

Mental Health Crisis Planning for Adults

Learn to Recognize, Manage, Prevent
and Plan for Your Loved One's
Mental Health Crisis

A

ADULTS



nami

National Alliance on Mental Illness

MINNESOTA

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NAMI Minnesota champions justice, dignity, and respect for all people affected by mental illnesses. Through education, support, and advocacy we strive to eliminate the pervasive stigma of mental illnesses, effect positive changes in the mental health system, and increase the public and professional understanding of mental illnesses.

MENTAL HEALTH CRISIS PLANNING

*Learn to Recognize, Manage, Prevent and Plan
for Your Loved One's Mental Health Crisis*

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INTRODUCTION

This booklet is intended to help friends and families of people living with a mental illness effectively recognize, manage, plan and prevent a mental health crisis. The booklet outlines what can cause a crisis, warning signs, strategies to help de-escalate a crisis, resources that may be available and the components of a crisis plan. Also included is information about advocating for a person in crisis along with a sample crisis plan.

A mental health crisis is as important to address as any other health care crisis. It can be difficult to predict when a crisis will happen. While there are sometimes triggers and signs, a crisis can also occur without warning. It can occur even when a person has followed his or her treatment or crisis prevention plan and used techniques learned from mental health professionals.

We all do the best we can with the information and resources we have. Some days we can handle more than other days; this is normal and to be expected, especially for those living with a mental illness. You or your loved one may need help when you have exhausted all your tools for coping with a crisis. ■

RECOGNIZE

What is a Mental Health Crisis?

A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available.

For the purpose of the use of crisis teams, Minnesota law defines a mental health crisis as a "behavioral, emotional, or psychiatric situation which, but for the provision of crisis response services, would likely result in significantly reduced levels of functioning in primary activities of daily living, or in an emergency situation, or in the placement of the recipient in a more restrictive setting, including but not limited to, inpatient hospitalization."

What Causes a Mental Health Crisis?

Many things can lead to a mental health crisis. Increased stress, physical illness, problems at work or school, changes in family situations, trauma/violence at home or in the community, or substance use may trigger an increase in behaviors or symptoms that lead to a crisis. These issues are difficult for everyone, but they can be especially hard for someone with a mental illness.

Here are some examples of situations or stressors that can trigger a mental health crisis:

Home or Environmental Triggers

- ▶ Changes to family structure
- ▶ Changes in relationship with boyfriend, girlfriend, partner, spouse
- ▶ Loss of any kind: family member or friend due to death or relocation, pet's death
- ▶ Strained relationships with roommates, loved ones
- ▶ Changes in friendships
- ▶ Conflict or arguments with loved ones or friends
- ▶ Trauma or exposure to violence
- ▶ Poverty

School/Work Triggers

- ▶ Worrying about upcoming projects or tasks
- ▶ Feeling singled out by co-workers/peers; feelings of loneliness
- ▶ Mounting pressures, anxiety about deadlines
- ▶ Lack of understanding from peers, co-workers, teachers or supervisors who may not understand that behaviors are symptoms
- ▶ Real or perceived discrimination
- ▶ Failing grades, losing a job

Other Triggers

- ▶ Stops taking medication or misses doses
- ▶ Starts new medication or new dosage of current medication
- ▶ Medication stops working
- ▶ Use or abuse of drugs or alcohol
- ▶ Pending court dates
- ▶ Being in crowds or large groups of people
- ▶ Community violence or trauma
- ▶ Major crisis in the world such as natural disaster, terrorism

What are the Warning Signs of the Crisis?

Sometimes family, friends or co-workers observe changes in a person's behavior that may indicate an impending crisis, while other times the crisis occurs suddenly and without warning. You may be able to de-escalate or prevent a crisis by identifying any early changes in a person's behavior, such as an unusual reaction to daily tasks or an increase in their stress level. It may be useful to keep a journal or calendar documenting what preceded the behaviors that are of concern.

