Standard Operating Procedures

Crisis Management

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Acknowledgements

The Standard Operating Procedures (SOPs) for Crisis Management was developed by the Mental Health Care arm of Impart, with the support and oversight from the Psychosocial Trauma Support Service (PTSS), KK Women's and Children's Hospital (KKH).

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Introduction

1. Purpose

1.1. This guide was created in order to achieve the following goals:

1.1.1. Provide clear and concise operational guidelines , so that Impart is able to provide timely responses to children and youths affected by various types of crises.

1.1.2. Increase structure and standardisation in crisis decision-making, so that Impart's quality of care is upheld.

1.1.3. Increase clarity in operational and clinical processes so that Impart has the increased capacity to care for Case Workers and Youth Advocates (YAs).

This document will be reviewed on a half-yearly basis in June and December, unless there are changes in policies or procedures that require an earlier review.

2. Who will use this guide

This document can be used across all three operational arms: (1) Mental Health Care, (2) Education, and (3) Community.

2.1. Clinical Supervisors and Programme Heads/Managers, in facilitating liaisons and supporting youth-facing staff in their crisis response.

2.2. Case Workers and Youth Advocates, in responding to clients in crisis situations.

Kindly note that updates from the previous version will always be highlighted in bright blue.

3. Practice Guidance

3.1. When to use this guide

3.1.1. Familiarisation with this set of guidelines during peacetime is key. Especially if you are involved in crisis management in any way at all, it is important that you review this document at least 2-3 times.

3.1.2. The decision trees in this document should be used when anyone within Impart needs further guidance on how to manage out-of-norm situations with our beneficiaries. .

3.2. Procedure

3.2.1. From the Contents page, start with the universal tree and alert your supervisor(s) on the situation. Make sure to try until you get a response from your supervisor, and call someone else if the supervisor you are supposed to reach doesn't respond.

3.2.2. Select the decision tree that most closely matches the situation you are facing or the concern that you have.

3.2.3. Start from the top of the decision tree. Read the accompanying text at each decision point and answer "Yes" or "No" to the best of your knowledge.

3.2.4. Following the operational guidelines, the respective crisis leads, programme heads, managers, clinical supervisors and crisis team members will be involved to provide support.

3.3. Emergency Contacts

Physical safety will always precede psychoemotional safety. This means that concerns of rupturing your rapport with the child or youth is secondary, when their lives are in danger.

3.3.1. Police: 999

3.3.2. Ambulance: 995

3.3.3. National Anti-Violence Hotline (NAVH): 1800 777 0000

4. What is a Crisis Event?

4.1. A crisis event can be a stressful and potentially traumatic life experience that overwhelms one’s usual coping mechanisms, causes one to experience distress, and may affect functioning in daily life. Children could perceive any situation that threatens them or their loved ones’ physical and sexual safety as a crisis event, contrary to the popular belief that only life/safety-endangering emergencies count as crisis events.

4.2. Crisis events can be broadly categorised into accidental, medical, interpersonal, and natural or man-made disasters.

Crisis Situations (Accidents/Medical)

Killer Litter

Traffic accidents

Near-drowning

Sports-related injuries (e.g. fractures, cuts)

Animal attacks (e.g. dog/cat bite)

Falls

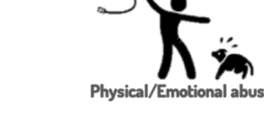
Scary or stressful medical experiences

Allergic reactions

Figure 1 (above). Examples of accidental and medical crises.

Crisis Situations (Interpersonal)

Deaths/Sudden losses


Physical/Emotional abuse

Inappropriate touching

Divorce / Separation (E.g. sudden separation, or witnessing violence at home)

Fights

Cyber-bullying

Figure 2 (above). Examples of interpersonal crises.

Crisis Situations (Natural / Man-Made disasters)

Floods
Volcano eruptions
Avalanches/Landslides
Fires
Earthquakes
Tornados/Hurricanes
Tsunamis
Acts of terrorism

Figure 3 (above). Examples of crises caused by natural or man-made disasters.

4.3. Crisis events comprise small-scale events (e.g., road traffic accidents, near-drowning situations) and large-scale events (e.g., building fires, natural disasters), and may affect an individual (e.g., a child), the community, or even society at large [1]. However, regardless of the scale of the crisis event, it is important to consider the child's perspective of the event.

4.4. Two key concepts when we think about the impact of crisis events on children include:

4.4.1. Same crisis events can affect children in different ways, depending on their perspective of the crisis event over time.

4.4.2. Consider the amount of time that has passed since the event. It is normal for children to display some reactions or responses after experiencing a traumatic event.

Note: If these reactions persist beyond 4 to 6 weeks after the event, further screening and interventions may be warranted.

5. Common Responses to Crisis Event

Common Signs and Symptoms in Children and Youths			
Behaviours	**Physical Symptoms**	**Feelings**	**Thoughts**
• Sleep difficulties • Changes in appetite • Avoid reminders of the stressful or traumatic event • Decreased interest in usual activities • Hypervigilance (frequently being on high alert)	• Physical complaints (e.g., stomach aches, headaches, chest pains, breathing difficulties) • Increased tension in the body • Increased physiological experiences in the body (e.g., sweating, rapid heart rate)	• Distress when reminded of the event • Fear • Anxiety • Sadness or low moods • Irritability	• Repeated, unpleasant thoughts of the event • Avoidance of thoughts about the event • Thinking and feeling as if the event is happening all over again • Nightmares • Difficulty concentrating • Thinking that the world is not safe

Pre-Crisis Preparation

6. Crisis Support Team Roles

6.1. Crisis Team Lead

6.1.1. Plans, leads, and maintains oversight of timely and effective crisis operations within the Crisis Support Team.

6.1.2. Facilitates communication with external stakeholders before and during community crisis response, whenever necessary.

6.1.3. Makes certain key decisions during the crisis response, by the mandate granted from Impart’s Management Team.

6.2. Clinical Lead

6.2.1. Plans and leads the clinical aspects of the response plan (provision of psychosocial support by the Crisis Support Team).

6.3. Programme Head

6.3.1. Provides operational directions to Programme Managers and facilitates communication with internal supervisors.

6.4. Programme Manager

6.4.1. Provides operational guidance to Crisis Team members when alerted.

6.5. Crisis Team Member

6.5.1. Provides early psychosocial support (i.e., 0 to 6 weeks post-crisis) to affected children and their family members after a crisis.

6.6. Clinical Supervisor

6.6.1. Provides clinical supervision to Crisis Team members in the provision of psychosocial support, post-crisis.

7. Crisis Team Registry

Updated: 27 June 2025

Mental Health Care

Crisis Team Lead(s) + Clinical Lead	• Dr Raksha Kartik (F) • Narash (M)

Programme Head(s)	• IMNA
	  ○ Dr Raksha Kartik (F)
	• Project Cope
	  ○ Christel
	• Clinical Care
	  ○ Dr Raksha Kartik (F)
	• BTL
	  ○ Brenda Tan (F)
	• LVUP (moving to Community)

Programme Manager(s)	• Project Cope ○ Hazel and Natalie

Clinical Supervisor(s)	• IMNA
	  ○ Narash (M)
	  ○ Dr Raksha Kartik (F)
	• Project Cope
	  ○ Dr Raksha Kartik
	• Clinical Care
	  ○ Lynn Soh (F)
	• BTL
	  ○ Dr Raksha Kartik (F)

Important Note:

- The Crisis Team Lead and/or Clinical Lead from the Mental Health Care arm will also serve as:
    - The Clinical Lead for all other departments, and

- The Crisis Lead in times of large-scale crises.

Education

Crisis Team Lead(s)	• Jia Hao (F)
Clinical Lead(s)	• Narash (M)
Programme Head(s)	• TBC
Programme Manager(s)	•

Community

Crisis Team Lead(s)	• Calvin Leong (M)
Clinical Lead(s)	• Narash (M)
Programme Head(s)	• Narish (M) • Nishan (M) • Daniel (M) • Hanafi (M)

8. Service Boundaries

8.1. Demographic: No demographic restrictions for client intake.

8.2. Location: Scope of service extends within Singapore.

9. Scope of Intervention

9.1. Non-psychiatric crises

9.1.1. Situations where the child or youth need urgent socioeconomic support or enhancement of safety that does not stem from psychiatric conditions.

9.1.2. Homelessness, teenage pregnancy, financial difficulties, offending behaviours, running away from home

9.2. Psychological Crises

9.2.1. Situations where the child or youth is overwhelmed to the point where they are unable to cope independently and require psychosocial support.

9.2.2. Suicide ideation, self-harm, family violence

9.3. Psychiatric Crises

9.3.1. Situations where the child or youth's functioning is severely impaired due to the experience of symptoms from a psychiatric condition, and pose a danger to self and others.

