

## **Develop an emergency contacts list.**

List telephone numbers, email addresses and any other information for reaching all the following that are applicable:

- Your standby support person(s)
- Mobile crisis team
- Psychiatric case manager
- Assertive Community Treatment (ACT) or PACT team
- Local mental health center or department
- Telephone hotline numbers for different crises: mental illness, suicide, domestic violence
- Local hospital/local emergency room
- 24/7 non-911 police/paramedic numbers
- Crisis Intervention Team (CIT), if local law enforcement has one
- Local advocates who can advise or support you
- Sympathetic public official with whom you've established a relationship
- Homeless shelter(s)
- Friends of your family member
- Employers or others who will need to be notified immediately if your loved one is hospitalized
- Private attorney/Legal Aid Services/public defender familiar with mental health law

-Make multiple copies of the list or store it in your portable electronic device.

-Provide copies to your standby support person and anyone who might be called upon to act in your absence.

-Never leave home without your list.

-Keep a copy at home, at work, in your car, in the briefcase you carry on trips – anywhere you might be when a crisis arises. Revisit and revise it regularly to make sure numbers and names are not out of date.

-Get a signed release of information form. If possible, have your loved one sign an authorization/release of information form so that health care providers can talk with you in a crisis. Your local hospital, mental health department, medical provider or similar should be able to supply you with the form.

-File a copy with any local facility where your loved one might be treated in a crisis and keep the original in your CARE Kit

## **Build a CARE Kit**

In addition to a “short list” of essential telephone numbers, a portable CARE (Critical Advocacy Resources for Emergencies) Kit will equip you for meeting with the variety of professionals you may encounter in a crisis.

We suggest keeping your CARE Kit in a three-ring binder, file box or other easy-to-carry system and using letter-sized, one-sided paper or another format that can easily be faxed or e-mailed to police and mental health agencies.

Keep your CARE kit where you can find it immediately and transport it easily in an emergency. **Among the items it should contain?**

## CARE Kit

- Psychiatric and medical history
- A brief, easy-to-read summary of vital statistics, psychiatric history and medication records to help medical providers make informed choices during a crisis. Limit this page to key facts. Leave space to add a description of clothing last worn in case that information is needed.
- Full name and date of birth
- Full address
- Psychiatric diagnosis(e.g., schizophrenia, schizoaffective disorder, bipolar disorder)
- Age at diagnosis
- Any other pertinent medical conditions (e.g., diabetes, allergies)
- Current symptoms
- Current condition (e.g., suicidal, homeless, missing, vulnerable, violent, abusing substances, other)
- Psychiatrist's name and number
- Local service provider's name and provider (e.g., mental health clinic, therapist)
- Current medication name(s)
- Dates of previous hospitalizations and locations
- Past medication(s) that have helped
- Past medication(s) that have not helped
- Past history of symptomatic behaviors (e.g., running up huge debt, getting into car accidents, threatening family members, failing to care for basic needs)
- Dates of previous arrests or incarceration and charge(s)
- Current photograph
- Key physical characteristics: height, age, weight, hair color
- Full name, contact numbers and address for person to be contacted in an emergency
- Leave space to add a description of clothing last worn in case that information is needed.
- Handouts, forms and other informational materials.  
Examples might include:
  - State standards for emergency psychiatric evaluation
  - State standards for civil commitment
- Petition forms for civil commitment – multiple blank copies. Complete any general information ahead of time.
- Handouts, brochures, or other materials supplied to you by hospitals, law enforcement, mental health agencies, or others
- Authorization for release of information already signed by your loved one, if applicable
- Advance directive, if applicable. Advance directives are legal documents that allow individuals with mental illness to dictate aspects of their care in the event they become incapacitated by illness. The specific details of these legal documents vary widely from state to state but may include such information as who is authorized to make medical decisions if the individual is incapacitated. Most advance directives are immediately revocable, which is a significant limitation on the effectiveness of these instruments as that can allow individuals to nullify their previous treatment decisions even when suffering from impaired judgment.

## **Identify resources**

- ❑ Locate the NAMI chapter nearest you. NAMI (National Alliance on Mental Illness) is a family support and advocacy organization for people with psychiatric disorders and their families. Local chapters hold regular meetings. Local and state leaders are usually knowledgeable and willing to advise on the treatment options and procedures. Find your chapter online or via the national hotline at 1-800-950-NAMI (6264).
- ❑ Network with other families you can identify who have loved ones with mental illness. Ask them what strategies worked – or didn't – in getting intervention for their loved ones in your community. Ask for the names of caring and effective service providers they know and other resources they have used with success. Your experience may be different, but it's good to know what others' have been.
- ❑ Identify the local facility or emergency room that performs emergency psychiatric evaluations. Call or visit and find out what procedures are followed when someone in a mental illness crisis presents there. Request copies of any relevant handouts they have outlining procedures.
- ❑ Identify any resources in your community for averting crisis or preventing one from escalating. One example is a hospital "safe room" where families or law enforcement may take someone who is becoming symptomatic, but not yet ill enough to be committed, and get temporary supervision or medication. A mobile crisis team is another.

