

Home Visitor Safety



Training Companion to Home
Visitation Safety Guidelines
Mental Health



Presenter

Julie Young, M.A., CBHCM

Coordinator for Trauma and Prevention Services

Oklahoma Department of Mental Health &
Substance Abuse Services

Contact Phone: 405-522-2359

Email: jcyoung@odmhsas.org



Important Note

When utilizing the guidelines provided in this training and the entire Safety Manual, it is important to remember the context in which they will be used. Safety considerations may vary from location to location as well as from situation to situation. For example, safety issues in rural areas may differ somewhat from safety issues in urban areas. Because each community is unique, the safety issues encountered in that community may also be unique. With regard to safety issues, there are other factors, in addition to context, that may need to be considered. Those factors include agency policies and procedures as well as current state laws.

Safety guidelines often need to be adapted and/or expanded to address the specific concerns of each location or situation. Supervisory sessions provide an appropriate venue for discussion of specific safety concerns and fine-tuning of safety procedures. The supervisor should be available and immediately informed if the home visitor fears for his/her safety. The safety of the home visitor is of utmost importance. The focus of this manual and training is to provide general guidelines to enhance understanding and awareness of safety issues for home visitors.



Training Objectives

Participants will identify and understand:

- Red flags for suicidal and homicidal plans.
- Symptoms of mental illness.
- Steps to maintain safety for both the client(s) and home visitor.



Mental Illness/Psychiatric Emergencies 1

Symptoms requiring add'l assessment & referrals:

- Hallucinations (auditory, visual or tactile) or Delusions
- Disorganized or bizarre behavior and speech
- Extreme lethargy, catatonic (unresponsive)
- Severe deterioration in hygiene and functioning
- Significant change in eating and/or sleeping patterns
- Loss of interest in daily activities
- Feelings of hopelessness and/or helplessness
- Rapid mood changes & extremes of mood (e.g. excessive crying)
- Dangerous, aggressive, or risky behavior
- Self-injurious behavior
- Stops medication or combines meds with drugs and/or alcohol without Dr. approval or knowledge



Mental Illness/Psychiatric Emergencies 2

- If imminent danger, leave the home and follow General Safety Guidelines.
 - Ask for signed release to coordinate care with the person's healthcare provider.
 - If there is a crisis, alert the treating doctor.
 - Call DHS Child Welfare if danger to child(ren), they have been harmed, or do not have a safe place to stay.

If no imminent harm...

- Encourage the person to contact treating doctor.
- If no doctor, make referrals for professional assessment



Suicidal Plans/Attempts 1

- Most often, a person will not come right out and say he/she is considering suicide.
- Be aware of & follow up subtle hints or **red flags**:
 - Vague statement such as, “sometimes I don’t want to be here anymore” or “I feel like giving up”.
 - Sudden change in feelings and behaviors, such as lack of concern about things previously important and/or upsetting, or starting to give away personal possessions.
 - Do not ignore vague statements, as these may be the person’s way of reaching out.



Suicidal Plans/Attempts 2

It is important to ask:

“Are you thinking of suicide?”

Asking a person if he/she is thinking about suicide does not lead them to commit suicide or make them more likely to do so.



Suicidal Plans/Attempts 3

Homicidal Plans

- If imminent danger, leave the home and follow General Safety Guidelines.
- For a suicide attempt:
 - Call 911 (or local emergency #).
 - Apply first aid as appropriate.
 - Ensure safety of others in the home.
 - Consult with your supervisor immediately.
- For threat of homicide: All professionals have duty to notify local law enforcement and warn the potential victim (if the identity is known).



Suicidal Plans/Attempts 4

Homicidal Plans

- Determine if they have the means (i.e. pills, weapons, poison) to follow through.
- Talk to person about making a verbal or written agreement not to harm themselves or others until receiving assistance.
- Refer and link to mental health service provider.
- If communicating by phone, try to keep them on line until someone arrives at their location. Contact local law enforcement to request an officer do a welfare check.
- If they have realistic means, and are about to follow through, call 911 immediately. Leave if danger to you.
- Consult with your supervisor immediately.



Self-Harm/Self-Mutilation

Red Flags: Numerous straight cuts/scrapes or burn marks on any part of body, without a plausible reason.

- Determine imminent danger of further self-injury.
- If you suspect imminent danger for you, leave the home and follow General Safety Guidelines. Contact your supervisor.

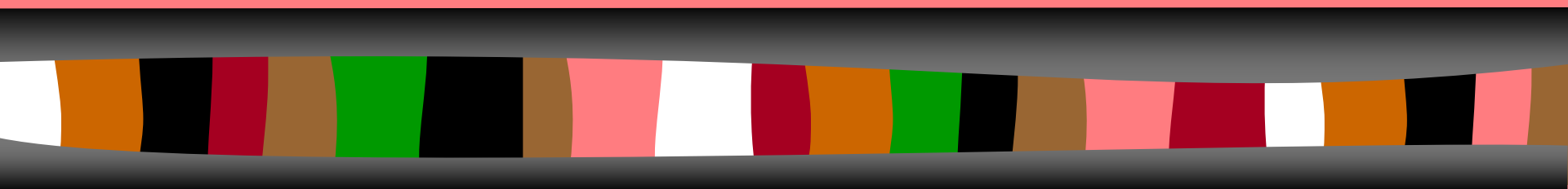
For adults:

- Ask about the injury. If self-harm is disclosed, encourage they seek counseling or talk to a MH provider.
- If person has MH provider, request signed release to coordinate care.
- If no MH provider, discuss importance & make appropriate referrals.

For children:

- If you observe suspicious injury(ies), call local DHS Child Welfare or 1-800-522-3511.

Contributors to the Power Point Training Section



Terrie Blackaby, OCCHD/OSDH
Kathie Burnett, OSDH
Barbara Fyffe, Parent Child Center of Tulsa
Nelda Ramsey, OKDHS
Debbie Richardson, OSU
Cathy Sullivan, TCCHD, OSDH
Julie Young, ODMHSAS
Sherie Trice, OSDH