9.3.2. At-risk mental state, dissociation, severe dysregulation and violence, substance abuse

10. <u>Crisis 'Go' Kit</u>

10.1. While this is completely optional, it can be helpful to prepare a mini crisis kit that can help you respond to crises quickly.

10.2. Suggested contents

- NRIC/FIN card or Driver's License
- EZ-Link card
- Cash / ATM card / Credit card / e-Wallet
- Mobile phone
- Phone charger / Portable charger + cable
- Emergency contact information
- Hand sanitiser
- Wet wipes + Tissues
- Bottle of water
- Notebook + Pen

11. Self-Regulation

No matter how experienced a volunteer and worker is, a crisis event can be dysregulating and disorienting. It is important to prepare a pre-, mid- and post-crisis routine during peacetime, to help yourself think and perform at your best when you do need to respond to a crisis in the community.

Pre-Crisis

11.1. Pre-crisis routines happen before you start the de-escalation process with the child/youth.

11.2. Some time points when you can self-regulate

11.2.1. When you are waiting for the child/youth's reply if you are managing the situation digitally

11.2.2. When you are on a cab and heading over to the child/youth

11.3. Suggested coping skills

11.3.1. Lowering temperature - dipping your face in cold water for 20-30 seconds, drinking cold water, putting an ice pack under your eyes

11.3.2. Deep breathing

11.3.3. Grounding

Mid-Crisis

11.4. Mid-crisis routines need to be quick and can be done on the go, as things can be quite hectic and rushed.

11.5. Some time points when you can self-regulate

11.5.1. When you are on a cab with the child/youth to the hospital / A&E

11.5.2. When you are co-regulating with the child/youth

11.6. Suggested coping skills

11.6.1. Lowering temperature - preparing a bottle of cold water

11.6.2. Deep breathing

11.6.3. Grounding

11.6.4. Taking walks with the child/youth

11.6.5. Asking for help from the Crisis Support Team

Post-Crisis

11.7. Your self-care routine can be implemented here. Speaking about and processing things during therapy would also be important.

11.8. It is okay not to process all your thoughts and emotions directly post-crisis, especially if it is already really late at night and you are experiencing a lot of fatigue. Checking in with yourself and full updates to the Crisis Support Team can happen the next day after you get ample rest.

11.9. Burnout and Vicarious Traumatisation (*refer to sections* 16 & 17 *for resources*)

11.9.1. It is not uncommon for Mental Health Practitioners and Providers to feel fatigued, drained, or increasingly difficult to feel joy in their work or personal lives. There is also a higher likelihood, especially amongst those who work with children/youths exposed to crisis or trauma, to experience emotional difficulties as a result of learning details of the crisis or trauma event.

11.9.1.1. Burnout is the consequence of prolonged exposure to challenging workplace conditions (which may or may not be related to interactions with the child/youth) [2,3].

11.9.1.2. Vicarious traumatisation (also known as secondary traumatic stress) is more of the immediate adverse emotional reactions related to interactions with the client and their reports of the crisis or traumatic events [2,3].

11.9.2. Recognising when to seek additional support may need to take priority and is essential for Mental Health Practitioners and Providers

to go the long run in providing care to the children / youths in the community.

Crisis Activation

12. Safety Planning

12.1. Safety Plans are tools that allow children and youths to recognise what their triggers are and how they can keep themselves safe when they are beginning to escalate or are already dysregulated.

12.2. These tools are kept concise and are crafted during peacetime, to ease the cognitive load during a crisis as the child/youth will now just have to go through the safety plan step-by-step instead of having to think about what they need to keep themselves safe, amidst all the big emotions present.

12.3. Once crafted, safety plans need to be stored in an easily accessible space, be it digitally or printed. Here are some ways to keep the safety plans accessible for the child/youth - unleash your creativity here!

- 12.3.1. Printed
    - 12.3.1.1. Poster on the wall
    - 12.3.1.2. Mini safety plan to be kept in wallet or in phone cover
- 12.3.2. Digital
    - 12.3.2.1. Set safety plan as lock screen and/or home screen wallpaper
    - 12.3.2.2. Pinned Telegram chat and safety plan
    - 12.3.2.3. Save photo in favourites

keeping

SAFE

1 I am unsafe when:

Places

People

Emotions

Thoughts

Behaviours

Body

2 I can cope by:

9-10:

7-8:

4-6:

1-3:

3 I can call:

Name:
Contact:

Name:
Contact:

Safe place:

Safe place:

4 I can ask for help from:

Youth Advocates
Name:
Contact:

Name:
Contact:

Case Worker
Name:
Contact:

5 I keep myself safe by:

1. Keeping away anything dangerous that might harm me.
2. Leaving the environment for a while for a breather. I will take as long as I need.

6 I say to myself:

1.

2.

3.

I look forward to:

Figure 4 (above). Digital Safety Plan.

keeping

Ellie

SAFE

1 I am unsafe when:

Places	Emotions	Thoughts	Behaviours	Body
Being alone in bedroom	Feeling lonely, feeling sad, angry, guilty, shame	Thinking I am no good / need to punish myself / control my feelings	Shouting at people	Heart beating fast
People			Being withdrawn	Feeling tense, sick, dizzy
My mother				

2 I can cope by:

9-10:	Dip my face in cold water Intense exercise	
7-8:	PMR Deep breathing	Mindfulness
4-6:	Sleep Grounding	Colouring
1-3:	Eat ice cubes Watch netflix	

3 I can call:

Name: Ben
Contact: 8123 4567

Name: Anne
Contact: 8765 4321

Safe place: Ben's house, #02-34, 567891

Safe place: Blk 12, sync drive 3, mcdonald's

4 I can ask for help from:

Youth Advocates
Name: Cass
Contact: 9876 5432

Name: Diana
Contact: 9123 4567

Case Worker
Name:
Contact:

5 I keep myself safe by:

1. Keeping away anything dangerous that might harm me.
2. Leaving the environment for a while for a breather. I will take as long as I need.

6 I say to myself:

1. "I can cope with feelings of anger / frustration / fear / sadness / shame without harming myself."
2. "These are horrible thoughts, and they are just thoughts. I don't have to act on them."
3. "These feelings will pass."

I look forward to:

Finishing my education and becoming a teacher.

Figure 5 (above). Sample Safety Plan.

safety plan cheat sheet

linktr.ee/sync.progs | linktr.ee/sync.imna

i am unsafe when

Section: Warning Signs / Trigger
- **Places**: Areas or locations that trigger some unhelpful feelings or unhappy memories
- **People**: People who might be very triggering / energy-draining to interact with
- **Emotions**: Refer to emotion wheel
- **Thoughts**: Prompts can be "What do you say to yourself?", "What did you think in your mind?"
- **Behaviours**: Outward, tangible actions
- **Body** (Physiological): Crying, heart beating fast, sweaty palms, stomachache, clenched fists

i can cope by

Section: Coping Strategies
- Common / Fast Ones
  - 5-4-3-2-1 Senses (grounding)
  - Deep breathing
  - Cold temperature - Drink / Shower / Dip face
- DBT Distress Tolerance
  - TIPP, ACCEPTS, IMPROVE, Pros and Cons
- Self-soothing
  - Watching Netflix / TikTok / IG / TV
  - Crochet / Knit
  - Play games

- If the youth offers a maladaptive coping strategy (e.g., smoking), acknowledge, validate, and reframe.
- E.g., "I hear that smoking is the best way that you know how to soothe and calm yourself down. At the same time, I want you to imagine - in a situation where you don't have cigarettes with you, what else can you do?"

i can call

Section: Social Support System
- As much as possible, explore and provide options for people who are more constant in their lives.

- If they list a toxic individual as part of their safety plan, either redefine safe and supportive figures for them and ask them who fits into this category, or make sure to put down one other person who is reliable.

i can ask for help from

Section: Professional Stakeholders
- Youth Advocates
- Counsellors, social / case workers, officers

i keep myself safe by

Section: Checking Physical Safety
- Especially for children and youths who self-harm by cutting, ask if they have anything sharp at the places they often go to (e.g., bedroom, toilet). Set a plan with them to remove / throw that.

i say to myself

Section: Coping Statements
- Toxic Positivity
  - Toxic positivity refers to the trend, mindset and attitude that people should and can only focus on the positive things in life.
  - This invalidates an individual's struggles, as they might be in pain and that is their reality at the moment.
  - Advocating against and avoiding toxic positivity means to accept reality for what it is, and at the same time acknowledge strengths or potentials amidst adversities.
- Examples of Toxic Positivity (AVOID!!!)
  - Everything is going to be okay.
  - Things could have been worse.
  - You can't keep being so negative.
- Instead, mindful and compassionate coping statements sound like this.
  - I can take one step at a time.
  - I am worthy of healing and recovery.
  - My emotions and thoughts do not define me.
  - I am capable of doing difficult things.
  - My best is enough.
  - I can feel sad/angry and still get through this.
  - This is difficult and uncomfortable, and I know that it will pass.
  - I am trying my best and that will look different everyday.
- Take note
  - Utilise "Yes,... and..." statement style

i can look forward to

Section: Life Worth Living
- **Things in a life worth living does not need to be extravagant or far fetched. It can be as simple as having their own pets, getting their dream career, learning a new skill et cetera**

- **As much as possible, we avoid things that rely on others or their choices (e.g., my boyfriend)**

Figure 6 (above). Guide to Crafting a Safety Plan.

