



Dealing with a Mental Health Crisis

Information and Resources
for First Responders

P

.....
PROFESSIONAL

WHAT NAMI DOES

NAMI Minnesota is a statewide 501(c)(3) grassroots nonprofit organization dedicated to improving the lives of children and adults living with mental illnesses and their families. NAMI Minnesota's mission is to champion justice, dignity and respect for all people affected by mental illnesses. Through education, support and advocacy, NAMI Minnesota strives 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.

1. Is there known history of mental illness? (**schizophrenia, bipolar disorder, depression, anxiety disorders, etc.**) Prescribed medication? Presence of chemical or alcohol use?
2. Is the person having hallucinations or delusions (disordered thoughts)? Do they believe someone is trying to harm them? (**sight, sounds, smells, paranoia**)
3. Is there any history of agitation or violent acts toward people or property?
4. Any recent talk about dying or preoccupation with death or self-harm?
5. Access to lethal means to suicide? Any guns, knives, other weapons?
6. Is the person alone? Is someone willing to allow entry?

Possible Indications of a Mental Health Crisis:

- ▶ Hallucinations
- ▶ Delusions (e.g., the person thinks they are someone they are not)
- ▶ Disordered or illogical thoughts
- ▶ Neglecting normal hygiene, eating, other activities
- ▶ Sleeping too much or too little
- ▶ Difficulty with verbal expression
- ▶ Paranoia
- ▶ Restlessness, pacing
- ▶ Accelerated or slowed speech
- ▶ Rapid mood swings
- ▶ Grandiosity
- ▶ Risk-taking, erratic or out-of-control behavior
- ▶ Destroys property
- ▶ Agitation, restlessness, compulsiveness
- ▶ Mood swings
- ▶ Apathy, low motivation, "flatness"
- ▶ Medication not working or stops alleviating symptoms
- ▶ Medication not taken as prescribed

Crisis: Any situation in which a person cannot cope and/or their behaviors put them at risk of harming themselves or others. Lack of treatment, change in medication and life stressors can lead to a mental health crisis.

- ▶ Previous suicide attempts
- ▶ Suicidal threats
- ▶ Talks about suicide, death or dying
- ▶ Alcohol or drug abuse
- ▶ Sudden change in behavior (including suddenly calm/happy after period of depression)
- ▶ Significant emotional distress
- ▶ Feels hopeless, worthless
- ▶ Prolonged depression
- ▶ Makes funeral arrangements
- ▶ Gives away prized possessions
- ▶ Purchases a gun or stockpiles pills
- ▶ Dangerous or uncharacteristic risk-taking

A “yes” answer to several of these factors indicates a high risk:

- ▶ Delusions or paranoid thinking
- ▶ Hallucinations, especially command voices
- ▶ Alcohol or drug use
- ▶ Suicidal thinking or behavior
- ▶ Damage to property
- ▶ Violent behavior
- ▶ Prior victimization
- ▶ Impulsive behavior
- ▶ Adolescent/young adult
- ▶ Male (10x more likely)
- ▶ Threats to others
- ▶ Extreme anger
- ▶ Organic brain disorder
- ▶ Availability of a weapon
- ▶ History of past violence

- ▶ Don't deny or try to reason with psychotic thinking
- ▶ Put assertive tendencies aside
- ▶ Listen nonjudgmentally
- ▶ Express concern and support, ask how you can help
- ▶ Offer options instead of trying to take control
- ▶ Speak quietly, slowly, clearly
- ▶ Use simple sentences; one question at a time
- ▶ Avoid quick or unanticipated movement
- ▶ Keep stimulation level low
- ▶ Ask onlookers to leave
- ▶ Give space, avoid touching
- ▶ Avoid continuous eye contact
- ▶ Sit at the person's side if possible; talk from the same position (sitting to sitting)
- ▶ If you need to do something (i.e., handcuffing), explain why
- ▶ If suicide is a concern, ask if the person is thinking about it and has a plan
 - You won't "plant" the idea
 - Even a half-baked plan indicates higher risk
- ▶ Stay calm
- ▶ Acknowledge feelings/emotions
- ▶ *When in doubt, go out*

Specific details on behaviors exhibited right before and during a police call (e.g., *“Out of control” is too vague. Tell why or how out of control.*)

Who reported the crisis. Can they be contacted for more information?

Information on number of calls on this person and time frame. (i.e., *3 times in 3 years is different from 3 times in 3 weeks.*)

Anything found at scene to indicate something was wrong. Bring to hospital. (e.g., *Empty pill bottle or suicide note.*)

Quotes from person, since information sometimes changes in hospital setting. (Especially any *suicidal thoughts or plans.*)

Is person willing to go through an evaluation?

