

## **IN A CRISIS IF DANGER IS IMMINENT**

**If your instincts tell you a situation is dangerous, it probably is.  
CALL 911 immediately**

ASK who in the department is trained to deal with people who are having a mental health crisis. For example –

“I am calling about an emergency involving mental illness. Do you have someone assigned to handle mental health emergencies?”

MAKE IT CLEAR that you are calling about someone having an acute mental illness episode. For example –

“My daughter has bipolar disorder, she is not taking her medication and she is manic.”

DESCRIBE the behavior you are seeing that most closely matches the laws in your state that are used to hospitalize someone for emergency psychiatric care or to initiate civil commitment proceedings. For example, don't say, “My son is a danger to self,” say –

“My son says he is going to blow his brains out and I know he has a gun in his car trunk.”

“My daughter is setting wastebaskets all over the house on fire.”

EXPLAIN why you cannot handle the situation yourself. For example –

“I am frightened he will hurt me.”

“She is throwing things at the walls and I cannot get her into a car.”

**BE VERY CLEAR that you are seeking involuntary psychiatric hospitalization and not arrest.**

**Print a copy of this list to keep with your list of emergency contacts.**

Remember to take your CARE Kit if you follow emergency transport to the hospital or police station.



# **IN A CRISIS**

## **General Guidelines**

Your goal in a mental health emergency is to stabilize the situation and get the person to professional help as quickly as possible.

- Do not try to manage the situation alone – Sometimes just having another party present or on the phone with your loved one will defuse a situation.
- Start at the top of your Emergency Contacts list and work your way down – If it is an evening or weekend and you cannot reach providers or agencies, call the most appropriate hot-line.
- Speak to your loved one in a calm, quiet voice – If it seems he/she isn't listening or can't hear you, it is possible that auditory hallucinations ("voices") may be interfering. Don't shout; raising your voice won't help and may escalate tensions.
- Keep instructions and explanations simple and clear – Say, "We're going to the car now," not, "After we get in the car, we'll drive to your doctor's office so she can examine you."
- Respond to delusions by talking about the person's feelings, not about the delusions – Say, "This must be frightening," not "You shouldn't be frightened – nobody's going to hurt you."
- Don't stare – Direct eye contact may be perceived as confrontational or threatening.
- Don't touch unless absolutely necessary – Touch may be perceived as a threat and trigger a violent reaction.
- Don't stand over the person – If the person is seated, seat yourself to avoid being perceived as trying to control or intimidate.
- Don't give multiple choices or ask multi-part questions – Choices will increase confusion. Say, "Would you like me to call your psychiatrist?" not "Would you rather I called your psychiatrist or your therapist?"
- Don't threaten or criticize – Acute mental illness is a medical emergency. Suggesting that the person has chosen to be in this condition won't help and may escalate tension.
- Don't argue with others on the scene – Conduct all discussion of the situation with third parties quietly and out of the person's hearing.
- Don't whisper, joke or laugh – This may increase agitation and/or trigger paranoia.

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## **IN A CRISIS IF THERE IS A SUICIDE THREAT**

**It is a myth that people who threaten to kill themselves don't do it.**

- **ASSUME** that any suicide threat is serious and treat it as a danger to the person's life. A previous suicide attempt increases the likelihood that the person will act on the threat.
- **ASK** in a private, calm setting whether the person is thinking about suicide. Your questions can be indirect ("Do you ever think you should never have been born?") or direct ("Do you feel like you want to die?")
- **FOLLOW UP** if the answer to these general questions is *Yes* and ask about specific suicide plans. When does the person plan to commit suicide? How? Has the person already acquired the means, e.g., pills, gun, etc.
- **DETERMINE** the imminence of the danger based on the answers to these questions. A college freshman who describes a suicide plan for graduation day in four years is probably not in imminent danger. A college senior who is graduating the next day is. Act accordingly.
- **CONTACT** the person's mental health or medical providers and repeat exactly what the person has told you.
- **HIDE** all vehicle keys and any means that could be used for self-harm, e.g., medications (including over-the-counter drugs), knives including kitchen knives, guns, ropes.
- **KEEP** the person sober. Suicide completers have high rates of positive blood alcohol. Intoxicated people are more likely to attempt suicide using more lethal methods. Be aware that the combination of alcohol and Tylenol can be lethal. Be sure there is no Tylenol available if the person is drinking.
- **DO YOUR BEST** to persuade the person to get help voluntarily. Dial the hotline number, drive to the clinic, take a taxi to the ER. Do whatever is necessary to make getting help easy.

**Call 911 if the suicide attempt appears imminent.  
Print a copy of this list to keep with emergency planning documents.**



## **IN A CRISIS**

### **IF THERE IS A THREAT OF ASSAULT**

- **DON'T** underestimate the risk – People who are acutely psychotic, especially if also delusional and abusing alcohol or street drugs, are not predictable and are capable of extreme violence.
- **DISCUSS** the situation with the case manager, social worker and/or psychiatrist if such a professional is already involved – Make sure they are aware of the person's threatening or assaultive behavior. If possible, put your concerns in writing to them and cc (copy) the message to others in a position of responsibility. Written notification is much more difficult to ignore.
- **SAFE-PROOF** your home. Have a room to which you can retreat and be safe if needed. It should have a secure lock and a telephone. Do not allow firearms in the house.
- **CLEARLY SPELL OUT** the consequences for the person if he/she becomes assaultive (e.g., may no longer live at home) – Be prepared to carry out these consequences.
- **MINIMIZE** alcohol or street drug use in whatever ways are possible – Substance abuse is often a trigger for assaultive behavior.
- **IF** threatened by someone with manic-depressive illness (bipolar disorder) – Remain calm, keep conversation to a minimum and exit the situation.
- **IF** threatened by someone with schizophrenia – Remain calm, remain physically distant (give the person lots of space), avoid direct eye contact, sympathize and try to find something on which you both agree.
- **DO NOT ALLOW** yourself to become trapped – Always remain physically between the person and the open door.
- **DO NOT HESITATE** to call the police if you are threatened or alarmed.

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