

NAVIGATING

a mental health

CRISIS

A NAMI resource guide for those experiencing
a mental health emergency

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About NAMI

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

What started as a small group of families gathered around a kitchen table in 1979 has grown into the nation's leading voice on mental health. Today, we are an association of thousands that includes state organizations, local affiliates and volunteers who raise awareness and provide advocacy, education and support in communities across the United States.

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www.nami.org

NAMI HelpLine: 800-950-NAMI (6264)

Text "NAMI" to 741741 to reach the Crisis Text Line



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You are not alone. NAMI is there for you and your family. For more information, visit www.nami.org or call/email the NAMI HelpLine at 800-950-NAMI (6264) or info@nami.org. Find a NAMI near you at www.nami.org/local and information about NAMI's education classes, presentation and support groups at www.nami.org/programs.

INTRODUCTION

NAMI developed this guide to support people experiencing mental health crises, their friends and families by providing important, sometimes lifesaving information. This 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. Also included is information about advocating for a person in crisis along with a sample crisis plan.

In this guide, we use the term “mental health condition” and “mental illness” interchangeably to refer to a variety of mental illnesses including, but not limited to, depressive disorders, bipolar disorder, post-traumatic stress disorder and anxiety disorders. NAMI views mental health conditions or mental illnesses as physical conditions, often requiring medical treatment just like other conditions such as diabetes or high blood pressure. Mental health conditions are physical illnesses that result when one of the many mechanisms of the brain is not adequately doing its job.

Learning that someone you love has a mental health condition can be frightening. People experiencing episodes of mental illness—and the people 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, the potential for a crisis is never far from mind. If you are reading this guide, it is likely that you or someone you love may be experiencing symptoms of a mental health condition.

Crisis episodes related to mental illness can feel overwhelming. There is the initial shock, followed by a flood of questions.

- ◆ Why him/her?
- ◆ Why me?
- ◆ What went wrong?
- ◆ Why is this happening now?
- ◆ What did we do?
- ◆ What didn't we do?
- ◆ What can we do?

Everyone can feel overwhelmed, confused, or experience anger, grief or guilt. It's important to remember that we all do the best that we can with the information and the resources we have available to us.

Like any other health crisis, it's important to address a mental health emergency quickly and effectively. With mental health conditions, crises

Prevalence of Mental Illness in the United States

- ◆ **1 in 5 adults—43.8 million or 18.5%**—experiences mental illness in a given year
- ◆ Among the **20.2 million adults** who experienced a substance use condition, **50.5% (10.2 million adults)** had a co-occurring mental illness
- ◆ **1 in 5 youth aged 13-18 (21.4%)** experiences a severe mental health condition at some point during their life; for children aged 8-15 that estimate is 13%
- ◆ **46% of homeless adults** staying in shelters have a mental illness and/or substance use disorder
- ◆ **20% of state prisoners** and **21% of local jail prisoners** have a recent history of a mental health condition
- ◆ **70% of youth in juvenile justice systems** have at least one mental health condition
- ◆ **60% of all adults** and almost **50% of all youth ages 8-15** with a mental illness received no mental health services in the previous year
- ◆ **African-Americans and Hispanic-Americans** used mental health services at about half the rate of Caucasian-Americans in the past year and Asian Americans at about 1/3 the rate
- ◆ **50% of adults with mental illness** report experiencing symptoms prior to the age of 14; **75%** prior to the age of 24

Source: National Institute of Mental Health www.nimh.nih.gov

can be difficult to predict because often there are no warning signs. Crises can occur even when treatment plans have been followed and mental health professionals are actively involved. Unfortunately, unpredictability is the nature of mental illness.

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

of the difficulties associated with mental illness.

Many NAMI affiliates work closely with local law enforcement agencies to ensure that officers receive training on how to respond effectively to people experiencing crises. NAMI believes mental health crises should be addressed efficiently and effectively. 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

Consequences of Lack of Treatment

- ◆ Mental illness costs America \$193.2 billion in lost earnings per year
- ◆ Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18–44.
- ◆ People with mental illness face an increased risk of having chronic medical conditions. Adults in the U.S. with mental illness die on average 25 years earlier than others, largely due to treatable medical conditions
- ◆ Over one-third (37%) of students with a mental health condition age 14–21 and older who are served by special education drop out—the highest dropout rate of any disability group
- ◆ Suicide is the 10th leading cause of death in the U.S., the 3rd leading cause of death for people aged 10–24 and the 2nd leading cause of death for people aged 15–24
- ◆ More than 90% of children who die by suicide have a mental health condition
- ◆ Each day an estimated 18–22 veterans die by suicide
- ◆ 2 million people with mental illness are booked into jails each year.
- ◆ Nearly 15% of men and 30% of women booked into jails have a serious mental health condition.
- ◆ Once in jail
 - At least 83% of jail inmates with a mental illness did not have access to needed treatment and as a result, their conditions get worse
 - They stay longer than their counterparts without mental illness
 - They're at risk of victimization
- ◆ After leaving jail
 - Many no longer have access to needed health care and benefits
 - A criminal record often makes it hard for people to get a job or housing
 - Many people, especially without access to mental health services and supports, wind up homeless, in emergency rooms and often re-arrested

Simply jailing people experiencing mental health crises creates huge burdens on law enforcement, corrections facilities and state and local budgets. It does not protect public safety and people who could be helped are being ignored.

Sources: National Institute of Mental Health, U.S. Department of Justice and Substance Abuse and Mental Health Services Administration

NAMI wants to help you navigate what can be an overwhelming time in your life by helping you understand what to expect.

UNDERSTANDING mental illness

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 that can make it difficult to cope with the ordinary demands of life. No one is to blame—not the person and not the family.