## **Know the Options**

Severe mental illnesses including bipolar disorder, schizoaffective disorder and schizophrenia are treatable brain conditions that often improve with treatment.

However, identifying treatment options available to you or a loved one can be challenging. Options vary significantly between states and communities. Similar services go by different names in different locations, complicating Internet searches. Diagnosis and psychiatric history, residency, insurance coverage, personal income and assets, hospital policies, civil commitment laws, and many other variables come into play. In many cases, services may not be well-advertised. Considerable legwork almost certainly will be required.

Be relentless. Knock on doors, ring telephones, ask questions, Google terms until you get the information you need. Equip yourself for questions by developing a CARE Kit and/or obtaining a copy of relevant medical records. Persistence pays off. If one door is shut, try another.

## **Use these resources to get started:**

- ❑ Professionals currently managing the person's care. This includes

psychiatrists and other physicians, mental health professionals, or any mental health professional already involved. Because each specialist will be most familiar with his/her own specialty, view these providers as a first stop, not a final one.

- ❑ Local or state NAMI officials and members. Local NAMI (National Alliance on Mental Illness) affiliates include family members and consumers who may already be familiar with treatment options where you live and who are likely to be eager to help you. Click here to find your nearest affiliate. If there is no chapter near you, the central office in your state may be able to help.
- ❑ Government agencies. The Department of Mental Health, police or sheriff's department, county clerk in the courthouse where civil commitment proceedings are held, and any other official, organization or department that is officially involved with people who have severe mental illness will be familiar with at least some of the local treatment options.
- ❑ Our website. Civil commitment is a process used in every state to provide treatment to people in a mental illness crisis. For a general overview of this process, click on Know the Laws in Your State. Click on "State Standards for Assisted Treatment" to learn about laws in your own state. Use the state map on this page to learn more about mental health in your state.
- ❑ Visits and interviews. If the treatment option you are considering involves an inpatient or outpatient facility, whether public or private, schedule a tour of the property and an interview with whomever supervises patient care.

### **Investigate eligibility requirements:**

- ❑ Ask for written policies governing eligibility. Some agencies and facilities will have eligibility standards that must be met before services are provided. Find out what those standards are. Ask if they provide need-based assistance with payment, if applicable. Request applications.
- ❑ Always assume eligibility and apply for services unless rejection is absolutely beyond doubt, e.g., income is above an income ceiling.
- ❑ Never take the first "No" for an answer. Whether rejection comes from a public or private provider or insurance company, ask how you can appeal a rejection. Follow the procedures exactly. Providers can only say "No" again. And they may say "Yes."
- ❑ Contact a lawyer, your local Legal Aid Society, a disability rights organization, or another advocate if you continue to get rejections.

Sometimes professionals can break through barriers you can't.

As a family member or close friend, you are the one most likely to recognize when someone you love is approaching or in a crisis. Acting swiftly and effectively when you see warning signs of a developing emergency can produce better results than allowing the situation to deteriorate before acting.

## **IF THERE IS A SUICIDE THREAT:**

**CALL 911 if the suicide attempt appears 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 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 fire to wastebaskets all over the house.”
- ❑ 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 our imminent danger guidelines with your list of essential telephone numbers. Remember to take your CARE Kit if you follow emergency transport to the hospital or police station.
- ❑ IF THERE IS A SUICIDE THREAT: Remember: 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 the person in a calm, quiet setting whether he/she 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 hot-line 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.
- ❑ Click here for a list of suicide hot-lines.

## **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 person's case manager, social worker and/or psychiatrist. Make sure they are aware of the person's threatening or assaultive behavior. If possible, put your concerns in writing to them and cc 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, stay calm, remain physically distant (give the person lots of space), avoid direct eye contact, sympathize, 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.
- ❑ Print a copy of our assaultive crisis guidelines with your list of essential telephone numbers.
- ❑ IN ANY CRISIS: Your goal in an 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 quietly and out of the person's hearing.

- ❑ Don't whisper, joke or laugh – This may increase agitation and/or trigger paranoia.
- ❑ Print a copy of our general crisis guidelines with your list of essential telephone numbers.

