



Mental Health Crisis Planning

Learn to recognize, manage, prevent
and plan for your loved one's mental
health crisis





INTRODUCTION

This booklet is intended to help friends and families of people living with a mental illness effectively recognize, manage, plan and prevent a mental health crisis. The booklet outlines what can cause a crisis, warning signs, strategies to help de-escalate a crisis, resources that may be available and the components of a crisis plan. Also included is information about advocating for a person in crisis along with a sample crisis plan.

A mental health crisis is as important to address as any health crisis. It is difficult to predict when a crisis will happen. While there are sometimes triggers and signs, a crisis can also occur without warning. It can occur even when a person has followed their treatment or crisis prevention plan and used techniques they learned from mental health professionals.

We all do the best we can with the information and resources we have. Some days we can handle more than other days; this is normal and to be expected, especially for those living with a mental illness. You or your loved one may need help when you have exhausted all your tools for coping with a crisis.

RECOGNIZE

What is a mental health crisis?

A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available.

Crisis teams use the definition, under Minnesota law which defines a mental health crisis as a "behavioral, emotional, or psychiatric situation which, but for the provision of crisis response services, would likely result in significantly reduced levels of functioning in primary activities of daily living, or in an emergency situation, or in the placement of the recipient in a more restrictive setting, including but not limited to, inpatient hospitalization."

What causes a mental health crisis?

Many things can lead to a mental health crisis. Increased stress, physical illness, problems at work or at school, changes in family situations, trauma/violence in the community or substance use may trigger an increase in behaviors or symptoms that lead to a crisis. These issues are difficult for everyone, but they can be especially hard for someone living with a mental illness.

Here are some examples of situations or stressors that can trigger a mental health crisis:

Home or environmental triggers

- Changes to family structure
- Changes in relationship with boyfriend, girlfriend, partner, spouse
- Loss of any kind: family member or friend due to death or relocation, pet
- Strained relationships with roommates, loved ones
- Changes in friendships
- Fights or arguments with loved ones or friends
- Trauma/violence
- Poverty

School/work triggers

- Worrying about upcoming projects or tasks
- Feeling singled out by co-workers/peers; feelings of loneliness
- Mounting pressures, anxiety about deadlines
- Lack of understanding from peers, co-workers, teachers or supervisors who may not understand that behaviors are symptoms of mental illnesses
- Real or perceived discrimination

Other triggers

- Stops taking medication or misses doses
- Starts new medication or new dosage of current medication; medication stops working
- Use or abuse of drugs or alcohol
- Pending court dates
- Being in crowds, large groups of people
- Community trauma/violence

What are the warning signs of a mental health crisis?

Sometimes family, friends or co-workers observe changes in a person's behavior that may indicate an impending crisis. Other times the crisis comes suddenly and without warning. You may be able to de-escalate or even prevent a crisis by identifying the early changes in a person's behavior, such as an unusual reaction to daily tasks or an increase in their stress level. It may be useful to keep a journal or calendar documenting what preceded the behaviors that are of concern.

Some warning signs of a mental health crisis include:

Inability to cope with daily tasks

- Doesn't bathe, brush teeth, comb/brush hair
- Refuses to eat or eats too much

Some warning signs of a mental health crisis continued:

- Sleeps all day, refuses to get out of bed
- Can't sleep or sleeps very short periods of time

Rapid mood swings

- Increased energy level
- Unable to stay still, pacing
- Suddenly depressed, withdrawn
- Suddenly happy/calm after period of depression

Increased agitation

- Makes verbal threats
- Violent, out-of-control behavior
- Destroys property
- Culturally inappropriate language

Displays abusive behavior

- Hurts others
- Cutting, burning or other self-injurious behavior
- Abuses alcohol or drugs

Loses touch with reality (psychosis)

- Unable to recognize family or friends
- Has increasingly strange ideas
- Is confused and disorganized
- Thinks they are someone they are not
- Does not understand what people are saying
- Hears voices
- Sees things that are not there

Isolation from school, work, family, friends

- Decreased interest in usual recreational activities
- Changes in friendships
- Stops going to school or work

Unexplained physical symptoms

- Facial expressions look different
- Increase in headaches, stomach aches
- Complains they don't feel well

MANAGE

What to do in a mental health crisis

When a mental health crisis occurs, friends and family often don't know what to do. The behaviors of a person experiencing a crisis can be unpredictable and can change dramatically without warning.

