

Navigating a Mental Health Crisis

A NAMI Resource Guide for Those
Experiencing a Mental Health Emergency



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About NAMI

NAMI is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives.

nami.org

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Acknowledgments

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INTRODUCTION

NAMI developed this guide to provide important, sometimes lifesaving, information to people experiencing mental health crises, their friends, and their families. The guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis, and resources that may be available for those affected. It also discusses what to consider when advocating for other concerns, including individual and family rights, safety, and personal agency in a crisis.

In this guide, we use the term “mental health condition” to refer to a variety of mental illnesses, including, but not limited to, schizophrenia, schizoaffective disorder, bipolar disorder, depressive disorders, and post-traumatic stress disorder. These conditions may affect a person’s thinking, feeling, behavior, or mood. They may also deeply impact day-to-day living and a person’s ability to relate to others.

Learning that someone you love has a mental health condition may bring on many different thoughts and feelings. People experiencing symptoms that interfere with their life and ability to function, and those who care for them, need information. However, that information is not always readily available, and the search for answers may require more energy and persistence than what we have available in times of crisis.

When a mental health condition is present, there is the potential for a crisis. If you are reading this guide, it is likely that you or someone you love may be experiencing symptoms or changes that could lead to a mental health crisis.

Like any other health crisis, it’s important to address a mental health emergency with urgency and compassion. Feelings like grief, guilt, anger, and confusion are normal and expected responses in crises. Although mental health crises can be difficult to predict, preparing yourself by knowing the warning signs, learning about crisis services in your community, and leaning on others for support are key to navigating with challenging moments and moving through them in the best ways possible.

A mental health crisis can feel overwhelming. There is the initial shock, followed by a flood of questions.

- Why my loved one?
- Why me?
- What went wrong?
- Why is this happening now?
- What did we do?
- What didn’t we do?
- What can we do?

Unlike other health emergencies, people experiencing mental health crises often don’t receive instructions or materials on what to expect during or after the crisis. It is also possible that the first point of contact may be with law enforcement instead of medical personnel since behavioral disturbances and substance use are frequently part of the difficulties associated with mental illness.

NAMI believes a mental health crisis should be addressed with a mental health response. At NAMI, we want you to know that:

- You are not alone.
- This is not your fault.
- You deserve help and support.
- There is support available for you.

NAMI hopes this guide will help you navigate this time and provide a road map towards recovery.

Symptoms

Regardless of the diagnosis, symptoms can be similar and overlap, especially in times of crisis. The following are some examples of symptoms that you may have noticed in yourself or your loved one.

- Confused thinking or problems concentrating and learning
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Excessive worrying or fear
- Feeling excessively sad or low
- Avoiding friends and social activities
- Difficulties understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in sex drive
- Difficulty perceiving reality; delusions or hallucinations, in which a person experiences and/or senses things that don’t exist in objective reality
- Inability to perceive changes in one’s feelings, behavior, or personality
- Anosognosia, or lack of awareness of being mentally ill
- Overuse of substances like alcohol or other drugs
- Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing “aches and pains”)
- Thinking about suicide
- Inability to carry out daily activities or handle daily problems and stress

It’s important to be aware that one or more of these symptoms is not evidence that a person has a mental illness. These symptoms may be a typical reaction to stress, or they may be the result of another underlying medical condition.

When symptoms develop rapidly, an essential first step is to visit your primary care provider to rule out an underlying medical condition.

UNDERSTANDING MENTAL ILLNESS

Definition

Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, daily functioning, and ability to relate to others. Mental illness doesn’t develop because of a person’s character or intelligence. Just as diabetes is a disorder of the pancreas, a mental illness is a disorder of the brain. These disorders can make it difficult to cope with the ordinary demands of life. No one is to blame—not the person and not the family. To learn more, visit [NAMI Mental Health Conditions](#).

If you or someone you love has a mental illness, you are not alone. One in every twenty adults is living with a serious mental health condition such as schizophrenia, bipolar disorder, or major depression. Every year, they overcome challenges to do the things they enjoy. Effective treatment plans can reduce many symptoms; supportive relationships with family and peers help develop coping and recovery strategies; and community support services can be helpful when needed. Many people overcome their challenges to pursue higher education, succeed in their careers, make friends, and have relationships.

Diagnostic Process

Currently, there are no blood tests or tissue samples that can definitively diagnose mental illnesses. Diagnoses are based on clinical observations of the person’s behavior and reports from those close to the person. Symptoms vary from person to person, and each person responds differently, which can complicate getting an accurate diagnosis. The most common mental illness diagnoses include depressive disorder, bipolar disorder, schizophrenia, and anxiety disorders, but there are many others.

Cultural Considerations

Additionally, symptoms of a mental illness may appear differently based on someone’s gender, culture, religious background, or developmental stage. In Western cultures, anxiety is often described by worried thoughts and feelings of dread. In non-Western cultures, anxiety is more commonly described by physical symptoms like headaches, backaches, and stomachaches.

Co-occurring Conditions

Often, mental illness is not the only thing going on in a person’s life. Other conditions that further complicate the difficulties created by mental illness may also be present. This is referred to as co-occurring, co-morbid conditions, or dual diagnosis—meaning that there is more than one condition causing the difficulties.

Substance use disorders commonly co-occur with mental health conditions. Even if a person doesn’t have a formal diagnosis of substance use disorder, alcohol and other drugs are frequently involved in the onset of a mental health crisis. In addition to complicating the symptoms of mental health conditions, alcohol and other drugs can interfere with the safety and effectiveness of mental health medications. Substance use is also a risk factor for a host of mental health concerns, including depression and suicidal ideation.

In a crisis, it’s important to inform health care professionals and share information about substances being used (supplements, homeopathic remedies, over-the-counter medications, prescriptions, alcohol, street drugs, etc.) to help determine what role they may play in the current crisis episode. All too frequently, there can be interactions between substances, including those that are prescribed.

Effective treatment is available for co-occurring conditions. Once the crisis has been resolved, a health care provider can help arrange a referral for appropriate treatment and support services. Long-term recovery is best achieved when both mental health conditions and substance use disorders are addressed.

UNDERSTANDING MENTAL HEALTH CRISES

A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others or prevents them from meeting their basic survival needs (e.g., eating, drinking water, managing their health or well-being, etc.) in such a way that their safety is at risk.

Contributing Factors

Many things can lead to a mental health crisis. Some examples of situations that can contribute to a crisis include:

Home or Environmental

- Changes in relationship with others (boyfriend, girlfriend, partner, spouse)
- Losses of any kind due to death, estrangement, or relocation
- Conflicts or arguments with loved ones or friends
- Trauma or exposure to violence

School or Work

- Worrying about upcoming projects or tasks
- Feeling singled out by co-workers/peers
- Loneliness
- Lack of understanding from peers, co-workers, teachers, or supervisors
- Real or perceived discrimination
- Failing grades
- Losing a job

Other Stressors

- Starting new medication or new dosage of current medication
- Treatment stops working
- Stopping medication or missing doses
- Using or misusing drugs or alcohol
- Pending court dates
- Being in crowds or large groups of people
- Experiencing community violence, trauma, natural disasters, terrorism

Warning Signs of a Mental Health Crisis

It's important to know that warning signs may not always be observable when a mental health crisis is developing. If you are aware of behavior changes that impact the ability to function daily, how much difficulty they are causing, and over what time period, this is important information to share with first responders or mental health professionals.

Common behaviors that may be a clue that a mental health crisis is developing:

- 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 a period of depression
- Increased agitation, verbal threats; violent, out-of-control behavior; destruction of property
- Abusive behavior to self and others, including substance misuse or self-harm; cutting is one example
- Isolation from school, work, family, friends
- Paranoia
- Losing touch with reality (psychosis); unable to recognize family or friends; confused, strange ideas, thinking they're someone they're not; doesn't understand what people are saying, hears voices, sees things that aren't there

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Warning Signs of Suicide

The risk of suicide is a significant concern for people with mental health conditions and those who love them. Encouraging someone to get help is a first step toward safety.

People who attempt suicide typically feel overwhelming emotional pain, frustration, loneliness, hopelessness, powerlessness, worthlessness, shame, guilt, rage, or self-hatred. They may even experience combinations of these emotions. The social isolation that is so common in the lives of those with mental illness can reinforce the belief that no one cares if they live or die.

Any talk of suicide by a family member or friend should always be taken seriously. Most people who attempt suicide have given some warning, but this isn't always the case. If someone has attempted suicide before, the risk is even greater that they will make other attempts.