Currently, there are no blood tests or tissue samples that can definitively diagnose mental illnesses. Diagnoses are based on clinical observations of

behavior in the person and reports from those close to the person. Symptoms vary from one person to another, and each person responds differently, which complicates getting an accurate diagnosis. The most common mental illness diagnoses include depressive disorder, bipolar disorder, schizophrenia and anxiety disorders, but there are many others.

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

Social Withdrawal

- ✓ Sitting and doing nothing for long periods of time
- ✓ Losing friends, unusual self-centeredness and self-absorption
- ✓ Dropping out of previously enjoyed activities
- ✓ Declining academic, work or athletic performance

Irregular Expression of Feelings

- ✓ Hostility from one who is usually pleasant and friendly
- ✓ Indifference to situations, even highly important ones
- ✓ Inability to express joy
- ✓ Laughter at inappropriate times or for no apparent reason

Mood Disturbance

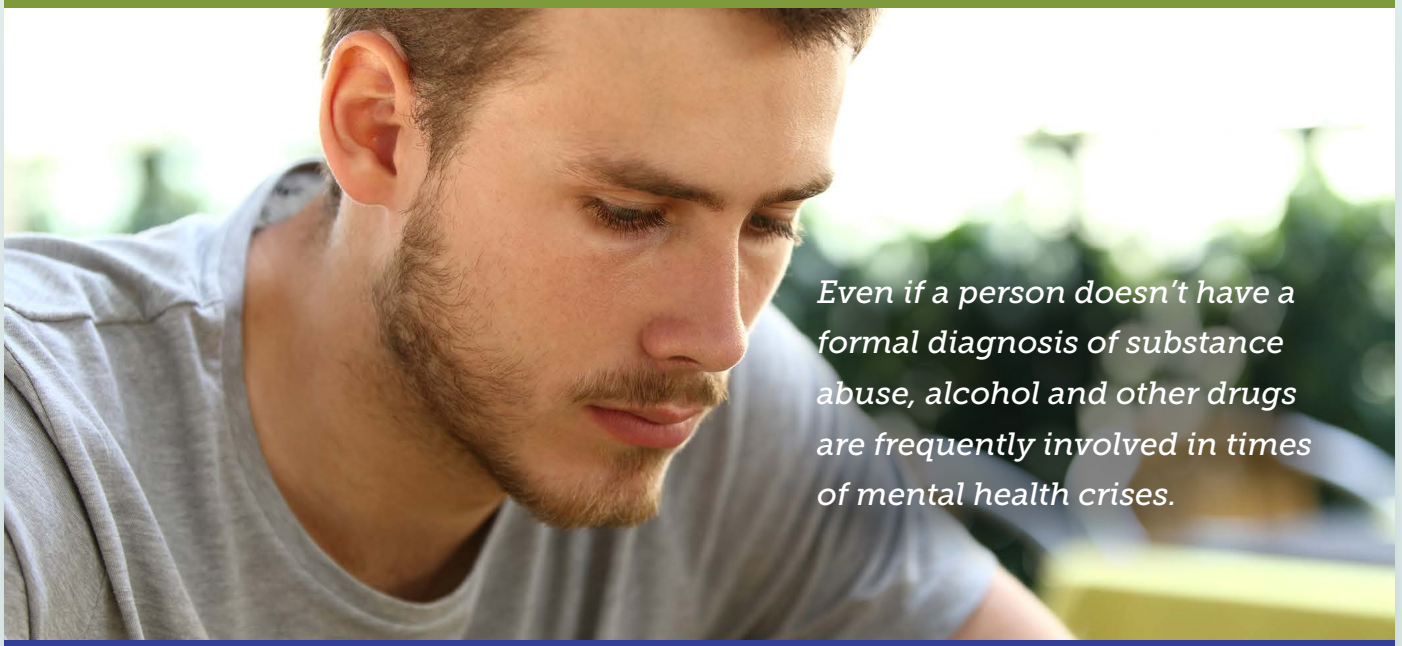
- ✓ Deep sadness unrelated to recent events or circumstances
- ✓ Depression lasting longer than two weeks
- ✓ Loss of interest in activities once enjoyed
- ✓ Expressions of hopelessness
- ✓ Excessive fatigue, or an inability to fall asleep
- ✓ Pessimism; perceiving the world as gray or lifeless
- ✓ Thinking or talking about suicide

Changes in Behavior

- ✓ Hyperactivity, inactivity, or alternating between the two
- ✓ Lack of personal hygiene
- ✓ Noticeable and rapid weight loss or gain
- ✓ Involvement in automobile accidents
- ✓ Drug and alcohol abuse
- ✓ Forgetfulness and loss of personal possessions
- ✓ Moving out of home to live on the street
- ✓ Not sleeping for several nights in a row
- ✓ Bizarre behavior, e.g. skipping, staring, strange posturing, grimacing
- ✓ Unusual sensitivity to noises, light, clothing

Thought Disturbances

- ✓ Inability to concentrate
- ✓ Inability to cope with minor problems
- ✓ Irrational statements
- ✓ Use of peculiar words or language structure
- ✓ Excessive fears or suspiciousness, paranoia



Even if a person doesn't have a formal diagnosis of substance abuse, alcohol and other drugs are frequently involved in times of mental health crises.

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

In fact, one of the most important parts of an initial psychiatric evaluation is a physical work up to rule out underlying physical illnesses. This is especially true when symptoms develop rapidly.

There is always reason for hope. New, more effective therapeutic interventions, support services and medications are being developed. Recovery education and peer support can help people cope with and even lessen symptoms so they don't impact daily functioning.