13. <u>Limits of Confidentiality</u>

13.1. While most things are kept confidential to create a psychologically safe space for children and youths to share, there are limits to this confidentiality. These are 3 instances where we will need to break confidentiality in order to keep the child/youth safe, as well as remain ethical.

13.1.1. Harm to self

13.1.2. Harm to others

13.1.3. Illegal acts

13.2. Breaking confidentiality can feel intimidating and threatening to the rapport you have built with the child/youth. At the same time, it is necessary because physical safety will always be prioritised over psychoemotional safety. Remember, relationships are always mendable!

13.3. Breaking confidentiality does not need to come from a punitive or confrontational standpoint. It is important to be firm, directive and tactful, while remaining gentle and kind.

13.4. Here is a sample script for breaking confidentiality.

<u>Breaking Confidentiality to Share with Caregiver</u>

Thank you for sharing this with me - I know it mustn't have been easy and it is really brave of you. I care about you and want you to be safe. To do this, you will need people to support you in your journey. So after this session, what I will need to do is to share with your mother some of the struggles you have and how she can look out for you, as well as provide you with the support that you need.

<u>Breaking Confidentiality to Share with Supervisor(s)</u>

Thank you for sharing this with me - I know it mustn't have been easy and it is really brave of you. I care about you and want you to be safe. To do this, it will be important for me to bring this back to my supervisor so that I can support you to the best of my abilities.

13.5. It is normal for children and youths to feel a lot of fear in sharing their struggles with their caregivers. Note that the caregiver needs to be a safe, trusted adult who is able to hold this space for them (instead of being reactive / punitive). When met with these concerns, remember to validate a lot and support them in understanding why you will need to do so.

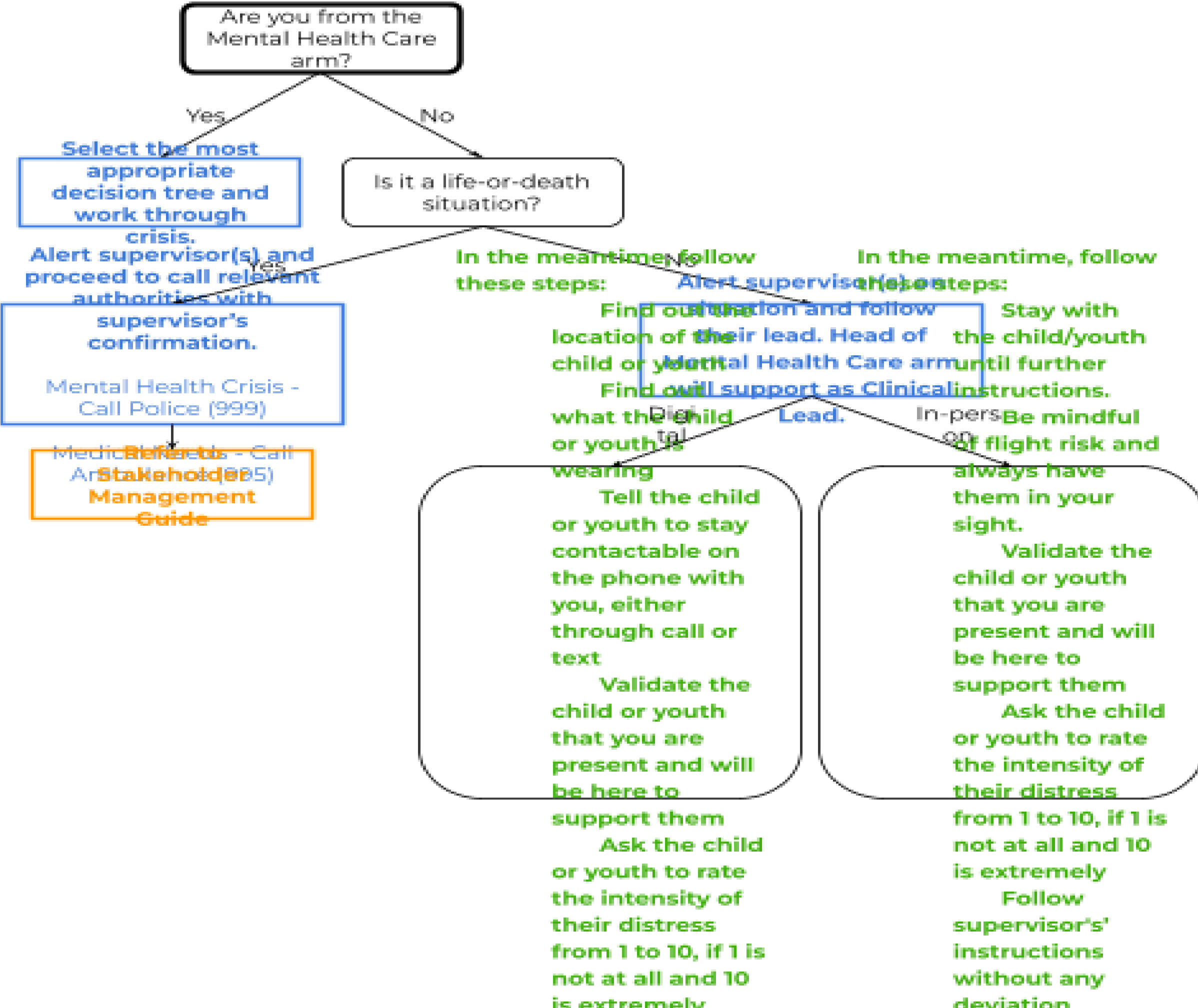
I hear that you are feeling quite worried about letting your mother know of what has happened today. At the same time, it will be important that there is more support that can come in for you because you're going through so much and there're so many big emotions that you are facing. I can't even imagine how difficult this has been for you. What I can do is not to give like a detailed breakdown of today, but this is what I will say - "Madam, I wanted to update you that Ellie has been facing many big emotions recently and it will be helpful if you are able to keep a lookout for her and support her in staying safe." Then I will send her the safety plan so she can also walk through it with you when you're facing intense emotions. This sounds ok?

14. Decision Trees

These decision trees serve as a guide for Impart staff and volunteers to manage various out-of-norm situations. For any situation where you experience difficulty in selecting an appropriate decision tree, always go back to contacting your programme manager(s) and/or supervisor(s) for assistance.

Shapes	Description	Function
Text	• Black rectangle, with round edges, thick border • Black text	Starting point: This is where you start your assessment.
Text	• Black rectangle, with round edges • Black text	Decision point: A yes-no question needs to be answered here for assessment to continue.
Text	• Black rectangle, with round edges • Green text, bolded	Intervention guide: Certain intervention needs to be conducted before we can move ahead with further assessment.
Text	• Blue rectangle, with sharp edges • Blue text	Post-assessment Instruction: Assessment is done. Follow-up actions and recommendations are provided here.
Text	• Orange rectangle, with sharp edges • Orange text	Redirection to another decision tree / guide: There might be further assessments if the issue you face is / becomes specific.

14.1. Universal Tree



- Redirect: Stakeholder Management Guide

14.2. Non-psychiatric Crises

14.2.1. Homelessness

- Alert crisis team and check back: can conflict be resolved in the short term, and safety be ensured?
  - Yes → Regulate child/youth and get them home. Longer term intervention can be thought through together later.
  - No → Is there a trusted relative or friend that the child/youth can go to in the short term?
    - Yes → Get child/youth to head over for the day/night. Longer term intervention can be thought through with stakeholders.
    - No → Is the child/youth 18 and above?
      - Yes → Refer to resources and community partners to find temporary one-day accommodation.
        - Homeless Hearts of Singapore (HHOS)
        - Open Home Network (OHN)
        - The Last Resort
        - Community Resources Team
      - No → Alert supervisor(s) and prepare to call NAVH (1800-777-0000).
        - → Refer to Stakeholder Management Guide

- Redirect: Stakeholder Management Guide

14.2.2. Teenage Pregnancy

Is the female child/youth in any of these situations?
Child/Youth has divulged incident(s) of unprotected sex.
Child/Youth has a chance of being pregnant (i.e., missing period, no protection used, early pregnancy symptoms like nausea) but it has not been confirmed.

Yes

Bring child/youth to the polyclinic for medical consultation.