Here are some warning signs of a mental health crisis:

Inability to cope with daily tasks

- ▶ Doesn't bathe, brush teeth, comb or brush hair
- ▶ Refuses to eat or eats too much
- ▶ Sleeps all day, refuses to get out of bed
- ▶ Doesn't sleep or sleeps for very short periods of time

Rapid mood swings

- ▶ Increased energy level
- ▶ Inability to stay still, pacing
- ▶ Suddenly depressed, withdrawn
- ▶ Suddenly happy or calm after period of depression

Increased agitation

- ▶ Makes verbal threats
- ▶ Violent, out-of-control behavior
- ▶ Destroys property
- ▶ Culturally inappropriate language or behavior

Displays abusive behavior

- ▶ Hurts others
- ▶ Cutting, burning or other self-injurious behaviors
- ▶ Uses or abuses alcohol or drugs

Loses touch with reality (psychosis)

- ▶ Unable to recognize family or friends
- ▶ Is confused, has strange ideas
- ▶ Thinks they are someone they are not
- ▶ Does not understand what people are saying
- ▶ Hears voices
- ▶ Sees things that are not there

Isolation from school, work, family, friends

- ▶ Decreased interest in usual recreational activities
- ▶ Changes in friendships
- ▶ Stops going to school or work

Unexplained physical symptoms

- ▶ Facial expressions look different
- ▶ Increase in headaches, stomach aches
- ▶ Complains they don't feel well

What are the Warning Signs of Suicide?

People who take their own lives may exhibit one or more warning signs, either through what they say, what they do, or moods and feelings that you detect.

A suicidal individual may talk directly about wanting to die or about taking their life. They may be more indirect and talk about having no reason to live, not wanting to be a burden to others, feeling trapped or experiencing unbearable pain.

A person's suicide risk increases if a behavior is new or worsens, especially if it's related to a painful event, loss or change. You may see an increase in alcohol or drug use, reckless and/or aggressive behavior, isolation, sleeping or eating too much or too little, or giving away prized possessions. They may also be searching online for ways to take their life and acquiring the means to do so. You may observe that they have withdrawn from activities that they once enjoyed or that they have visited or called people to say goodbye. They may become preoccupied with death and begin to put their affairs in order.

You may detect anything from a change in mood to extreme mood swings. These changes may be expressed through irritability, unexplained rage, feelings of humiliation, and/or increased anxiety and depression. You may also observe an unexplained peacefulness or calmness that can indicate that they have created a plan for their suicide.

The more warning signs you see, the greater the risk. They need immediate care by a mental health professional or doctor. The National Suicide Prevention Lifeline is available 24/7 for crisis counseling, information and referral services in your area: **Suicide Hotline: 1-800-273-TALK(8255).** ■

MANAGE

What to Do in a Mental Health Crisis

When a mental health crisis or severe behaviors occur, friends and family often don't know what to do. The behaviors of a person experiencing a crisis can be unpredictable and can change dramatically without warning.

If you are worried that your loved one is in crisis or nearing a crisis, seek help. Assess the situation before deciding whom 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? **Most importantly—safety first! In a crisis situation, when in doubt, go out.**

De-escalation Techniques

A person in the midst of a mental health crisis cannot always clearly communicate their thoughts, feelings or emotions. They may find it difficult to understand what others are saying. It is important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis. If these strategies do not work, seek outside resources or help.

De-escalation techniques that may help resolve a crisis:

- ▶ Keep your voice calm
- ▶ Avoid overreacting
- ▶ Listen to the person
- ▶ Don't make judgmental comments
- ▶ Don't argue or try to reason with 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

If you haven't been able to de-escalate the crisis yourself, you will want to seek additional help from mental health professionals who can assess the person to determine the level of crisis intervention required.

Remain as calm as possible and continue to seek guidance and support until the crisis is resolved. **Most importantly—safety first! In a crisis situation, when your safety is in doubt, back off or get out.**

Not in immediate danger

If you do not believe your loved one is in 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. The professional may be able to obtain an appointment or admit the person to the hospital. If you cannot reach someone and the situation is worsening, do not continue to wait for a return call. Take another action, such as calling your county mental health crisis team. **If safety is a concern, call 911.** However, be

sure to tell them this is a mental health crisis (See “immediate danger” section for additional information.)