If you are worried that your loved one is in or nearing a crisis, seek help. Assess the situation before deciding who to call. Is the person in danger of hurting themselves, others or property? Do you need emergency assistance? Or do you have time to start with a phone call for guidance and support? **Most importantly – safety first! In a crisis situation, when in doubt, go out.**

De-escalation techniques

A person in the midst of a mental health crisis cannot always clearly communicate their thoughts, feelings or emotions. They may find it difficult to understand what others are saying. It is important to empathize with the person's feelings, stay calm and try to de-escalate the crisis. If these strategies do not work, seek outside resources or help.

De-escalation techniques that may help resolve a crisis:

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

If you haven't been able to defuse the crisis, you may need to seek additional help from mental health professionals who can assess a person to determine the level of crisis intervention required. Remain as calm as possible.

Not in immediate danger

If you do not believe your loved one is in immediate danger, call a psychiatrist, clinic nurse, therapist, case manager or physician who is familiar with the person's

history. This professional can help assess the situation and offer advice. The professional may be able to make an appointment or admit the person to the hospital. If you cannot reach someone and the situation is worsening, do not continue to wait for a return call. Take another action, such as calling your county mental health crisis team. **If safety is a concern, call 911. However, make sure to tell them this is a mental health concern.**

Mental health crisis phone lines and crisis response teams

In Minnesota, each county has a 24-hour mental health crisis phone line for both adults and children. Some 24-hour phone lines serve more than one county. These crisis lines are staffed by trained workers who assist callers with their mental health crisis, make referrals and contact emergency services if necessary. If the call is made after normal business hours, the crisis line will connect the caller to a mental health professional within 30 minutes.

In addition to 24-hour crisis phone lines, counties also have a mobile crisis response team. Mobile crisis teams are teams of two or more licensed mental health professionals or practitioners that can meet the person at the scene of the crisis or wherever the person will feel most comfortable. Response times for mobile teams may vary depending on your location and the location of the mobile team staff.

Crisis teams are meant to be accessible to anyone in the community at any time. They are available 24 hours a day, seven days a week and 365 days a year to meet face-to-face with a person in a mental health crisis, conduct a mental health crisis assessment and create a crisis treatment plan. A person does not have to have a mental health diagnosis to receive crisis services. Crisis teams will respond and address the situation regardless of whether or not the person has insurance. If the individual in crisis does have insurance, the crisis team will bill their insurance company for services they provide. Some crisis teams offer interpreter services for non-English speakers who require assistance, although those who need an interpreter may have to wait longer to receive crisis services depending on the interpreter's availability.

Crisis teams can help individuals living with a mental illness and their loved ones:

- Cope with immediate stressors
- Develop practical behavioral strategies to address the person's short term needs
- Assist in identifying what issues led to the crisis
- Suggest techniques to avoid a crisis in the future
- Conduct a diagnostic assessment
- Identify available resources and supports
- Develop and write a crisis plan
- Provide phone consultation and support
- Make a referral to a crisis center or hospital

- Consult with outside mental health professionals as needed
- Respond in non-urgent situations to help prevent a future crisis

The crisis team will ask questions to determine the best way to address the situation. They may ask you:

- Your name and the name of the person in crisis
- Your relationship to that person
- The address where the crisis is occurring
- A phone number to call in case you are disconnected
- The nature of the problem
- If safety is a concern
- If the person has harmed themselves or is threatening harm
- The possible cause of the crisis
- Mental health and hospitalization history
- Medical insurance information

The crisis team is required by law to maintain a file for anyone who receives mobile crisis intervention or crisis stabilization services. This file will include:

- The crisis treatment plan for the person receiving services
- Signed release forms
- The person's health information and current medications
- Emergency contacts
- Case records detailing the intervention
- Any clinical supervision that may be required
- Summary of any case reviews
- Any other information the person would like to have in the file.