Co-occurring Conditions

Often mental illness is not the only thing going on in a person's life. Other conditions may also be present that further complicate the difficulties created by mental illness. 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/abuse is the most common. Even if a person doesn't have a formal diagnosis of substance abuse, alcohol and other drugs are frequently involved in times of mental health crises. In addition to complicating the symptoms of mental health conditions, alcohol and other drugs can also interfere with medications that may be used to treat the conditions.

In a crisis, it's important to let health care professionals know any information that you have about everything the person is taking including supplements, homeopathic remedies, over the counter medications, prescriptions, alcohol and street drugs to help determine what role that may play in the current crisis episode. All too frequently there can be interactions between substances, including those that are legitimately prescribed.

There is effective treatment available for co-occurring conditions. Once the crisis has resolved a health care provider can help make arrangements for a referral for appropriate services.

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 and/or prevents them from being able to care for themselves or function effectively in the community. Many things can lead to a mental health crisis. Some examples of situations that can lead or contribute to a crisis include:

Home or Environmental Stressors

- ◆ 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 Stressors

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

Other Stressors

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

Warning Signs of a Mental Health Crisis

It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- ◆ Inability to perform daily tasks like bathing, brushing teeth, brushing hair, changing clothes
- ◆ Rapid mood swings, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ◆ Increased agitation verbal threats, violent, out-of-control behavior, destroys property

- ◆ Abusive behavior to self and others, including substance use or self-harm (cutting)
- ◆ Isolation from school, work, family, friends
- ◆ Loses touch with reality (psychosis) - unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ◆ Paranoia

It's important to be aware of how long the changes in personality or daily functioning have been occurring and how much difficulty they're causing. This level of detail can be important for the health care professional to know.

When the Crisis Involves the Risk of Suicide

Risk of suicide is a major concern for people with mental health conditions and those who love them. Encouraging someone to get help is a first step towards safety.

People who attempt suicide typically feel overwhelming emotional pain, frustration, loneliness, hopelessness, powerlessness, worthlessness, shame, guilt, rage and/or self-hatred. The social isolation 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 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.

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

What To Do If You Suspect Someone is Thinking About Suicide

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

Open the conversation by sharing specific signs you’ve noticed, like:

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

Then 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, you need to seek help immediately.

- ✓ Call a therapist or 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 the National Suicide Prevention Line at 1-800-273-8255 or call 911

Listen, express concern, reassure. Focus on being understanding, caring and nonjudgmental, saying something like:

- ✓ “You are not alone. I’m here for you”
- ✓ “I may not be able to understand exactly how you feel, but I care about you and want to help”
- ✓ “I’m concerned about you and I want you to know there is help available to get you through this”
- ✓ “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
 - “You’re not thinking about suicide, are you?”
 - “You haven’t been throwing up to lose weight, have you?”
- ✗ Don’t try to handle the situation alone
- ✗ Don’t try to single-handedly resolve the situation

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, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.



WHAT TO DO in a mental health crisis

When a mental health crisis occurs, 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 can change dramatically without warning.

If you're worried that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

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

A person experiencing a mental health crisis can't always clearly communicate their thoughts, feelings, needs or emotions. They may also find it difficult to understand what others are saying. It's important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis. If the following suggestions don't help, seek outside assistance and resources.

Techniques that May Help De-escalate a Crisis:

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

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.

If you don't believe there is an immediate danger, call a psychiatrist, clinic nurse, therapist, case manager or family physician that is familiar with the person's history. This professional can help assess the situation and offer advice including obtaining an appointment or admitting the person to the hospital. If you can't reach someone and the situation is worsening, consider calling your county mental health crisis unit, crisis response team or other similar contacts.

If the situation is life-threatening or if serious property damage is occurring, don't hesitate to call 911 and ask for immediate assistance. When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis and whether there are weapons involved. Ask the 911 operator to send someone trained to work with people with mental illnesses such as a Crisis Intervention Training officer, CIT for short.

CIT officers are specially trained to recognize and de-escalate situations involving people who have a mental illness. They recognize 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 can always ask for a CIT officer when you call 911, although they are not available in all areas.

When providing information about a person in a mental health crisis, be very specific about the behaviors you are observing. Describe what's been going on lately and right now, not what happened a year ago. Be brief and to the point.

For example, instead of saying "My sister is behaving strangely," you might say, "My sister hasn't slept in three days, hasn't eaten anything in over five days and she believes that someone is talking to her through the television."

Report any active psychotic behavior, significant changes in behaviors (such as not leaving the

house, not taking showers), threats to other people and increases in manic behaviors or agitation, (such as pacing, irritability).

Once you call 911, there are two entities that may become involved—medical/first responders and law enforcement. You need to be prepared for both.

Medical Response/Emergency Department

If the situation can't be resolved on site or it's recommended by first responders or law enforcement, taking your loved one to the emergency department may be the best option. Be aware that if they are transported in a law enforcement vehicle, usual policy is to use handcuffs. This can be upsetting for everyone involved, but may be the only option you have at the time.

You may also be allowed to transport them in your vehicle, or they may be transported via ambulance. **Remember, once first responders arrive, you are not in control of these decisions.** The most important thing is to get to a medical facility for evaluation and treatment as soon as possible.

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 who is in crisis stay calm, like books, music, games, etc. Some hospitals have separate psychiatric emergency units. They're typically quieter and are staffed by mental health professionals and practitioners. Check to see if there is one in your area.

Make sure to bring any relevant medical information, including the names and doses of any medications and your crisis kit, if you have one. If you don't have a crisis kit, there is a Portable Treatment Record in this guide that can help you develop one. It includes a crisis plan and a relapse plan.