Mental Health Crisis Phone Lines and Crisis Response Teams

In Minnesota, each county has a 24-hour mental health crisis phone line for both adults and children. Some 24-hour phone lines serve more than one county. These crisis lines are staffed by trained workers who assist callers with their mental health crises, make referrals and contact emergency services if necessary. If the call is made after normal business hours, the crisis line will connect the caller to a mental health professional within 30 minutes. Right now, there are more than 40 crisis numbers, but thanks to legislation passed in 2015 there should be a single number established in 2016. The numbers are posted on the NAMI website: www.namihelps.org.

In addition to 24-hour crisis phone lines, most counties also have a mobile crisis response team. Mobile crisis teams are teams of two or more licensed mental health professionals or practitioners that can meet the person at the scene of the crisis or wherever the person will feel most comfortable. Response times for mobile teams may vary depending on your location and the location of the mobile team staff.

Crisis teams are meant to be accessible to anyone in the community at any time. They are available 24 hours a day, seven days a week and 365 days a year to meet face-to-face with a person in a mental health crisis, conduct a mental health crisis assessment and create a crisis treatment plan. A person does not have to have a mental health diagnosis to receive crisis services. Crisis teams will respond and address the situation regardless of whether or not the person has insurance. If the individual in crisis does have insurance, the crisis team will bill their insurance company for services they provide. Some crisis teams offer interpreter services for non-English speakers who require assistance, although those who need an interpreter may have to wait longer to receive crisis services depending on the interpreter’s availability.

Ways that crisis teams can help:

- ▶ Cope with immediate stressors
- ▶ Develop practical behavioral strategies to address the person’s short term needs
- ▶ Identify what issues led to the crisis
- ▶ Suggest techniques to avoid a crisis in the future
- ▶ Conduct a diagnostic assessment
- ▶ Identify available resources and supports

- ▶ Develop and write a crisis plan
- ▶ Provide phone consultation and support
- ▶ Make a referral to a crisis home or hospital
- ▶ Consult with outside mental health professionals as needed
- ▶ Respond in non-urgent situations to help prevent a future crisis

Teams are not supposed to require that they talk with the person in crisis before responding. Crisis teams must work to engage people in voluntary treatment, and the treatment plan must include information about how that will be done. This means that they can come back if the person initially refuses treatment. Instead of simply providing a referral to a service, the team must decide if the person can follow up on the referral and if not, ensure a “warm hand-off.”

Families and caregivers are recognized for the important role that they can play. Teams are required to obtain information and the person’s history from the family or caregiver and provide family psychoeducation. Advance directives can be very helpful and so the team must determine if a person has an advance psychiatric directive and if they do not, help them to develop one when it’s appropriate.

Crisis teams can assist people who are experiencing a co-occurring disorder (mental illness and substance use disorder) as long as they don’t need detox level of care.

Questions the crisis team may ask:

- ▶ Your name and the name of the person in crisis
- ▶ Your relationship to that person
- ▶ The address where the crisis is occurring
- ▶ A phone number to call in case you are disconnected
- ▶ The nature of the problem
- ▶ If safety is a concern
- ▶ If the person has harmed themselves or is threatening harm
- ▶ The possible cause of the crisis
- ▶ Mental health and hospitalization history
- ▶ Health insurance information

The crisis team is required by law to maintain a file on anyone who receives mobile crisis intervention or crisis stabilization services.

The crisis team file will include:

- ▶ The crisis treatment plan for the person receiving services
- ▶ Signed release forms
- ▶ The person’s health information and current medications
- ▶ Emergency contacts
- ▶ Case records detailing the intervention
- ▶ Any clinical supervision that may be required

- ▶ Summary of any case reviews
- ▶ Advanced directives
- ▶ Any other information the team would like to have in the file.

When you call your mental health crisis team, they will triage the call to determine the level of crisis service needed. If the person experiencing a crisis is in immediate danger to themselves or others, the crisis team will refer the situation to 911, and law enforcement will respond. Sometimes both law enforcement and crisis team staff will respond together. If the situation is non-urgent, the crisis team will assess the level of intervention required: information and referral, a phone consultation, an emergency room visit or an immediate site visit.

When the crisis team makes a site visit, they assess the situation to determine if the person is a danger to themselves or others. Crisis staff may decide that law enforcement needs to intervene, that the person should be seen at the nearest emergency room or that the person should be directly admitted to a psychiatric unit at the nearest hospital. Some mobile crisis teams will transport people to emergency rooms; if they don't and transportation is needed, the crisis team may contact paramedics or law enforcement or request that you provide transportation.

