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MANAGEMENT STRATEGIES FOR PSYCHIATRIC EMERGENCIES IN A COMMUNITY SETTING. THE ROLE OF THE CRISIS TEAM AT THE TRENTO MENTAL HEALTH CENTRE

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SUMMARY

The Mental Health Service of Trento has consistently adopted a community-based, recovery-oriented approach. Adhering to these paradigms, and aiming to facilitate an intervention centred on the individual and their needs within their familial and social context, it is imperative to ensure a prompt and effective response to crises at the community level.

Psychiatric emergencies present a significant challenge for health systems globally. Timely and appropriate management of these crises is crucial to prevent negative short and long-term outcomes. Providing such management in an extra-hospital setting, adaptable to the situational needs, can enable the individual to better achieve their recovery goals. Trento, with its dedicated Crisis service and the active involvement of Peer Support Specialists ("ESP" in italian), exemplifies how an integrated, multidisciplinary territorial approach that values the role of the socio-family context can enhance the outcomes of acute psychopathological crises and user engagement. This article discusses the organisation, advantages, and challenges compared to intra-hospital management, and the impact this intervention can have on public stigma regarding mental health.

Key words: *crisis team - psychiatric emergencies - Peer Suppor - stigma*

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INTRODUCTION

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Brief history and Background

In Italy, the network of psychiatric emergency services is varied, with significant differences across the regions. Both the "Mental Health Protection 1998-2000" project and the National Health Plan 2006-2008 prioritize "identifying and implementing proactive practices aimed at active and direct intervention in the community (home, school, workplaces) in collaboration with family associations, general practitioners, and other health and social services".

Aligning with these directives, the Mental Health Service of Trento has focused on organisational improvements to better allocate its internal resources. Two dedicated teams have been established: one for ongoing, regular community care (Community Psychiatry Area) and another for crisis management (Crisis Area). This structure aims to ensure a comprehensive and consistent presence in user care pathways through the Community Psychiatry Area, and a robust capacity to handle unplanned requests through the Crisis Area. These requests can range from spontaneous access by users with simple or complex needs to reports of problematic situations, clinical relapses, challenging engagement situations, and crisis management interventions both within healthcare settings (the Mental Health Centre and its various components) and in the community.

The chronic challenges faced by the Italian healthcare system over the years have often required internal reorganisation within the Mental Health Service of Trento. In 2019 and again in 2022, the service had to make the difficult decision to have all medical specialists perform their functions on a "weekly rotation" basis, rather than differentiating roles within the specialist pool.

In July 2023, despite the ongoing shortage of medical specialists that has plagued the Italian National Health Service in recent years, it was decided in consultation with the Directorate to focus efforts on re-establishing a distinct Crisis Area within the Mental Health Centre. Recognising the critical importance of this area for the targeted and effective functioning of our service, it was agreed that having dedicated specialists continuously and cohesively managing psychiatric emergencies would provide significant benefits. This approach ensures consistency and continuity of care, fosters the development of greater expertise, and enhances the efficiency and fluidity of the entire multi-professional crisis team's operations.

Mission and vision of the Crisis Area

There is no single definition of what constitutes a crisis. Psychiatric emergencies encompass a wide range of situations, including the presence of suicidal risk, hetero-aggressive behaviour, and behavioural anomalies. These conditions are often highlighted, but they are not automatically indicative of an ongoing psychopathological breakdown. Frequently, psychiatric emergencies involve significant social or familial context elements, such as relational conflicts, that elicit them. It is crucial to thoroughly understand and distinguish the nature of the situation and the request to determine the most appropriate intervention. Additionally, it is essential to evaluate the medical and toxicological aspects to differentiate conditions related to chronic or acute use of psychoactive substances and/or underlying medical conditions that may favour or trigger the psychiatric episode.

