



PEOPLE IN CRISIS NEED SOMEONE TO LISTEN.



GERSTEIN CRISIS CENTRE IS LISTENING

RESEARCH. DIALOGUE. ACTION.



We heard from 207 mental health service users regarding what kind of services were accessed during a crisis and what their experiences were.



HERE'S WHAT WE WERE TOLD:

1 Most Common Mental Health Services Used In A Crisis



2 Common Positive and Negative Themes Relating To Accessing And Receiving Crisis Support:

CALM AND PATIENT DEMEANOR
TAKING TIME TO LISTEN
RESPECTFUL AND SUPPORTIVE CARE WORKER
TREATED WITH KINDNESS
COORDINATED CARE

LONG WAIT TIMES FOR SUPPORT
DISCRIMINATORY TREATMENT
STIGMATIZING RESPONSES
LACK OF INDIVIDUALIZED CARE



We heard from 207 mental health service users regarding the kind of services they would like to see available.



HERE'S WHAT WE WERE TOLD:

1

SAFE, CULTURALLY INFORMED, COMMUNITY BASED, PEER ORIENTED SERVICES.

“UNDERSTANDING AND SUPPORT. HAVING A "SAFE" PLACE TO GO WHERE THEY DON'T FORCE FEED ME MEDICATION. PEOPLE WHO ACTUALLY CARE.”

“PEER SUPPORT. THERAPY THAT ENCOURAGES FEELINGS, DOESN'T DRUG THEM AWAY, AND IS FREE. RESPITE THAT IS PEER RUN.”

“A SAFE PLACE TO GO THAT IS LESS TRAUMATIC THAN A HOSPITAL.”

2

TRAUMA INFORMED, ACCESSIBLE AND COORDINATED SUPPORTS.

“SOMEONE WELL VERSED IN IN TRAUMA INFORMED CARE AND WHO CAN EMPATHIZE, WHO CAN PROVIDE A GOOD VOICE, AND WHO WON'T TRANSFER ME TO SOMEONE ELSE.”

“EASY ACCESS WITH NO BARRIERS TO WAIT FOR ONGOING SERVICES WHICH IS WHAT LEADS TO CRISIS IN THE FIRST PLACE.”

3

AFFORDABLE THERAPY AND OTHER FORMS OF PROFESSIONAL HELP.

“WISH I COULD ACCESS THERAPY BUT IT'S OUT OF MY PRICE RANGE. I KEEP ENDING UP BACK AT THE ER BECAUSE I CAN'T AFFORD THERAPY.”

“ACCESS TO A PSYCHIATRIST OR MENTAL HEALTH CLINICIAN, PEER SUPPORT IN PERSON COMING TO WHERE I AM.”



We heard from 207 mental health service users regarding the kind of services they would like to see available.



HERE'S WHAT WE WERE TOLD:

4 NON POLICE / NON COERCIVE CRISIS RESPONSE.

“HAVING ACTUAL SUPPORTIVE CARE FROM CRISIS WORKERS, LIKE PEOPLE WHO ARE PATIENT AND NOT COERCING ME OR THREATENING ME AND WHO CAN JUST TALK TO ME AND HELP ME CALM DOWN IN A GENTLE WAY AND NOT RUSH ME OR SCARE ME.”

“CALL A MENTAL HEALTH WORKER OR A LINE WHERE PEOPLE CAN BE UNDERSTANDING OF WHAT IS GOING ON WITH ME. PERHAPS HOME VISITS? (BUT NOT WITH POLICE!) WITH COVID19 PROTOCOLS.”

5 IMPROVED ECONOMIC SUPPORTS AND HOUSING.

“AFFORDABLE HOUSING THAT IS NOT INTRUSIVE OR SO-CALLED ‘SUPPORTIVE’, THAT ALLOWS FOR DIGNITY AND AUTONOMY AND INDEPENDENCE.”

“MORE OPTIONS, BETTER HOUSING, MORE INCOME.”

6 SUPPORTIVE PEOPLE, FRIENDS, SOMEONE UNDERSTANDING.

“SOMEONE THAT IS FAMILIAR WITH ME AND KNOWS ME WELL ENOUGH TO KNOW THAT I NEED EXTRA SUPPORT. IT COULD BE A FAMILY MEMBER BUT IDEALLY IT WOULD BE A SUPPORT PERSON WHO CHECKS IN WITH ME ONCE A WEEK OR IS AVAILABLE IN CASE I NEED SOME CRISIS INTERVENTION OR JUST SOMEONE TO TALK TO.”

“SOMEONE TO LISTEN TO ME AND JUST BE THERE.”



After hearing from the community, in a series of workshops, we asked Gerstein Crisis Centre staff, management and Board members to reflect on what a comprehensive crisis response in Toronto would look like.



HERE'S WHAT WE WERE TOLD:

1 Resources/Expansion/Access

- Increased capacity of community-based crisis services are needed across the city
- Community development model in neighborhoods
- Crisis Response should include follow-up and wellness checks at home
- Rapid access to crisis services, other mental health supports and housing
- Crisis beds are an essential component of a community crisis response
- Central access point to many access routes as well (i.e. no wrong door)

2 Accountability & Safety

- Evidence based, anti oppressive, harm reduction and trauma informed
- Voices of people with lived experience at the centre of planning, responding and governing
- Least intrusive response
- Shift dominance of police as first responders -- police not first point of contact
- Police accountability

3 High Quality & Innovation Services

- Build on proven crisis response models that do not involve police
- Rights based approaches that promote autonomy of the individual to make choices about their crisis plan
- Strengthen prevention of crises by addressing the social determinants of mental health
- Better pathways post-crisis including those that stream people out of criminal justice system, hospitals and homelessness

4 Coordination/Partnership

- Better coordinate all crisis services in the GTA
- Coordination and collaboration of services across sectors (e.g. primary care, Emergency housing, police, etc.)
- Accessible services with capacity resulting in less reliance on emergency departments and police

5 Training & Education

- Leadership from Black and Indigenous communities
- Culturally appropriate responses
- Leadership from Mental Health and Substance Use Communities
- Community led responses

6 Community Outreach & Engagement

- Ongoing staff training
- Community Development from mental health and substance use perspective
- More mental health training of police

GERSTEIN CRISIS CENTRE IS LISTENING

RESEARCH. DIALOGUE. ACTION.



GERSTEIN CRISIS CENTRE: SUPPORTING A COMPREHENSIVE CRISIS RESPONSE IN TORONTO

- Remains sensitized and accountable to the lived experience of individuals living with mental health and substance use issues, listening to their voices and including their expertise in service delivery and governance at the Centre.
- Maintains a social justice, anti-racism and equity-based approach in service delivery and development.
- Increases partnerships within and across sectors to improve access and options for people in crisis improving our capacity to reach more people and connect them with needed supports.
- Provides a community-based, non-medical, non-coercive, trauma informed, harm reducing and flexible approach to crisis, that respects people's ability to define their own identity, experience, goals and needs.
- Provides training on community-based crisis responses including suicide intervention, crisis intervention, de-escalation and mental health awareness.
- Supports allyship, collaboration, and partnership with a broad range of community partners including BIPOC focused initiatives providing crisis response or other needed services for individuals in crisis.
- Works collaboratively but stands separate from the traditional medical model and police services.
- Actively engages in advocacy and leadership to support system change including working with Province, City, Police and Hospitals.

GERSTEIN CRISIS CENTRE IS LISTENING

RESEARCH. DIALOGUE. ACTION.