A new mode of transportation under Medical Assistance will be available soon. It is called *protected transport*, which is for someone who is experiencing a mental health crisis. The crisis team can determine that this mode is appropriate. The vehicle cannot be an ambulance or police car, but must have safety locks, a video recorder, a transparent thermoplastic partition and drivers/aides who have received specialized training. This is a more dignified way to transport people with mental illnesses in crisis.

Stabilization Services

The crisis team may recommend crisis stabilization services. These services may be provided in the person's home, the home of a family member or friend, in the community or at a short-term licensed residential program. Services are available for up to 14 days after crisis intervention. Crisis beds are also available to individuals who are experiencing a mental health crisis or have been referred by a crisis team. These beds may be located in an adult foster care facility, Intensive Residential Treatment Services or crisis home, and state law has specific requirements for staffing in these facilities.

Stabilization involves the development of a treatment plan that is driven by the diagnostic assessment and the person's need for services. It must be medically necessary and must identify the person's emotional and behavioral concerns, goals and objectives. The treatment plan will

also identify who is responsible for the interventions and services, the frequency or service intensity needed and the desired outcomes. Treatment plans must be completed within 24 hours of beginning services and must be developed by a mental health professional or mental health practitioner under the supervision of a mental health professional.

At a minimum, a treatment plan will include:

- ▶ A list of problems identified in the assessment
- ▶ A list of the person's strengths and weaknesses
- ▶ Concrete and measurable short-term goals and a timeline for achieving these goals
- ▶ Specific objectives directed at achieving each goal
- ▶ Documentation of participants involved in the service planning
- ▶ What kind of services will be initiated and how frequently they will occur
- ▶ A crisis response action plan in case of a new crisis
- ▶ Clear notes on desired outcomes

Stabilization services may also include brief solution-focused strategies, referrals to long-term care agencies, rapid access to psychiatrists, coordinated crisis plans and a referral to a county's mental health services.

In Immediate Danger

If the situation is life-threatening or if serious property damage is occurring, **call 911** and ask for law enforcement assistance. When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency and your relationship to the person in crisis. Tell the law enforcement agency that it is a crisis involving a person with a mental illness and ask that they send an officer trained to work with people with mental illnesses called CIT, Crisis Intervention Team Training. Be sure to tell them—if you know for certain—whether the person has access to guns, knives or other weapons.

When providing information about a person in a mental health crisis, always be very specific about the behaviors you are observing. Instead of saying “my sister is behaving strangely,” for example, you might say, “My sister hasn't slept in three days, she hasn't eaten anything substantive in over five days, and she believes that someone is talking to her through her 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, (e.g., pacing, irritability). You need to describe what is going on right now, not what happened a year ago. Be brief and to the point. Finally, in a crisis situation, remember: **when in doubt, back off or go out**. Do not put yourself in harm's way.

Law Enforcement Response

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

- ▶ Diagnosis
- ▶ Medications
- ▶ Hospitalization history
- ▶ Previous history of violence or criminal charges

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

Remember that once 911 has been called and the officers arrive on the scene, **you do not control the situation**. Depending on the law enforcement officers involved, they may take the person to jail instead of to a hospital emergency room. Law enforcement officers have broad discretion in deciding whom to arrest, whom to hospitalize and whom to ignore. You can encourage and advocate for the law enforcement officers to view the situation as a mental health crisis. **Be clear about what you want to have happen without disrespecting the law enforcement officer's authority**. But remember, once 911 is called and law enforcement officers arrive on the scene, they determine if a possible crime has occurred, and they have the power to arrest and take into custody a person that they suspect of committing a crime. If you disagree with the officers don't argue—later call a friend, mental health professional or advocate for support and information. (For more information about the criminal justice system and what to do in case of an arrest, see the NAMI Minnesota booklet entitled *Advocating for People with Mental Illnesses in the Minnesota Criminal Justice System*).

Law enforcement can (and often does) call the county mental health crisis teams for assistance with mental health crises. The crisis team may assist police in deciding what options are available and appropriate. The crisis team may decide to respond with law enforcement.