That said, the Crisis Area of the Mental Health Centre in Trento is equipped to attentively and effectively manage a wide range of situations. These include acute episodes of major disorders such as psychosis and mood disorders, altered emotional states often seen in personality disorders, and any expressed state of psychological distress. When necessary, interventions are directed towards the most appropriate services (e.g., Addiction Services, Psychology, Emergency Services, Social Services).

Our Mental Health Service also frequently receives requests for evaluation and intervention from other agencies, institutions, or directly from families. These requests often involve situations such as individuals isolated at home with evident or subtle psychosocial issues, changes and alterations in their way of living, or young people experiencing distress.

Managing these situations requires specialised skills and adequate resources to ensure a proactive and attentive community approach. This approach must be capable of providing timely responses to the community's needs while ensuring the protection and respect of the individual and their family.

METHODS

Organisation of the Service and Crisis Area

The Mental Health Service of Trento operates from 8:00 AM to 7:00 PM on weekdays, until 4:30 PM on Saturdays, and on Sunday mornings until 12:30 PM. Outside these hours, emergency interventions are provided by the on-call psychiatrist at the psychiatric ward and the Emergency Department of Trento hospital.

The psychiatric emergency service in Trento operates within the Mental Health Centre. The Crisis team includes:

- 3 psychiatrists, including one Area Manager, ensuring that an “emergency” doctor is on shift each day;
- 5 nurses, who administer therapies and provide care in shifts, collaborating with educators and psychiatric rehabilitation technicians (TERP) for patient reception and activity coordination;
- 5 educators and psychiatric rehabilitation technicians (TERP), who manage triage (needs assessment), both directly during interviews and through requests made by phone or in person. Together with the doctor, they determine the urgency of the required intervention. They also monitor patients' conditions in the following days and offer the best strategies for behavioural and environmental crisis management;
- 5 Peer Support Specialists (PSS – ESP in italian), who are users or family members with a solid recovery process and high awareness, engaging on equal terms with staff in various areas of the Trento Mental Health Service. In the Crisis Area, a PSS ensures initial patient reception, offering empathy and support. During the wait, they may share their own experiences with illness and convey a message of hope, facilitating de-escalation during tense moments. Some PSSs are dedicated to crisis management, working with staff to support patients and their families in distress, conducting home visits, or assisting with crisis interventions by sharing their experiential knowledge. Their presence often fosters greater trust from patients approaching the Mental Health Service for the first time or those who, due to their characteristics or current distress, are wary of healthcare professionals’ proposals.

Within the Crisis Team, each member has clearly defined roles. There is a coordinator who records every request and need identified during the day, maintains an overview of planned or predictable activities for the entire week and month, and organises tasks by assigning them to other team members based on needs and opportunities. There is a dedicated operator at the switchboard who responds to the Mental Health Service phone line (which is always busy), sorting through the day’s requests and notifications. Two operators handle interviews, initial consultations (collecting patient history

prior to first visits, including routine ones), and collaborate with the medical team on emergency clinical activities. Additionally, there is a nurse responsible for administering medications in the infirmary and Day Hospital (DH), as well as another nurse available for interventions outside of the building.

Integrated within the crisis area, our Mental Health Centre operates a Day Hospital where infusion therapies and brief observations can be performed. The DH provides a valuable care space where patients receive treatment while feeling welcomed, reassured, and supported. During their time at the DH, patients can participate in monitoring and support interviews with operators and medical staff, and engage in exchanges with other patients, which sometimes makes their suffering less frightening and more bearable through understanding and shared experiences.

The Day Centre, located inside the Mental Health Centre, can also activate "crisis support" programmes, tailored to the user's needs. These programmes include daytime rehabilitative activities oriented towards recovery, with a return home after the activities conclude. This allows users to spend part of the day in a reassuring, supportive environment, with a strong focus on the dialogical-relational component of the intervention, providing comfort and reassurance to the user and often some relief to the family members, who are fatigued or worried during their loved one's crisis. These alternative crisis management spaces help reduce hospital admissions, shorten their duration, and allow patients to remain in their life context even during the most challenging moments of their journey. The active involvement of caregivers helps create a supportive environment not only during the crisis but also in the long term, supported by various psychoeducation interventions offered by our Service.

