs

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Planning or looking for a way to kill themselves, such as searching online, stockpiling pills, or newly acquiring potentially lethal items (e.g. firearms, ropes)
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain, both physically and emotionally
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family or friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking risks that could lead to death, such as reckless driving
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends or family
- Putting affairs in order, making a will
- Self-injury or harming behaviors (e.g. cutting, burning, branding, etc.)
- Family history of suicide
- Family violence, including physical or sexual abuse
- Access to guns or other firearms in the home
- Being in prison or jail
- Being exposed to other's suicidal behavior, such as family member, peer, of media figure
- Medical illness
- Ages between 15 and 24 or over 60
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When and how to connect individuals at risk

Upon identifying any of the risk factors, signs and symptoms of suicide, or self-injury behavior, the individual is at risk. The best way to ensure they are connected to health care professionals for an appropriate evaluation is to support them by accompanying them to the health care destination. Some academic institutions, have health care services or mental health clinicians on site. Health care systems may have crisis diversion, stabilization facilities available, and integrative behavioral health through primary care in addition to emergency departments. Being familiar with community resources is important. Should an individual at risk be reluctant or uncooperative to seek professional care, call 911 for emergency medical services.

Mental Health Triage

Affectively responding and having an understanding of the aspects associated with crisis management is important as well as understanding, individual stress response, risk factors, and the significance of connecting individuals to health care professionals. Identifying the urgency and responding within all levels of a systemic model at all levels is key. The following risk factor screening questions help identify the urgency and severity.

Risk Factor Screening Questions

Consider the following screening questions to determine risk factor(s) related to prioritizing intervention(s) and connecting individuals to health care professionals.

- Is there an immediate risk of serious bodily harm or death?
- Is there a possible risk of safety to self or others?
- Is the individual having thoughts of suicide, homicide, or self-injury?
- Is the individual in need of immediate medical attention?
- Is the individual responsive to questions in a coherent manner?

Additional consideration the following:

- Lethality of situation (e.g. weapons involved, access to weapons, or other lethal means)
- Attempt history (e.g. does the individual have a history of suicide attempt(s)?)
- Planning (e.g. does the individual have a plan whether active or previous plan?)
- Timing (e.g. does the individual identify when or how soon they intend to end their life?)
- Mental health (e.g. does the individual have a mental health disorder?)
- Medications (e.g. does the individual take medications for a mental health disorder?)
- Substance use (e.g. does the individual use or abuse substance as self-medication?)
- Survivor (e.g. is the individual a survivor of suicide or a combat war veteran survivor?)

Individual presentation may also be an indicator. Typical presentation may be observed, reported, or communicated. Please refer to the mental health triage guide to see associated management principles for each level of urgency, severity, and presentation.

MENTAL HEALTH TRIAGE GUIDE

LEVEL OF URGENCY	LEVEL OF SEVERITY	TYPICAL PRESENTATION	MANAGEMENT PRINCIPLES
Immediate	Life-threatening Risk(s)	Violent Behavior Possession of Weapon Self-destructive behavior related to Mental Health Emergency Imminent Risk to Self or Others	**Supervision** ✓ Initiate Emergency Response Protocols ✓ Continuous Visual Surveillance 1:1 Ration w/out weapons involved **Action** ✓ Alert 911 ✓ Maintain Safe Environment ✓ Silence Cell Phones **Consider** ✓ Intoxication by alcohol or other drugs as they may escalate behavior
Emergent *(within 10 minutes)*	Probable Risk of Danger to Self or Others	Extreme Agitation/Restlessness Physically/Verbally Aggressive Confused/Unable to Cooperate Hallucinations/Delusions Paranoia High Risk of Not Waiting for Professional Help/Unable to Wait Safely Attempt at Self-injury Threat of Self-harm or Harm to Others	**Supervision** ✓ Continuous Visual Surveillance 1:1 Ration w/out weapons involved **Action** ✓ Alert 911 ✓ Maintain Safe Environment **Consider** ✓ Access to a Mental Health Professional until Emergency Medical Services Arrive. ✓ Intoxication by alcohol or other drugs as they may escalate behavior
Urgent *(within 30 minutes)*	Possible Danger to Self or Others	Agitation/Restlessness Intrusive Behavior Confused Ambivalence about Treatment Not Likely to Wait for Help Suicidal Ideation Situational Mental Health Crisis Hallucinations/Delusions Paranoia Disordered Thoughts Bizarre Behavior Severe Symptoms of Depression Withdrawn/Uncommunicative	**Supervision** ✓ Close Observation & Support **Action** ✓ Alert Mental Health Professionals (if available) ✓ Alert 911 if Mental Health Professionals is unavailable ✓ Maintain Safe Environment **Consider** ✓ Re-triage if Evidence of Increasing Behavioral Disturbances ✓ Intoxication by alcohol or other drugs as they may escalate behavior
Semi-Urgent	Moderate Emotional Distress or Behavioral Disturbances	No Agitation/Restlessness Irritable without Aggression Cooperative Gives Coherent Information Pre-existing Mental Health Needs Symptoms of Anxiety or Depression without Suicidal Ideation Willing to Wait for Help	**Supervision** ✓ Intermittent Observation **Action** ✓ Consult with Mental Health Professionals if available ✓ Connect individual with Mental Health Services **Consider** ✓ Re-triage if Evidence of Increasing Behavioral Disturbances ✓ Intoxication by alcohol or other drugs as they may escalate behavior
Non-Urgent	No Acute Emotional Distress or Behavioral Disturbances	Cooperative Communicative and Able to Give Information Able to Discuss Concerns Follows Instructions	**Supervision** ✓ General Observation **Action** ✓ Provide Support ✓ Offer Appointment Help **Consider** ✓ **Additional Community Resources and Connections**

Summary

Implementing coordinated prevention responses and utilizing a systemic model and or approach which is also a model in which is inclusive of a holistic healthcare response which is adaptable to many communities including tribal communities and in which provides a standardized approach and mechanism aligning at a national and state level. This approach provides:

1) Empower individuals, communities, and organizations.
2) Improve crisis intervention and response.
3) Improve access to timely and effective clinical services, treatment, and aftercare.
4) Promotes public participation and use of evidence-based programs and practices.
5) Reduces risk of recurrence by facilitating engagement, improving patient experiences and increasing pathways to care.
6) Supports data-driven initiatives from grant funded projects.