Law Enforcement Response

When the law enforcement officer arrives, provide them with as much relevant and concise information about the person as you can:

- ◆ Diagnosis
- ◆ Medications

- ◆ Hospitalization history
- ◆ Previous history of violence, suicide attempts or criminal charges

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

Remember that once 911 has been called and officers arrive on the scene, you don't control the situation. Depending on the officers involved, and your community, they may actually take the person to jail instead of an emergency room. Law enforcement officers have broad discretion in deciding when to issue a warning, make an arrest or refer for evaluation and treatment.

You can request and encourage the officers to view the situation as a mental health crisis. Be clear about what you want to have happen without disrespecting the officer's authority. But remember, once 911 is called and law enforcement officers arrive, they determine if a possible crime has occurred, and they have the power to arrest and take a person into custody. Law enforcement can, and often will, call mental health resources in your community. Nearby supports and services may assist in deciding what options are available and appropriate.

If you disagree with the officers don't argue or interfere. Once law enforcement has left, call a friend, mental health professional or advocate—like NAMI—for support and information. To find the NAMI affiliate in your area visit www.nami.org or call 1-800-950-NAMI (6264).

And if your loved one is not admitted to treatment and the situation worsens, don't be afraid to call for help again. The situation can be reassessed and your loved one may meet the criteria for hospital admission later, even though they initially did not.

Family Reactions

Feelings, reactions, and responses to mental health emergencies vary from family to family and person to person within each family. Family members may feel:

- ◆ Confusion and disorientation
- ◆ Isolation, distancing or denial
- ◆ Extreme fatigue
- ◆ Guilt based on based on the mistaken assumption that the “parents are to blame”
- ◆ Fear for the safety of the individual, the family, and society

- ◆ Anger that such an awful thing has happened to your loved one and family
- ◆ Frustration over the lack of access to services and treatment facilities
- ◆ Outrage at mental health professionals because parents, close relatives, and/or the patient wasn't listened to
- ◆ Concern that you may be judged or criticized by friends, relatives, and colleagues outside the immediate family circle
- ◆ Exhaustion from being on-call 24 hours a day, 7 days a week, 52 weeks a year
- ◆ Desire to escape the stress by leaving, or even abusing substances

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



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

WHAT TO EXPECT from mental health treatment

There are a variety of treatment options available for people with mental illness and the best combination of treatment and other services will be different for each person. Recommendations are made by health care professionals based on the type of illness, the severity of symptoms and the availability of services. Treatment decisions should be made by the individual in collaboration with the treatment team and their family when possible. In a crisis, the recommendation may be a hospital stay.

Voluntary admission is always preferable. The immediate outlook is brighter for the person who understands the necessity and benefit of hospitalization and is willing to participate in a treatment plan.

Private insurance may only cover a short hospitalization. Contact the insurance company to see how many hospital days are covered, both per year and per lifetime. Although federal law and the law of most states require parity insurance coverage (meaning psychiatric conditions are supposed to be covered in the same way other physical health conditions are), there are many exceptions to such coverage. Knowing what your insurance will cover before a crisis occurs can help things go smoothly if emergency care is needed. Be sure to check with your insurance company about what age coverage stops for your adult children.

Involuntary admission—commitment—may be recommended for someone who is experiencing extreme symptoms such as psychosis, being 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 have no choice.

Getting a court order for involuntary hospitalization of an adult with mental illness is complex and varies from state to state. It's designed to balance the need to provide treatment in the least restrictive environment, with 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. We are terrified that they

may get hurt, injure someone else, or even die. Balancing the urgent need for treatment with the person's basic civil rights can be controversial and difficult. Seeking involuntary hospitalization of a family member, without having it damage family relationships or the self-esteem of the person is challenging.

There are specific laws in each state defining the criteria for involuntary commitment to a psychiatric facility. This is a legal process that involves a judge and a hearing. 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 the mental illness symptoms
- ◆ Recent risk of harm to themselves or others

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

Inpatient psychiatric units are more like an Intensive Care Unit (ICU). They 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 can 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 help ensure the safety of the patient and others.

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

You can ask to be connected to the unit and 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 make time for therapy sessions and other treatment. Check with the hospital about these times and any age restrictions. Frequently children under 15 years old 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 let staff lock up your purse 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 their favorite food.

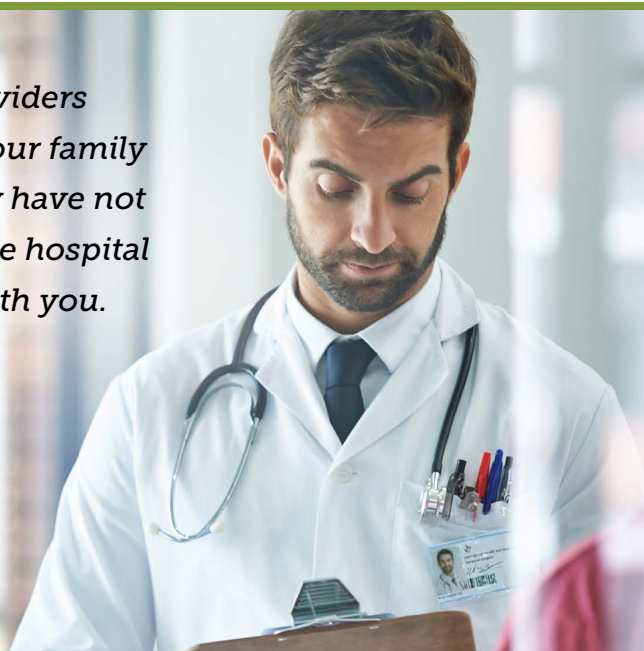
Confidentiality

If you are the parent or guardian of someone younger than 18, you generally have access to medical records and input into treatment decisions. It is always preferable for your adult family member to share information with you. However, there are exceptions under federal law (HIPAA - Health Insurance Portability and Accountability Act) that permit providers to release information to you without consent. To learn more about these exceptions, see the guide [HIPAA Privacy Rule and Sharing Information Related to Mental Health](https://www.hhs.gov/sites/default/files/hipaaprivacy-rule-and-sharing-info-related-to-mentalhealth.pdf). You can find the document at www.hhs.gov/sites/default/files/hipaaprivacy-rule-and-sharing-info-related-to-mentalhealth.pdf.