The Psychiatric Emergency Service of Trento was established to meet the needs of citizens promptly, effectively, and efficiently, ensuring a less rigid and medicalised intervention context during psychiatric crises. It offers users a more familiar and comfortable space in times of need. Since its inception, the service has been continually improved through the direct involvement of users, who participate in the co-design of the services offered.

Fast-track protocols with the Emergency Department are in place, providing immediate and competent support to patients in crisis, reducing the burden on general hospitals and non-specialised emergency services, and decreasing waiting times for patients.

Functioning of the Crisis Area

Upon arrival at the Mental Health Service, users are welcomed by a front-office operator, typically an experienced service user employed through an internship. This decision was made to ensure a constant and immediate presence at the reception desk. The choice to employ an experienced user focuses on the necessary training for this role (relational skills, organisational abilities, reliability, and precision) and adds the intrinsic value of having a peer presence that demonstrates empowerment, responsibility, and shared experience to service users.

At the front desk, requests are filtered. Users with scheduled appointments and those who regularly attend the Day Centre or participate in joint activities are directed to the outpatient area or the Day Centre. Those scheduled for therapy are guided to the infirmary at their appointed times, all while maintaining a calm and positive relational atmosphere.

Unscheduled urgent requests of any kind are promptly communicated to the active operators in the Crisis Area. Meanwhile, a Peer Support Specialist (ESP), sometimes assisted by a second ESP, provides emotional support and companionship to the user during the wait, if accepted. The involved operator (educator, psychiatric rehabilitation technician TERP, or nurse, depending on availability) conducts an initial interview to assess needs and urgency. After consulting with a doctor, if urgent medical intervention is required, a psychiatric evaluation is performed.

The evaluation may result in pharmacological interventions, day hospital admission, crisis support at the Day Centre, or referral to other services or cooperation projects (Addiction Services, Clinical Psychology, Eating Disorder Centre, Dementia Centre, Social Services, third sector).

In addition to visits within the Mental Health Centre, interventions are often carried out directly in the territory, either at the patient's home or in other locations as necessary. This type of service is crucial for ensuring a strong presence in the community and is highly valued by users and families, especially when difficulties arise in reaching usual care settings. It also often creates a more familiar and less stressful environment during crisis management.

In cases where necessary, hospital admission or admission to the "24h-Mental Health Centre" (CSM-24h), a community extra-hospital facility with four beds, may be proposed. Criteria for preferring intensive territorial crisis management without hospital admission include: sufficient user cooperation; availability of caregivers at home; absence or containment of risk factors with adequate support from the family and the Mental Health Centre; no need for 24-hour monitoring; low risk of behavioural escalation; adequate patient awareness; presence of a supportive network outside the family; and explicit preference from the user or family (building consent and therapeutic alliance is always a fundamental step in clinical practice).

During the intensive management of the crisis, several daily or frequent interviews are conducted to

monitor clinical evolution, adjust pharmacological therapy, and provide reassurance. In this activity, operators and doctors from the Territorial Area often collaborate when the user is known and already under SSM care. Gradually, the Crisis Team transfers the case to the Territorial Area during the crisis resolution phase, remaining available for new urgent needs.

Every morning, the Crisis Team shares the handover report, detailing all activities and notifications from the previous day, with the entire service and the hospital psychiatric ward during a brief remote meeting. This facilitates information transfer and continuity of care.

RESULTS

Figure 1 and 2 show an indisputable increase in the number of service users and new users accessing the Mental Health Service over the past five years. This trend aligns with scientific research, which confirms a rise in mental distress within the population and a corresponding increase in demand for psychiatric care.