When you call your mental health crisis team, they will triage the call to determine the level of crisis service needed. If the person experiencing a crisis is in immediate danger to themselves or others, the crisis team will refer the situation to 911, and law enforcement will respond. If the situation is non-urgent, the crisis team will assess the level of intervention required: information and referral, a phone consultation, an emergency room visit or an immediate site visit.

If the crisis team makes a site visit, they assess the situation to determine if the person is a danger to themselves or others. Crisis staff may decide that law enforcement needs to intervene, that the person should be seen at the nearest emergency room or that the person be directly admitted to a psychiatric unit at the nearest hospital. Some mobile crisis teams will transport people to emergency rooms; if they don't and transportation is needed, the crisis team may contact paramedics or law enforcement or request that you provide transportation.

Stabilization services

The crisis team may recommend crisis stabilization services. These services may be provided in the person's home, the home of a family member or friend, in the community or at a short-term licensed residential program. Services are available for up to 14 days after crisis intervention. Crisis beds are also available to individuals who are experiencing a mental health crisis or have been referred by a crisis team. These beds may be located in an adult foster care facility, Intensive Residential Treatment Services respite care, or crisis home and state law has specific requirements for staffing in these facilities.

Stabilization involves the development of a treatment plan that is driven by the diagnostic assessment and the person's need for services. It must be medically necessary and must identify the person's emotional and behavioral concerns, goals and objectives. The treatment plan will also identify who is responsible for the interventions and services, the frequency or service intensity needed and the desired outcomes. Treatment plans must be completed within 24 hours of beginning services and must be developed by a mental health professional or mental health practitioner under the supervision of a mental health professional.

At a minimum, a treatment plan will include:

- A list of problems identified in the assessment
- A list of the person's strengths and weaknesses
- Concrete and measurable short-term goals and a time-line for achieving these goals
- Specific objectives directed at achieving each goal
- Documentation of participants involved in the service planning
- What kind of services will be initiated and how frequently they will occur
- A crisis response action plan in case of a new crisis
- Clear notes on outcomes of the goals

Stabilization services may also include brief solution-focused strategies, referrals to long-term care agencies, rapid access to psychiatrists, coordinated crisis plans and a referral to the county's mental health services.

In immediate danger

If the situation is life-threatening or if serious property damage is occurring, **call 911** and ask for law enforcement assistance. When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency and your relationship to the person in crisis. Telling the law enforcement agency that it is a crisis involving someone with a mental illness increases the chance that they will send an officer trained to work with people with mental illnesses. Be sure to tell them – if you know for certain – whether the person has access to guns, knives or other weapons.

When providing information about a person in a mental health crisis, always be very specific about the behaviors you are observing. Instead of saying “my sister is behaving strangely,” for example, you might say, “My sister hasn’t slept in three days, she hasn’t eaten anything substantive in over five days and she believes that someone is talking to her through her television.” Report any active psychotic behavior, dramatic changes in behaviors (such as not leaving the house, not taking showers), threats to other people and increases in manic behaviors or agitation (pacing, irritability). Describe what is going on right now, not what happened a year ago. Finally, in a crisis situation, remember: ***when in doubt, go out***. Do not put yourself in harm’s way.

Law enforcement response

When the law enforcement officer arrives, provide them with as much relevant and concise information about the individual in crisis as you can, including the person’s:

- Diagnosis
- Medications
- Hospitalization history
- Previous history of violence or criminal charges

If the person has no history of violent acts, be sure to point this out. Lay out the facts efficiently and objectively, and let the officer decide the best course of action.

Remember that once 911 has been called and the officer arrives on the scene, you do not control the situation. Depending on the law enforcement officers involved, they may take the person to jail instead of to a hospital emergency room. Law enforcement officers have broad discretion in deciding whom to arrest, bring to the hospital emergency room and ignore. You can encourage the law enforcement officer to view the situation as a mental health crisis. Be clear about what you want to have happen without disrespecting the law enforcement officer’s authority. But remember, once 911 is called and law enforcement officers arrive on the scene, they determine if a possible crime has occurred and have the power to arrest someone that they suspect of committing a crime. (For more information about the criminal justice system and what to do in case of an arrest see the NAMI Minnesota booklet entitled “Advocating for People with Mental Illnesses in the Minnesota Criminal Justice System.”)

