

YOUTH MOBILE RESPONSE

GUIDING PRINCIPLES



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Purpose and Definitions

Mobile response is a 24/7 service that provides police-free rapid response for individuals and families experiencing crises, traumatic events, or heightened emotional symptoms that have inhibited their ability to function or cope. A commonly used but more clinical term is “mobile crisis,” which doesn’t incorporate the continuum of care that a person in crisis needs, i.e., support both before and after the “crisis” point. The terms “mobile response” and “mobile crisis” are often used interchangeably. However, in practice mobile crisis has primarily been used as a service that responds to youth and young adults who have pre-established acute mental health diagnoses—in other words, providers will not respond to the crisis unless the youth or young adult is actively experiencing significant and severe psychiatric symptoms.

We support and promote the term mobile response because it is more accessible, allows youth and young adults or their families to define the crisis for themselves, and is the preferred strategy to ensure police-free mental health care. Both mobile crisis and mobile response are part of a larger continuum of crisis services, which must include:

- *24-hour crisis stabilization/observation beds;*
- *24/7 crisis hotlines;*
- *Short-term crisis residential services and crisis stabilization;*
- *Psychiatric advance directive statements;*
- *Warm lines (similar to hotlines but offering only non-emergency support); and*
- *Peer crisis services*



Youth Autonomy and Self-Defined Crises

Because healing is not one-size-fits-all, young people must have the autonomy to define what healing looks like for them. Youth must define their own crises, and cannot be restricted to the limited language or programs often offered by medical professionals.

- Past research demonstrates that communities of color and racialized children and youth are more likely to have their mental health conditions misdiagnosed.
- Young people often will not self-identify as having a mental health crisis, even if they are experiencing one, in order to avoid police response, institutionalization, and causing pain to their families. Changing the infrastructure of mental health response will allow young people to feel more comfortable naming when they are experiencing a mental health crisis.

- Allowing young people to explain what is happening to them in their terms gives them the space to provide nuance beyond what may be captured in a rushed diagnosis or based on a quick evaluation that may not be indicative of their full experience.
- Young people deserve education and information to be able to identify mental health crises, but should retain autonomy over whether they are experiencing one. Youth must be able to define the services that would best suit them.



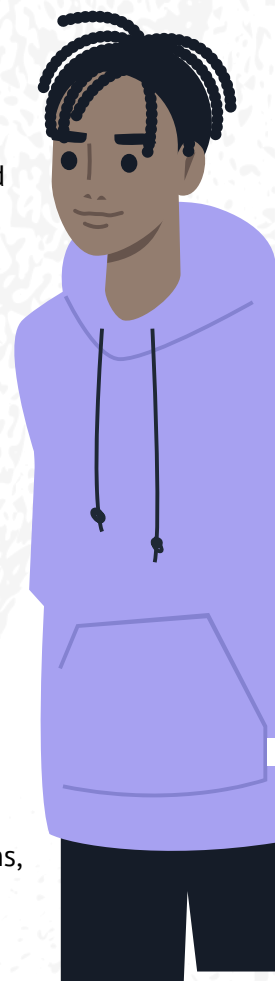
Holistic Trauma-Informed Systems

Comprehensive mobile response must consider the role of underlying social conditions and histories to ensure that systems are tailored to the specific circumstances and needs of the communities they serve.

- Manifestations of structural racism like redlining, gentrification, and disinvestment from locally based social support systems leave neighborhoods with majority Black and Brown populations with low incomes without the accessible employment, housing, public services, safe neighborhoods, and health care necessary for residents to flourish. Structural racism has led to overcriminalization in these neighborhoods. That, in turn, makes both police and co-responder models (where police and mental health responders enter a crisis situation together) poor solutions to mental health crises. Indeed, those models may exacerbate mental health crises and ultimately have deadly consequences.

Youth need ecosystems that are trustworthy and sustainable.

- Such systems must begin with access to mental health education in schools and communities. Every school should be connected to youth-friendly mobile response services. All students should know how to access them and that they can use these services without fear of punishment, surveillance, or reporting.
- Partnerships between alternative mobile response systems, community partners/leaders, and supports for youth mental health and well-being are critical. These partnerships must include providing education to youth regarding their rights, how forced hospitalization can harm their agency, and how they can advocate for prioritizing their personhood during the treatment process.
- Health services must be affordable—and, ideally, free—and provide equally affordable medications, should youth decide to take them.