From the data analysis, it is evident that the overall trend does not yet allow for a definitive assessment of the impact of the Crisis Area's activities. The data clearly shows the significant effect of the absence of

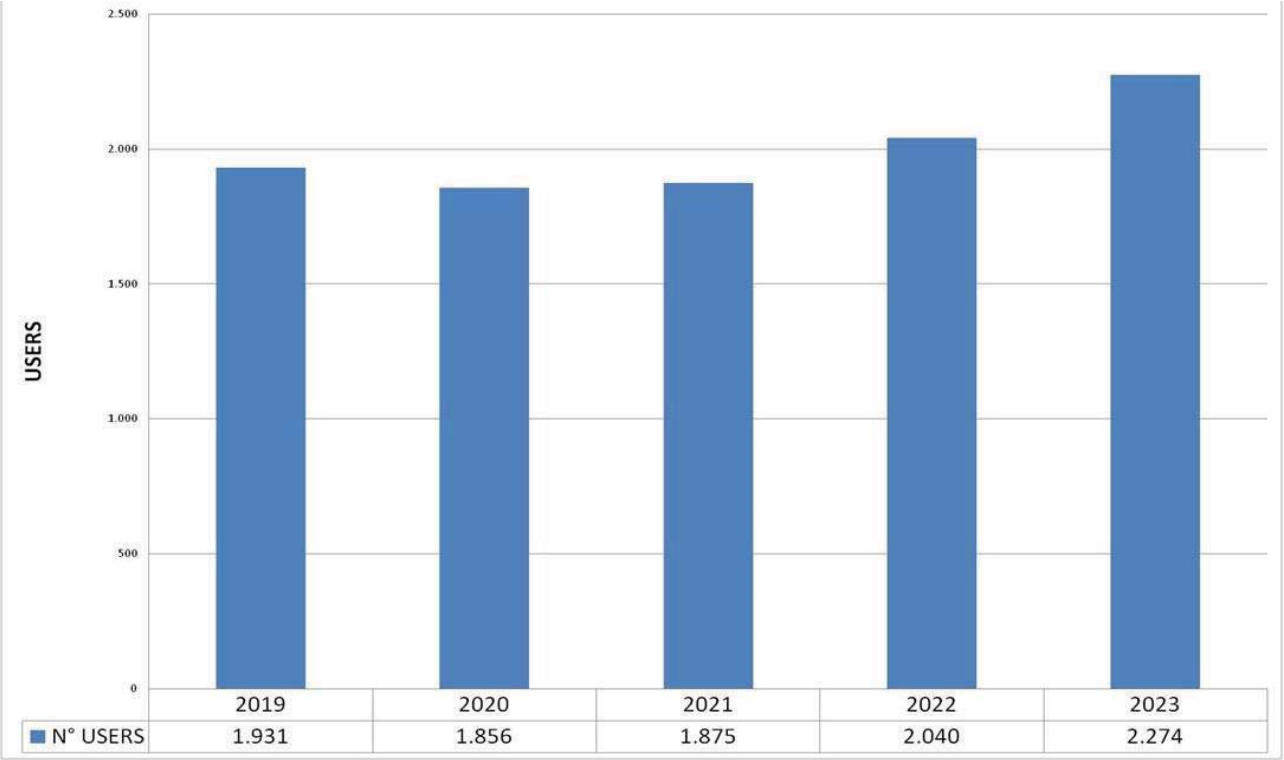

Figure 1. Number Users of Trento‘s Mental Health Center

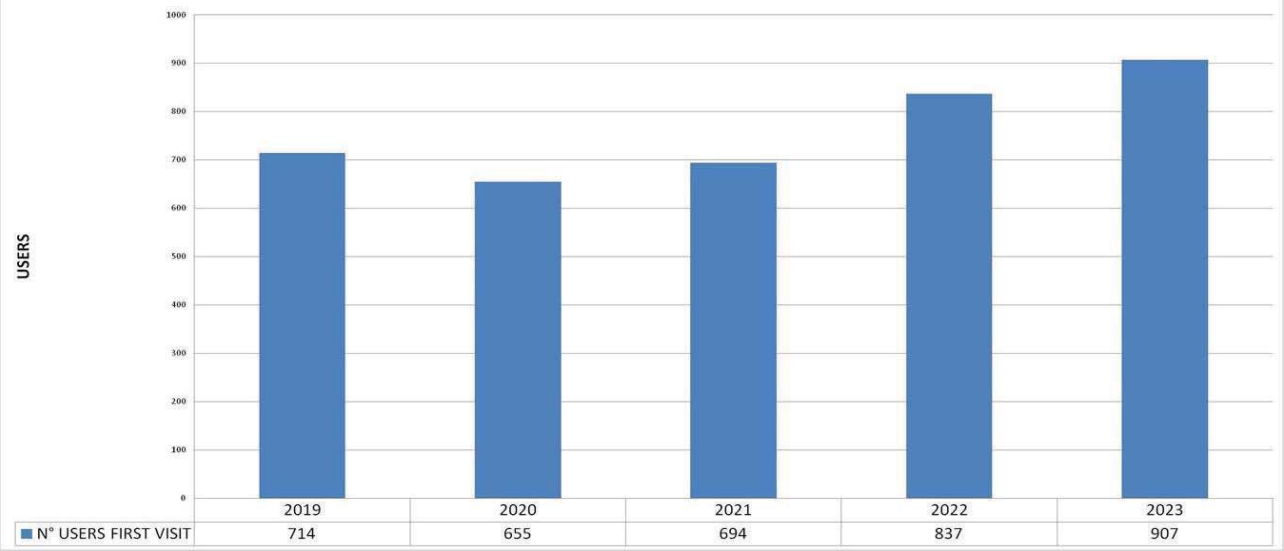

Figure 2. Number Users First Visit of Trento‘s Mental Health Center

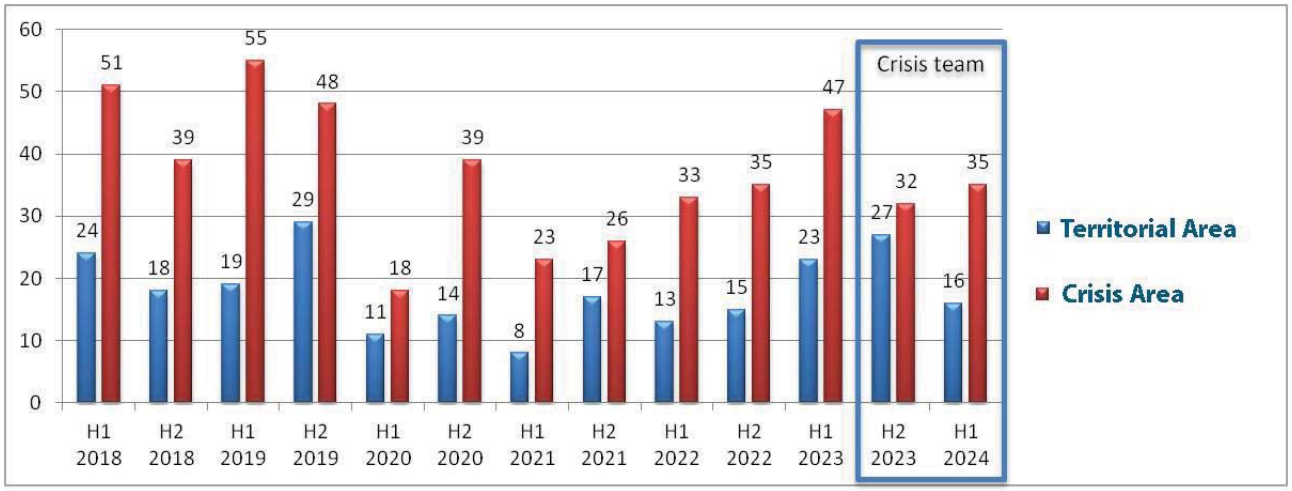

Figure 3. Impact on the Total Number of Hospital Admissions

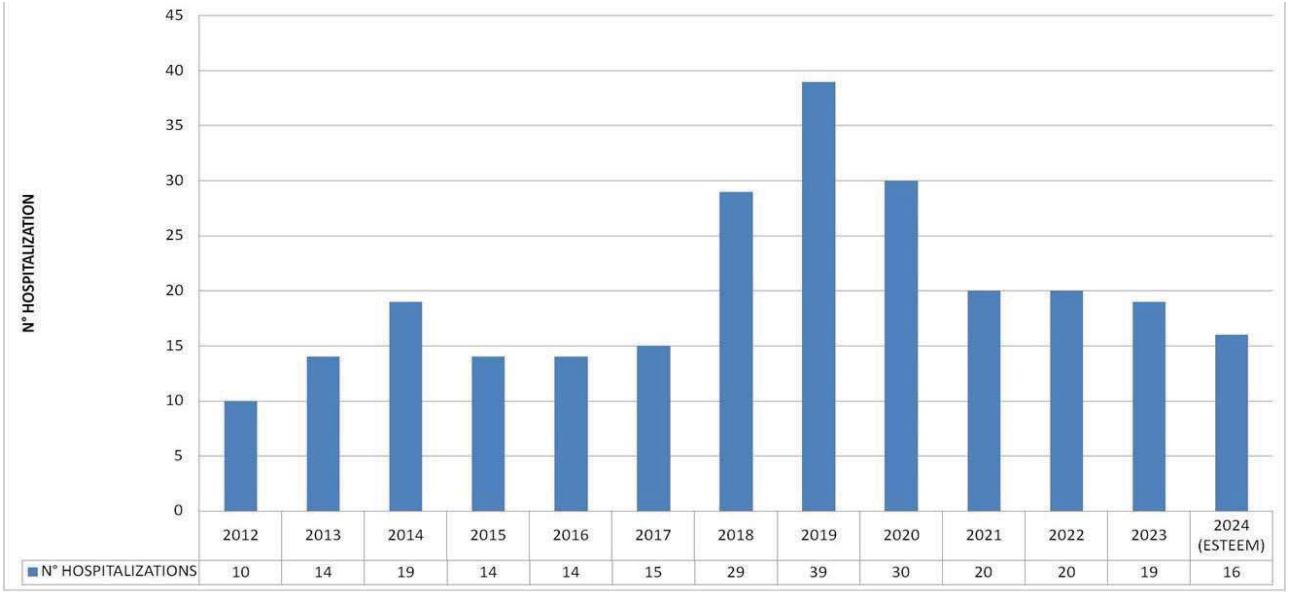

Figure 4. Number Hospitalization of Trento's Department for Compulsory Treatments

crisis specialists dedicated to this type of intervention during 2018-2019, as reflected in the surge in hospitalization rates. However, the overall trend of hospitalizations gradually decreases in the subsequent years and continues to decline slowly after July 2023, when the Crisis Team commenced its activities. Despite this, hospital admissions remain high, with a notable number of admissions still originating from the Territorial Area (Figure 3).

The general increase in overall user numbers and the requests brought to the Service may partially explain why it has not yet been possible to drastically reduce the reliance on hospital admissions. Furthermore, the operational synergy and coherence between the competencies and actions of the two areas of the Mental Health Service (SSM) are still being consolidated, with shared practices and objectives.

As we can see from the figure 4, after a significant increase in the number of TSOs from 2018 to 2021 (years in which crisis management was handled by all SSM doctors on a rotational basis), these numbers have gradually decreased and remained low in 2023. The forecast for 2024 (number of TSOs in the first 6 months multiplied by 2) indicates a further decline. However, these data are still too preliminary to allow a comprehensive analysis of the overall impact of the Crisis Area and will need to be further enriched and processed in the future.