Some cities and counties have CIT officers. CIT stands for Crisis Intervention Team Training. CIT officers are specially trained to recognize and work with individuals who have a mental illness. CIT officers have a better understanding that a person's behaviors are the result of a mental illness and how to de-escalate the situation. They recognize that people with mental illnesses sometimes need a specialized response, and they 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 there is no guarantee one will be available.

Body cameras are now more commonly being worn by police officers. State law is not clear about the privacy rights of the individual being taped. You may ask if the officer is wearing a body camera and ask about confidentiality.

Emergency Department

If the situation cannot be resolved on site or it is recommended by the crisis team or law enforcement officer, taking your loved one to the emergency department (ED) may be the best option.

It is important to know that bringing someone to the emergency department does not guarantee admission. Admission criteria vary and depend on medical necessity as determined by a doctor. Mental health crisis teams can assist with the triage process and refer your loved one to the hospital for assessment, which may make it easier to get them admitted.

When you arrive at the ED, **be prepared to wait several hours**. Bringing a book, music, electronic game or other distractions may help the person who is in crisis stay calm. Bring any relevant medical information, including the types and doses of any medications. If you have a crisis kit, bring it with you (See the section on crisis kits in this booklet to learn more.) Some hospitals have separate psychiatric emergency departments. They are typically quieter and are staffed by mental health professionals and practitioners. Check to see if there is one in your area. There is also an urgent mental health care center in St. Paul that can be a good alternative to an ED. Note that it is not open 24/7.

If your loved one is not admitted to the hospital and the situation changes when you return home, don't be afraid to call the crisis team back. The crisis team will re-assess the situation and make recommendations or referrals based on the current situation. Your loved one may meet the criteria for hospital admission later.

Emergency Holds

(a term used under the commitment law)

Sometimes when a person with a mental illness is no longer able to care for themselves or if they pose a threat to self or others, and will not agree to treatment, an emergency hold will be ordered to temporarily confine the person in a secure facility, such as a hospital. Emergency holds last for 72 hours each (not including weekends and holidays). The purpose of the hold is to keep the person safe while awaiting a petition for commitment to be filed or while the pre-petition screening

team reviews the matter. An emergency hold doesn't necessarily initiate the commitment process; it's simply a way to assess the individual to determine if commitment is necessary. In order to be committed, the person must have recently: attempted or threatened to physically harm themselves or others, caused significant property damage, failed to obtain food, clothing, shelter or medical care as a result of illness, or be at risk of substantial harm or significant deterioration. For more information about Minnesota's commitment law, see NAMI's booklet, *Understanding the Minnesota Civil Commitment Process.*) ■

PREVENT

Symptoms can appear seemingly out of the blue. It is possible for people living with mental illnesses to experience a crisis even when they are following their treatment plan. The best way to prevent this is to have a treatment plan that that was developed with the person and that the person agrees to follow. Documenting changes in behaviors by keeping a journal or making notes on a calendar may help you recognize when a possible crisis is building.

To prevent a crisis, ask yourself:

- ▶ What situations have led to a crisis in the past?
- ▶ What stress reduction strategies have worked before?
- ▶ How can conflict be avoided?
- ▶ What steps can I take to keep everyone safe and calm?
- ▶ Whom can I call for support in a crisis?
- ▶ Have I utilized all available resources?

LEAP Method

Dr. Xavier Amador, in his book, *I am Not Sick, I Don't Need Help*, outlines a communication skill (L.E.A.P.) that can be used to engage your loved one and help them stay calm. LEAP stands for Listen, Empathize, Agree and form a Partnership. It is a family-friendly version of a form of therapy called motivational enhancement therapy.

Steps to using the LEAP method:

LISTEN. The goal is to listen to your loved one's needs without making judgment, to understand their point of view and to use reflective listening to state back that you understand (not necessarily agree with) what they said or need.

- ▶ Listen and learn; drop your agenda
- ▶ Use questions, not statements
- ▶ State what you heard - all of it (reflecting)

- ▶ Let the person correct you
- ▶ Don't avoid scary topics or thoughts (even delusions)
- ▶ Know your "hot button" fears
- ▶ Don't rush it
- ▶ Don't have an emotional reaction to what you hear
- ▶ Don't try to problem-solve
- ▶ Avoid going right to empathy
- ▶ Give your opinion:
 - ONLY if asked
 - Delay 3 times before answering
 - Follow the 3 A's: Apologize, Acknowledge that you could be wrong, Agree (to disagree)

EMPATHIZE. If you want your loved one to consider your point of view, it is necessary for you to understand theirs. This is not the same as agreeing with your loved one; it's about empathizing with them about how they feel.

