NAVIGATING
a mental health CRISIS

WARNING SIGNS
of a Mental Health Crisis

- Inability to perform daily tasks like bathing, brushing teeth, brushing hair, changing clothes
- Rapid mood swings, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- Increased agitation verbal threats, violent, out-of-control behavior, destroys property
- Abusive behavior to self and others, including substance use or self-harm (cutting)
- Isolation from school, work, family, friends
- Loses touch with reality (psychosis), unable to recognize family or friends, confused, strange ideas, thinks they’re someone they’re not, doesn’t understand what people are saying, hears voices, sees things that aren’t there
- Paranoia, suspicion and mistrust of people or their actions without evidence or justification

WARNING SIGNS
of Suicide

- Giving away personal possessions
- Talking as if they’re saying goodbye or going away forever
- Taking steps to tie up loose ends, like organizing personal papers or paying off debts
- Making or changing a will
- Stockpiling pills or obtaining a weapon
- Preoccupation with death
- Sudden cheerfulness or calm after a period of despondency
- Dramatic changes in personality, mood and/or behavior
- Increased drug or alcohol use
- Saying things like “Nothing matters anymore,” “You’ll be better off without me,” or “Life isn’t worth living”
- Withdrawal from friends, family and normal activities
- Failed romantic relationship
- Sense of utter hopelessness and helplessness
- History of suicide attempts or other self-harming behaviors
- History of family/friend suicide or attempts

It’s important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:
WHAT TO DO if you suspect someone is thinking about suicide

If you notice warning signs or if you’re concerned someone is thinking about suicide, don’t be afraid to talk to them about it.

START the Conversation by sharing specific signs you’ve noticed, like:

“I’ve noticed lately that you [haven’t been sleeping, aren’t interested in soccer anymore, which you used to love, are posting a lot of sad song lyrics online, etc.]…”

LISTEN, EXPRESS CONCERN, REASSURE.
Focus on being understanding, caring and nonjudgmental, saying something like:

“You are not alone. I’m here for you”

“I may not be able to understand exactly how you feel, but I care about you and want to help.”

“I’m concerned about you and I want you to know there is help available to get you through this.”

“Are you thinking about suicide?”

“Do you have a plan? Do you know how you would do it?”

“When was the last time you thought about suicide?”

If the answer is “Yes” or if you think they might be at risk of suicide, you need to seek help immediately.

♦ Call a therapist or psychiatrist/physician or other healthcare professional who has been working with the person
♦ Remove potential means such as weapons and medications to reduce risk
♦ Call the National Suicide Prevention Line at 1-800-273-8255 or call 911

Please remember, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.
**WHAT TO DO in a mental health crisis**

**IF YOU ARE WORRIED** that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

- **Is the person in danger** of hurting themselves, others or property?
- **Do you have time** to start with a phone call for guidance and support from a mental health professional?
- **Do you need emergency assistance?**

If the situation is life-threatening or if serious property damage is occurring, don’t hesitate to call 911 and ask for immediate assistance.

**TECHNIQUES that May Help De-escalate a Crisis:**

- Keep your voice calm
- Avoid overreacting
- Listen to the person
- Express support and concern
- Avoid continuous eye contact
- Ask how you can help
- Keep stimulation level low
- Move slowly
- Offer options instead of trying to take control
- Avoid touching the person unless you ask permission
- Be patient
- Gently announce actions before initiating them
- Give them space, don’t make them feel trapped
- Don’t make judgmental comments
- Don’t argue or try to reason with the person

**When Calling 911 for a Mental Health Emergency**

**Remember to:**

- Remain calm
- Explain that your loved one is having a mental health crisis and is not a criminal
- Ask for a Crisis Intervention Team (CIT) officer, if available

**They will ask:**

- Your name
- The person’s name, age, description
- The person’s current location
- Whether the person has access to a weapon

**Information you may need to communicate:**

- Mental health history, diagnosis(es)
- Medications, current/discontinued
- Suicide attempts, current threats
- Prior violence, current threats
- Drug use
- Contributing factors (i.e. current stressors)
- What has helped in the past
- Any delusions, hallucinations, loss of touch with reality

If you don’t feel safe at any time, leave the location immediately.
No one wants to worry about the possibility of a crisis—but sometimes it can’t be avoided.

It’s rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

Don’t ignore these changes, talk with your loved one and encourage them to visit their doctor or therapist. The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

If you’re feeling like something isn’t right, talk with your loved one and voice your concern. If necessary, take action to get services for them and support for yourself.

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren’t there. Don’t underestimate the reality and vividness of hallucinations.

Accept that your loved one has an altered state of reality and don’t argue with them about their experience. In extreme situations, the person may act on these sensory distortions.

If you are alone and feel safe with them, call a trusted friend, neighbor or family member to come be with you until professional help arrives. In the meantime, the following tips may be helpful:

- Avoid guilt and assigning blame to others.
- Learn to recognize early warning signs of relapse, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
- Do what your loved one wants, as long as it’s reasonable and safe.
- Don’t shout or raise your voice.
- Don’t threaten; this may be interpreted as a play for power and increase fear or prompt an assault.
- Don’t criticize or make fun of the person.
- Don’t argue with other family members, particularly in your loved one’s presence.
- Avoid direct, continuous eye contact or touching the person.
- Don’t block the doorway or any other exit.
A crisis plan is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behaviors and help prepare for a crisis. Every plan is individualized, some common elements include:

- Person's general information
- Family information
- Behaviors present before the crisis occurs, strategies and treatments that have worked in the past, a list of what actions or people that are likely to make the situation worse, a list of what helps calm the person or reduces symptoms
- Current medication(s) and dosages
- Current diagnoses
- History of suicide attempts, drug use or psychosis
- Treatment choices/preferences
- Local crisis lines
- Addresses and contact information for nearby crisis centers or emergency rooms
- Mobile crisis unit information, if there is one in the area
- Contact information for healthcare professionals (phone and email)
- Supports - adults the person has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at faith communities or work acquaintances
- Safety plans

Remember that the best time develop a crisis plan is when things are going well and you can create it together.

The crisis plan is a collaboration between the person with the mental health condition and the family. Once developed, the plan should be shared by the person with involved family, friends and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment or providers. A sample crisis plan can be obtained at www.nami.org.