Law enforcement can (and often will) call the county mental health crisis teams for assistance with mental health crises. The crisis team may assist police in deciding what options are available and appropriate. Likewise, the crisis team may decide to respond with law enforcement.

Some counties and cities have Crisis Intervention Team (CIT) officers. CIT officers are specially trained to recognize and work with individuals who are

experiencing a mental health crisis. CIT officers have a better understanding that a person's behaviors are the result of a mental illness and know how to de-escalate the situation. They are trained to recognize that people with a mental illness are sometimes in need of a specialized response, and they are familiar with the community-based mental health resources they can use in a crisis. You can always ask for a CIT officer to respond when you call 911, however, there is no guarantee they will be available.

Emergency department

If the situation cannot be resolved on site or it is recommended by the crisis team or law enforcement officer, taking your loved one to the emergency department (ED) may be the best option.

It is important to know that bringing someone to the emergency department does not guarantee admission. Admission criteria vary and depend on medical necessity as determined by a doctor. Mental health crisis teams can assist with the triage process and refer your loved one to the hospital for assessment, which may make it easier to get them admitted.

When you arrive at the ED, be prepared to wait several hours. Bringing a book, music, electronic game or other distractions may help the person who is in crisis stay calm. Bring any relevant medical information, including the types and doses of any medications. If you have a crisis kit, bring it with you (see the section on crisis kits in this booklet to learn more).

If your loved one is not admitted to the hospital and the situation changes when you return home, don't be afraid to call the crisis team back. The crisis team will re-assess the situation and make recommendations or referrals based on the current situation. The person may meet the criteria for hospital admission later.

Emergency holds *(a term used under the civil commitment law)*

Sometimes when a person with a mental illness is no longer able to care for themselves or if they poses a threat to self or others and they won't agree to accept treatment, an emergency hold will be ordered to temporarily confine the person in a secure facility, such as a hospital. Emergency holds last for 72 hours, not including weekends and holidays. The purpose of a hold is to keep the person safe while awaiting a petition for commitment to be filed or while the pre-petition screening team reviews the matter. An emergency hold doesn't necessarily initiate the commitment process; it's simply a way to assess the individual to determine if commitment is necessary. In order to be committed the person must have recently: attempted or threatened to physically harm themselves or others; caused significant property damage; failed to obtain food, clothing, shelter, or medical care as the result of the illness; or be at risk of substantial harm or significant deterioration. (For more information about Minnesota's commitment law, see the NAMI Minnesota booklet entitled "Understanding the Minnesota Civil Commitment Process.")

PREVENT

Symptoms can appear seemingly out of the blue. It is possible for people living with mental illnesses to experience a crisis even when they are following their treatment plan. The best way to prevent this is to have a treatment plan that was developed with the person and that the person agrees to follow. Documenting changes in behaviors by keeping a journal or making notes on a calendar may help you recognize when a possible crisis is building.

Before a crisis occurs, ask:

- What situations have led to a crisis in the past?
- What stress reduction strategies have worked before?
- How can conflict be avoided?
- What steps can be taken to keep everyone safe and calm?
- Who can be called for support in a crisis?
- Have all available resources been utilized?

L.E.A.P.: A technique for engaging your loved one

Dr. Xavier Amador, in his book, *I Am Not Sick, I Don't Need Help*, outlines a communication skill (L.E.A.P.) that can be used to engage your loved one and help them to calm down. L.E.A.P. stands for Listen, Empathize, Agree, and form a Partnership. It is a family-friendly version of a type of therapy called Motivational Enhancement Therapy.