User Satisfaction

A satisfaction survey is currently being collected from service users and their families, with data to be processed and presented from September 2024 onwards. It will be crucial to consider the items related to the phases of reception and crisis management by our SSM to obtain an accurate estimate of user perception.

DISCUSSION

Keeping the patient within their own living environment encourages them to identify and utilise their own resources in daily life. This approach helps the patient to not feel like a "sick person in need of care" but rather as a human being who, through the crisis, discovers internal resources that ensure a quick recovery and the gradual regain of apparently lost autonomy. The proximity of caregivers, educated about the illness, facilitates the adoption of effective strategies for early management of future episodes and strengthens existing emotional bonds.

Avoiding hospitalisation during a crisis humanises and normalises mental illness and suffering, contributing to the deinstitutionalisation of mental illness and integrating it into the individual's life context. Moreover, avoiding hospitalisation can reduce the stigma associated with mental health problems and prevent the chronicisation of issues that are not adequately addressed by the Services.

The activities of a Crisis Area, which invest time and energy in engaging with poorly motivated or openly resistant patients, those isolated or in difficulty, allow for effective interventions in preventing chronicity and addressing both psychological and social crises. The presence of figures such as Peer Support Specialists (ESP) in a crisis situation brings hope of improvement through the stories of individuals who have overcome similar crises and now help those in need after a journey of care and awareness.

From a resource management perspective, territorial crisis management without resorting to hospitalisation offers significant economic savings and reduces the need for hospital beds. This allows economic resources to be redirected towards rehabilitation and social reintegration projects that genuinely support the functional recovery of individuals.

Among the challenges, there is a need for a sufficient number of healthcare personnel. In recent years, the healthcare system has faced significant difficulties due to a shortage of human resources. A territorial service severely understaffed risks not sustaining an effective crisis management service. However, a multidisciplinary approach that values the contribution of educators, psychiatric rehabilitation technicians (TERP), and nurses during emergencies can reduce the need for medical intervention and offer relational skills, attention, and availability that often make a difference.

The Mental Health Centre of Trento is deeply rooted in the local community, thanks to the active involvement of users and families in co-designing services, raising awareness, and participating in care projects. This involvement often leads to users or family members bringing people in for evaluation after recognising signs of distress. Through awareness activities in schools, young people learn about the realities of mental health and hear recovery stories. They come to understand that there are dedicated services available to help them during times of crisis. Close collaboration with local entities and non-profit organisations promotes awareness and prevention of psychiatric crises while reducing associated stigma and improving early access to care for those in need.

Our Mental Health Service and its Crisis Area are also in constant contact and cooperation with other healthcare services (Addiction Services, Alcoholism Services, Clinical Psychology Service, Emergency Services, General Practitioners, Social Services, and the third sector). Collaboration with law enforcement is also crucial, with monthly meetings for discussion, updates, and information exchange within the limits of professional confidentiality. These activities, although not directly involved in clinical practice, promote the development of common knowledge, a shared language, and a consolidated practice based on mutual understanding. These elements play a fundamental role in the synergistic management of crises in the territorial context.

CONCLUSIONS

The Psychiatric Emergency Service of Trento represents an innovative example of managing psychiatric crises by valuing the socio-familial context and reducing the need for hospitalisation. This approach humanises and normalises mental suffering, contributing to the deinstitutionalisation of mental illness and promoting the recovery of individual autonomy. Despite the challenges related to the shortage of human resources, the multidisciplinary and territorially rooted model adopted is proving effective in providing timely support and competent interventions to patients in crisis, improving user engagement and reducing the stigma associated with mental illness. Integration with the local community and the active involvement of users and families are key elements for the success of this service model, promoting a culture of awareness and protagonism in mental health within a strong Community Psychiatry approach.

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Contribution of individual authors:

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