Common warning signs of suicide include:

- 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

Suicide Prevention

If you notice any of the warning signs on the left or if you're concerned someone is thinking about suicide, don't be afraid to ask the question or to talk with them about it. Start a conversation.

Open the conversation by sharing specific signs you've observed, 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.] ..."

Say something like:

- "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, it is critical to seek help immediately.

- Call a therapist, psychiatrist/physician, or other health care professional who has been working with the person
- Remove potential means such as weapons and medications to reduce risk
- Call 988 to reach crisis counselors at the 988 Suicide & Crisis Lifeline
- Call 911 if there is an immediate, life-threatening emergency

Listen, express concern, reassure. Focus on being understanding, caring, and nonjudgmental. Say 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."
- "You are important to me; we will get through this together."

What not to do:

- Don't promise secrecy. Say instead: "I care about you too much to keep this kind of secret. You need help, and I'm here to help you get it."
 - ✧ Don't debate the value of living or argue that suicide is right or wrong
 - ✧ Don't ask in a way that indicates you want "no" for an answer, such as, "You're not thinking about suicide, are you?"
- Don't try to handle the situation alone
- Don't try to resolve the situation single-handedly

What not to say:

- "We all go through tough times like these. You'll be fine."
- "It's all in your head. Just snap out of it."

Please remember that a suicide threat or attempt is a medical emergency requiring urgent professional help. If you learn that someone has taken steps or is about to take steps to end their life, call 911 immediately.

WHAT TO DO IN A MENTAL HEALTH CRISIS

The signs of a mental health crisis differ from person to person. A crisis can feel overwhelming and frightening, and your coping skills may be exhausted.

Friends and family are often caught off-guard, unprepared, and unsure of what to do. The behaviors of a person experiencing a crisis can be unpredictable and change dramatically without warning.

The situation may seem overwhelming, but how you approach a crisis will help determine the outcome.

Assessing the Urgency

If you're worried that you or your loved one is in or near a crisis, seek help. Make sure to assess the immediacy of the situation before deciding who to call. These questions can help you determine the immediacy:

- Is there a danger of suicide, harming others, or property destruction right now?
- Do you need emergency assistance from a 911 operator?
- Do you have time to start with a phone call for guidance and support from a mental health professional?
- Would calling the 988 Suicide & Crisis Lifeline for essential support and resources help?

Crisis Services That May Be Available to You

Mental health services, including crisis services, vary depending on where a person lives. Becoming familiar with the available services and how to access them is an important step toward being prepared for a mental health emergency. The better prepared a person is when faced with a crisis, the better the outcome.

- **Emergency psychiatric clinics and urgent care facilities** are becoming increasingly common. These facilities provide onsite mental health assessments, psychiatric evaluations, and care recommendations for people experiencing a mental health crisis. You may encounter less wait time in an emergency psychiatric clinic than in an emergency department, but you should still come prepared with the same materials and information you would bring to visit the emergency room. Trained staff will evaluate the person in crisis to determine if they meet the criteria for immediate psychiatric hospitalization.
- **Mobile crisis teams** intervene wherever the crisis occurs. They often work closely with law enforcement, crisis hotlines, and hospital emergency personnel. Mobile teams may provide pre-screening assessments, act as gatekeepers for inpatient hospitalization, and connect people with community-based programs and other services.
- **Crisis Intervention Teams (CIT)** have trained law enforcement officers who received special training to recognize and de-escalate crises, including those involving mental health crises. They understand that people with mental illnesses sometimes need a specialized response and are familiar with community-based mental health resources that can be used during a crisis.
- **Hospital emergency departments** are another source of help for people experiencing a mental health crisis if the person can go for an evaluation and receive appropriate recommendations and care.

De-escalation

De-escalation involves reducing the intensity of a crisis or emotional outburst to achieve a positive outcome and keep everyone safe.

Techniques that may help you stay calm during the crisis:

- Slow down
- Focus on deep breathing and relaxing muscles to help cut through panic
- Move to implement your crisis plan
- Call on your supportive friends and family members for help

Techniques that may help de-escalate a crisis:

- Remain calm and use an even tone of voice
- Keep noise and stimulation levels low
- Move slowly; gently announce actions before initiating them
- Avoid touching the person unless you ask permission
- Give the person space, don't make them feel trapped
- Avoid continuous eye contact
- Be patient and predictable
- Use reflective listening such as, "I hear you saying that people are following you, and you can't take it. Is that right?"
- Help your loved one manage their fears and confusion by listening calmly rather than arguing with or confronting them about their beliefs or behavior
- Express concern and offer support. For example, "I can see how much this is affecting you. I'm here to help."
- Ask how you can help
- Offer options instead of trying to take control

If you can't de-escalate the crisis yourself, you can seek additional help from mental health professionals who can assess the situation and determine the level of crisis intervention required.

Tips And Suggested Language For Providing Comfort And Support

Here are some examples of what helps:

- **Stay calm.** Respond calmly and gently; avoid arguing with or confronting a loved one about their beliefs or behaviors.
- **Be an ally.** Your loved one's thoughts and experiences feel real to them. Help them manage their anxiety and confusion by offering empathy for their feelings. For example: "That must be frightening. I would feel scared, too, if that was happening to me." Other options might include: "I'm glad you could talk to me about this", or "I'm glad I could be here to listen today."
- **Communicate thoughtfully.** Avoid whispering, joking, or laughing, which may increase agitation or trigger paranoia.
- **Ask one-part questions.** Avoid questions that offer multiple options because complexity will increase confusion.

Example:

- ❖ **DON'T SAY** – "Would you rather sit at the table with me or by the window?"
- ❖ **DO SAY** – "Would you like to sit at the table with me?"
- **Give simple, clear directions.** Use short statements that avoid multi-step instructions; complexity will increase confusion. Example:
 - ❖ **DON'T SAY** – "After we sit at the table, I'll bring you a glass of water and we'll talk about what I can do to help you right now."
 - ❖ **DO SAY** – "We're going to sit at the table now."
- **Use teamwork.** Avoid arguing with others on the scene; discuss the situation quietly and out of the person's hearing.

A visit to the emergency department doesn't guarantee admission. Admission criteria vary and depend on medical necessity as determined by a physician and insurance coverage. Be prepared for an emergency department visit to be lengthy, likely several hours. Bring anything that may help the person in crisis stay calm, like books, music, games, etc. Some hospitals have separate psychiatric emergency units. They're typically quieter and staffed by mental health professionals and practitioners. Check to see if there is one in your area.

Who to Call for Help

- **Call a mental health professional** if you don't believe there is an immediate danger. You may wish to consider contacting a mental health professional who is currently providing care, such as a psychiatrist or other prescriber, therapist, primary care provider, or case manager. This professional may be able to help assess the situation and offer guidance about possible next steps, such as obtaining an urgent appointment or seeking an emergency evaluation at a local hospital.
- **Call 988** if you or your loved one needs emergency intervention but there are no weapons, serious physical injuries, or elements of violence. 988 Suicide & Crisis Lifeline is a national network of crisis centers operating 24/7/365 and offers the first point of contact for a person in crisis or their loved one. Dial or text 988 to connect with a trained crisis counselor who will provide an initial assessment and screening, preliminary counseling, share information about community mental health and crisis services, and, if necessary and available in your area, dispatch a mobile crisis team for onsite assessments and referrals.
- **Call 911** if the situation is dangerous and law enforcement or urgent medical care is needed. Call 911 and ask for immediate assistance. State that you are calling about a mental health emergency and request law enforcement officers with Crisis Intervention Team (CIT) training.

CIT officers are specially trained to recognize and de-escalate situations involving people who have a mental illness. They realize that people with mental illnesses sometimes need a specialized response and are familiar with the community-based mental health resources they can use in a crisis.

You or your loved one may need to advocate for a mental health response to the mental health crisis at hand. To prioritize the safety of everyone involved, it's important that you remain as calm, measured, and objective as possible when communicating this request to law enforcement.

Be brief and to the point. For example: "I'm calling about a mental health emergency. My brother has schizophrenia. He is hearing voices and right now he's lying down in the middle of a busy street. We need you to send CIT-trained officers."

Remember that law enforcement officers have broad discretion in deciding the next steps, including taking a person to an emergency room for evaluation, issuing a warning, or making an arrest.