- ▶ Express empathy for feelings
- ▶ This doesn't mean you have to agree with beliefs
- ▶ Normalize: "I think I would feel that way too (if I had those beliefs)."
- ▶ Listen + Empathy = "What do you think?"
Common feeling and experiences to empathize with:
 - Frustration
 - Grief
 - Discomfort
 - Hopes and dreams (desired)

AGREE. Find common areas on which both you and your loved one can agree. Acknowledge that your loved one has personal choices and responsibility for the decisions they make about their behaviors and the consequences of those choices.

- ▶ Stick to perceived problems and symptoms only
- ▶ Review advantages and disadvantages of treatment or adherence from the person's perspective
- ▶ Agree to disagree when needed. It's okay to set boundaries
- ▶ You can try to correct misinformation gently
- ▶ Reflect back and highlight the advantages. Use this as the basis for a plan

PARTNER. Form a partnership to achieve shared goals. This involves you and your loved one developing an action plan to meet agreed-upon goals.

- ▶ Move forward with agreed-upon goals
- ▶ Use phrases that support feelings of control and safety
 - “Would that be all right?”
 - “Do I have that right?”
 - “So, let me see if I got this straight. Are you saying that . . . ?”
 - “Would you mind if I . . . ?”
 - “I can see why you’d feel that way”
 - “I am sure it is upsetting to hear and I know you don’t agree. It’s just how I feel. Can we agree to disagree on this one?”

Practicing these strategies before a crisis occurs will make them easier to use when needed. ■

PLAN

Create a Crisis Plan

A crisis plan is a written plan designed to address symptoms and behaviors and help prepare for a crisis. Preparing for a crisis is an individualized process. However, there are some common elements that can be found in a good crisis prevention plan.

PERSON’S INFORMATION. Name and age of person, mental health diagnosis, medical history, list of person’s strengths and interests.

FAMILY INFORMATION. Name of parents, siblings, spouse, list of family members who live in the home and family members with close ties.

BEHAVIORS. Things that trigger or antecedents (things that are present before the behavior occurs), a list of strategies and treatments that have worked in the past, a list of what may escalate the person’s behavior (such as actions or people that are likely to make the situation worse), a list of what helps calm the person or reduces symptoms.

MEDICATION. Name and type of medication, dosage, prescriber’s name and phone number, pharmacy name and phone number, list of medications that have not worked in the past and known allergies.

TREATMENT CHOICES. List of interventions or treatments that are being used, list of interventions that have not worked in the past, treatments that should be avoided, list of treatment preferences.

PROFESSIONAL INVOLVEMENT. Phone numbers of person’s crisis team, family doctor, therapist, social worker, psychiatrist, and hospitals with psychiatric units.

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 CONCERNS. Limiting access to guns, knives or weapons, medication (both prescription and over-the-counter); safety plan for siblings or other family members; emergency room contact names and phone numbers.

RESOURCES. Advocacy organizations, support groups.

It is important to involve your loved one in the creation of the crisis plan. The plan should be distributed to family, friends and professionals with permission from your loved one. It should be updated whenever there is a change in the person's diagnosis, medication, treatment or providers.

Remember:

- ▶ Contact your local police department; provide them with a copy of the crisis plan.
- ▶ Create a safe environment by removing all weapons and sharp objects.
- ▶ Lock up all medications, both over-the-counter and prescription medications. Use a lock with a key lock not a number combination lock.
- ▶ Talk with others in the household about how to stay safe during a crisis.
- ▶ Post the number of your county mental health crisis team.

Create a Crisis Kit

A crisis kit should include the crisis plan, medical information, snacks, music, books, a change of clothes and basic hygiene supplies. This kit should be kept in an easily accessible place.

Reflect

Following a crisis, it is important to reflect back on what has happened to learn what you can do to potentially prevent or minimize future crises.