Mandatory police report will be made by polyclinic if youth is under the age of 16.

Refer to Stakeholder Management Guide

No

Has the child/youth informed her caregivers **OR** is the child/youth willing to inform her caregivers?

Yes

Refer to resources and community partners to support in decision-making and pregnancy support.

Police report might need to be made by Impart or relevant stakeholders if child/youth is under the age of 16.

Babes (under 21yo)

Safe Place (Lakeside FSC)

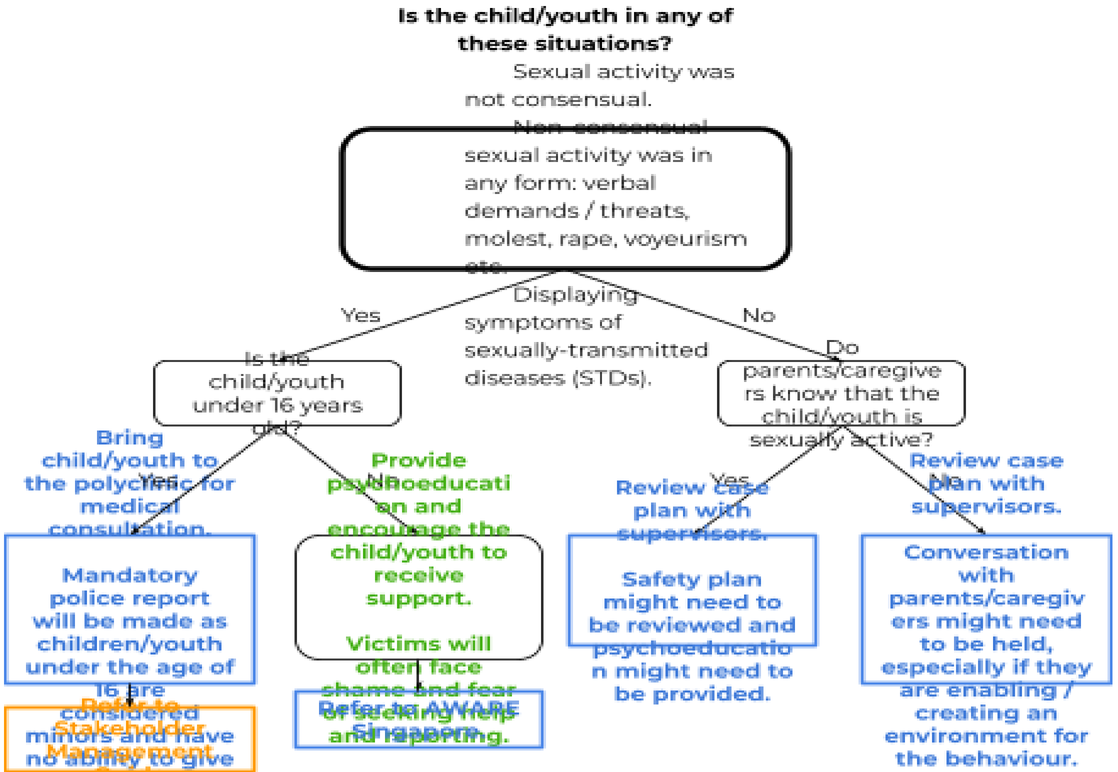
ALife

No

Provide psychoeducation and guide her thinking through the options. Create buy-in.

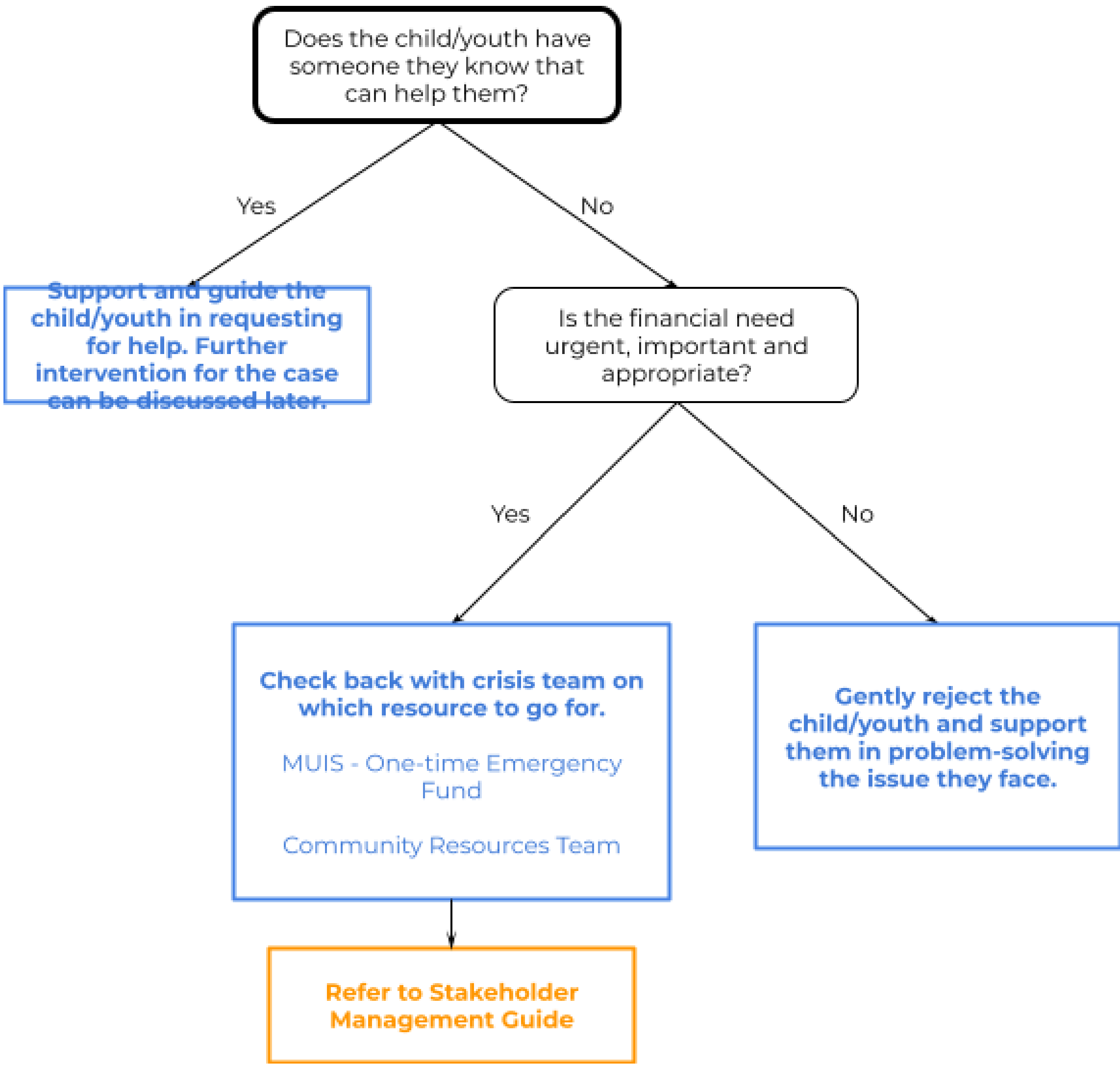
- Male Youth
  - If your client is a male youth who is concerned about a female partner who he has had sexual activity with,
    - Fact find slightly: when was sexual contact made, why is he concerned, who knows about these concerns etc.
    - Reach your supervisor(s) for the way ahead.
- Redirect: Stakeholder Management Guide