Waiting With a Loved One for Help to Arrive

When supporting someone in crisis, family, friends, or others must assess the situation and determine if it is safe to stay until help arrives. If you feel safe staying, you can provide comfort and support.

What to Expect When Help Arrives

Depending on where you live, a variety of supports may respond. When help arrives, it is important to calmly emphasize that this is a mental health crisis and that you are seeking mental health treatment and support.

When help arrives, provide a brief mental health history, including:

- Diagnosis
- Medications
- Hospitalization history
- History of violence, suicide attempts, or legal involvement

Interacting With Law Enforcement

If your community relies on law enforcement departments for mental health crises, law enforcement officers will respond. If possible, greet them when they arrive and introduce yourself before they encounter your loved one. Tell them if you believe there is or isn't any danger of violence or if there are weapons nearby. You should be prepared to share information on mental health care providers, diagnosis, all medications, hospitalization history, and any previous history of violence, suicide attempts, or legal involvement.

Emphasize that this is a mental health crisis, and that support and treatment are urgently needed.

Some responding officers may have crisis intervention training, which helps to de-escalate the situation and provide help in a crisis. However, all officers are trained in law enforcement and are armed. You may need to respectfully advocate for the person to receive a mental health response to the mental health crisis at hand. To prioritize the safety of everyone involved, it's important to remain as calm, measured, and objective as possible when communicating this request to law enforcement.

Remember that law enforcement officers have broad discretion in deciding the next steps, including taking the person to an emergency room for evaluation, issuing a warning, or making an arrest. NAMI's [Navigating the Criminal Justice System Guide](#) may provide additional information helpful in a crisis.

Law enforcement can, and often will, call mental health resources in your community. Law enforcement officers may transport the person to the emergency department or an emergency psychiatric clinic if they deem it appropriate. Local crisis services and support may assist in making recommendations.

If you disagree with the officers' final decision about next steps, remain calm. It is important not to escalate an already stressful situation for you and your loved one. Once law enforcement has left, call a friend, mental health professional, or an advocate for support and information.

If your loved one is not admitted to treatment and the situation worsens, you likely will need to call for help again in the future. The situation can be reassessed, and your loved one may meet the criteria for hospital admission at that time, even though they initially did not.

Interacting With Mobile Crisis Teams

Some communities and counties now have mobile crisis teams available to respond to and support people during mental health crises. Response times vary depending on location, readiness, and availability. The team will arrive and initiate an onsite evaluation of the person in crisis to determine how best to address their needs. The team will include experienced, trained professionals, and possibly a peer support worker.

You should be prepared to share information about:

- Mental health care providers
- Diagnosis
- All medications
- Hospitalization history

Considerations for When a Loved One is Transported to a Hospital

If your loved one is transported to a mental health care facility by law enforcement, it may be in handcuffs. This can be very distressing for the person in crisis. However, driving them yourself may not be safe or permitted once law enforcement is involved. You can request to be the one that transports your loved one, but your right to do so will vary by state. You can learn more about your state's laws by visiting [Treatment Advocacy Center SMI State Resource Map](#).

It's helpful to provide a paper copy of the completed [Portable Treatment Record](#) and ask the transporting officers to share it with admitting personnel. It contains important medical and provider information that will be needed if you or your loved one cannot provide it.

Confirm the name and location of where your loved one is being transported. Your loved one will likely not be allowed to bring any personal items. It is helpful to plan a visit to the facility soon afterward to bring clothing, toiletries, books, etc.

Check with the facility to learn about visitor policies and what you can bring for your loved one. Hospitalization can be very stressful, and support from loved ones is very important to a positive outcome.

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- Any previous history of:
 - ✧ Violence
 - ✧ Suicide attempts
 - ✧ Legal involvement
- Current threats, drug use, stressors
- What has helped in the past
- Descriptions of any delusions, hallucinations, or loss of touch with reality

The mobile crisis team will talk with the person in crisis and others involved. Once they have collected information, they will recommend the next steps, which may range from help de-escalating the person in crisis, follow-up appointments for mental health services, or hospitalization. If a mobile crisis team decides that hospitalization is necessary, they may be required to arrange transportation with a law enforcement officer. Involuntary psychiatric treatment laws vary from state to state, but generally, health care professionals must determine that a person's behavior has put them at risk of hurting themselves or others or is preventing them from meeting their basic needs (e.g., eating, drinking water, managing their health or well-being, etc.) in such a way that their safety is at risk.

UNDERSTANDING THE TREATMENT ADMISSION PROCESS

Voluntary Versus Involuntary Admission

Voluntary psychiatric admission is when someone chooses to be admitted to a mental health facility or hospital for treatment. While not always possible, voluntary admission is preferable. The immediate outlook is brighter for the person who understands the necessity and benefit of treatment and is willing to participate in a treatment plan.

Understanding insurance coverage for inpatient psychiatric care before a crisis can help the admission process go more smoothly if emergency care is needed. Contact your insurance company to confirm benefits, in-network facilities, and the policy for referral and admittance. Adult children under 26 enrolled in a parent's insurance plan continue to receive insurance coverage from their parent's policy.

If you don't have health insurance, visit [HealthCare.gov](https://www.healthcare.gov) to learn how to enroll. Mental and behavioral health services are essential health benefits of all plans and cover psychotherapy and counseling, mental and behavioral health inpatient services, and substance use disorder treatment. Pre-existing mental and behavioral health conditions are covered, and spending limits are not allowed.

Involuntary admission—also referred to as “commitment”—involves detaining a person in a mental health facility or hospital against their will. It may be recommended for someone who is experiencing extreme symptoms such as psychosis, at high risk of becoming violent or suicidal, or refuses the health care professional's recommendation to go to a treatment facility. If law enforcement and/or mental health professionals become involved, you may lose the option to make treatment decisions for yourself or your loved one.

Without involvement of law enforcement and/or mental health professionals, you may need a court order for involuntary treatment. Getting a court order for involuntary treatment of an adult with mental illness is complex. It's a legal process designed to balance the need to provide treatment in the least restrictive environment with the protection of the civil liberties of the person who is in crisis. When families see the rapid deterioration of a loved one, the instinct to protect them is strong. It is not uncommon for family members to fear that a loved one may get hurt, injure someone else, or even die.

Engaging someone in their own mental health care is key to recovery and overall treatment satisfaction. However, in the small number of cases where voluntary engagement is not possible, and all other options have been exhausted, civil commitment may be used as a last resort. Involuntary commitment laws vary by state; you will need to search the laws in your state to understand the

process for getting a court order for involuntary treatment or hire an attorney with expertise in mental health law.

Emergency Holds

Emergency holds are another option in crises. A physician (and in some states, others, such as law enforcement) can temporarily confine the person in a secure facility, such as a hospital. Emergency holds typically last 72 hours, not including weekends and holidays. The purpose of the hold is to keep the person safe while decisions about the next steps are considered. An emergency hold doesn't necessarily initiate the involuntary commitment process. It's a way to assess the person further while keeping them safe.

Although the laws vary by state in terms of defining the criteria for involuntary commitment, it is always a legal process that involves a judge and a hearing. Occasionally, the hearing is held at the facility where crisis services are first offered. Typically, the criteria include:

- Recent threats or attempts to physically harm themselves or others
- Recent inability to care for themselves—food, clothing, shelter, or medical care—due to mental illness symptoms
- Recent risk of harm to themselves or others

Considerations for Sharing Information With Hospital Staff in a Confidential Manner

If your loved one hasn't consented to have the hospital share information with you, you can provide information to their treatment team. No privacy laws prohibit you from sharing information with a provider.

Sharing information about a loved one's mental health history can help inform a treatment team's decisions and best course of action, including information about medications that work or don't work, medical conditions, adverse reactions, and allergies. It can also help the treatment team provide better care for your loved one. If a provider declines to communicate with you due to HIPAA, respectfully explain that you intend to share important information with them and are not asking for confidential medical information.

Included at the end of this Crisis Guide is a form for writing a mental health history, which can be completed electronically or printed and filled out by hand. Keep copies in multiple locations (home, car, etc.) and on your electronic devices so it is readily available.

Whenever possible, drop off, fax, or email your loved one's mental health history form to the facility. If the facility's fax number is not posted on the website, call the main phone number to request it. With the form, include a note that you want this information added to the patient's file and your contact information.

Sometimes, family members are concerned about damaging their relationship with their loved one by sharing information with the treatment team. According to the Department of Health and Human Services' [HIPAA Privacy Rule and Sharing Information Related to Mental Health](#), information provided by someone who is not a health care provider may be withheld from the patient: "This exception to the patient's right of access to protected health information gives family members the ability to disclose relevant safety information with health care providers without fear of disrupting the family's relationship with the patient."

