Navigating a Mental Health Crisis: Strategies for Preparing and Responding

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December 7th, 2020
Purpose

• 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
I. How to Approach Difficult Situations At Home

• What types of difficult situations do you experience at home with your family member?

**Responses:**
- Lack of motivation
- Lack of understanding
- Ranting for long-periods of time (doom and gloom, negative thinking)
- Lack of insight
- Experiences stress doing something new or unfamiliar
- Lack of emotional expression
- Change in routine
- Responding to delusions or hallucinations
- Anxiety
- Flip-flop on decisions or ambivalence
- Engaging in odd behaviors that could result in trouble (police, outside attention)

**Categories:**
- 1) Lack of engagement or withdrawn
- 2) Hesitation to engage in new activities
- 3) Idiosyncratic thinking or behavior
- 4) Symptoms (anxiety, hallucinations, delusions)
I. How to Approach Difficult Situations At Home

• How do you approach these difficult situations?
  Responses:
  • Not doing much – fear that trying to motivate would create relapse
  • Patience
  • Trying to keep a routine as best as possible
  • Pursue distraction techniques / shift gears
  • Taking time with family member to focus on them / listen
  • Make suggestions versus telling family member what to do
  • Structure activities that are outside and promote being involved in the community
  • Acknowledge the difficulties or challenges
  • Set boundaries or communication strategies ahead of time
  • Being out in nature, taking walks, yoga, etc.
  • Small successes – focus on the positive
  • Establish realistic expectations

Categories:
• 1) Structure activities or distraction techniques
• 2) Communication strategies and boundaries
• 3) Get out or change of environment
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)

(NAMI, 2014)
Warning Signs or Relapsing Behaviors

• **What are your perceptions of risk or relapsing behaviors?**
  
  **Responses:**
  • Lack of sleep or too much sleeping
  • Agitation (at night) or Irritability
  • Anger
  • Pacing or walking
  • Talking excessively
  • Expressing delusional thoughts
  • Decline in personal hygiene
  • Nightmares
  • Lack of concentration or decline in cognitive functioning
  • Extreme withdrawal / isolation
  • Anxiety and/or depression
  • Avoidance of daily activities
  • Not eating
  • Substance abuse (increased use)
  • Distrust or paranoia
  • Grandiosity
Warning Signs or Relapsing Behaviors

• **How do you separate those from normal changes in mood and behavior?**
  Responses:
  • Longer duration of symptoms
  • Degree of change
  • Routine changes and impacts functioning
  • Check in with medical professionals
  • Clinical information – best ways to disclose

• **How do you assess safety in your home?**
  Responses:
  • Medication is kept in a secure location
  • Setting limits and boundaries (e.g. what is watched on TV, looked at online)
  • Safeguard against negative online posting
  • Hiding knives or sharp objects
  • Establish power of attorney and living will
Signs 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)
Signs 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.*
Potential Causes & Triggers of Symptoms

• Genetics
  • Predisposition for mental health symptoms

• Biology
  • Hormones
  • Nutrition
  • Substance use

• Stressors
  • Major life changes
  • Daily stressors (social, academic, occupational, financial)
  • Trauma
Responding & Coping

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

Responses:
• Establishing a power of attorney or living will (approach by normalizing)
• Discuss suicidal ideation → separate hopelessness and active suicidal ideation
• Establish common language
• Collaborate with providers or crisis intervention services
• Knowing the options beforehand (e.g. emergency room, acute hospitalization, community emergency services)
• Peer support specialist
Guidelines for De-escalation

• Ask how you can help
• Use clear language
• Use “I” statements
• 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
Behaviors and Responses to Avoid

• Do not challenge delusional thinking
• Do not argue or threaten
• Avoid intense questioning
• Avoid sarcasm, laughing, or humor
• Announce actions beforehand
• Don’t restrict the person’s movement
• Try to be aware of what may worsen the person’s fear and aggression
LEAP

• **First:**
  • Assess for risk of suicide or harm...

• **Then:**
  • Listen
  • Empathize
  • Agree
  • Partner

(Amador, X – LEAP Institute - I Am Not Sick, I Don’t Need Help)
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.”

(NAMI, 2018)
II. Stigma & Misconceptions

- **What have you seen or heard that contributes to stigma or misconception in mental health (within the family, socially, in school or at work, in the media, etc.)?**
  
  **Responses:**
  - Schizophrenia correlated to violence
  - Family members do not know what to say or don’t understand
  - Public lacks knowledge
  - Fear of the unknown
  - Labeling individuals as their diagnosis

- **What are some suggestions you may have to decrease stigma, either interpersonally or more broadly?**
  
  **Responses:**
  - Talk more about mental health
  - Take the time to educate ourselves
  - Common language or Recovery oriented language
  - Community connections (e.g. Church, support groups)
Stigma

• Involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as a mental illness, health condition, or disability. Stigmas can also be related to other characteristics including gender, sexuality, race, religion, and culture.
  • Public or social stigma (*news, social media, society*)
  • Self-perceived stigma (*internalized*)

Stigma evolves through...

• **Stereotypes:** *beliefs about people based on their membership in a particular group*

• **Prejudices:** *negative attitudes and emotions towards certain groups*

• **Discrimination:** *unfair treatment of people because of the group to which they belong*

(Caddell & Grans, 2020)
(Corrigan & Watson, 2002)
Examples of Stigma & Psychosis

- **Stereotype**: People with psychosis cannot function
- **Prejudice**: All people that have psychosis are incapable
- **Discrimination**: A business refuses to hire someone with a history of psychosis based on this belief
Misconceptions & Psychosis

- Diagnosis (i.e., schizophrenic = “split personality”)

- Symptoms (i.e., people with psychosis can’t do normal things, people with psychosis are violent)

- Treatment options (i.e., there are no treatment options besides medication)

- Recovery (i.e., people cannot recover)
Stigma Preventing People from Reaching Out

• The stigma of mental illness has high costs for individuals with mental health challenges, their families, our communities, and globally.

• Contributing factors:
  • Concern with disclosure of psychiatric issues
  • Public misconception of risk/danger
  • Lack of understanding by family, friends, co-workers or others
  • Increased feelings of shame and self-doubt
  • Health insurance that doesn't adequately cover the mental health treatment
  • Poor quality of life, disability, and increased socioeconomic burden
  • Law enforcement responses

(Mayo Clinic, 2011)
III. Reaching Out for Outside Help: How to decide

• Determine...
  • 1) Is the person in danger of hurting themselves, others, or property?
  • 2) Do you need emergency assistance?
  • 3) 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”.

(NAMI, 2018)
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
### 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
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
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
  - Types of support?
  - Other ideas?

Responses:
- Reach out to family for additional support > another relative to intervene
- Better or increased training within law enforcement (e.g. CIT officers)
- Advocacy within our families, communities, and government
We wish you all a happy, healthy & safe holiday season!

For any additional questions or concerns please contact us at:
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