

Navigating a Mental Health Crisis: Strategies for Preparing and Responding

February 13th 2023



Mental Health Crisis

Goals for Discussion

- Discuss family questions and concerns regarding mental health crisis
- Provide strategies for responding to and coping with a crisis
- Review resources for support
- Address stigma related to mental health
- Discuss ideas about responses and support outside the family system

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How to Approach Difficult Situations at Home

- What types of difficult situations do you experience at home with your family member?
- How do you approach these difficult situations?

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What is a Mental Health Crisis?

- The person cannot resolve a situation with the skills and resources available.
- The person's behaviors put them at risk of harming themselves or others.
- Without crisis responding or intervention, the person is likely to have significantly reduced levels of functioning (*e.g. placed in a more restrictive setting like the hospital or jail*)

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Warning Signs or Relapsing Behaviors?

- What are your perceptions of risk or relapsing behaviors?
- How do you separate those from normal changes in mood and behavior?
- How do you assess safety in your home?

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Sign of a Crisis

- Inability to cope with daily tasks
 - Hygiene, eating, sleep difficulties
- Rapid mood swings
- Increased energy or pacing
- Disorganized or delusional speech
- Suicidal ideation or behavior
- Increased agitation
 - Verbal threats
 - Physical violence
 - Destroys property
 - Inappropriate language
- Abusive behavior
 - Hurts others
 - Self-injury
 - Drug/alcohol abuse

1 in 5 adults:
43.8 million or 18.5%
experience mental illness
in a given year

*(National Institute of
Mental Health – NIMH)*

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Sign of a Crisis

- May not recognize family/friends
- Has increasingly strange ideas, confused, may hear voices or have perceptual experiences
 - (e.g. ringing, buzzing, shapes, shadows, figures)
- Isolation from work, family, friends
- Less interested in usual activities
- Unexplained physical symptoms
- Facial expressions look different, headaches, stomach aches, complaints of not feeling well

Mental health crisis can look different for different people → Talk with your family member about what a crisis feels like or would be like for them.

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Potential Triggers of Symptoms

- Triggers
 - Major life changes
 - Daily stressors (*social, academic, occupational, financial*)
 - Trauma
 - Transitions to school or work
 - Alterations sleep schedule
 - Challenges with substance use
 - Grief
 - Loss of identity or abilities

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LEAP

Key takeaways from Dr. Amador books and talks

- **Listen, Empathize, Agree, Partner (LEAP)**
- **Reflective listening**
- **3 A's**
 - **Apologize for a difference in opinion**
 - **Acknowledge the existence of different perspective**
 - **Agree to disagree**

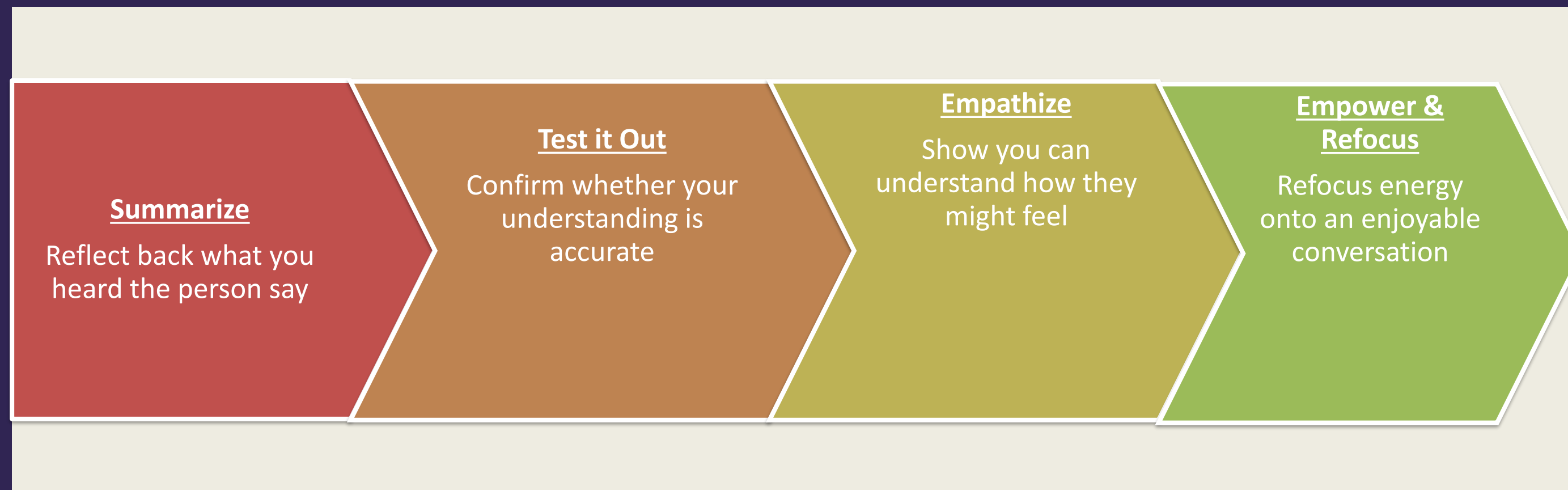
Paillot C., Goetz R., and Amador, X. (2009). Double Blind, Randomized, Controlled Study of a Psychotherapy [LEAP] Designed to Improve Motivation for Change, Insight into Schizophrenia and Adherence to Medication. *Schizophrenia Bulletin*, 35(1): 343.