Holistic Trauma-Informed Systems

Mobile response systems must build upon transformative visions for social change including abolition, anticolonialism, Black queer feminism, disability justice, transformative justice, and healing justice. These visions must recognize and include the following:

- An **abolitionist** perspective on mobile response systems that moves crisis intervention away from relying on surveillance and imprisonment to achieve community safety and well-being.
- In prioritizing ancestral knowledge, **anti-colonialism** can pave a path for traditional healing that include healing-centered modalities that are not informed by Western practices and are outside of the pharmaceutical industry.
- **Black queer feminism** informs the connections between racial, gender, and heterosexist oppression while centering the lived experience and activism of Black queer and LGBTQIA+ people in the past and present.
- A mobile response system with components of a **disability justice** framework centers community care and acknowledges ableism and disability in relation to intersectional and interrelated forms of oppression and identity, including race, class, gender, sexuality, and citizenship.
- **Transformative justice** practices, which have been developed by communities that have experienced harm, strengthen community ties by working collectively to repair harm and remind individuals of their place within community networks of mutual dependence and responsibility. It is imperative that mobile crisis interventions are equitable and take cultural differences into account, in addition to power inequalities between the parties involved.
- By building on disability, environmental, reproductive, and transformative justice, in addition to harm reduction and traditions of resilience among oppressed peoples, **healing justice** practitioners seek to establish collective systems of care outside of the traditional medical industrial complex, which often denigrates ancestral and cultural methods of healing.





Police-Free Mental Health Infrastructure

Young people are entitled to healing, not punishment, when experiencing a crisis; receiving care is a civil and human right. In order for mental health responses to best serve the community, they must not include police under any circumstances.

- Either the co-responder model or having only the police respond to a mental health crisis amplifies the crisis by creating fear and uncertainty among young people of color and their families, and by funneling young people with mental health support needs into a carceral system. Models that include youth peer support and trained, unarmed providers who know how to de-escalate tense situations, provide mental and behavioral health support, and connect the young person to restorative health services are always preferred.
- Communities should embrace a just transition from police co-response interventions to mobile response that only permits minimum necessary contact with local legal systems.
- Health systems must create in-home or community spaces for rehabilitation after a mental health emergency. Forced institutionalization and/or removal from the community undermines patient healing, autonomy, and agency.
- 911 operators must be trained to divert emergency calls to 988 or other mental health hotlines if the caller is unaware of 988 or does not know how to recognize a mental health emergency.

Youth mobile response must be designed as a life-affirming system of care that meets the needs of young people, at scale.

- Young people who have experienced trauma need a broad set of supports (i.e. understanding trauma through Adverse Childhood Experiences, or ACEs) to help them provide context to what they are experiencing. However, approaching youth with a tool like an ACEs screening needs to be done with care, to ensure that implementation does not retraumatize them.
- The best response is prevention. Bringing support to youth where they live, work, and play can be life-changing. This could look like a safe space with peers to hang out, having a counselor or peer support provider in the workplace, or programming outside of school.
- Youth mobile crisis response must be accompanied by broad access to education on mental health.
- Youth covered by parental insurance must be offered confidential access to health care.
- School-based care centers and community health centers are a valuable resource. The ideal site of care is one that does not require young people to rely on their parents for transportation.



- There should also be options for intermediate situations, which may not amount to crisis but during which the young person still needs immediate support. These options ideally include community-based supports in addition to virtual care providers or hotlines



Community-Based Workforce and Peer Support

Comprehensive care teams require a robust and diverse workforce.

- Workforce strategies should embrace a range of tactics to meet the scale of need in communities, including community-based services that prioritize peer specialists, youth leadership, and paraprofessionals; and ensure jobs, job training opportunities and equitable compensation.
- Young people need to have a choice of care providers and liaisons who they can trust, rather than being forced to rely on individuals who have not earned that trust. This includes increasing pipelines of training and compensation for emergency responders who come from young people's communities and share their identities, and investing in mobile responders broadly so that young people can have more choice.
- Peer support must come from peers who share cultural, gender, and/or sexual orientations, are in the same age range, and speak the same language.
- Part of the process of developing a comprehensive mobile response team should be based around an advisory board model to facilitate communicative feedback loops, and participatory evaluation mechanisms to ensure that systems remain youth-led and culturally responsive.
- Workforce development for mobile responders must include identity-based and geographic reach, with the intent to cultivate local capacity for response. As with peer support, responders should ideally share the identities, community, and cultural backgrounds of the youth they serve. They should also receive unconscious bias training on how best to work with marginalized populations and within a framework of cultural humility (ongoing learning) rather than competence (assumption of qualification based on training).
- Education must be bi-directional—that is, mobile response teams must learn about specific community needs and how a community is oriented, and should also educate the community about their role and the services that they provide.
- Health care professionals who interact with youth must ensure that mobile response and subsequent services are judgment-free, through empathy and adequate and appropriate training.
- Mobile responders must be salaried, have humane working hours (no more than eight hours a day and four days a week), and have their own guaranteed mental health supports in order to avoid burnout and mitigate vicarious trauma.





Conclusion

Youth mobile response is not just a service. It is a commitment to trust young people, honor their full humanity, and build systems of care free of punishment. These guiding principles offer a blueprint for a future where every young person has access to healing, safety, and freedom on their terms. In order to truly ensure the effectiveness of a broad mobile response system of care, the mental health system must align with these values to address concerns before a crisis occurs, and to help sustain one's well-being.

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