For best results, ask your loved one to sign an authorization for release of this medical information to you during the emergency evaluation or admission process. If they refuse, ask staff to continue asking them throughout treatment in hopes that they will change their mind as their condition improves.

If a release has been signed, family members should request to attend a treatment team meeting that usually involves a social worker, nurse and psychiatrist. Ask the team for the following:

You can give the providers information about your family member, even if they have not consented to have the hospital share information with you.



- ◆ 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 and if not, explain the reasoning
- ◆ Pamphlets and book recommendations that explain the illness(es) being treated
- ◆ How often you can meet with the treatment team to discuss progress
- ◆ Whom you can contact for information between meetings
- ◆ The aftercare plan once your family member has been discharged from the facility, and what to do if your loved one leaves against medical advice

At the treatment team meeting, you can describe what factors you think contributed to your loved one's crisis, any particular stressors and anything else you think might be helpful for effective treatment including challenges with adherence to treatment in the past. It's also helpful for you to suggest the most appropriate living situation after their discharge. Be honest and don't apologize if living with you isn't an option.

For more an overview of the Privacy Rule go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Types of Treatment

Treatment generally takes place in one of two types of setting: outpatient or inpatient. Outpatient 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.

Inpatient means that the person is admitted to a treatment environment that requires staying overnight. It may be a hospital, a residential treatment center, or a crisis unit of some sort, but the treatment is provided while the person is on site at the treatment facility 24 hours a day. The length of stay in an inpatient setting varies, and usually depends heavily on the severity of the crisis as well as health insurance coverage.

Research has shown the most effective treatment plan involves a combination of intervention types, regardless of whether treatment takes place in an inpatient psychiatric unit or in an outpatient setting. Examples of interventions or treatment options include:

Psychosocial treatments, including certain forms of psychotherapy (often called talk-therapy) and social and vocational training, are helpful in providing support, education, and guidance for people with mental illnesses and their families.

- ◆ **Individual psychotherapy** involves regularly scheduled sessions between the person and a mental health professional. Examples include cognitive behavior therapy (CBT), dialectical behavior therapy (DBT) and interpersonal therapy.
- ◆ **Psychoeducation** involves teaching people about their mental health condition and treatment options.
- ◆ **Self-help and peer support groups** for people and families led by and for 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.
- ◆ **Peer recovery education** is structured instruction taught by people who have lived experience and can take place in a single session or a series. NAMI Peer-to-Peer is an example of a peer recovery education program.
- ◆ **Peer-run services** are mental health programs where the staff uses information, skills and resources they have gained in their own personal 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 in which 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
- ◆ **Certified Peer Support Specialist** work alongside other health care professionals in traditional mental health programs to provide an extra level of support services to people with mental illness

Medications often help a person with mental illness to think more clearly, gain control and stabilize

emotions. Although any licensed physician can prescribe medication, psychiatrists and psychiatric nurse practitioners are the most knowledgeable about psychotropic medicines (those used to treat mental illnesses). Ask the prescribing health care professional

- ◆ What to expect from the medication
- ◆ What is the therapeutic range of dosage
- ◆ What side effects are common (and not so common)
- ◆ How long it takes for the medication to start working
- ◆ How to know if the medicine is working
- ◆ What to look for that shows it is working or not
- ◆ What to do or say if taking the medication or taking it regularly is a challenge

Keep a written record of all prescribed medications, the recommended dose and how well (or poorly) each works and is tolerated. A medication that works well for one person may be ineffective or intolerable for another. If the medicine isn't working, it's important for one of you to tell the doctor so that adjustments can be made.

Pharmacists are also an excellent source of information if you have questions. Read the package inserts that come with the medicine. It's important to discuss this information and any questions with the doctor who knows the patient and is prescribing the medication(s).

In addition to their intended therapeutic effects, psychotropic medications often have side effects which vary, both among individuals and in intensity and severity. It's important to monitor both intended and unexpected side effects of medicine(s) and report these to the doctor.

It can take weeks or even months for psychotropic medications to be effective, which can be frustrating. If side effects are experienced it's important to contact the clinician that prescribed the medication immediately and discuss options. Stopping a medication without talking with the health care professional first can lead to unwanted complications including a return of symptoms.

Types of Health Care Professionals Involved in Mental Health Treatment

There are different types of health care professionals who treat mental health conditions. A combination of these professionals works as a treatment team with the person and the family to provide the best care possible. Some of the more

common types of health care professionals include the following.

- ◆ **Psychiatrists** are medical doctors who specialize in psychiatry and are typically in charge of the patient's care plan.
- ◆ **Psychologists** administer diagnostic tests, conduct individual, family or group therapy sessions.
- ◆ **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 (RN)** assess the patient's progress and provide emotional support, encouragement and health education. The RN also, administers medications and monitors the overall health of the patient.
- ◆ **Therapists** conduct individual, group, or family therapy. The therapist can be a Psychologist (Ph.D.), Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), or Marriage and Family Therapist (MFT).
- ◆ **Social workers** identify social service and therapeutic needs, help connect the patient with community resources and make referrals for services. They work directly with the patient, their family and community providers to explain treatment options and plans and identify any ongoing needs for the patient.
- ◆ **Nursing assistant/psychiatric aide/mental health worker/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 help ensure that the unit is safe.
- ◆ **Case managers** assist with applying for resources such as Social Security benefits and Medicaid. They're aware of housing options in their area and know how to get housing vouchers or rental assistance. They know about community programs and groups, and about job training and possible work.
- ◆ **Patient advocates** assist families to resolve or address issues regarding quality, appropriateness and coordination of care for the patient.