Amador, X, I Am Not Sick, I Don't Need Help! How To Help Someone With Mental Illness Accept Treatment. New York: Vida Press; 2012.

<https://youtu.be/NXxytf6kfPM>

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STEER



Follow these first three steps as many times as necessary until the person is visibly more relaxed

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Responding and Coping

What are your ideas about how to cope with or respond to someone in a crisis?

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Guidelines for De-Escalation

- Ask how you can help
- Use clear language
- Present self as a calming influence
- Use non-threatening body language
 - No touching, shouting or sudden movements
- Focus on the “Here and Now”
- Provide validation/acceptance
- Use active listening skills
- Paraphrase concerns
- Focus on strengths
- Build hope – resolution is possible!
- Reduce distractions (ask others to leave, turn off TV, etc.)
- Do not personalize
- Avoid language that could suggested blame or judgement

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Guidelines for De-Escalation

Experiential Exercise

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Behaviors and Responses to Avoid

- Do not challenge grand or persecutory beliefs
- Do not argue or threaten
- Avoid intense questioning
- Avoid sarcasm or cues that may be misunderstood
- Announce actions beforehand
- Don't restrict the person's movement
- Try to be aware of what may worsen the person's fear and aggression

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Reaching Out for Outside Help: How to Decide

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

Suggestion: Create a list, document, digital note, or anything that helps you easily access your support contacts or emergency crisis plan. Think of this as an “Emergency Toolkit”.

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Reaching Out for Outside Help: Resources

- **NAMI**

- [Mental Health Guide](#)

- Pages 25 to 30 include templates for Portable treatment record, Medical history, Current medical information, Medication record, Crisis plan, and Relapse plan

- [Additional resources for Family & Caregivers](#)

- Support groups
 - NAMI Family-to-Family course, NAMI Connection group (virtual)

- **Crisis intervention services in your area**

- [Crisis Intervention by PA County](#)

- **Crisis Text Line - Text “HOME” to 741-741**
- **Philadelphia Crisis Line - (215) 685-6440 (24/7)**
- **DBHIDS 24-Hour Mental Health Delegate line - (215) 685-6440**
- **National Suicide Prevention Lifeline - 1-800-273-8255**

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Reaching Out for Outside Help: Resources

When Calling 911 for a Mental Health Emergency

Remember to:

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

They will ask:

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

Information you may need to communicate:

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

Tips for While You Wait for Help to Arrive

If you don't feel safe at any time, leave the location immediately.

If you feel safe staying with your loved one until help arrives:

- ✓ Announce all of your actions in advance
- ✓ Use short sentences
- ✓ Be comfortable with silence
- ✓ Allow your loved one to pace/move freely
- ✓ Offer options (for example "do you want the lights off?")
- ✓ Reduce stimulation from TV, bright lights, loud noises, etc.
- ✗ Don't disagree with the person's experience

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Resources for Increasing Awareness

- National Mental Health Association (NMHA)
- American Mental Health Fund (AMHF)
- National Institute of Mental Health (NIMH)
- National Alliance Mentally Ill (NAMI)
- Strategies for increasing accurate portrayals of mental health:
 - Mental health advocates produce portrayals (i.e. *research, articles, community outreach*)
 - Encourage mental health consumers to provide personal stories (i.e. peer support specialists)
 - Positive reinforcement! Reward/recognize/acknowledge accurate portrayals

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What else would be helpful for you?

- **Please share your thoughts and ideas about what would be helpful for you in a crisis**
- **Responses from those outside your family?**
 - Law enforcement
 - Providers
 - Other friends or family
 - Other ideas?

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Additional Ways to Help

- Do not leave the person alone
 - Take a break from de-escalation if needed but try to remain in contact in some way
- Mental health professionals always advocate seeking professional help for someone who has suicidal thoughts
- Try to involve the person in the decision making about what to do, who should be told, and how to seek professional help
- 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. You are saying...”
 - “Would you mind if I...”
 - “I can see why you’d feel that way.”

Q&A

Open discussion