14.2.3. Sexual Assault



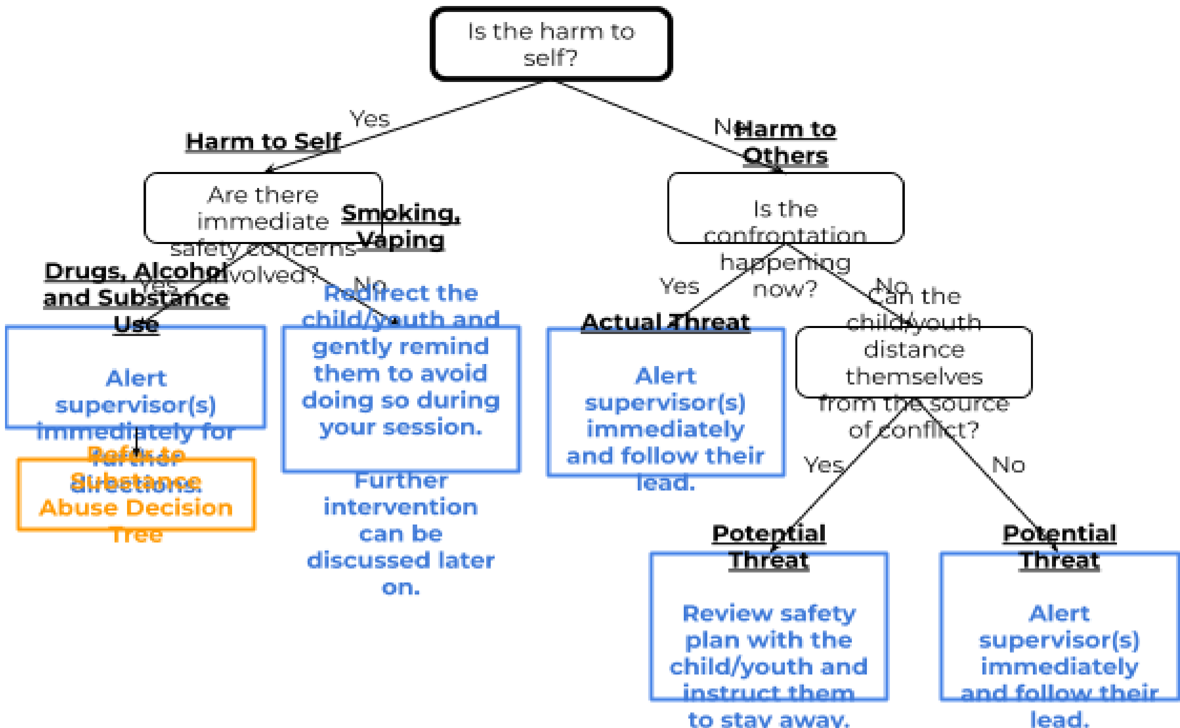
- Redirect: Stakeholder Management Guide