- ◆ **Occupational therapist (OT)/recreational therapists** assess the patient's ability to function independently. Assessment areas include the patient's strengths, behaviors, social skills 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.

Complementary Health Approaches

Traditional medical and therapeutic methods have improved over the years, but they often don't completely get rid of symptoms. As a result, many people use complementary and alternative methods to help with recovery. These non-traditional treatments can be helpful but it's important to keep in mind that, unlike prescription medications, the U.S. Food and Drug Administration (FDA) does not review, regulate, monitor or approve most of them.

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, encompasses three areas of unconventional treatment:

- ◆ 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 <https://nccih.nih.gov>.

Remember, complementary health approaches may provide additional help but should not be considered as substitutes for traditional therapeutic treatment methods.

Creating an Effective Discharge Plan

The discharge plan includes ways you can help care for and support your loved one once they're released from a hospital or other 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 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
- ◆ Follow-up appointments (usually within seven business days of leaving the hospital). Make sure you know:
 - 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

Confirm that the medications prescribed at discharge are covered by any health insurance plan that is in place. Discuss benefit coverage and affordability with the doctor, nurse practitioner or whoever is prescribing the medications. Any changes in medications should be clear to you and your family. It's always best for both 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 treatment team about anything else that will be helpful.

Following a Crisis

A critical part of the discharge plan is an appointment with a mental health care professional, typically within seven days of being discharged. If there are other physical illness concerns, an appointment with an appropriate medical provider should also be scheduled. These appointments should be made before leaving the facility where crisis services were received.

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

- ◆ Name all medications
- ◆ Purpose of the medication
- ◆ 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 other medical conditions are being managed

There is a sample Portable Treatment Record at the end of this guide that provides a format for you to use to capture this information and track it going forward. Having a system in place can help 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 up to date.

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 can be a process that requires ongoing care, treatment and support.

ADVOCATING for treatment

Your loved one deserves effective and appropriate care for their mental health. However, it can be difficult to find appropriate services or even know where to start looking. Being an advocate, the person that supports and at times speaks for your loved one, is an important role to play. There are three types of advocacy related to mental health: personal advocacy, public advocacy and legislative advocacy.

Personal advocacy starts with educating yourself about available services and understanding client/patient rights. It also includes working through the challenges that may be part of accessing treatment services in your community and state.

Tips to help you in personal advocacy efforts and general communications with health care professionals are:

- ◆ Be organized
- ◆ Be objective
- ◆ Stay calm
- ◆ Be effective
- ◆ Get support

Effective communication helps ensure that you or your loved one receive appropriate treatment. Good communication involves verbal and nonverbal language and listening skills. It also involves using the language of the professionals. By communicating in a professional manner, you help ensure that there is 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. 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:** putting into your own words what the other person has said; do this by using fewer words and highlighting the facts
- ◆ **Reflective listening:** focusing on the feeling or emotion of what has been said; state back what you hear and see, while taking note of the nonverbal and verbal communication
- ◆ **Summarizing:** restate the important points the other person said; do this after a person has spoken for a long period of time
- ◆ **Questioning:** ask open-ended questions to clarify what has been said.
- ◆ **Using I-Statements:** begin sentences with I-statements; doing that clarifies that you're speaking from your point of view, conveys how you feel and are non-judgmental, you might say "I hear my loved one is...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

Public advocacy includes speaking to organizations, faith communities, clubs, school classes or other groups about your experience with mental health conditions. Every time you write a letter to the editor, speak to someone outside your work or social circle, forward a social media post, you are doing public advocacy. These actions help reduce stigma by normalizing the public's understanding of how mental illness affects people.

Legislative advocacy is what most of us think of when we hear the word 'advocacy.' It's actually easier than it sounds. Every time you call, write, meet with or testify in front of elected representative(s) you are doing legislative advocacy. Getting involved with your local NAMI organization is a way to be involved in public and legislative advocacy efforts and make your voice heard.

Programs such as NAMI In Our Own Voice, NAMI Ending the Silence and NAMI Smarts provide an opportunity to learn to tell your story effectively.



Public advocacy includes speaking to organizations, faith communities, clubs, school classes or other groups about your experience with mental health conditions.

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

Who to Contact with Concerns/ Grievances

If there are concerns about the care provided or other aspects of the treatment services, bring them first to the treatment facility's direct care staff. If that person is not available or the issue is not resolved, speak with the facility director, an administrator or nurse manager. If the problem is not resolved, you may want to contact the patient advocate for the organization.

For concerns that can't be resolved with the facility, contact your state's Disability Rights Services office. 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 public areas of the facility.

OTHER TYPES of crisis situations

Searching for a Missing Loved One

Once you determine your loved one is missing, contact law enforcement immediately. Provide them with all the information you can. If the person remains missing more than three days, ask the 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 nation wide. If you make it clear to police that this is a mental health issue, 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 2 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 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. In order for that to occur, medical guardianship or court order stating those actions must exist. You may ask law enforcement to let you know if when they locate your loved one, even if your loved one refuses to contact you.

Register with the National Missing and Unidentified Persons System (NamUs)

Upload information about your loved one on www.findthemissing.org. This resource will help you, law enforcement and other members of the justice community enter data about the person who is missing.

Check nearby hospitals, religious centers, homeless shelters and libraries

Although some of these places may say that they are unable to confirm if your loved one is there due to confidentiality rules, you need to know that

Facebook, Twitter, Instagram and other social media used by your loved one may provide clues to their location.