Some important questions to ask include:

- ▶ What situations or triggers led to the crisis?
- ▶ What worked to reduce tension or avoid a conflict?
- ▶ What steps did we or could we have taken to keep everyone safe and calm?

Write down the results of this reflection and include it in future crisis plans. The more you understand the underlying causes and triggers of a crisis and what strategies helped, the more prepared you will be in case of future crises.

If possible, have the person living with a mental illness provide cues to help you recognize when the crisis has passed. Some examples might be eating at least 2 meals a day, sleeping regular hours or taking care of personal hygiene needs.

Invite your loved one to develop a list of things you can do to help them feel more comfortable and recover as quickly as possible. Including your loved one in this process helps the family and other caregivers feel good about the support they offer. No one likes to think that someone else will have to take over responsibility for their care. A mental health crisis is a difficult situation—one that no one likes to face alone. ■

ADVOCATE

Advocating for a person with a mental illness in the midst of a crisis can be extremely frustrating and difficult. It is not easy to navigate the system or to obtain appropriate services for your loved one. You may need help learning how to advocate appropriately and effectively. Learning to be an advocate and developing these skills takes time.

Family Involvement Act

Data practices laws and the interpretation of them by providers makes advocating especially difficult. Providers are not permitted to give information to family members without the written consent of the patient. Individuals may choose not to give their family access to their full medical records.

To address this issue, NAMI Minnesota successfully advocated for a change in the data practices state law to allow caregivers access to basic mental health information that will help them to care and advocate for a person living with a mental illness. Under the Family Involvement Act, information can be provided with permission to anyone who lives with the person with a mental illness, cares for or helps obtain care for them or is *directly* involved with monitoring the person's well-being.

The information that can be provided under these circumstances includes:

- ▶ Diagnosis
- ▶ Admission to or discharge from treatment
- ▶ Medication information (including dosage, side effects, consequences of not taking medications, etc.)
- ▶ Summary of discharge plan

According to the U.S. Department of Health and Human Services, the HIPAA Privacy Rule at 45 CFR 164.510(b) recognizes “the integral role that family and friends play in a patient’s health care to allow these routine—and often critical—communications between health care providers and these persons. Where a patient is present and has the capacity to make health care decisions, health care providers may communicate with a patient’s family members, friends or other persons the patient has involved in his or her health care or payment for care so long as the patient does not object. The provider may ask the patient’s permission to share relevant information with family members or others, may tell the patient he or she plans to discuss the information and give them an opportunity to agree or object, or may infer from the circumstances, using professional judgment, that the patient does not object” (e.g., a patient invites a family member into the treatment room.)

When a person is not present or is incapacitated, “a health care provider may share the patient’s information with family, friends, or others involved in the patient’s care or payment for care, as long as the health care provider determines, based on professional judgment, that doing so is in the best interest of the patient. Note that, when someone other than a friend or family member is involved, the health care provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care.”

HIPAA does not prohibit health care providers from listening to the confidential concerns of family or caregivers about the health and well-being of a person with a mental illness.

You may want to ask your loved one to sign a release so that mental health professionals can talk to you. (For more information about data practices laws, see the NAMI Minnesota booklet entitled *Understanding Data Practices Laws*).

Be Organized

Over the course of your loved one's illness, they will receive and need to keep track of a great deal of information. It is important to keep all this information together in one central place where it is easily accessible.

Things that you need to keep:

- ▶ Current diagnostic assessment
- ▶ Copy of the current crisis plan
- ▶ Notes from phone calls and appointments
- ▶ Hospitalization history
- ▶ List of medications and dosages
- ▶ Copy of their advanced psychiatric directive
- ▶ Names and phone numbers of mental health professionals and mental health agencies working with your loved one

Be Objective—Stay Calm

When meeting with professionals, remember that you attract more flies with honey than vinegar. Try to keep the conversation focused and in the present. As hard as it can be, try to keep the conversations and questions objective and unemotional. The more you can stay objective and unemotional, the more control you can have in the situation and the easier it will be for you to stay involved in decisions about your loved one.

Get Support

To be an effective advocate, you need to take care of yourself. Consider joining a support group. Support groups can help you deal with the stresses of advocating for your loved one. At a support group, you meet with others with similar experiences, and you gain knowledge and learn skills to help in future crises. You also get a chance to support others by sharing your experience.