If you do not wish your loved one to know that the information came from you, inform the provider that you are sharing this information confidentially. You may wish to cite this federal law: [45 CFR 164.524\(a\)\(2\)\(v\)](#), which states: "An individual's access [to protected health information] may be denied if the protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information."

For more an overview of the Privacy Rule, learn more from the [Department of Health and Human Services](#).

Confidentiality and Family Involvement

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that helps protect the privacy of an individual's health information. For people living with mental illness, this law is important because it helps protect confidential mental health treatment records.

During a mental health crisis, issues of confidentiality and family involvement can become complicated. The worry and concern of family, and their desire to be involved and support their loved one, may seem at odds with a person's need to determine what information they are comfortable sharing and decisions about how they'd like to proceed with treatment.

If you are the parent or guardian of someone younger than 18, you have access to medical records and input into all treatment decisions, including those related to mental health.

Adults 18 years and older must first give their written consent before staff provide anyone with any information about their care. As part of HIPAA protections, without the patient's written consent, it's illegal under state and federal law for providers to release any information about your loved one's care to anyone.

You can ask that your loved one sign a HIPAA release of information that allows you to receive treatment information from their providers, including during the emergency evaluation or admission process. If they decline, ask staff to continue asking them throughout the treatment process in hopes that they will change their mind as their condition improves.

Considerations for Communicating With the Treatment Team

The treatment team meeting is also an opportunity to learn more about how to support your loved one's recovery best. You may wish to ask the team to share information about:

- Diagnosis and what the diagnosis means
- Course of the illness and its prognosis
- Treatment plan
- Symptoms causing the most concern, what they indicate, and how they're being monitored
- Medications prescribed, why these particular medicines have been selected, the dosage, the expected response, and potential side effects
- If the diagnosis, medications, and treatment plan have been discussed with your loved one, and the reasoning behind those decisions
- Patient education materials that explain the illness(es) being treated
- How often you can meet with them to discuss progress
- Whom you can contact for information between meetings
- The aftercare or discharge plan once your family member has been discharged from the facility, and what to do if your loved one leaves against medical advice

Other helpful information to share during a treatment team meeting includes factors that may have contributed to your loved one's crisis, stressors your loved one has, challenges they may have experienced with treatment in the past, and anything you think might be helpful for supporting their recovery.

Treatment team meetings may also include a discussion about the most appropriate living situation for your loved one after they are discharged from the facility. Know that your needs and preferences are also important; if living with you after discharge is not an option, it is okay to say so.

WHAT TO EXPECT FROM MENTAL HEALTH TREATMENT

Various treatment options are available for people experiencing symptoms of mental illness, and the best combination of treatment and services will be different for each person. Mental health care professionals make recommendations based on the type of illness, the severity of symptoms, and the availability of services. When possible, the person should make treatment decisions in collaboration with the treatment team and their family.

Description of Hospital Treatment Setting

Inpatient psychiatric units can be noisy and appear hectic. Unlike other areas of the hospital where patients generally stay in their room or bed, patients and staff are usually moving around the unit. People may be talking loudly or expressing intense emotions.

Being hospitalized for a mental illness is also different because of the restrictions in place to protect the person receiving treatment. These include locked doors, clothing and gift rules, restrictive visiting hours, and limits on where patients can go. Phones are located only in common areas, and their use is sometimes restricted. These rules are in place to ensure the patient's and others' safety.

Due to privacy laws and treatment schedules, the family may have difficulty reaching their loved one by phone or visiting during the hospitalization. Many hospitals require the patient to sign a privacy release to allow family members or friends to contact them while they are hospitalized. The receptionist will not tell you if your loved one is in the hospital when calling the main number.

You may ask to be connected to the unit. Depending on the hospital, your call may be transferred to the patient phone area or the nursing desk. Be polite but assertive and request that a message be taken to your loved one.

During the hospital stay, it's important that your loved one connects with people from their community who provide support and reassurance. Encourage your loved one to allow calls or visits from friends, neighbors, advocates, specific family members, or their spiritual leader.

Visiting hours are often limited to accommodate group therapy and treatment schedules. Check with the hospital about these times and any age restrictions, as children under 15 may not be allowed to visit. Exceptions may be made if your loved one's children want to visit.

For the health and safety of your loved one and other patients, there are limits on what you can bring into the hospital. You may be required to lock up your bag and coat. Everything brought to your loved one may be inspected; check with the hospital for what items are allowed. You can always ask a staff member about bringing in an item you are unsure about, such as a book or card game.

Treatment Team Meetings During Inpatient Care

Regularly scheduled treatment team meetings will bring together mental health care professionals, including psychiatrists, social workers, and nurses involved in care to discuss progress, treatment plans, concerns, and upcoming decisions. You can request to participate in the meetings and advocate for yourself.

Supporting a Loved One in Treatment Team Meetings

If a release has been signed, family members should request to attend treatment team meetings.

Support your loved one during the treatment team meeting by listening respectfully to their needs and preferences. In these meetings, speak directly to your loved one rather than about them; encourage others to do the same. Treatment outcomes are most successful when they center on the person's strengths and desires.

TYPES OF TREATMENT AND SUPPORT

After a mental health crisis, treatment and support are offered in a variety of ways and settings:

Description of Treatment Settings and Programs

- **Partial Hospitalization Program (PHP)** can serve as a transition from inpatient hospital care before a complete return home. Partial Hospitalization Programs, or day treatment, offer very robust and structured treatment to people living with moderate to severe mental illness. Sometimes referred to as “day hospitalization,” PHPs provide intensive treatment during the day; people return home in the evenings to implement what they learn. This level of care typically requires a break from a job, school, or other important roles that a person may have.
- **Intensive Outpatient Program (IOP)** is a more comprehensive treatment experience than outpatient care. These programs provide more frequent, intensive, and structured treatment for people who are experiencing significant difficulties because of a mental health condition. Treatment may take place several times per week, for several hours per day, at the intensive outpatient level.
- **Outpatient (OP)** mental health services are provided while the person lives at home and continues their regular routines with work, school, and family life. For this reason, outpatient services are considered the least restrictive form of treatment.
- **Assertive Community Treatment (ACT)** promotes independent living in the community for people with serious mental illness. A multidisciplinary team provides services 24/7. ACT services may include intensive case management, mobile outreach and home visits, psychiatric and nursing services, substance use assessment and treatment, employment assistance, short-term focused therapy, and supportive counseling.
- **Coordinated Specialty Care (CSC)** is designed for people experiencing early or first-episode psychosis. CSC relies on a team of health professionals and specialists who work with a person to create a personal treatment plan based on their life goals and involving family members as much as possible. Components include case management, family support and education, psychotherapy, medication management, supported education and employment, and peer support. To learn if there is a CSC program near you visit [Early Serious Mental Illness \(ESMI\) Treatment Locator](#).

Description of Treatment Options

- **Psychotherapy** is often called talk therapy. Psychotherapy is when a person, family, or group sits down and talks with a therapist or other mental health provider. Psychotherapy helps people learn about their moods, thoughts, and behaviors, and how they influence their lives. They also provide ways to help restructure thinking and respond to stress and other conditions. Examples include cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), and interpersonal therapy.
- **Mental health medications** influence brain chemicals that regulate emotions and thought patterns. They’re usually more effective when combined with psychotherapy. Medication can reduce symptoms, making other treatment methods more effective. They are prescribed by medical professionals, including psychiatrists, psychiatric advanced practice nurses (APRNs), primary care providers, physician’s assistants, and family nurse practitioners (FNPs).

Concerns and Grievances About Quality of Care

- If you have concerns about the care provided or other aspects of the treatment services, first bring them to the treatment facility’s direct care staff.
- If that person is unavailable or the issue is unresolved, speak with the clinic director, an administrator, or a nurse manager.
- If the problem is not resolved, you may want to contact the patient representative, sometimes called a patient advocate, an ombudsman, or an advocate ombudsman.

Resources

For concerns that can’t be resolved with the facility, contact your state’s Disability Rights Services office. To find help in your state or territory, visit the [National Disability Rights Network](#).

You can also contact the organization that certifies the facility, such as the State Department of Health or Mental Health or the [Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\)](#). This information should be displayed in the facility’s public areas.

