

## Mental Health / Behavioral Crisis Prevention and Intervention Instructions

Your therapist, \_\_\_\_\_ can be reached 24/7/365 days a year by cell phone at (\_\_\_\_)\_\_\_\_\_.

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. **If you experience a mental health or behavioral crisis/emergency, do not call the office phone line, do not text, do not email; call your therapist's cell phone.** Please leave your name and describe the situation as well as how quickly you need assistance when you call. **Emergency requests** for assistance will be addressed within two hours. **Urgent requests** will be addressed within 48 hours and **routine calls** will be addressed within 14 days.

Many things can lead to a mental health crisis/emergency. Increased stress, physical illness, problems at work or school, changes in family situation, pending court dates, trauma/violence in the community, being in large crowds, changes in medication or response to medication or substance use may trigger an increase in behaviors or symptoms that lead to a crisis. These issues are difficult for everyone.

### Warning Signs of Mental Health Crisis:

<b>Inability to cope with daily tasks</b>	Ignoring hygiene, changes in eating habits, changes in sleep habits
<b>Rapid mood swings</b>	Increased energy, restlessness, sudden depression/withdrawal, sudden happiness/calm after depressed episode
<b>Increased agitation</b>	Verbal threats, violent behavior, destruction of property, culturally inappropriate language
<b>Displays abusive behavior</b>	Hurting others or self-injurious behavior, excessive use of alcohol/drugs
<b>Loses touch with reality (psychosis)</b>	Confused or disorganized thinking, inability to recognize family or friends, having strange thoughts, hearing voices, seeing things that are not there, thinking you are someone you are not.
<b>Isolation from school, work, family, friends</b>	Stops going to work or school, significant change in friendships, decreased interest in usual recreational activities
<b>Physical symptoms</b>	Complaints of not feeling well, increase in headaches, stomach and muscle aches, facial expressions look different.

Only a few symptoms may be present and can change dramatically without warning. A person in the midst of a mental health crisis cannot always communicate their thoughts, feelings, or emotions clearly. They may find it difficult to understand what others are saying. It is important to empathize with the person's feelings, stay calm and try to reduce the stress.

### **Self-calming techniques during a crisis:**

- Deep breathing/muscle relaxation
- Talk about your feelings with someone you trust
- Listen to relaxing music
- Use self-compassion
- Use healthy distraction such as artwork, journaling, watching cartoons, playing video games
- Mindfulness meditation
- Exercise
- Use positive affirmation

### **Helping techniques during a crisis:**

- Keep your voice calm
- Listen to the person
- Keep stimulation level low
- Be patient
- Avoid continuous eye contact
- Avoid touching the person unless you ask permission
- Don't argue or try to reason with the person
- Avoid overacting
- Express support and concern
- Move slowly
- Give the person space
- Offer options for using self-care coping skill
- Gently announce actions before initiating them

If you are unable to stop the crisis, seek additional help from your therapist or a mental health professional. Your therapist will offer to make an appointment or provide additional helpful advice. **If you cannot reach your therapist and the situation is worsening, do not continue to wait for a return call. Do not text, do not email, do not call the office line.** Take another action, such as calling Integrated Family Services – Mobile Crisis Team at 1-866-437-1821. This team has specialized training to assist you with mental health/behavioral problems. **If immediate physical injury or safety is a concern, call 911.**

\_\_\_\_\_  
Signature of Client / Legally Responsible Person

\_\_\_\_\_  
Date