Is person being charged by police for any reason? Should police be notified upon release?

Listen: Without judgment. The goal is to understand the person's perspective and reflect your understanding back to them.

Empathize: For someone to consider your point of view, you need to understand theirs. This is not the same as agreeing; it's about empathizing with how the illness makes the person feel.

Agree: Find common goals you can agree on. Offer a limited set of options rather than trying to take control.

Partner: Partner with the person to develop an action plan to meet agreed upon goals. Turn statements into questions to give the person a sense of control. (e.g., *"Can we step over here?"* not *"Step over here."*)

If person shows this: Consider doing this:

Emotional withdrawal	Initiate relevant conversation
Over-stimulation	Limit input
Insecurities	Be accepting
Fearfulness Disorientation	Stay calm, use low voice Use person's name Keep known structured routine
Difficulty concentrating	Slow down, repeat, use simple short phrases
Stress	Create an uncomplicated environment
Trouble remembering	Help record information
Unsound judgment	Remain rational, reinforce common sense
Delusions	Avoid arguing
Little empathy	Recognize this is a symptom; try not to respond in kind
Difficulty with eye contact	Make direct contact and keep the initiative
Lack of self-esteem	Affirm the person's value and motivation

These are guidelines, not strict rules.
You cannot tell a person's diagnosis
by knowing their medications.

ANTI-ANXIETY

Generic (trade)

lorazepam (Ativan)
buspirone (BuSpar)
clonazepam (Klonopin)
chlordiazepoxide (Librium)
oxazepam (generic only)
clorazepate (Tranxene)
diazepam (Valium)
alprazolam (Xanax)

ANTIPSYCHOTICS

*(May be used for schizophrenia,
bipolar disorder, etc.) Generic (trade)*

aripiprazole (Abilify)
clozapine (Clozaril)
iloperidone (Fanapt)
fluphenazine (generic only)
ziprasidone (Geodon)
haloperidol (Haldol)
paliperidone (Invega)
loxapine (Loxitane)
molindone (Moban)
thiothixene (Navane)
pimozide (Orap; for Tourette's)
perphenazine (generic only)
risperidone (Risperdal)
quetiapine (Seroquel)
trifluoperazine (Stelazine)
thioridazine (generic only)
chlorpromazine (Thorazine)
olanzapine (Zyprexa)

ANTIDEPRESSANTS

Generic (trade)

clomipramine (Anafranil)
amoxapine (Asendin)
nortriptyline (Aventyl)
citalopram (Celexa)
duloxetine (Cymbalta)
trazodone (Desyrel)
venlafaxine (Effexor)
amitriptyline (Elavil)
selegiline (Emsam)
escitalopram (Lexapro)
maprotiline (Ludiomil)
fluvoxamine (Luvox)
isocarboxazid (Marplan)
phenelzine (Nardil)
desipramine (Norpramin)
nortriptyline (Pamelor)
tranylcypromine (Parnate)
paroxetine (Paxil)
paroxetine-mesylate (Pexeva)
desvenlafaxine (Pristiq)
fluoxetine (Prozac)
mirtazapine (Remeron)
fluoxetine (Sarafem)
doxepin (Sinequan)
trimipramine (Surmontil)
imipramine (Tofranil)
imipramine pamoate (Tofranil-PM)
protriptyline (Vivactil)
bupropion (Wellbutrin)
sertraline (Zoloft)

ADHD

Generic (trade)

amphetamine (Adderall)

amphetamine, extended release (Adderall XR)

methylphenidate, long acting (Concerta)

methylphenidate patch (Daytrana)

methamphetamine (Desoxyn)

dextroamphetamine (Dexedrine, Dextrostat and Focalin)

dexmethylphenidate, extended release (Focalin XR)

guanfacine (Intuniv)

methylphenidate, extended release (Metadate ER and Metadate CD)

methylphenidate, oral solution or chewable tablets (Methylin)

methylphenidate (Ritalin)

methylphenidate, extended release (Ritalin XR)

methylphenidate, long-acting (Ritalin LA)

atomoxetine (Strattera)

lisdexamfetamine dimesylate (Vyvanse)

MOOD STABILIZERS

Generic (trade)

valproic acid (Depakote)

lithium carbonate (Eskalith and Lithobid)

lamotrigine (Lamictal)

lithium citrate (generic only)

gabapentin (Neurontin)

carbamazepine (Tegretol)

topiramate (Topamax)

oxcarbazepine (Trileptal)

NOTES



National Alliance on Mental Illness

MINNESOTA

800 Transfer Road, Suite 31

St. Paul, MN 55114

Phone: 651-645-2948

Toll Free: 1-888-NAMI-HELPS

Fax: 651-645-7379

E-mail: namihelps@namimn.org

www.namihelps.org