14.2.4. Financial Difficulties



- Redirect: Stakeholder Management Guide

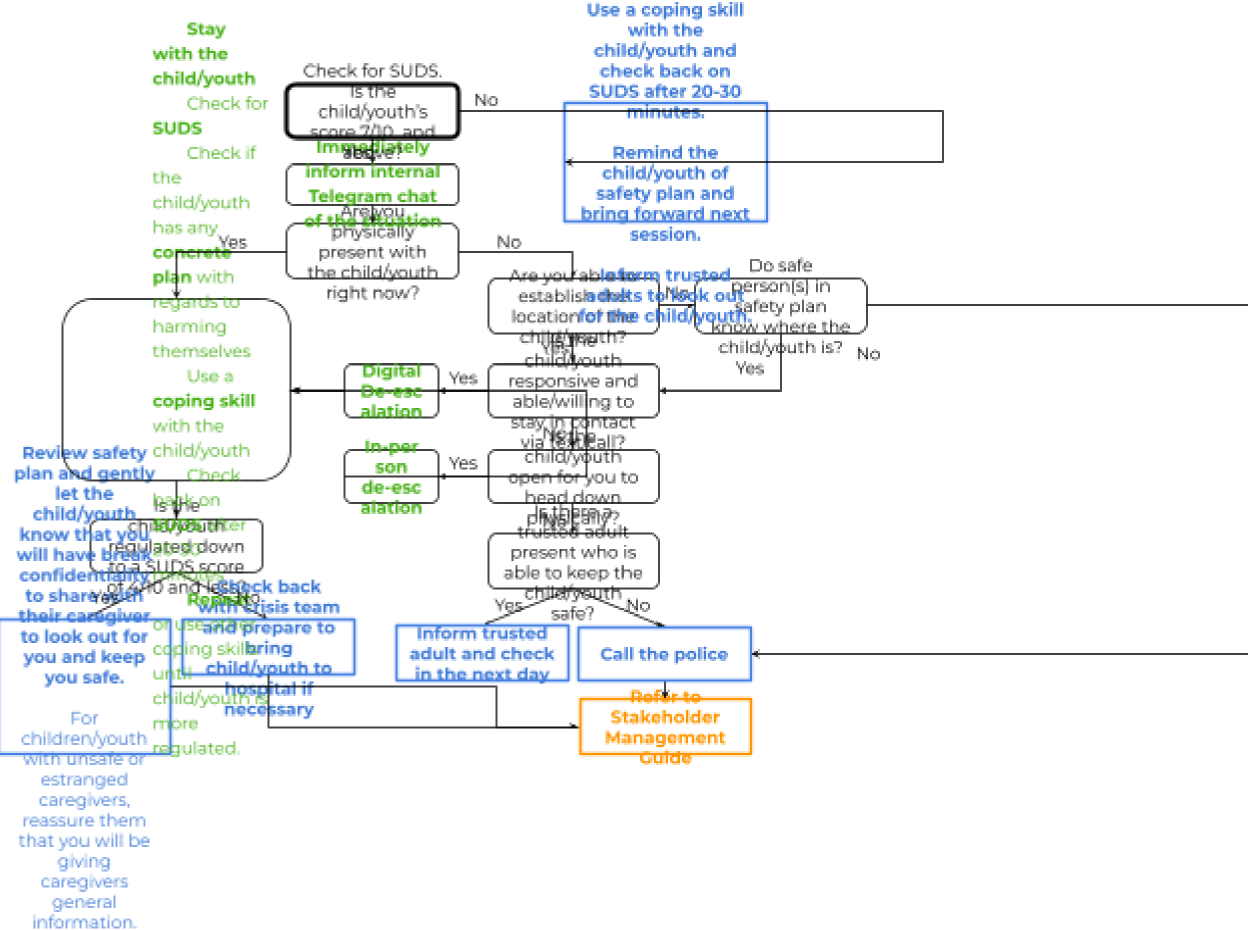
14.2.5. Offending behaviours



- Redirect: Substance Abuse Tree

14.3. Psychological Crises

14.3.1. Suicide Ideation / Self-harm (Pre-Attempt)

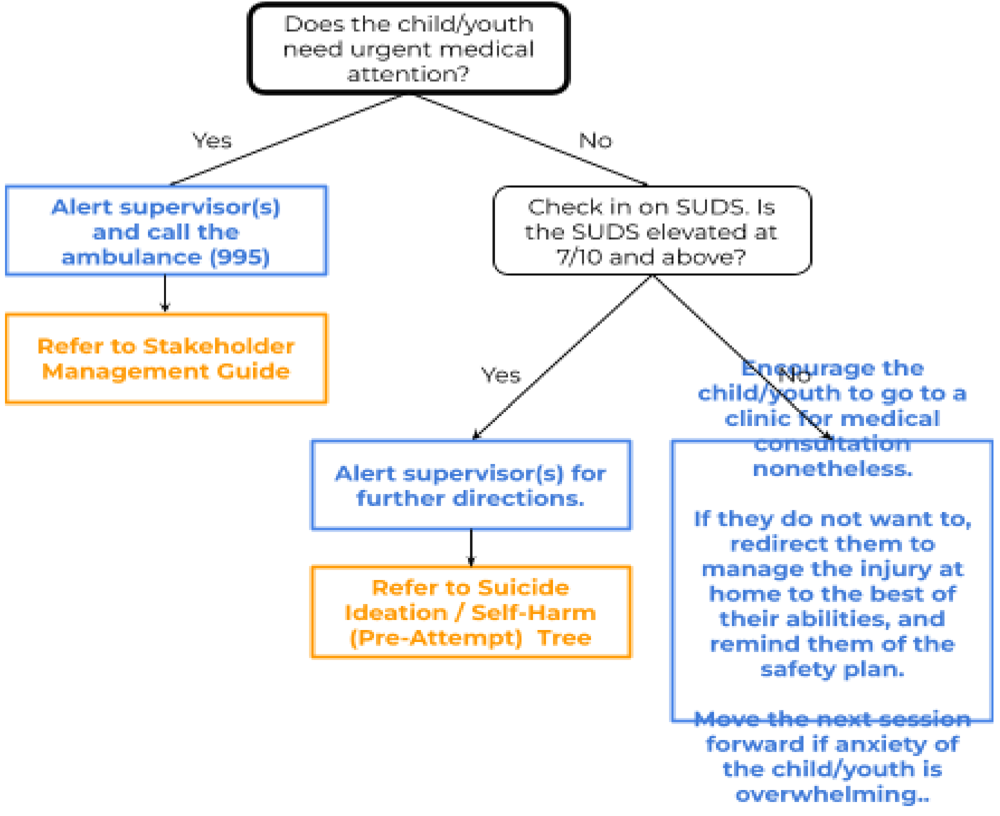


- Redirect: Stakeholder Management Guide

14.3.2. Suicide / Self-harm (Post-Attempt)

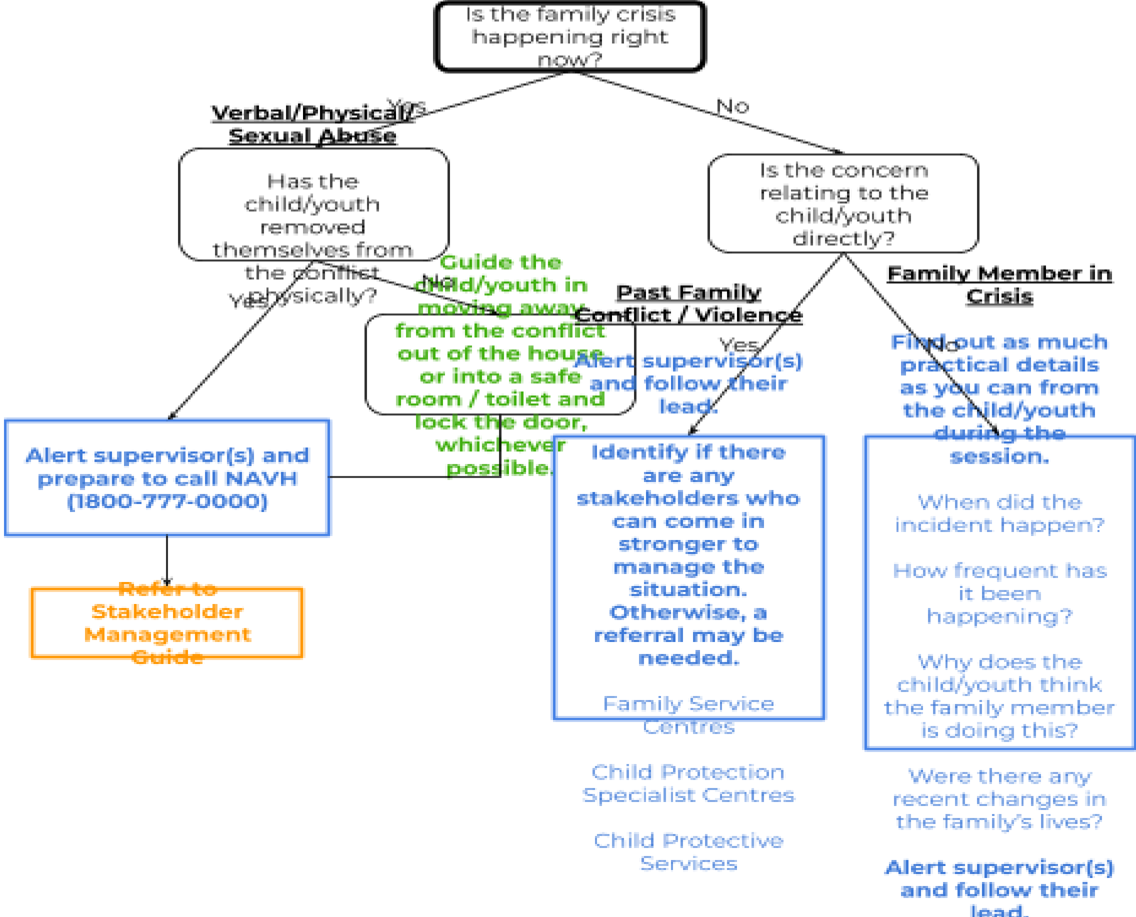
Note that post-attempt for suicide (unsuccessful) and/or self-harm is not a crisis unless the child/youth requires urgent medical attention. However, we still need to be delicate and intentional with our response to the child/youth.

Examples
Immediate medical attention - Overdose, deep self-harm cuts
Self-medicate/help - Superficial self-harm cuts, head banging



- Redirect: Stakeholder Management Guide
- Redirect: Suicide Ideation / Self-harm (Pre-Attempt)

14.3.3. Family Violence



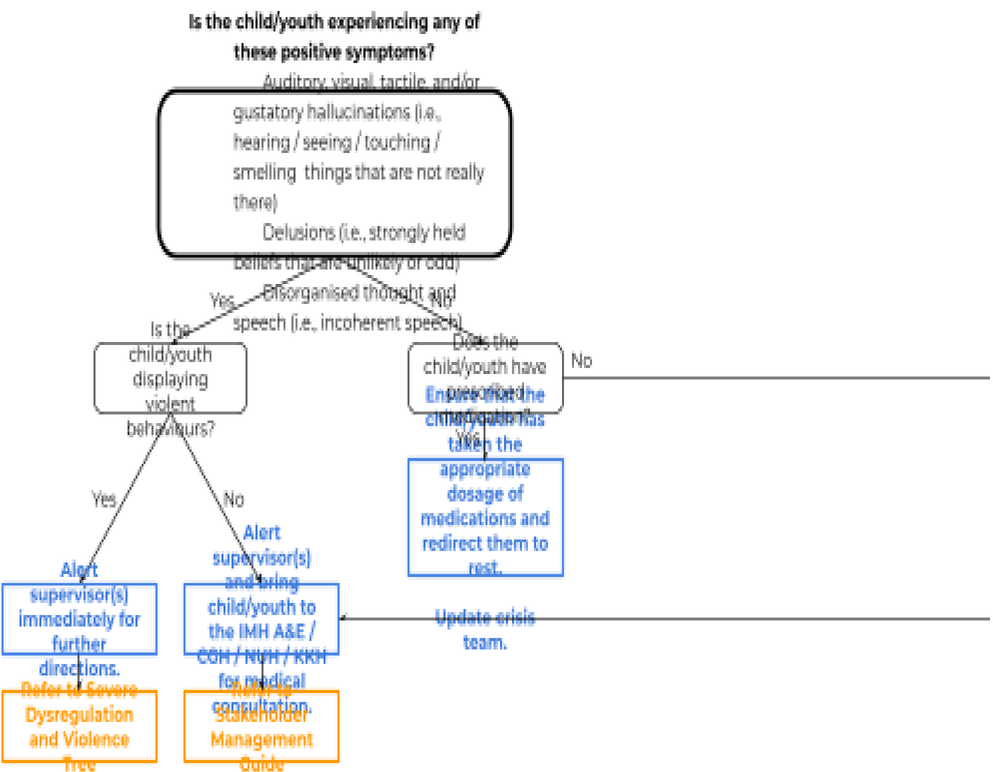
- Redirect: Stakeholder Management Guide

14.4. Psychiatric Crises

14.4.1. At-Risk Mental State (ARMS)

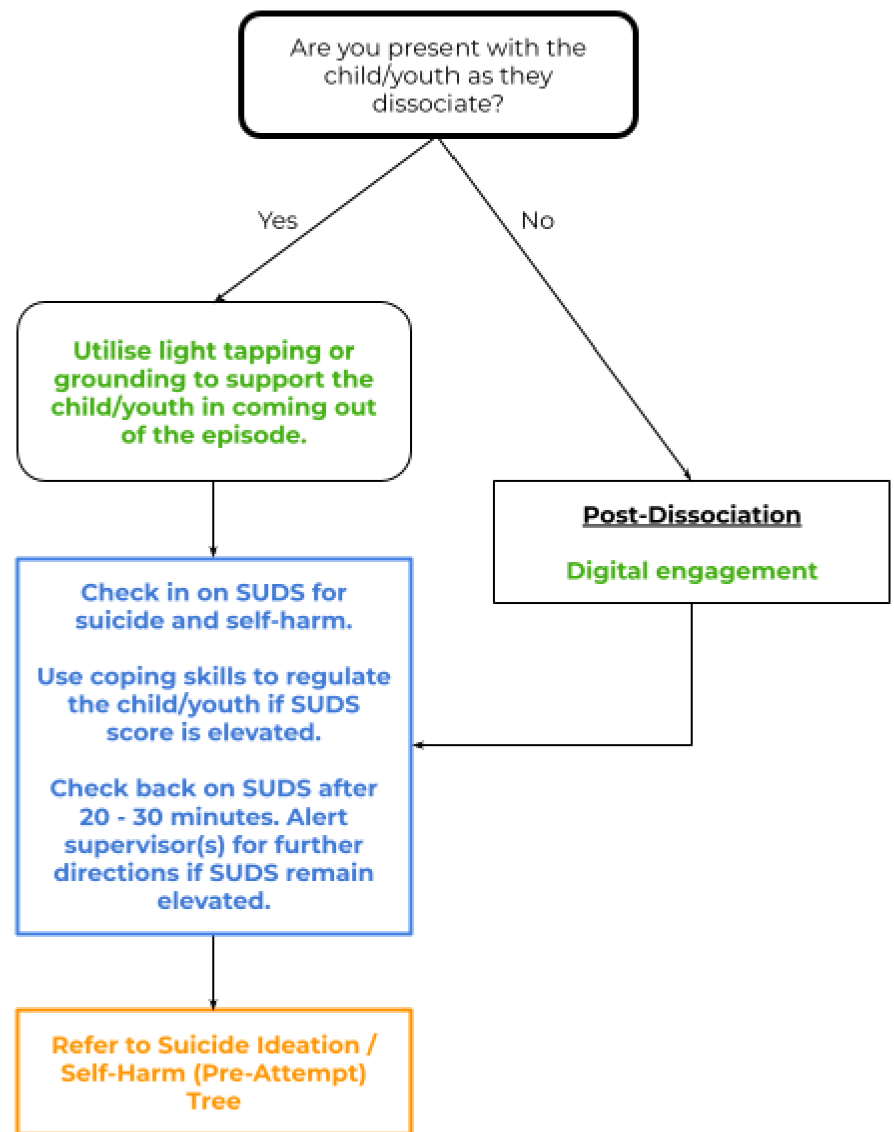
"Prodrome" describes the earliest signs of schizophrenia and other psychotic disorders. Persons experiencing prodromal symptoms can hence be known to be in an at-risk mental state (ARMS).