HIPAA in fact gives health care providers discretion to confirm that a loved one is there even though they may be unable to share specific information about the person's treatment.

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, 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

Your NAMI organization 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.

Handling the Arrest of a Family Member

Medication

If your family member requires medication, he or she should inform the jail staff. If the jail staff hasn't been informed, ask the jail's physician to contact your loved one's treatment team. You may need to contact your loved one's doctor yourself. Do this in writing and follow-up with a phone call. Your request should include:

- ◆ Your loved one's diagnosis
- ◆ The type of medication
- ◆ Contact information for the doctor
- ◆ Your contact information

Mistreatment

If your family member is being mistreated in jail, contact your state's protection and advocacy

agency, which is responsible for protecting the rights of individuals with disabilities. You may also contact your state's Department of Mental Health, Legal Aid or your state's affiliate of the American Civil Liberties Union (ACLU).

Going to Court

The arrest of a family member may mean they need to appear in court. Knowing what to expect can help you provide support for your loved one and hopefully lead to the best outcome.

Working with a Public Defender Attorney

Most people charged with crimes are assigned a public defender if they can't afford a private attorney. The public defender works for your family member, not you. You can ask your loved one to sign a release that allows the attorney to share information with you.

Here is what you should do:

- ◆ **Contact the public defender.** Attorneys are often in court all day, so call early in the morning or during lunch. Leave a message or call the office and ask for an email address or text number. If you can't reach them, 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. 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 pre-trial release programs.** If you don't know about any programs, contact your 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.

You may also hire a private defense attorney who has experience working with clients with mental health conditions.

Help Finding an Attorney

The NAMI HelpLine (1-800-950-NAMI (6264)) maintains a Legal Resource Service that provides you with information on legal services or refer you to an attorney from our legal directory. The directory includes attorneys who have volunteered with NAMI and are interested in working with cases relating to mental health issues. The Legal Resource Service can't provide direct legal advice, they can provide information that will help you support your loved one.

Preparing for a Court Appearance

If your loved one is released, they may still need to appear in court. If they do not want to appear in court, you can ask the attorney if there's a way that the hearing can continue without their presence. If they need to attend, here are some things you can do to make the experience easier

- ◆ Have a friend drive and drop you off at the courthouse door
- ◆ If you drive, arrive early to find parking
- ◆ Security may search bags and ask you to remove clothing like a belt or jacket; if your loved one will be upset by these procedures, ask if you can carry these items into the courthouse for them
- ◆ Bring medicine in case you are in court for several hours
- ◆ If allowed, bring snacks
- ◆ Dress nicely; this will make a good impression on the court and show that you are taking the hearing seriously

PREPARING for a crisis

No one wants to worry about the possibility of a crisis—but sometimes it can't be avoided. It's rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

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

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

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren't there. Don't underestimate the reality and vividness of hallucinations. Accept that your loved one has an altered state of reality and don't argue with them about their experience. In extreme situations, the person may act on these sensory distortions.

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

- ✓ Learn all you can about the illness your family member has.
- ✓ Remember that other family members (siblings, grandparents, aunts and uncles...) are also affected, so keep lines of communication open by talking with each other.
- ✗ Avoid guilt and assigning blame to others. It's not helpful or useful to do so. The illness is no one's fault.
- ✓ Find out about benefits and support systems when things are going well. Don't wait until there is a crisis. Support systems should encompass both physical and mental health.
- ✓ 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 family member, especially when they're doing well. They can usually identify such signs (and other more personal ones). 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. The person may also need an adjustment in medication.
- ✗ Don't threaten; this may be interpreted as a play for power and increase fear or prompt an assault.
- ✗ Don't shout or raise your voice. If your loved one doesn't appear to hear or be listening to you, it's not because he or she is hard of hearing. Other voices or sensory input is likely interfering or predominating.
- ✗ Don't criticize or make fun of the person. It can't make matters better and may make them worse.
- ✗ Don't argue with other family members, particularly in your loved one's presence. This is not the time to argue over best strategies, allocate blame or prove a point. You can discuss the situation when everyone has calmed down.
- ✗ Don't bait the person. He or she may just act on any threats made if you do. The consequences could be tragic.
- ✗ Don't stand over the person. If the person is sitting down, you sit down (or stand well away from him or her). If the person is standing, keep your distance.

- ✗ Avoid direct, continuous eye contact or touching the person. Such contact may seem threatening.
- ✓ 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.
- ✗ Don't block the doorway or any other exit. You don't want to give your loved one the feeling of being trapped.

Sometimes your loved one may become violent, particularly if he or she has been drinking alcohol or has taken 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 to 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 diffuse the situation.

If you and the rest of your family have made a limit setting plan, now is the time to use it. If you haven't already warned your loved one of the consequences of certain behaviors while he or she was calm, use your judgment and past experience to decide to warn him or her, or simply go ahead with the plan.

Give your loved one plenty of physical and emotional space. Never corner a person who is agitated. This is not the time to make verbal threats or sarcastic remarks. Don't try to lecture or reason with your loved one when he or she is agitated or losing control. Find an exit and leave if you are scared or they become violent.

Get help. Having other people there, including law enforcement, may defuse the situation. Developing a plan is another way to feel more prepared when emergency situations occur.