Other Community-Based Services

- **Peer self-help and support groups** are gatherings of people who share personal experiences and feelings, coping strategies, and information. Often these groups are led by people with personal experience. These groups are comforting because participants learn that others have experiences like theirs and that they're not alone. [NAMI Connection](#) and [NAMI Family Support Groups](#) are examples of peer support groups.
- **Recovery support education** is structured instruction taught by people with lived experience. It can occur in a single session or a series. [NAMI Peer-to-Peer](#) and [NAMI Family-to-Family Programs](#) are examples of recovery support education programs.
- **Peer-run clubhouse services** are mental health programs where the staff uses information, skills, and resources they have gained in their recovery to help others. Peer services are based on principles of empowerment, choice, mutual help, and recovery. The goal of peer-run programs is to create a supportive place where people can find peers who understand them, learn recovery skills, and help others. Common types of peer-run programs include:
 - ❖ Drop-in or peer support center such as a clubhouse program
 - ❖ Peer mentoring, peer case management

- **Psychoeducation** involves teaching people about their mental health condition and how they're treated.
- **Case management** helps people coordinate services, medical providers, and support resources.
- **Supported employment programs** are designed to enable people with serious mental illness to access and succeed in competitive employment through individual placement support services and ongoing support from a team of professionals.

Types of Health Care Providers

- **Psychiatrists** are medical doctors who specialize in psychiatry, prescribe medications, and are typically in charge of the patient's care plan.
- **Psychiatric nurse practitioners** diagnose and treat mental health conditions and provide health care, including prescribing medication.
- **Physician assistants** treat illnesses, including prescribing medications.
- **Registered nurses (RNs)** assess the patient's progress and provide emotional support, encouragement, and health education. The RN also administers medications and monitors the patient's overall health.
- **Nursing assistants, psychiatric aides, mental health workers, and behavior technicians** work under the direction of psychiatrists, psychologists, nurses, and social workers in inpatient settings to provide routine nursing and personal care for the patient, including eating, dressing, grooming, and showering. They also help ensure the unit's safety.
- **Occupational therapist (OT)/recreational therapists** assess the patient's ability to function independently. Assessment areas include the patient's strengths, behaviors, social and cognitive skills, thought processes, activities of daily living, functional abilities, work skills, goals, and sensory needs. They also perform evaluations to help determine the best living situation for patients.
- **Therapists** can help someone better understand and cope with thoughts, feelings, and behaviors. They can also offer guidance and help improve a person's ability to achieve life goals. These mental health professionals may also help assess and diagnose mental health conditions. Several kinds of mental health professionals are trained to provide therapy, including clinical counselors, clinical social workers, and psychologists.
- **Psychologists** hold a doctoral degree in clinical psychology or another specialty such as counseling or education. They are trained to evaluate a person's mental health using clinical interviews, psychological evaluations, and testing. They can make diagnoses and provide individual and group therapy. Some may have training in specific forms of therapy.
- **Case managers** have knowledge of local medical facilities, housing opportunities, employment programs, and social support networks. They are also familiar with many payment options, including local, state, and federal assistance programs. This person can serve an important role in helping you or your family member get the best treatment possible. Case managers are sometimes referred to as community support workers, care management specialists, or care coordinators. They are typically employed by large health insurance companies or by community mental health organizations.
- **Patient advocates** assist families to resolve or address issues regarding quality, appropriateness, and coordination of care for the patient.
- **Certified Peer Support Specialists** work alongside other health care professionals in traditional mental health programs to provide an extra level of support services to people with mental illness.

Complementary Health Approaches

Evidence-based medical and therapeutic approaches to treating mental illness have improved over the years, but they often don't eliminate all symptoms. Some people use complementary or alternative approaches like taking natural compounds or doing spiritual exercises to help recover. Some of these approaches can be traced back to ancient and indigenous healing practices across different cultures, which many people find helpful. However, it's important to keep in mind that, unlike prescription medications or evidence-based treatment approaches, the U.S. Food and Drug Administration (FDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) do not review, regulate, monitor, or approve most of the complementary health approaches.

Resources

The National Center for Complementary and Integrative Health (NCCIH) is the main government agency for investigating non-traditional treatments for mental illness and other conditions. Complementary health approaches, the term favored by NCCIH, include:

- Complementary methods where non-traditional treatments are given in addition to standard medical procedures
- Alternative methods of treatment used instead of established treatment
- Integrative methods that combine traditional and non-traditional as part of a treatment plan

To learn more about these options, visit the [NCCIH website](#).

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You
Are
Not
Alone
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DISCHARGE PLANNING

A discharge plan is developed by the treatment team, the person with a mental health condition, and ideally with family. It is created before a person leaves an inpatient treatment setting.

Discharge plans are not always shared with family members, but don't hesitate to ask what the plan is for your loved one's care once they're released. The discharge plan should include:

- Reason for admission
- Information on diagnosis in terms that are easy to understand
- Medications to take after discharge and the following information:
 - ✧ Purpose of medication
 - ✧ Dosage of medication
 - ✧ When to take medication
 - ✧ How to take medication
 - ✧ Possible side effects
 - ✧ Where to get medication and refills
 - ✧ Instructions about over-the-counter medications, legal substances such as alcohol and nicotine as well as illegal substances, considering the patient's history
- Self-care activities such as exercise and diet, physical activity level or limitations, and weight monitoring
- Coping skills such as sleep hygiene, meditation, or yoga
- Recovery goals, plans for work, school, and social outlets
- Crisis management
 - ✧ Symptoms that should be reported to the treatment team, including the urgency of the issue, whom to contact, how to contact them, and what to do in an emergency during after-clinic hours
 - ✧ Action steps and care options for when warning signs occur

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It’s always best
for the person
and the family to
be involved in the
discharge process.”

- Information about follow-up appointments (usually within seven business days of leaving the hospital), such as:
 - ✧ When the appointment is (date and time)
 - ✧ Where the appointment is
 - ✧ Who the appointment is with
 - ✧ What the appointment is for
 - ✧ How to reschedule the appointment if necessary
 - ✧ Referrals to community support services, including
 - Mental health and/or substance use disorder support groups
 - Social services available through a variety of county and nonprofit organizations, including financial assistance for medications, transportation assistance, nutrition support, emergency housing, and volunteer opportunities

Supported housing options are very limited and sometimes only available to people when they are discharged from inpatient treatment and have no other options. If this is the situation, be assertive and advocate for a housing placement in the community before finalizing the discharge plans.

Confirm that the medications prescribed at discharge are covered by any insurance plan that is in place. Discuss benefit coverage and affordability with the doctor, nurse practitioner, or whoever prescribes the medications. Any changes in medications should be clear to you and your family. It’s always best for the person and the family to be involved in the discharge process. Everyone should understand why, how, and when to take the medications and what other treatment services are planned. Each person can also help inform the care team about anything else that will be helpful.

An important part of the discharge plan should include an appointment with a mental health care professional, typically within seven days of discharge. If other physical illness concerns exist, an appointment with an appropriate medical provider should also be scheduled. These appointments should be confirmed before leaving the facility where crisis services were received.

To assist the mental health care professional at the follow-up appointment, be prepared with the following information:

- Medication names
- Purpose of the medication(s)
- Dosage
- Side effects experienced
- Any changes in living situation, access to transportation, or other previously unidentified concerns
- Difficulties obtaining or paying for medications
- Success with self-care strategies and coping skills
- Any concerns you have since discharge and how your loved one has responded
- If the crisis plan continues to meet your loved one’s needs
- How medical conditions are being managed

A sample [Portable Treatment Record](#) at the end of this guide provides a format for you to use to capture this information and track it going forward. Having a system in place can make future crises easier because you will have the critical information in a single place. It is good to periodically review the crisis plan with your loved one to be sure it’s current.

It’s important to remember that crisis services are meant to help people with symptoms of mental illness get the help they need in a safe setting. Recovery is an ongoing process that requires care, treatment, and support.

Tips for Advocating for Yourself or a Loved One for Appropriate Post-Discharge Care

Navigating the mental health care system can be tough. There are five key pieces of small advice that could help ease your interactions with care providers:

1. Stay calm
2. Get support
3. Be organized
4. Be objective
5. Be effective

Effective communication helps ensure that you or your loved one receives appropriate treatment. Good communication involves verbal and nonverbal language, listening skills, and using the language of the professionals. By communicating professionally, you help ensure mutual understanding.