## **Get Help** **Know the Laws in Your State**

In a mental health crisis, your first priority will be to protect your loved one and others from dangerous or inappropriate behaviors that result from untreated or uncontrolled mental illness. Because your family member may not even realize or acknowledge being ill, ***recruiting public health or other officials to intervene is frequently necessary.***

To effectively advocate for intervention, it is essential to know the standards for intervention in your state or the state where the family member lives.

Several forms of psychiatric intervention exist to address mental health crises. Emergency inpatient psychiatric hold or evaluation. Labeled differently in different states, this is a relatively short (e.g., 72 hours) intervention of fixed duration during which the patient receives inpatient care.

### **It is essential to know:**

- 1) How an emergency hold is initiated in your state**
- 2) Who can initiate an emergency hold**
- 3) How an emergency hold can be extended if your loved one is still acutely ill when the short-term hold ends.**

Sources for this information include local law enforcement, Health & Welfare officials, Department of Mental Health, and/or the local hospital or other facility where emergency responders take individuals in a mental health crisis.

Civil commitment – inpatient. Also labeled differently in different states, civil commitment is a process in which a judge decides whether a person with symptoms of mental illness should be required to go to a psychiatric hospital or accept other mental health treatment for treatment beyond the emergency hold period. Civil commitment exists in all states, but the standards that must be met for it to occur vary from state to state. It is essential to know the standards for civil commitment in your own state.

Civil commitment – outpatient. Assisted outpatient treatment (AOT), which also goes by different names in different states (such as outpatient commitment or mandated outpatient treatment), is a process in which a judge orders a person with mental illness to accept mental health treatment while remaining in the community. AOT is available in 44 states, but the standards for ordering it vary from state to state. It is essential to know the standards for court-ordered outpatient treatment in your own state.

## **Learn about mental illness**

- ❑ READ ABOUT mental illness and its treatment in books or online and/or watch educational videos like the PBS special "Minds on the Edge."

- ❑ ATTEND public lectures or classes about mental illness offered in your community.
- ❑ Your public library, community college and local NAMI (National Alliance on Mental Illness) affiliate are typical sponsors.
- ❑ ENROLL in NAMI's 12-week "Family-to-Family" course for families of people with severe mental illness. The course is free, and the information is practical and useful.
- ❑ ASK TO MEET with your loved one's mental health provider(s) to get specific information about triggers and effective interventions in your own loved one.
- ❑ READ "Hope for Overwhelmed Family Caregivers " on our website. This special issue of the Treatment Advocacy Center's newsletter Catalyst is devoted entirely to family-member strategies.
- ❑ DOWNLOAD AND PRINT "Eliminating Barriers: Tips for Advocates on Busting Through." This one-page flier is a quick summary of the strategies in the Catalyst family issue.
- ❑ LEARN to recognize red flags
- ❑ BE ALERT to new symptoms or changes in severity of old ones. Differentiate normal from prolonged responses lasting more than 4-6 weeks.
- ❑ REMEMBER that it is "normal" to react to extreme stress with symptoms of depression, anxiety, changes in eating patterns, sleep disturbances, difficulties concentrating, and irritability.
- ❑ ENCOURAGE your family member to talk to their clinician for careful assessment if symptoms do not abate.
- ❑ REMIND your family member that now is not the time to forget to take medicine that is already being taken. Going off meds against medical advice can only make things worse.
- ❑ MONITOR the inappropriate use of alcohol or drugs to self-medicate.
- ❑ PAY ATTENTION to physical problems that may compound mental health issues.
- ❑ KNOW the laws in your state.
- ❑ Several forms of psychiatric intervention exist to address mental health crises, but they differ from state to state. You must know the ones that apply where your loved one resides. Use our website to learn about the laws and standards that apply in your state.
- ❑ RECRUIT backup support.
- ❑ ASK a stable and reliable family member, friend, neighbor, associate or other interested person to be on standby to back you up in an emergency. You may need

more than one, e.g., someone who could personally look in with a loved one if you cannot; someone who could go with you to an ER and be an effective advocate for you and your loved one if you are too upset; someone who will stay at home with your other children while you go to the police station, etc.

## **Learn to recognize red flags**

- ❑ BE ALERT to new symptoms or changes in severity of old ones. Differentiate normal from prolonged responses lasting more than 4-6 weeks.
- ❑ REMEMBER that it is "normal" to react to extreme stress with symptoms of depression, anxiety, changes in eating patterns, sleep disturbances, difficulties concentrating, and irritability.
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