

Coercion Doesn't Work, But What Does?

Emerging Best Practices in Mental
Health Crisis Alternatives to 911



Land Acknowledgement

+ We want to acknowledge the original residents and stewards of the land we are currently on, including the Potawatomi (Bodwéwadmí), Kickapoo (Kiikaapoi), Peoria, Miami (Myaamia), Sioux (Očhéthi Šakówiŋ), and Kaskaskia tribes. These and other Indigenous peoples were forcibly removed by the United States government in service of colonization and land expansion. Their contributions prior to, during, and after European colonization remain largely unacknowledged. Admitting that we are not the original owners of this land is only one small step towards attempting to right the wrongs done to these people. We want to honor and respect the contributions of those who came before and those who are still here. Beyond this, we ask you to consider what else you can do to support Indigenous people here and now: contribute time and money to Indigenous-led organizations, amplify their voices, and support their grassroots movements towards a better world for all.



Pottawattamie Emigration by George Winter.
1838

Labor Acknowledgement

Much of what we know of this country today, including its culture, economic growth, and development throughout history has been made possible by the labor of enslaved Africans and their descendants who suffered the horror of the transatlantic trafficking of their people, chattel slavery, and Jim Crow. We are indebted to them and must acknowledge the impact of this violence that can still be witnessed today.



About Us



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The Renaissance Living Room

- + Alternative to hospitals & police for mental health crisis
- + Peer supported
- + Anonymous





Harm Reduction

- + Free Narcan vending machine provided through partnership with Chicago Recovery Alliance
- + Withdrawal kits
- + Wound care kits



*Think about
time when
your hands
were tied?*



Case study

Elise is a non-white, transgender woman in her mid 20s who comes into your workplace. She is visibly distressed, fearing that people from her past are following her and listening to her through her phone. She says she doesn't feel safe alone, and that it's gotten so bad she feels she would be better off dead. The feelings started about a week ago and have only increased since then, to the point where she hasn't slept in 3 days. She is currently staying at a friend's house since she doesn't have her own place to go. The friend had been supporting her through her crisis but had taken time off work to do so and needed to go back today. She has been hospitalized previously on multiple occasions, at times by family members. She distrusts hospitals and service providers, saying that they don't take her concerns seriously and forcibly medicate her, which makes her feel lethargic and unlike herself. She also worries about the potential costs of hospitalization, as she is uninsured and has inconsistent income from sex work.

Considerations

How might past coercion be impacting Elise's symptoms? Her options?

What role might stigma, stereotypes or common misconceptions play in the care Elise receives from providers?

How are poverty and class impacting Elise's situation?

What role might structural racism play in her situation?

What's in our toolkit?

- + What tools have you used in similar situations?
- + Alternatives to Suicide (Wildflower Alliance)
- + Shared decision-making & choice
- + The environment
- + Peer support



Deepening Trust & Making Change

- + How might you implement these tools, ideas, etc. in your role?
- + At a practitioner level?
- + At a program level?



Thank you!

+ Please feel free to reach out with questions or for additional resources.

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