Verbal and nonverbal communication work together to convey a message. You can improve your spoken communication by using nonverbal signals and gestures that reinforce and support what you are saying. This can be especially useful when speaking to a large group of people. Non-verbal techniques include:

- Use eye contact
- Concentrate on keeping a calm tone of voice
- Avoid nonverbal gestures and hand signals that can be misread
- Sit next to the most important person at the meeting
- Speak slowly and clearly

You can also develop verbal skills to show that you are listening and understand what has been said. Some of these techniques include:

- **Paraphrasing:** Put into your own words what the other person has said. Do this by using fewer words and highlighting the facts.
- **Reflective listening:** Focus on the feeling or emotion of what has been said, stating back what you hear and see. You can do this while taking note of both nonverbal and verbal communication.
- **Summarizing:** Restate the important points the other person said. Do this after a person has spoken for an extended time.
- **Questioning:** Ask open-ended questions to clarify what has been said.
- **Using I-Statements:** Begin sentences with I-statements. Doing so clarifies that you're speaking from your point of view, conveys how you feel, and is non-judgmental. You might say, "I hear my loved one is trying a new medication, is that correct?"
- **Listening:** Focus on what the other person is saying without letting your own thoughts and feelings interfere. Be open to what others suggest since they may have a good idea that you haven't considered.

There are several different types of personal advocacy you may need to employ when seeking effective mental health care for yourself or your loved one. Examples include advocating to receive appropriate referrals and service approvals from your insurance company, requesting a review of your diagnosis or treatment plan if you feel that it is not working, or seeking a different provider or treatment program if you don't think they are a good fit.

Remember that you have the power to make a difference for yourself and your loved one!

“Effective communication helps ensure that you or your loved one receives appropriate treatment.”

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People have the right to receive health care while incarcerated.

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OTHER TYPES OF CRISIS SITUATIONS

Missing Loved One: Tips and Resources

Once you determine your loved one is missing, contact local law enforcement in the community where the person went missing, without delay. Provide them with all the information you can.

If the person remains missing for more than three days, ask the local law enforcement officials to place them on the FBI’s National Crime Information Center (NCIC) list as an “endangered adult.” This computer network provides information nationwide. If you make it clear to law enforcement that a mental health issue is involved, they may be able to reduce the number of days it takes to file a report.

Federal law prohibits law enforcement from imposing a waiting period before accepting a missing child report. Within two hours of receiving a missing child report, law enforcement must add the information to the FBI’s National Crime Information Center Missing Person File. You should then call the National Center for Missing and Exploited Children (CMEC) 1-800-843-5678. CMEC will provide technical and case management assistance to help ensure all available search and recovery methods are used.

When a missing person over the age of 21 is located, law enforcement cannot hold the person against their will if they haven’t committed a crime and are not a danger to themselves or others. No one has the authority to force a person to seek aid or medical care against their will unless there is a medical guardianship or court order stating what action to take. However, you may still want to ask law enforcement to let you know if they have located your loved one, even if they refuse to contact you.

- **Register them with the National Missing and Unidentified Persons System (NamUs):** Upload information about your loved one on [Find the Missing](#). This resource will help you, law enforcement, and other justice community members enter data about the missing person.
- **Check nearby hospitals, churches, homeless shelters, and libraries:** Remember that some of these places may have confidentiality restrictions and be unable to confirm if your loved one is there.
- **Reach out to the missing person’s friends and acquaintances:** Call other people who are close to your loved one and ask when they last saw them.
- **Reach out to others who regularly interact with the missing person:** Contact coworkers, neighbors, therapists, doctors, case managers, or business owners/employees in the missing person’s neighborhood.
- **Create a missing person poster that includes:**
 - ✧ Two recent photos
 - ✧ Name
 - ✧ Hometown plus state
 - ✧ Height, weight, age, and features such as scars or tattoos
 - ✧ Vehicle license plate number and photo of car
 - ✧ Place last seen
 - ✧ Phone number of who to contact if located
- **Check out social media or create a website:** Facebook, X (formerly Twitter), Instagram, and other social media used by your loved one may provide clues to their location. Look at their friends’ social media accounts as well.
- **Contact your NAMI State Organization or NAMI Affiliate:** Find your local NAMI organization, which may know about local resources and places to look for your loved one. They may also be able to help share your flyers and expand the search.

- **Alert local media:** Ask the local media to make a public announcement. The publicity may be seen by your loved one or provide information to law enforcement that may help find your loved one. Keep in mind that the media may not cover your story.

Arrest of a Loved One

Mental health crises deserve a mental health response. Unfortunately, many communities do not have mental health crisis response services and rely on law enforcement as mental health first responders. During these interactions, a mental health crisis can sometimes escalate, leading to an arrest and involvement with the criminal justice system. NAMI's [Navigating the Criminal Justice System Guide](#) provides general information and resources intended to support people with mental illness and/or their family members as they navigate the criminal justice system.

Mental Health Services and Medication While Incarcerated

People have the right to receive health care while incarcerated. However, most jails are not financed or structured to provide mental health services, including identifying people who might have mental health needs and providing care to them while incarcerated. You may need to advocate on behalf of your loved one to get them connected to the medications and mental health services they need.

Before contacting the jail about your loved one's mental health needs, have the following information ready to share:

1. Your loved one's diagnosis
2. Any medication they are or were taking, as well as medications that they have had adverse reactions to in the past, and the names of those medications
3. Contact information for their most recent doctor, psychiatrist, social worker, or other professional prescribing their medication
4. History of self-harm or suicide attempts – if you think your loved one is at imminent risk of either, inform the jail staff so they can take appropriate measures to ensure safety
5. Your contact information

You should also try to learn about any protocols the facility might have related to medications. Some jails will allow prescriptions to be brought to the jail for them to administer, while others will require a prescription to be filled by the jail's provider. Often, this information can be found on the jail's website.

It can also be helpful to ask treating psychiatrists (or other mental health providers who were involved in your loved one's treatment in the community prior to incarceration) to contact the facility with medical details about the person who is incarcerated.

If possible, work with jail staff to obtain a release of information form for your loved one. This will allow the jail to give you more information related to their care if you are not a legal guardian. Keep in mind that your loved one has the right to refuse signing the release, but if you can, try explaining the benefits of having access to more information. If they do not agree to sign the release of information, the jail mental health and medical staff will not be allowed to release information to you. However, you are always allowed to provide any pertinent information to them.

Mistreatment While Incarcerated

If you suspect your family member is being mistreated in jail, you should contact their attorney.

The attorney can ask questions and advocate on behalf of your loved one.

You can also contact your [state's protection and advocacy agency](#). They have the legal authority to investigate possible abuse in correctional settings and will advocate on behalf of people with disabilities who are incarcerated, including people with mental illness.

You can also contact your state's affiliate of the [American Civil Liberties Union \(ACLU\)](#), who often advocate to improve conditions and stop abuse in jails and prisons within their state.

Court Appearances

An arrest may mean you will be required to appear in court. Knowing what to expect can help you prepare or better support your loved one and hopefully lead to the best outcome.

Even after a release, a person may still need to appear in court. If they do not want to appear in court, ask the attorney if there's a way that the hearing can continue without being present.

For helpful information and tips please see [NAMI's Navigating the Criminal Justice System Guide](#).

Mental Health Court

Many counties now divert or redirect people experiencing mental health concerns that are related to their arrest to a [Mental Health Court \(MHC\)](#) or [other jail diversion programs](#). Programs like this may be an option for people arrested during a crisis or because of their mental health symptoms. MHCs link people facing criminal charges to long-term community-based treatment. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and the public safety concerns of communities.

You can find out if your community has established these courts by checking the county's website or calling the court where the case is being heard. You may also want to contact your local NAMI for information about specialty courts in your area.

The judge, prosecutor, and defense all need to agree for someone to access these programs. If there is a jail diversion program, discuss the program with your attorney and, if applicable, ask if they can bring the diversion proposal to court officials or prosecutor and present the option to the judge before sentencing.

The following are two examples of how you can communicate the above information:

Phone



"I'm not asking you for any information from you right now. I want to give you information. _____ (Name) was arrested and is in your jail.

_____ (Name) has a mental illness. Their diagnosis is _____, and they take _____ milligrams (dose) of _____ (medication) and _____ milligrams (dose) of _____ (medication) _____ (times per day).

Their doctor, _____ (doctor's name), can be contacted at this number, _____ (doctor's phone number).

They _____ (do/do not) have a history of suicide attempts.

