



# HelpEx

## European Qualification of Ex-Patients in the Helping Process of Rehabilitation and Recovery

Management of challenges and crises in the process of rehabilitation and recovery

*2. STRATEGIES FOR MANAGING, OVERCOMING AND PREVENTING CRISIS AND RELAPSES*



*Strategies for managing, overcoming and preventing crisis and relapses*

## Description of protocols for prevention of crisis and relapses

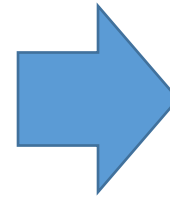
OTTAWA  
CHARTER FOR  
HEALTH  
PROMOTION  
1986

- The health promotion is the process to improve the control on his own health
- The health as a resource for daily life, not the main target
- The health promotion it's not only a sanitary item, but aims at well-being



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- The mental health is integral part of physical health
  - The mental health is a common interest
- There is no health without mental health
- The mental health is more than absence of mental illness



Health is a balance condition including the self, the others and the social context



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## PROMOTION OF MENTAL HEALTH AND PREVENTION ON MENTAL DISTURBS

**The promotion** of mental health sustain a positive concept of mental health, increasing the psychological well-being of people

**The prevention** of mental disturbs aims at symptoms mitigation and at illness containment



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## SUPPORT PLANS FOR PREVENTION POLICIES

- ➔ Inclusion and social reintegration aimed at job placement
- ➔ Enhancement, promotion and diffusion of peer support activities
- ➔ Health budget, based on taking charge through the case management model
- ➔ Promotion of cooperation between territorial services
- ➔ Reduction of hospitalization



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## SUPPORT PLANS FOR PREVENTION POLICIES

- ➔ Stability of life projects through inclusion targets as social housing
- ➔ Promotion of primary and secondary prevention
- ➔ Reduction of mandatory health treatments
- ➔ Take in charge of offender patients
- ➔ Promotion of auto-help routes



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## TERRITORIAL STRUCTURES FOR PREVENTION

OPERATIVE  
PSYCHIATRIC  
UNITY

Services that work with psychiatric, psychotherapeutic, domiciliary, rehabilitation interventions; multi-professional teams, collaboration with peers operators, relation with institutional structures



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## TERRITORIAL STRUCTURES FOR PREVENTION

OPERATIVE  
ADDICTION  
UNITY

Multi-disciplinary method, assure activities of prevention, care and rehabilitation; unities operate also for imprisoned patients, working on internal or external projects

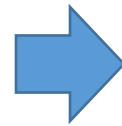




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## MISSION OF TERRITORIAL STRUCTURES

Strategy: meet the patient in his living environment, physical or psychological



### PRIMARY PREVENTION

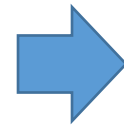
Prevention of acute crisis and management of emotional discomfort



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## MISSION OF TERRITORIAL STRUCTURES

Strategy: meet the patient in his living environment, physical or psychological



### **SECONDARY** PREVENTION

Care, with individuation of the emerging pathology and of the suitable therapy (pharmacological, psychoterapeutical, social)



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## MISSION OF TERRITORIAL STRUCTURES

Strategy: meet the patient in his living environment, physical or psychological



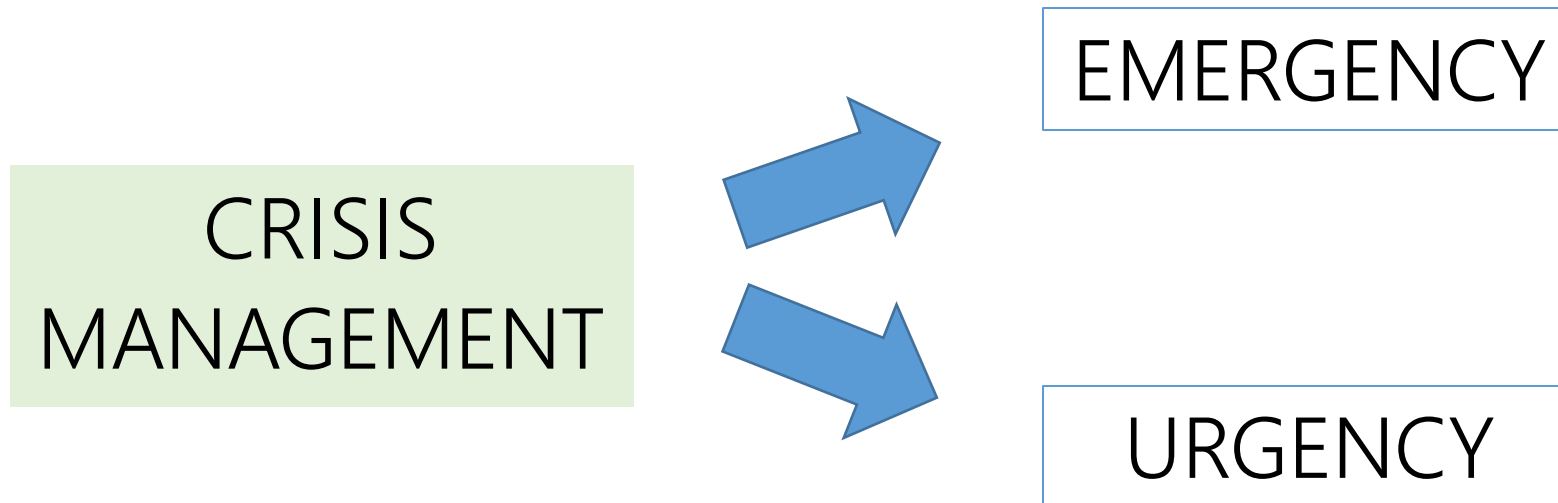
### **TERTIARY** PREVENTION

Rehabilitation and recovery of professional, social and relational skills; reintegration in the social context with support to families