Positive symptoms are changes in thoughts and/or feelings that are "added on" to a person's experiences (i.e., more agitated, experiencing hallucinations), while negative symptoms are things that are "taken away" or "reduced" (i.e., more withdrawn, low motivation).



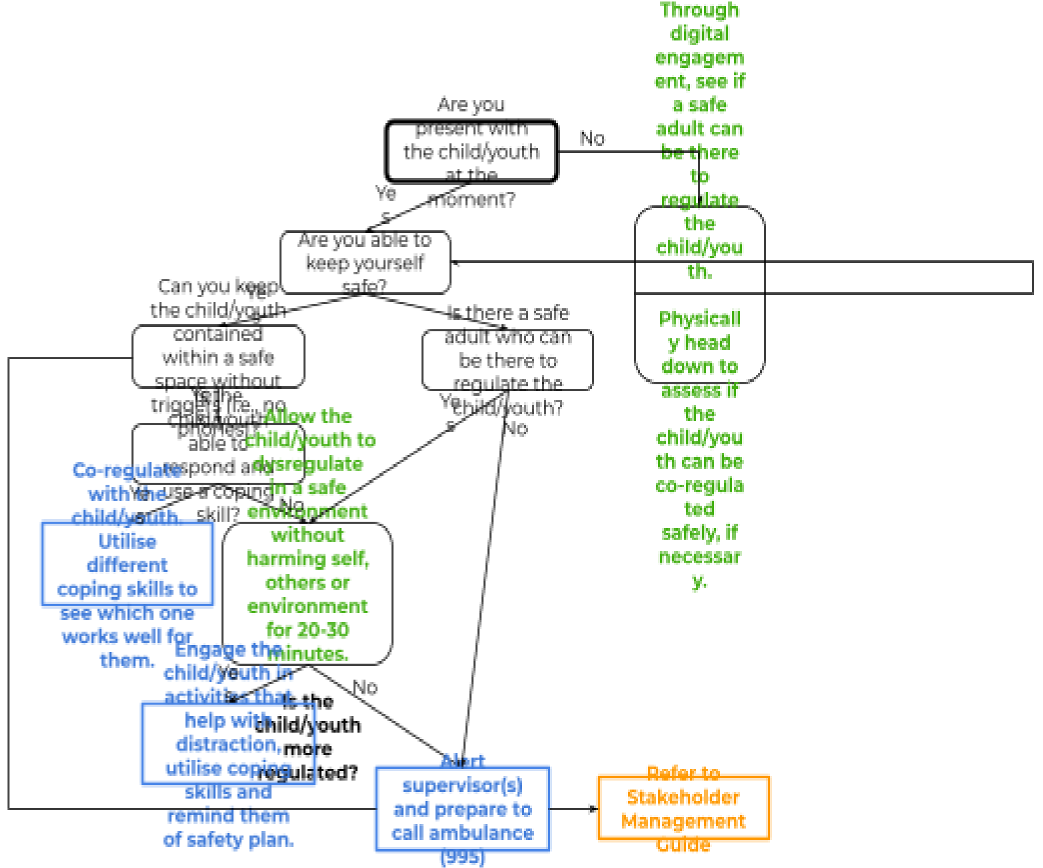
- Redirect: Stakeholder Management Guide
- Redirect: Severe Dysregulation and Violence Tree

14.4.2. Dissociation



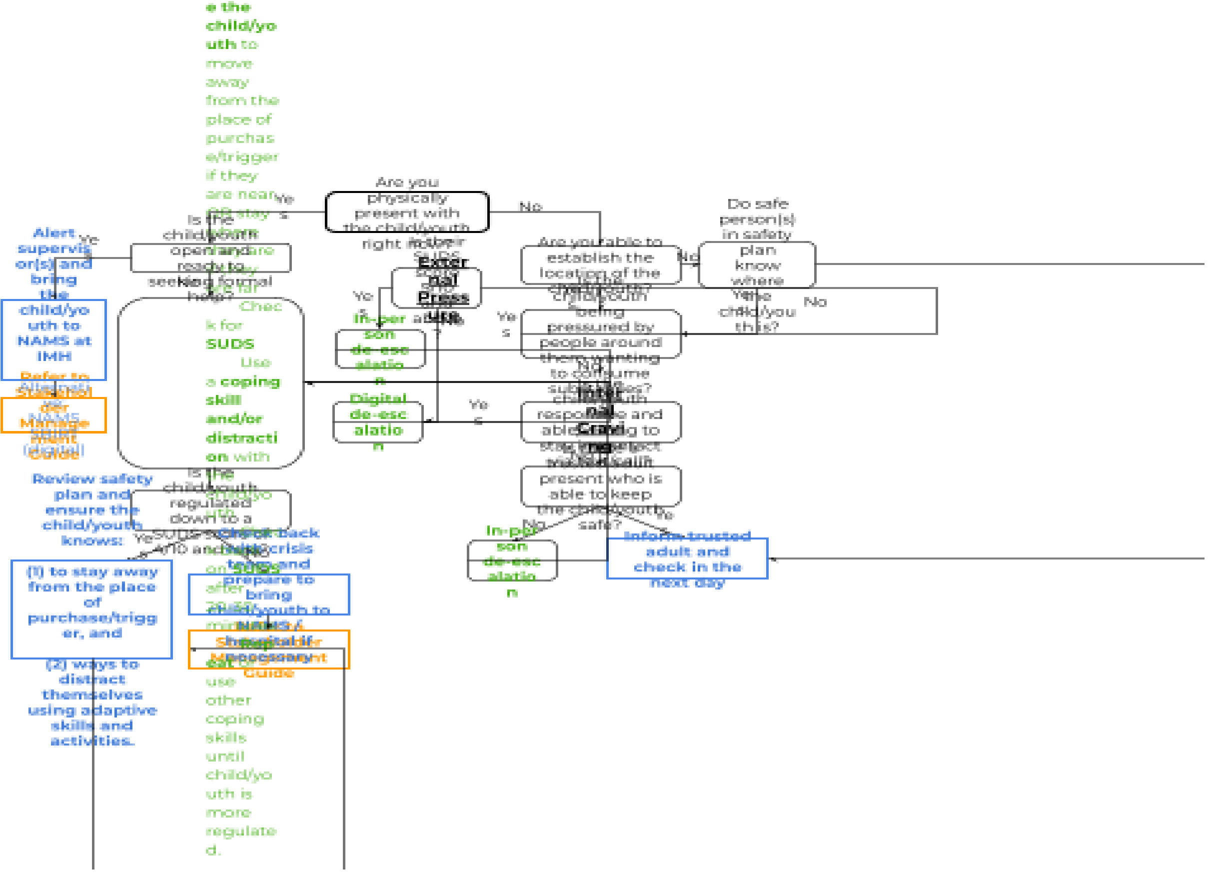
- Redirect: Suicide Ideation / Self-harm (Pre-Attempt)