When you speak to them, could you please ask them to sign a release so you can speak to me about their condition?"

Fax or Email



Click [here](#) to fill out an Inmate Medication Form that can be easily faxed or emailed to correctional staff.

Legal Representation

If your loved one has been charged with a crime, they have a right to legal representation. In a criminal trial, this person is called a defense attorney. The defense attorney is either a public defender or private defense attorney and is responsible for working with their client to defend against criminal charges.

Public Defender: If a person cannot afford to hire a lawyer, the judge in the criminal case may assess whether you are eligible to be assigned a public defender. While a public defender is appointed by the court, they work on behalf of the person being charged with a crime as their lawyer.

Private Defense Attorneys: If you or your loved one can afford to hire a lawyer or are determined not to be eligible for a public defender, there are several reliable sources to find a private defense attorney. The [American Bar Association](#) maintains a lawyer locating service. To find the legal referral service for your area, use the [Find Legal Help](#) search function on their website. The [National Association of Criminal Defense Lawyers](#) and local criminal defense lawyer associations publish lists of member attorneys, some of whom take pro bono (free) and reduced-fee cases. You may also contact your local NAMI, where there may be information about local attorneys familiar with representing people with mental illness.

The majority of people charged with crimes are assigned a public defender because they have limited resources and can't afford a private attorney. The public defender and private defense attorney's client is the person charged with the crime. Family members can ask their loved one to sign a release that allows the attorney to share information with them.

While your interactions with your loved one's attorney may be limited, here is what you can do:

- Contact the public defender or private attorney. Attorneys are often in court all day, so call early in the morning or during lunch. Leave a message or call the office to ask for an email address or text number. If you can't reach them, fax, email, or mail a brief summary (no more than three pages) of your loved one's medical information to the office.
- Attend the initial hearing. Introduce yourself to the public defender or private attorney. Be brief and polite. Thank them for their time and let them know you're available to provide whatever information would be helpful.
- Ask the attorney to consider any jail diversion or pretrial release programs. If you don't know about any programs, contact your NAMI State Organization or NAMI Affiliate to find out if there is a jail diversion program, mental health court, or other program to help defendants with mental health conditions in your community.

For more information about working with an attorney, please see the [NAMI Navigating the Criminal Justice System Guide](#).

“PADs are legal documents that empower a person with a mental health condition to state their preferences for treatment in advance of a mental health crisis.”

PREPARING FOR A FUTURE CRISIS

No one wants to worry about the possibility of a crisis, but sometimes it can't be avoided. In the meantime, the guidance in this section can help you prepare so you're ready if a mental health crisis ever occurs.

Draft a Psychiatric Advance Directive (PAD)

Consider talking with loved ones about creating a Psychiatric Advance Directive (PAD) before there is a crisis. PADs are legal documents that empower a person with a mental health condition to state their preferences for treatment in advance of a mental health crisis. PADs are designed to help ensure that medical and mental health care providers, hospitals, law enforcement, and caregivers provide care aligned with a person's preferences; these documents can help advocate for you during a crisis. For more information, see [Psychiatric Advance Directives](#).

Prepare Yourself With Information

- Learn about mental illness and warning signs on NAMI's [About Mental Illness page](#).
- Contact [988 Suicide & Crisis Lifeline](#) to ask about local crisis services and what to expect if you should need to contact them in a crisis.
- Add the phone numbers for local crisis services in your area and the 988 Suicide & Crisis Lifeline to your cell phone contacts.
- Learn about your local law enforcement agency's training procedures and protocols for addressing a mental health crisis. Ask if your agency provides its officers with Crisis Intervention Team (CIT) training.
- Consider sharing information about your loved one's needs and support system with local first responders before a crisis occurs.
- Find out about benefits and support systems for physical and mental health before a crisis.

Develop a Crisis Plan

A crisis plan is a written plan developed by the person with the mental illness in collaboration with their support team, typically family and close friends. It's designed to address symptoms and behaviors that may impact the outcomes of a crisis. Developing a plan is another way to feel more prepared when emergency situations occur.

Once a plan has been developed, it is best to share it with the involved family, friends, and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment, or providers. A sample [Portable Treatment Record](#) and [Crisis Plan](#) are available at the end of this Guide.

“
Talk to your loved one, especially when they’re doing well. They are the experts on their wellness.”

Every plan is individualized. Some common elements include:

- Person’s identifying information (e.g., name, address, date of birth)
- 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)
- Current diagnoses
- History of suicide attempts, drug use, or psychosis
- Treatment choices or preferences
- 988 Suicide & Crisis Lifeline contact information
- Addresses and contact information for nearby crisis centers or emergency rooms
- Contact information for health care 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 in faith communities, or work acquaintances
- Safety plans that include when to contact 988, 911, or other crisis services

Helpful tips to remember:

- Consider providing your local law enforcement with a copy of the crisis plan.
- Discuss with others in the household how to stay safe during a crisis.
- Remember that other family members (siblings, grandparents, aunts and uncles) are also affected, so keep lines of communication open by talking with each other.
- Post the phone number of local crisis services and 988 Suicide & Crisis Lifeline in the home.

Preceding a Crisis

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

Family members are often aware of significant changes first and can help:

- Learn to recognize early warning signs of relapse, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
- Talk to your loved one, especially when they’re doing well. They are the experts on their wellness. Ask them about changes or troubling signs. Let them tell you what helps to reduce symptoms and relieve stress.
- A visit to a psychiatrist, case manager, therapist, support group, or friend may help prevent a full-blown relapse. Medication adjustments may be necessary.

When a mental health crisis begins, the person affected is generally unaware of the impact of their behavior.

Auditory hallucinations or voices may be giving life-threatening suggestions or commands. People believe they are hearing, seeing, or feeling things that are real. Family and caregivers should not 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.

Respond to these changes; talk with your loved one and encourage them to visit their doctor or nurse practitioner. The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

If you feel 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.

- Create a safer environment by removing all weapons and sharp objects
- Lock up medications, both over the counter and prescription medications

If you are alone and feel unsafe, call a trusted friend, neighbor, or family member to stay with you until professional help arrives. Be thoughtful and mindful of how best to support your loved one.

- **Speak gently.** Avoid ultimatums or threats, which may be interpreted as a play for power and increase fear or potentially prompt your family member to act out.
- **Speak in a calm and even tone.** If your loved one doesn't appear to hear or be listening to you, it's not because they are hard of hearing. Other voices or sensory input may be interfering or taking their attention.
- **Be thoughtful in your communication.** Avoid laughing or joking about the person; it will not improve matters and may even make them worse.
- **Work as a team with other family members,** particularly in your loved one's presence. When everyone has calmed down, you can discuss the situation.
- **Give the person plenty of personal space.** If the person is sitting down, you sit down (or stand well away from them). If the person is standing, keep your distance.
- **Avoid direct, continuous eye contact or touching the person.** Such contact may seem overwhelming.
- **Do what your loved one wants, as long as it's reasonable and safe.** Complying with reasonable requests helps them regain some sense of control.
- **Keep some distance between you and the doorway or any other exit.** Give your loved one space and avoid creating the perception that they are trapped.

Sometimes, your loved one may become violent, particularly if they have been drinking alcohol or using a street drug. Substance use increases the risk of violence for anyone, not just those who have a mental illness.

Clues that a person may become violent include clenched fists, a prominent blood vessel in the neck or forehead, working of the jaw, a hard and set expression on the face, and angry staring or talking. Acknowledge your own uneasiness, tell your loved one how their behavior is making you feel. Sometimes such feedback can defuse the situation.

Implementing a Crisis Plan

If your family has a crisis plan or your loved one has a psychiatric advance directive, **now is the time to use it.** If you haven't already addressed concerns with your loved one or talked about the consequences of certain behaviors while calm, use your judgment and experience to decide if it is best to warn them or go ahead with the plan.

Get help! It is okay to ask for support. Having other people there, including law enforcement, may defuse the situation.

Crisis calls us to draw upon reserves of strength we didn't know we had. If another mental health crisis should occur, remember that crisis is a part of life that sometimes happens. The illness is no one's fault. The more the person with the mental health condition and the family can work together to identify and understand what contributes to a crisis and what strategies help, the more prepared you will be for a future crisis. A thoughtful, person-centered crisis plan is key to dealing with challenging experiences and moving through them in the best ways possible.

