

Mental Health Crisis Intervention

Barriers to Help-Seeking

For a variety of reasons, mental health issues can be difficult to recognize and address. When people live with chronic, low to moderate levels of depression or anxiety, this can become a “baseline” state that actually start to feel normal. Many continue to function superficially well despite worsening psychological issues through mechanisms like denial, emotional numbness, compulsive work/achievement, and self-medication (caffeine, nicotine, alcohol, other drugs).

Other reasons people delay seeking needed help include impaired thinking or judgment, emotional immaturity, poor insight, or fear of stigma that could jeopardize employment and social status. Many are also confused or discouraged by common assumptions about psychological or substance abuse issues being overcome by will and determination, positive thinking, enhanced moral values, exercise, etc.

Helping vs. Enabling

Whereas some affected individuals might respond to direct expressions of concern, others will continue to deny their need for help until things somehow spiral out of control. This can be painful to watch & a helpless feeling for loved ones. Sometimes the most adaptive response is working to develop a level of “healthy detachment” – focusing on what you can control such as better self-care and ending attempts to fix the affected person’s maladaptive behavior. There are many useful self-help resources, including free community-based support groups, to help friends and family members learn to better manage effects of untreated mental illness, substance abuse, or other addictive/compulsive behaviors like gambling or sexual acting out.

So, when is it necessary and appropriate to directly intervene by calling emergency responders, or engaging workplace mental health professionals or security personnel? To make this type of determination, it is important to know how to distinguish a problem requiring supportive listening (and referrals, if the person is receptive) from a crisis that calls for a more urgent and proactive response.

SIGNS OF A PROBLEM include:

- Apparent stress-related symptoms – physical, emotional, or behavioral
- Declining educational/vocational or social functioning
- Depressive symptoms like sad mood, low energy, insomnia short of suicidality or intentional self-harm
- Pervasive or persistent worry or anxiety (*panic attacks might be more of a crisis*)
- Indications of alcohol or other substance abuse, short of possibly dangerous intoxication or associated reckless, aggressive, or destructive behavior
- Compulsive behavior in a generally functional person (e.g., overwork, eating disorder symptoms, gambling, or overspending)
- Persistent disregard for rules, norms, or the rights of others
- Difficult interpersonal style – mistrustful, avoidant, attention-seeking, hostile, arrogant...
- Effects of past or recent trauma, e.g., jumpiness or hypervigilance, intrusive symptoms like nightmares, avoidance of reminders of traumatic situation
- Social/communication skill deficits or extreme cognitive rigidity.

SIGNS OF A CRISIS include:

- Indications of suicidality or self-harm
- Any threat or motion to harm others
- Aggressive, destructive, or extremely reckless behavior
- Extreme agitation, anxiety, panic
- Apparently immobilized by depression, unable to care for self
- Seeming paranoid, mentally confused, illogical, or irrational
- Alcohol or drug intoxication/withdrawal that could present an immediate health threat
- Abrupt or dramatic changes in mental status or behavior possibly indicative of a medical emergency (e.g., delirium from infection or other illness, closed head injury).

How to Respond When Someone is in Crisis

If there has been any violence or aggression (or threat thereof), get to a safe place and call the police. In addition to protecting yourself and others, this can also create another avenue by which the troubled person might get help. If you feel threatened but the situation does not seem to warrant calling 911, you can still contact the police for help with devising a safety plan that could include: 1) A restraining order; 2) A psychiatric detention order, wherein a magistrate decides that the troubled person can be held and evaluated in a secure hospital unit for a specified time period.

Many police departments have a victim assistance unit which provides information and support services, even if no criminal charges are being brought in a domestic abuse case. If the aggressive behavior has been ongoing (or episodic) and directed against a spouse/romantic partner or a child, there are specialized services available for victims of domestic violence and child abuse. Again, depending on how immediate the threat, you can call 911; a non-emergency police number; a mental health crisis center or hotline; child protective services; or a local victim assistance program.

If there has been any type of suicide attempt or gesture, take the person to a hospital emergency room or call for an ambulance – even assured that he/she is “fine.” (If it seems possible that someone might jump from a moving car, don’t transport the person yourself.) If someone is making direct or indirect comments about suicide, or showing behavioral indications such as giving away their possessions, try to convince the troubled person to: 1) Contact their therapist or psychiatrist if already in treatment, or perhaps allow you to talk with the professional; 2) Call an emergency hotline or crisis center; or 3) Go to the nearest hospital emergency room.

If you are afraid to leave someone alone, this means that you need to make sure some type of intervention is made (vs. trying to keep your own “suicide watch” or continually worrying about the person while you’re away). If there is any question of someone being suicidal or potentially violent, try to ensure that there are no guns available. Ask if the troubled person will let you take any weapons and put them in a secure, locked place. If he/she will not relinquish a gun, or if you’re aware of another easy means of suicide such as stockpiled medication, you should bring this to the attention of whatever (mental health or law enforcement) professionals end up getting involved. Also make sure the professional knows of any previous suicide attempts.

Finally, never leave a child in the care of someone who might be suicidal, violent/aggressive or suffering from any serious, untreated mental illness or substance abuse problem.

Other Response Options

- * If your workplace has an Employee Assistance Program, this can be a good place to get (free, confidential) consultation on how to help someone in crisis. Some EAP's have 24-hour telephone counseling/referral services available. (In academic settings, contact the counseling center or health unit which might also provide mental health services.)
- * Call your local mental health crisis center for advice. If there is only a hotline staffed by volunteers, don't hesitate to ask for the supervising professional to make sure you get the most helpful guidance. Some centers have a "mobile crisis unit," providing on-site assessment/intervention for psychiatrically impaired persons who refuse to go for help.
- * In crisis situations which involve the police, ask if they can dispatch a team that includes a mental health professional to help address any relevant psychiatric issues.
- * If someone seems severely impaired or unable to care for them self because of a mental health issue, talk with their primary care physician about treatment options including psychiatric referrals and hospitalization. If a mentally ill person is willing to see a general practitioner MD but not a psychiatrist, sometimes the doctor can do the initial prescribing & case management – and work towards getting the patient into formal mental health treatment.
- * If there is a child who might be affected by a parent's mental illness or addiction, consider letting his/her school counselor know of the situation. This will help the counselor be alert to signs that the child is suffering emotionally or is at some risk, so that appropriate support services can be made available.