Listen:

- Listen and learn; drop your agenda
- Use questions, not statements
- State what you heard—all of it (“reflecting”)
- Let the person correct you
- Don't avoid scary topics or thoughts (even delusions)
- Know your “hot-button” fears
- Don't rush it
- Don't have an emotional reaction to what you hear
- Don't try to problem-solve
- Avoid going right to empathy

Give your opinion:

- ONLY if asked
- Delay 3 times before answering
- Follow the 3 “A's”:
 - Apologize
 - Acknowledge you could be wrong
 - Agree (to disagree)

How to delay your opinion:

- “I promise to answer your question. If it’s alright with you, I would like to first hear more about _____. Okay?”
- “I will tell you what I think. I would like to keep listening to you first because I am learning a lot. Can I tell you later what I think?”
- “I will tell you. I want you to know that I think your opinion is more important than mine and would like to learn more before I tell you what I think. Okay?”

Empathy:

- Express empathy for feelings
- This doesn’t mean you have to agree with beliefs
- Normalize: “I think I would feel that way too (if I had those beliefs).”
- Listening + Empathy = “What do you think?”

Common feelings and experiences to empathize with:

- Frustration
- Fear
- Discomfort
- Hopes and dreams (desires)

Agree:

- Stick to perceived problems and symptoms only.
- Review advantages and disadvantages of treatment or adherence from the person’s perspective.
- Agree to disagree when needed. It’s okay to set boundaries.
- You can try to correct misinformation gently.
- Reflect back and highlight the advantages. Use this as the basis for a plan.

Partner:

- Move forward with agreed-upon goals.
- Use phrases that support feelings of control and safety:
- “Would that be all right?”
- “Do I have that right?”
- “So, let me see if I got this straight. Are you are saying that...”
- “Would you mind if I...”
- “I can see why you’d feel that way.”
- “I am sure that is upsetting to hear and I know you don’t agree. It’s just how I feel. Can we agree to disagree on this one?”

Practicing these strategies before a crisis occurs will make them easier to use when needed.

PLAN

Create a Crisis Plan

People can still experience a crisis when they have utilized the best resources available. It is important to have a written plan in place in case of a crisis. A good plan will:

- Identify people willing to help
- List the phone numbers of the mental health providers and the **mental health crisis team**
- Include a list of current medications and their dosages
- List treatments that have been used in the past (CBT, DBT)
- Identify key words or calming techniques that have worked in the past
- Identify your loved one's preferred treatment facilities
- Include a copy of their advanced psychiatric directive (if available)

It is important to involve your loved one in the creation of the crisis plan. The plan should be distributed to family, friends and professionals with permission from your loved one. It should be updated whenever there is change in the person's diagnosis, medication, treatment or providers.

Other important steps include:

- Contact your local police department and provide them with a copy of the crisis plan,
- Create a safe environment by removing any and all weapons and sharp objects,
- Lock up all medications, both over-the-counter and prescription,
- Talk with others in the household about how to stay safe during a crisis and
- Post the phone number of the mental health crisis team around the house.

Crisis kit

A crisis kit should include the crisis plan, medical information, snacks, music, books, a change of clothes and basic hygiene supplies. This kit should be kept in an easily accessible place.

Reflect

Following a crisis, it is important to reflect back on what has happened to learn what you can do to potentially prevent or minimize future crises. Some important questions to ask include:

- What situations or triggers led to the crisis?
- What worked to reduce tension or avoid a conflict?
- What steps did we or could we have taken to keep everyone safe and calm?

Write down the results of this reflection and include it in future crisis plans.

The more you understand the underlying causes and triggers of a crisis and what strategies helped, the more prepared you will be in case of future crises.

If possible, have the person living with a mental illness provide cues to help you recognize when the crisis has passed. Some examples might be eating at least two meals a day, sleeping regular hours or taking care of personal hygiene needs.

Invite your loved one to develop a list of things you can do to help them feel more comfortable and recover as quickly as possible. Including your loved one in this process helps the family and other caregivers feel good about the support they offer. No one likes to think that someone else will have to take over responsibility for their care. A mental health crisis is a difficult situation—one that no one likes to face alone.

ADVOCACY

Advocating for a person living with a mental illness in the midst of a crisis can be extremely frustrating and difficult. It is not easy to navigate the system or obtain appropriate services for your loved one. You may need help learning how to advocate appropriately and effectively. Learning to be a strong advocate and developing these skills takes time.