Normal and Expected Reactions to Crisis

It's normal to feel a range of emotions, such as:

- Confusion and difficulty thinking clearly during the chaos and uncertainty of a crisis
- Fear for the safety of the person, the family, and society
- Anger about the impact of the crisis on your loved one and family
- Frustration over the lack of access to services and treatment facilities
- Concern that you may be judged or criticized by family, friends, neighbors, and coworkers
- Numbness or exhaustion from being on-call 24 hours a day, 7 days a week
- Desire to escape the stress by leaving, relocating, or misusing substances
- Outrage over a lack of support or validation from mental health professionals you rely on for help
- Guilt or a sense of responsibility for not “fixing” the problem
- Loneliness or isolation, the sense that you are in this by yourself

CARING FOR YOURSELF AS A CAREGIVER

Feelings, reactions, and responses to mental health emergencies vary from family to family and person to person.

Signs of Caregiver Stress

It's common to overlook your needs when focused on someone else's survival. As a caregiver, you may be so preoccupied with your loved one's mental health crisis that you miss signs that stress is affecting your own health and well-being. Signs of caregiver stress include:

- Worrying all the time
- Feeling unusually sad
- Becoming easily annoyed or angry
- Losing interest in activities you used to enjoy
- Feeling tired often
- Sleeping too much or not enough
- Having frequent health problems
- Misusing alcohol or drugs
- Neglecting your own medical care

Meeting Your Needs as a Caregiver

To help manage caregiver stress:

- **Create simple, sustainable routines.** Set and stick to a sleep schedule. Eat a well-balanced, healthy diet. Drink plenty of water. Move more on most days.
- **Surround yourself with supporters.** Make time each week to see people who lift you up and lighten your load. [NAMI Family Support Groups](#) are a no-cost opportunity to learn coping strategies and connect with people who face similar challenges.
- **Ask for and accept help.** Recognize when you're stretched too thin; connect with relatives, friends, or neighbors who can help with errands and meals or provide a break from caregiving. Say no to draining activities, such as hosting holidays.
- **Learn about mental illness.** Knowledge is power; by learning more about the illness, you can better collaborate with your loved one to support their recovery. [NAMI Family to Family](#) is a free mental health educational program for family members supporting a loved one with mental illness.
- **Give yourself permission to feel what you feel.** Be a “both/and” thinker; recognize that feeling two emotions side-by-side is OK. “I feel sad about my loved one's situation, and I also resent the burden on me.”
- **Consider seeing your own therapist.** Therapy can provide a safe space for discussing difficult emotions and learning new coping skills.
- **Take care of your health.** Tell your health care professional that you're a caregiver; talk about your stressors or symptoms. Make and keep health appointments and get regular health screenings.
- **Learn about workplace benefits for caregiving.** Working outside the home while caregiving can present challenges. Meet with your manager or human resources representative to discuss the policies and resources that may be available, such as a flexible work schedule or resource referrals through an employee assistance program. Ask about options for unpaid leave; employees covered under the federal Family and Medical Leave Act may be able to take up to 12 weeks of unpaid leave a year to care for relatives.
- **Reinvent family life.** Spend time together as a family in whatever ways are most comfortable for you and your loved one living with mental illness. Adapt family traditions or create new rituals, such as a quiet meal at home or a simple walk at sunset. Moments of joy are still possible.

PORTABLE TREATMENT RECORD

An individual download of this resource can be found on nami.org.

Name: _____ Date of birth: _____

Strengths

- _____
- _____
- _____

Supportive people/relationships

- _____
- _____
- _____

Coping strategies

- _____
- _____
- _____

Hobbies and interests

- _____
- _____
- _____

Emergency contacts

Name _____ Phone: _____

Relationship _____

Name _____ Phone: _____

Relationship _____

Primary care physician

Name: _____ Phone: _____

Office address: _____

Psychiatrist

Name: _____ Phone: _____

Office address: _____

Other mental health professionals (therapist, case manager, psychologist, etc.)

Name: _____ Phone: _____

Office address: _____

Type of mental health professional: _____

Name: _____ Phone: _____

Office address: _____

Type of mental health professional: _____

Name: _____ Phone: _____

Office address: _____

Type of mental health professional: _____

Pharmacy

_____ Phone: _____

MEDICAL HISTORY

Allergies

Medication/ Food/Latex/Etc.	Reaction

Psychiatric medications that caused severe side effects

Medication	Side Effects	Approximate Date Discontinued

Major medical illnesses/injuries

Illness	Treatment	Current Status

Major medical procedures (ex: surgeries, MRI, CT scan)

Date	Procedure	Result

CURRENT MEDICAL INFORMATION

Diagnoses

Diagnosis	Diagnosed By	Date of Diagnosis

Psychiatric hospitalizations

Date of Admission	Reason for Hospitalization	Name of Facility	Date of Discharge

CURRENT MEDICAL INFORMATION

Current medication record

Date Prescribed	Physician	Medication	Dosage

Past medication record

Date Prescribed	Physician	Medication	Dosage	Date Discontinued

CRISIS PLAN

An individual download of this resource can be found on nami.org.

These are the crisis services that are available in my community

Crisis Resource 1 _____

Phone: _____ Cell phone: _____

Crisis Resource 2 _____

Phone: _____ Cell phone: _____

Crisis Resource 3 _____

Phone: _____ Cell phone: _____

Crisis Resource 4 _____

Phone: _____ Cell phone: _____

We will call crisis services or go to the hospital when emergency intervention is needed for the following symptoms or behaviors

1. _____

2. _____

3. _____

We will call 911 when law enforcement or urgent medical care is needed for the following dangerous behaviors or situations

1. _____

2. _____

3. _____

RELAPSE PLAN

An individual download of this resource can be found on nami.org.

The person with the mental health condition and the family should talk together and agree on the following parts of their plan.

Events or stressors that led to relapse in the past

- _____
- _____
- _____

Early warning signs of a relapse

- _____
- _____
- _____

Actions or coping strategies that help with early warning signs

- _____
- _____
- _____

People or resources that help and what we would like them to do

- _____
- _____
- _____

We will call crisis services or go to the hospital when emergency intervention is needed for the following symptoms or behaviors

- _____
- _____

We will call 911 when law enforcement or urgent medical care is needed for the following dangerous behaviors or situations

- _____
- _____

RESOURCES

Crisis Plan: A downloadable and fillable form allowing you to plan ahead for a potential crisis to occur. This document outlines your plans for crisis services to call in a crisis and which symptoms or behaviors to note. An individual download of this resource can be found on nami.org.

Get Involved in Advocacy: If you want to see a change in your state or local policies about mental health and crisis services, get involved! Use this resource to learn about advocating for mental health needs such as crisis services and the 988 Suicide & Crisis Lifeline.

Mental Health By the Numbers: NAMI annually updates statistics about mental health conditions, their prevalence, mental health care, the ripple effect of mental health conditions, and more.

NAMI HelpLine: The NAMI HelpLine is a free peer support service that is available nationwide. Help seekers can receive information, resource referrals, and support from experienced and well-trained staff and volunteers. Call 1-800-950-NAMI (6264), text “HelpLine” to 62640, or chat at nami.org/help from Monday through Friday from 10:00 a.m. – 10:00 p.m. ET.

NAMI Programs and Support Groups: NAMI offers a number of in-person and virtual programs through which we hope all participants can find hope knowing that they are not alone. NAMI Programs and Support Groups include education about mental health, support groups for family members and people with mental health conditions, and more.

NAMI Your Journey: The NAMI Your Journey section helps people living with mental health conditions and family members explore information based on where you are in your mental health journey. In this resource, find information you need when you need it.

Portable Treatment Record: A downloadable and fillable form where you can document information that encompasses coping strategies, key contact information, medical history, and a medication record. An individual download of this resource can be found on nami.org.

Relapse Plan: A downloadable and fillable form that outlines key stressors that led to past relapses, warning signs, coping strategies, and additional resources. An individual download of this resource can be found on nami.org.



The **NAMI HelpLine** is a free peer support service that is available nationwide. Help seekers can receive information, resource referrals, and support from experienced and well-trained staff and volunteers. **Call 1-800-950-NAMI (6264), text “NAMI” to 62640, or chat at nami.org/help,** Monday through Friday from 10:00 a.m. – 10:00 p.m. ET.

The [988 Suicide & Crisis Lifeline](https://www.988lifeline.org/) is available if you or someone you know is having thoughts of suicide or experiencing a mental health crisis. **Call or text 988** to connect with a trained crisis counselor 24 hours a day, 7 days a week, or you can chat online at chat.988lifeline.org.