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## Description of protocols for the management of crisis and relapses



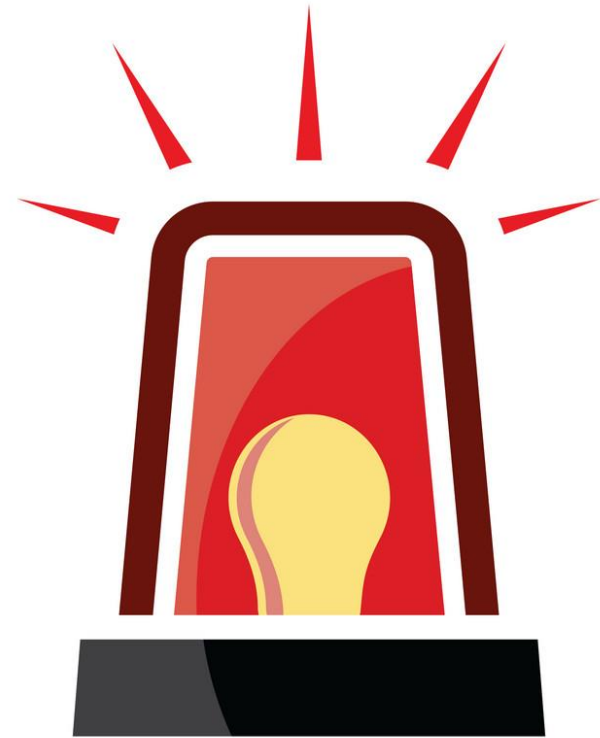


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## EMERGENCY

Breaking of the balance with the context. The psychosocial problems are more relevant than the psychopathological ones.

Emergencies require quick attention, but the intervention is potentially postponable





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## URGENCY



Acute and severe situation where psychical suffering or a behaviour, connected to a psychopathology require an immediate intervention for the risks for the patients or for other people



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## CLASSES OF PSYCHIATRIC URGENCY

### CLASS 1

Potential danger of life or risks for the patient or for other; it includes suicidal attempt, self-injurious acts, acute violence, extreme neglect, food disturb with physical consequences

### CLASS 2

Disturbs of high gravity that requires urgent intervention. It includes intense anguish, severe panic attacks,



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## CLASSES OF PSYCHIATRIC URGENCY

### CLASS 3

Situations that need a quick recognition but not an immediate intervention. It includes phobias, reactions to familiar/social/relational discomfort, without damages

### CLASS 4

Situations perceived as urgent that don't need an immediate psychiatric intervention. It's a sort of false alarm.





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## STRUCTURES FOR CRISIS CARE AND MANAGEMENT

HOSPITALIZATION  
(First Aid or  
psychiatric ward)

Solution for acute phase to  
make a diagnosis and to  
define a therapy.  
Is possible to organize group  
and resocialization activities



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## STRUCTURES FOR CRISIS CARE AND MANAGEMENT

### RESIDENTIAL COMMUNITIES

Structures for adults with multi-professional team, peers and volunteers; cooperation with territorial institutions and services. 3 years stay, resocialization programs



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## STRUCTURES FOR CRISIS CARE AND MANAGEMENT

### DAY CENTER

Intermediate function between hospitalization and outpatient care. Multiprofessional team with tasks of observation, diagnosis, rehabilitation, resocialization



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## STRUCTURES FOR CRISIS CARE AND MANAGEMENT

### SUPPORTED HOUSING

Low assistance apartments with more patients for a passage from communities to autonomy; connection with the territorial service



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## PREVENTION AND MANAGEMENT OF ACUTE CRISIS

### Actions of verbal and ambient containment

- Welcome with a calm, empathic and reassuring approach, listening and help offer
- Analysis of patient and family emotional state
- Show attention and offer of dialogue



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## DE-ESCALATION TECHNIQUES

- Show calm and control, talk quiet
- Clear instructions
- Avoid menaces or unreal promises; focus on cooperation
- Use affirmative answers, postponing limitations



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## DE-ESCALATION TECHNIQUES

### RULE OF THREE "F"

**F**EEL

"I understand how you could **feel**"

**F**ELT

"Other in that situation have **felt** that way too"

**F**OUND

"Most have **found** that doing can help"



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## INDICATIONS FOR ACUTE CRISIS MANAGEMENT

- Show interest for the situation brought by the patient
- Offer food and water
- Use a low tone voice to help the patient to calm
- Give a limit to bargaining
- Control posture and non-verbal communication to avoid menacing messages
- Begin the meeting in a safe place (possible to ask help)
- Keep a physical distance





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## INDICATIONS FOR ACUTE CRISIS MANAGEMENT

NEVER...

- Go near the patient with sudden movements
- Look straight in eyes
- Show your back
- Stay away from way out
- Use sarcasm, irony or total compliance
- Interrupt or criticize the patient as he talks
- Order to the patient to stay calm