Family Involvement Act

Data practices laws and the interpretation of them by providers makes advocating especially difficult. Providers are not permitted to give information to family members without the written consent of the patient. Individuals may choose not to give their family access to their full medical records.

To address this issue, NAMI Minnesota successfully advocated for a change in the data practices laws to allow caregivers access to basic mental health information that will help them to care and advocate for a person living with a mental illness. Under the Family Involvement Act, information can be provided with permission to anyone who lives with the person with a mental illness, cares for or helps obtain care for them or is *directly* involved with monitoring the person's well being. The information that can be provided in these circumstances includes:

- Diagnosis
- Admission to or discharge from treatment
- Medication information (including dosage, side effects, consequences of not taking medications, etc.)
- Summary of discharge plan

While this information is useful, you may still want to ask your loved one to sign a release giving you access to their complete medical records. (For more information about data practices laws, see the NAMI Minnesota booklet entitled, "Involving Families: Understanding the Data Practices Laws.")

Organization

Over the course of your loved one's illness, they will receive and need to keep track of a great deal of information. It is important to keep all this information together in one central place where it is easily accessible.

Things you need to keep:

- Current diagnostic assessment
- Copy of the current crisis plan
- Notes from phone calls and appointments
- Hospitalization history
- List of medications and dosages
- Copy of their advanced psychiatric directive
- Names and phone numbers of mental health professionals and mental health agencies working with your loved one

Stay calm

When meeting with professionals, remember that you attract more bees with honey than vinegar. Try to keep the conversation focused, objective and stay in the present. As hard as it can be, try not to get overly emotional. The more you can stay calm, the more control you can have in the situation and the easier it will be for you to stay involved in decisions about your loved one.

Get support

To be an effective advocate, you need to take care of yourself. Consider joining a support group. Support groups can help you deal with the stresses of advocating for your loved one. At a support group you meet with others who have similar experiences, and you gain knowledge and skills to help in future crises. You also get a chance to support others by sharing your experience.

Communicate effectively

Effective communication helps ensure that your loved one receives the appropriate treatment. Good communication is a two-way street. Be aware of how your words and actions influence how others perceive you.

You can increase the chance that you will be heard by providing information about your loved one that is current and in the here-and-now. Avoid the temptation to tell the whole story. When information is kept to what is needed now and based on facts, not feelings or emotions, you increase the chance of being heard. Remember to keep an open mind and listen to what the other person says.

CONCLUSION

Advocating and caring for someone experiencing a mental health crisis can be extremely stressful. Have a plan in place, know the best techniques to de-escalate the situation and know where to turn when you need help. Following the steps outlined in this booklet can help you support a loved one when they experience a crisis and ensure the safety of everyone involved.

If you have comments or suggestions for future printings of this publication, please contact the NAMI Minnesota office.

Sample Crisis Plan

Individual/Family Information:

Person's Name:	D.O.B.	Diagnosis(s)	Date of Plan:
Medications:	Dosage:	Physician Name / number	Pharmacy Name / Number
Support Contact Name:	Phone(s)	Support Contact Name:	Phone(s)

Description of immediate needs:

Safety Concerns:

Treatment Choices:

Interventions preferred:

Interventions that have been used:

Interventions that should be avoided:

Professional involvement:

Psychiatrist Name / Phone:	Therapist Name / Phone:	Work Contact / Phone:	Case Mgr Name / Phone:
Crisis Team Phone:	Doctor Name / Phone:	Hospital Name / Phone:	Other:

Supports to use in crisis resolution:

Name / Phone:	Name /Phone:	Name /Phone:	Name /Phone:
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Resources:

Advocacy Group:	Support Group:	MH Agency:	Other:
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For up-to-date information about county crisis services in your community, visit the NAMI Minnesota website at www.namihelps.org or contact your county.

Other resources on crisis planning

NAMI Minnesota
www.namihelps.org

Bazon Center for Mental Health law
www.bazon.org

Minnesota Department of Human Services
www.dhs.state.mn.us

National Alliance on Mental Illness
www.nami.org

National Institute of Mental Health
www.nimh.nih.gov/

Substance Abuse Mental Health
Services Administration
www.samhsa.gov/



National Alliance on Mental Illness

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