A crisis plan is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behaviors and help prepare for a crisis. Every plan is individualized, some common elements include:

- ◆ Person's general information
- ◆ Family information

- ◆ Behaviors present before the crisis occurs, strategies and treatments that have worked in the past, a list of what actions or people that are likely to make the situation worse, a list of what helps calm the person or reduces symptoms
- ◆ Current medication(s) and dosages
- ◆ Current diagnoses
- ◆ History of suicide attempts, drug use or psychosis
- ◆ Treatment choices/preferences
- ◆ Local crisis lines
- ◆ Addresses and contact information for nearby crisis centers or emergency rooms
- ◆ Mobile crisis unit information, if there is one in the area
- ◆ Contact information for 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 at faith communities or work acquaintances
- ◆ Safety plans

The crisis plan is a collaboration between the person with the mental health condition and the family. Once developed, the plan should be shared by the person with involved family, friends and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment or providers. A sample crisis plan is included in the Portable Treatment Record at the end of this guide.

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 helped, the more prepared you will be for a future crisis.

Helpful tips to remember:

- ◆ Create a safe environment by removing all weapons and sharp objects
- ◆ Lock up medications, both over-the-counter and prescription medications
- ◆ Discuss with others in the household about how to stay safe during a crisis
- ◆ Post the number of your county mental health crisis team
- ◆ Contact your local law enforcement and provide them with a copy of the crisis plan

Psychiatric Advance Directives (PAD) are legal documents that share a person's specific instructions or preferences regarding future

mental health treatment. PADs are used during a psychiatric emergency if the person loses their capacity to give or withhold informed consent to treatment. PADS can also include specific consent to communicate with family members, caregivers or friends during crisis situations. The National Resource Center on Psychiatric Advance Directives (NRC-PAD, www.nrc-pad.org) provides information for person with a mental health

condition, family members, clinicians and policy makers interested in PADs. State laws vary on PADs. Learn more by asking your health care provider or your attorney for information about your state. Once you, or your loved one, have developed the advance directives, share it with the health care professionals involved in the treatment plan as well as concerned family members.

NAMI resources

NAMI is the nation's largest grassroots mental health organization. NAMI provides advocacy, education, support and public awareness so that all people and families affected by mental illness can build better lives. There are NAMI organizations at the national, state and local level.



We educate.

Offered in thousands of communities across the United States through NAMI state organizations and affiliates, our education programs ensure hundreds of thousands of families, individuals, professionals, students and educators get the support and information they need.



We advocate.

NAMI shapes national public policy for people with mental illness and their families and provides volunteer leaders with the tools, resources and skills necessary to save mental health in all states.



We listen.

Our toll-free NAMI HelpLine (1-800-950-NAMI (6264)) responds to hundreds of thousands of requests each year, providing free referral, information and support.



We lead.

Public awareness events and activities, including Mental Illness Awareness Week and NAMIWalks, successfully fight stigma and encourage understanding.

To learn more about NAMI

- Visit www.nami.org
- Call the NAMI HelpLine: 800-950-NAMI (6264)
- Email the NAMI Helpline: info@nami.org Find a NAMI near you: www.nami.org/local Information about NAMI's education classes, presentation and support groups: www.nami.org/programs.

NAMI Classes

NAMI Basics is a 6-session course for taught by and for parents/caregivers of people younger than 22 years of age experiencing mental health challenges. The course is offered in Spanish as Bases y Fundamentos de NAMI in a limited number of states.

NAMI Family-to-Family is a 12-session course for taught by and for families, partners and friends of people with mental health conditions. The course is offered in Spanish as De Familia a Familia de NAMI in a limited number of states.

NAMI Homefront is a 6-session mental health course for taught by and for families, partners and friends of military Service Members and Veterans. NAMI Homefront is also available online, taught live in a virtual classroom.

NAMI Peer-to-Peer is an 8-session recovery course for taught by and for adults (18 years and older) with a mental health condition. The course is offered in Spanish as De Persona a Persona de NAMI in a limited number of states.

NAMI Provider is available as a 5-session course or a 4-hour introductory seminar for health care staff.

NAMI Presentations

NAMI Ending the Silence (ETS) is a 50-minute prevention and early intervention program that engages school-aged youth in a discussion about mental health. ETS also has presentations for school staff and parents.

NAMI In Our Own Voice is an interactive presentation that provides insight into what it's like to have a mental illness.

NAMI Support Groups

NAMI Connection is a recovery support group program facilitated by and for any adult (18 years and older) with a mental health condition.

NAMI Family Support Group is a support group facilitated by and for family members, caregivers and loved ones of individuals with mental illness.

Portable Treatment Record

Name:

Date of birth:

Emergency contacts

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Pharmacy:

Phone:

Location:

Primary care physician

Name:

Phone:

Office address:

Psychiatrist

Name:

Phone:

Office address:

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

Name:

Phone:

Type of mental health professional:

Office address:

Name:

Phone:

Type of mental health professional:

Office address:

Name:

Phone:

Medical History

Allergies to medications:

Medication	Reaction

Psychiatric medications that caused severe side effects:

Medication	Side effects	Approximate date discontinued

Major medical illnesses:

Illness	Treatment	Current status

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

Date	Procedure	Result

Current Medical Information

Diagnosis:

Date	Procedure	Who made the diagnosis

Psychiatric hospitalizations:

Date of admission	Reason for hospitalization	Name of facility	Date of discharge

Medication Record

[illegible]

Crisis Plan

Emergency resource 1:

Phone:

Cell phone

Emergency resource 2:

Phone:

Cell phone:

Physician:

Phone:

If we need help from professionals, we will follow these steps (include how the children and other vulnerable family members will be taken care of):

1.

2.

3.

4.

5.

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?

Relapse Plan

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

How do we know the symptoms are returning? List signs and symptoms of relapse:

1.

2.

3.

When the symptoms on line 1 appear, we will:

◆

◆

◆

When the symptoms on line 2 appear, we will:

◆

◆

◆

When the symptoms on line 3 appear, we will:

◆

◆

◆

When will we think about going to the hospital? What type of behavior would make us consider doing this?

When will we think about calling 911? What type of behavior would make us consider doing this?