Be Effective

Effective communication helps ensure that your loved one receives appropriate treatment. Good communication involves verbal and non-verbal language and listening skills. It also involves using the language of the professionals. By communicating in a professional manner, you are ensuring that the professional understands you and you understand them.

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 and that will be accepted by the professionals at the table. This can be especially useful when speaking to a large group of people.

Non-verbal techniques:

- ▶ Use as much eye contact as is comfortable for you
- ▶ Concentrate on your tone of voice, keep it calm
- ▶ Avoid nonverbal gestures and hand signals which can be misread
- ▶ Sit next to the most important person at the meeting
- ▶ Speak slowly and clearly

You can also develop a number of verbal skills that will ensure you have understood what has been said and provide feedback to the other person to show that you are listening. Some of these techniques are:

Verbal techniques:

- ▶ **PARAPHRASING.** Put into your own words what the other person has said. Do this by using fewer words and providing facts.
- ▶ **REFLECTIVE LISTENING.** Focus on the feeling or emotion of what has been said. State back what you hear and see, taking note of the nonverbal communication as well and the words that are spoken.
- ▶ **SUMMARIZING.** Sum up what the other person has 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.
- ▶ **I-STATEMENTS.** Start sentences with “I.” Take ownership of what has been said and state back what you heard: “I heard you say . . . is that correct?”

Listening is another part of the process that helps you advocate for your loved one. It requires that you listen to the other person attentively without letting your own thoughts and feelings interfere. You can increase the chance that you will be heard by providing information about your loved one that is current and in the here and now. Avoid the temptation to tell the whole story. When information is kept to what is needed now and based on facts, not feelings or emotions, you increase the chance of being heard. Remember to keep an open mind and listen to what the other person has said. They may have good ideas that you haven't thought about.

Support or resource groups are a good place to practice these skills. Visit NAMI Minnesota's website, www.namihelps.org, to find groups in your area. ■

CONCLUSION

Advocating and caring for someone experiencing a mental health crisis can be extremely stressful. Have a plan in place, know the best techniques to de-escalate the situation and know where to turn when you need help. Following the steps outlined in this booklet can help you support your loved one when they experience a crisis and ensure the safety of everyone involved. ■

SAMPLE CRISIS INTERVENTION PLAN

Individual/Family Information:

Person's Name:	Birth Date:	Diagnosis(s):	Date of Plan:
Medications:	Dosage:	Prescriber's Name / Number:	Pharmacy Name / Number:
Support Contact Name:	Phone(s):	Support Contact Name:	Phone(s):

Description of immediate needs:

Safety concerns:

Treatment choices:

Interventions preferred:

Interventions that have been used:

Interventions that should be avoided:

Professional involvement:

Psychiatrist Name/ Phone:	Therapist Name/ Phone:	Work Contact Phone:	Case Mgr Name/ Phone:
Crisis Team Phone:	Family Doctor Name/ Phone:	Hospital Name/ Phone:	Other:

Supports to use in crisis resolution:

Name/Phone:	Name/Phone:	Name/Phone:	Name/Phone:
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Resources:

Advocacy Group:	Support Group:	MH Agency:	Other:
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For up-to-date information about county crisis services in your community, visit the NAMI Minnesota website at www.namihelps.org or contact your county. ■

RESOURCES

Federal and National Resources

Bazon Center for Mental Health law

www.bazon.org

National Alliance on Mental Illness

www.nami.org

National Institute of Mental Health

www.nimh.nih.gov

Social Security Administration

www.ssa.gov

Substance Abuse Mental Health Services Administration

www.samhsa.gov

State Resources

Arc of Minnesota

www.thearcofminnesota.org

Mental Health Minnesota

www.mentalhealthmn.org

Minnesota Department of Corrections

www.doc.state.mn.us

Minnesota Department of Human Services

www.dhs.state.mn.us

Minnesota Disability Law Center and Legal Aid

www.mndlc.org

NAMI Minnesota (National Alliance on Mental Illness)

www.namihelps.org

**Office of Ombudsmen for Mental Health
and Developmental Disabilities**

www.ombudmhm.state.mn.us

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National Alliance on Mental Illness

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