14.4.3. Severe Dysregulation and Violence



- Redirect: Stakeholder Management Guide

14.4.4. Substance Abuse (Pre-Consumption)

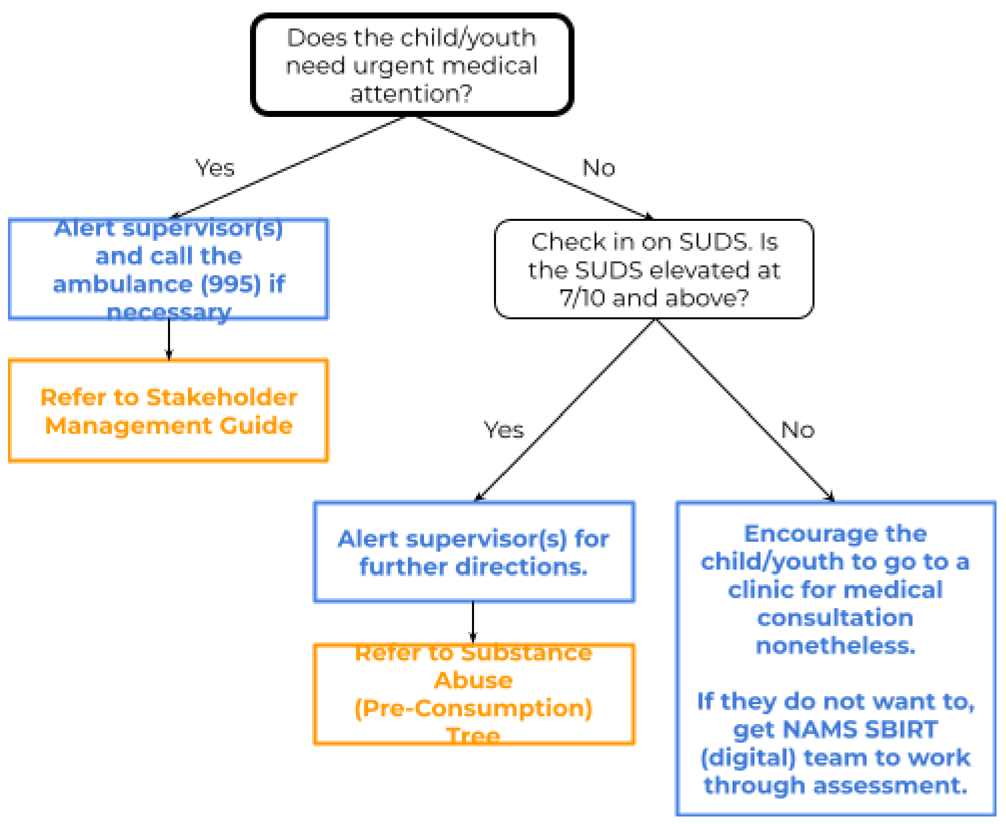


- Redirect: Stakeholder Management Guide

Note: SBIRT stands for "Screening, Brief Intervention, and Referral to Treatment". We have a standing collaboration with the National Addictions Management Service (NAMS) at the Institute of Mental Health (IMH). The NAMS SBIRT team conducts digital or in-person outreach to Impart's children and youths dealing with substance use struggles who may not be open to receiving services directly at IMH.

14.4.5. Substance Abuse (Post-Consumption)

Note that post-consumption is not a crisis unless the child/youth requires urgent medical attention (i.e., overdose, allergy). However, we still need to be delicate and intentional with our response to the child/youth.



- Redirect: Stakeholder Management Guide
- Redirect: Substance Abuse (Pre-Consumption)

**Note: SBIRT stands for "Screening, Brief Intervention, and Referral to Treatment". We have a standing collaboration with the National Addictions Management Service (NAMS) at the Institute of Mental Health (IMH). The NAMS SBIRT team conducts digital or in-person outreach to Impart's children and youths dealing with substance use struggles who may not be open to receiving services directly at IMH.*

14.5. Stakeholder Management Guide

14.5.1. Organisation / Programme Introduction

Impart is a charity that works with children and youths-facing-adversities in the community. We have three operational arms: education, mental health care and community. I support ***<client's name>*** under the ***<arm>***.

14.5.2. Self-Introduction

Youth Advocate	I am a peer supporter from Impart.
Case Worker	I am a Case Worker from Impart. **switch to "Social Worker" in times of crisis, if the other party does not understand your designation and the work you do.*

14.5.3. Key Information to Obtain

It is important to retrieve some of this key information from the worker or officer that you are speaking to, both via telecommunication and in-person. This allows the Crisis Support Team to call back to obtain or provide key updates, as well as enable feedback loops post-crisis.

14.5.3.1. Name

14.5.3.2. Designation (i.e., social worker, police inspector, doctor)

14.5.3.3. Contact Number

14.5.3.4. Email (if relevant - from psychologists, social workers etc.)

14.5.4. Connecting your Supervisor(s)

In times where you are met with a problem and are unable to troubleshoot it during the crisis response, provide your supervisor's name and contact, and request for the officer / worker to call them instead.

14.5.4.1. Name

14.5.4.2. Contact Number

15. Crisis Checklist

Utilise this checklist to make sure that you have completed all the necessary steps.

<table>
<tr>
<th>Internal
(child/youth is registered under our care)</th>
<th>External
(child/youth is not registered under our care)</th>
</tr>
<tr>
<td>[Pre-Crisis]
Immediately upon knowledge of crisis
• Inform Programme Head and Programme Manager (or Crisis Lead) in the internal Telegram Group Chat
• Identify location of child/youth
• Ensure safety of the child/youth
• Identify decision tree and work through preliminary assessment

Within 3 hours
• Assistance (such as Police / Ambulance) is called for, when necessary
• Prepare for dispatch if direction is physical outreach
• Attend pre-crisis briefing for directions
• Briefly inform stakeholders on situation</td>
<td>[Pre-Crisis]
Immediately upon knowledge of crisis
• Attend pre-crisis briefing to determine intervention plan

Within 3 hours
• Prepare for dispatch if direction is immediate outreach</td>
</tr>
<tr>
<td colspan="2">[Mid-Crisis]
Within 24 hours
• Complete intervention recommended by decision tree and/or in consultation with supervisor(s)
• Safety plan crafted or reviewed with the child/youth
• Stay contactable and request for support from Crisis Support Team
• Break confidentiality to inform caregivers of the situation (if necessary)

[Post-Crisis]</td>
</tr>
</table>

Immediately after crisis

- Inform the Crisis Support Team of key updates and any other immediate follow-ups that need to be done.
- Briefly inform stakeholders that the crisis has been resolved and that you will provide a more detailed update soon.
- Engage in self-care and decompress before going to bed.

Morning / afternoon after crisis

- Check in with caregivers on how the child/youth is doing.
- Check in with the child/youth on how they are doing today.
- Send a revised safety plan (if any) to the child/youth. Remind them of coping skills and/or activities they can use for the day.

Within 24 hours post-crisis

- Provide stakeholders with an update on the crisis event and how it was de-escalated. Share any adaptations to your intervention plan.
- Provide the Crisis Support Team with detailed updates on the crisis event. Highlight key follow ups.
- Attend a debriefing session with your supervisor(s).

Within one week post-crisis

- If there are any lingering feelings about the crisis event, arrange for supervision with your clinical supervisor.

Care for Crisis Support Team

16. Debriefing

16.1. Debriefing refers to meetings between the Crisis Team Lead and Crisis Team Members that occur after attending to the affected person(s).

16.2. Structure

- 16.2.1. Updates from Crisis Team Member
  - 16.2.1.1. Important updates
  - 16.2.1.2. Follow-ups / Changes in intervention plan
  - 16.2.1.3. Address any clinical and/or operational questions
- 16.2.2. Operational updates from Crisis Team Lead
  - 16.2.2.1. Any updates to the case
  - 16.2.2.2. Any changes to clinical and/or operational processes
- 16.2.3. Check in with Crisis Team Member
  - 16.2.3.1. Wellbeing of Crisis Team Member
  - 16.2.3.2. Feedback
  - 16.2.3.3. Reflection and takeaways

17. Community Care Fellows

17.1. The Community Care Fellows (CCFs) are volunteers who are empowered to foster a culture of community care within Impart. Youth-facing YAs who would like to be connected to a CCF may choose to be part of either the CCF Hotspot or the CCF Huddle.

17.2. CCF (Hotspot)

17.2.1. Your Hotspot CCF is there to provide a listening ear, direct you to resources, and share your feedback with the Impart team.

17.3. CCF (Huddle)

17.3.1. Your Huddle CCF is there to provide a listening ear, direct you to resources, and share your feedback with the Impart team.

17.3.2. You may also reach out to your allocated “bubble” (small group of 5-10 volunteers) for support.

17.4. Contacting your CCFs

17.4.1. You may contact your CCFs directly via Telegram.

17.4.2. As the CCFs are also volunteers, they might take some time to respond.

17.4.3. If there is something urgent, please give them a call.

17.5. Confidentiality

17.5.1. We respect and value your trust in your CCFs! Your information and conversations will be kept confidential with the exception of the following circumstances:

17.5.1.1. When there is immediate safety risk

17.5.1.2. When there are illegal activities

17.5.1.3. Things that inhibit programme functions

17.5.1.4. Things that incur reputational risk

17.6. Getting in touch

17.6.1. If you would like to be connected with a CCF, please get in touch with Jay (Telegram: @jayatimpart)

Resources

18. Resources

18.1. Trauma

18.1.1. Information

18.1.2. Materials for Psychoeducation

18.2. Self-care

18.2.1. Mobile applications

18.2.2. Activities and ideas

19. References

19.1. [1] Dückers, M. L. A. (2017). A multilayered psychosocial resilience framework and its implications for community-focused crisis management. Journal of Contingencies and Crisis Management. https://doi.org/10.1111/1468-5973.12183

19.2. [2] Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. Journal of Traumatic Stress. https://doi.org/10.1023/A:1020193526843

19.3. [3] Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? Clinical Psychology Review. https://doi.org/10.1016/s0272-7358(03)00030-8