



Mental Health Crisis Planning

What if

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Disclaimers

1. Treatment and medication options are intended for educational purposes, not intended for diagnoses, or prescription advise.
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Objectives

- Enhance understanding of the importance of Mental Health Crisis Management and Planning.
- Develop strategies for managing challenging behaviors associated with untreated mental health conditions.
- Recognize de-escalation strategies.
- Identify tools and mental health resources.

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“You can live a perfectly normal life if you accept the fact that your life will never be perfectly normal.”

10 Common Chronic Conditions for Adults 65+

Quick Facts



80%
have have at
least 1 chronic
condition



68%
have 2 or more
chronic
conditions



Hypertension
(High Blood Pressure)
58%



High Cholesterol
47%



Arthritis
31%



**Ischemic Heart
Disease**
(or Coronary Heart
Disease)
29%



Diabetes
27%



**Chronic Kidney
Disease**
18%



Heart Failure
14%



Depression
14%

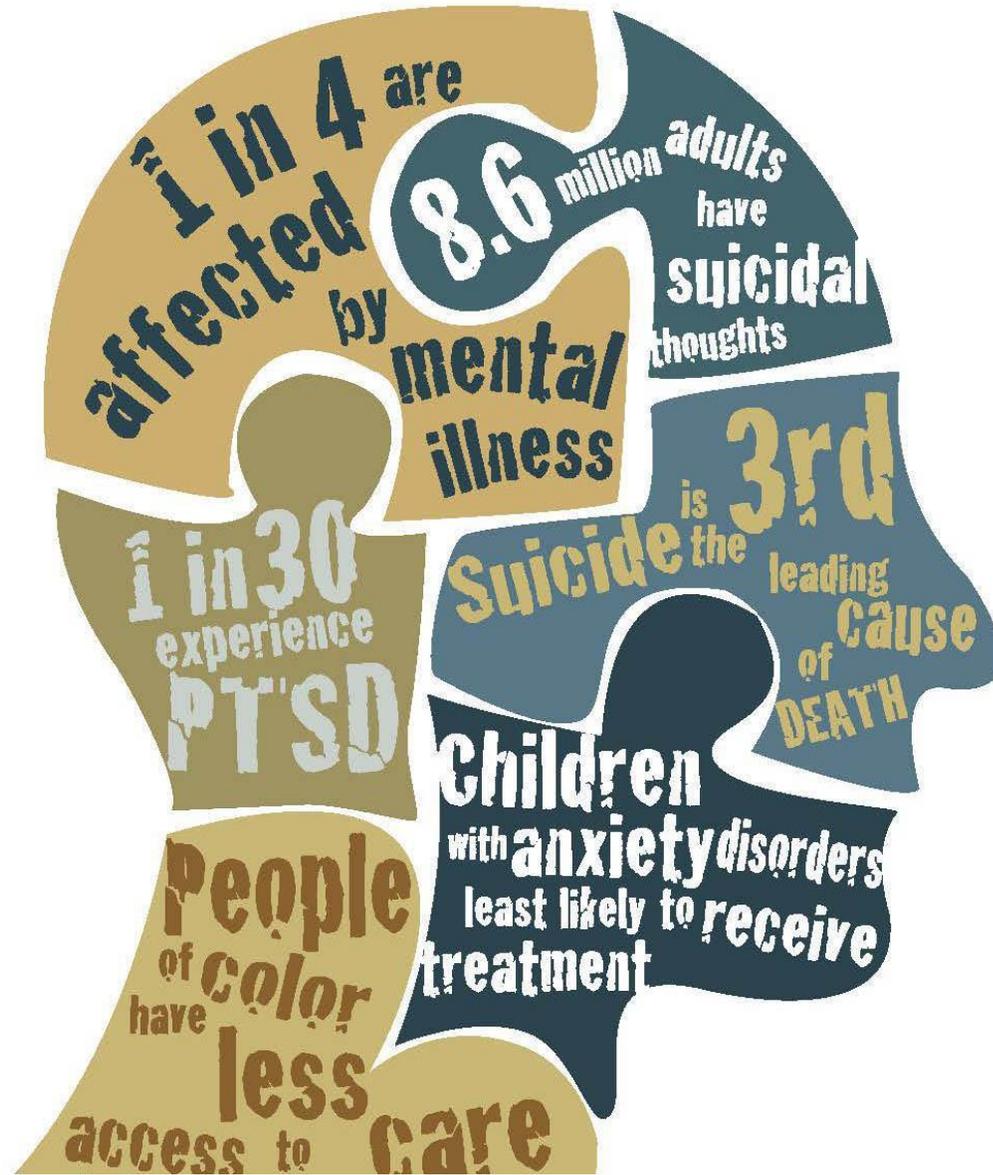


**Alzheimer's Disease
and Dementia**
11%



**Chronic Obstructive
Pulmonary Disease**
11%

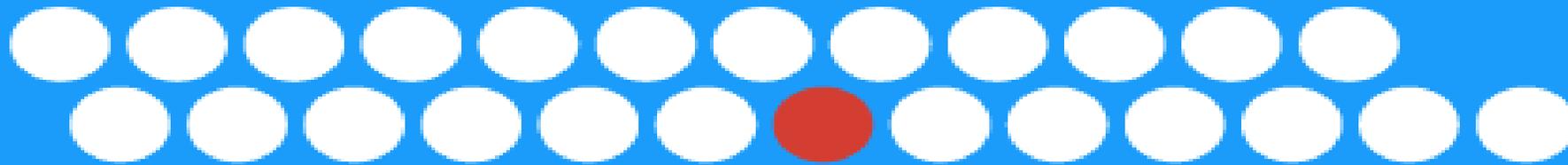
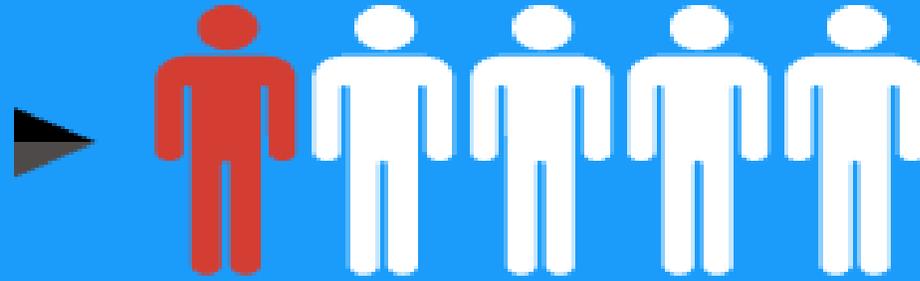
Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015



Older-adult Stats

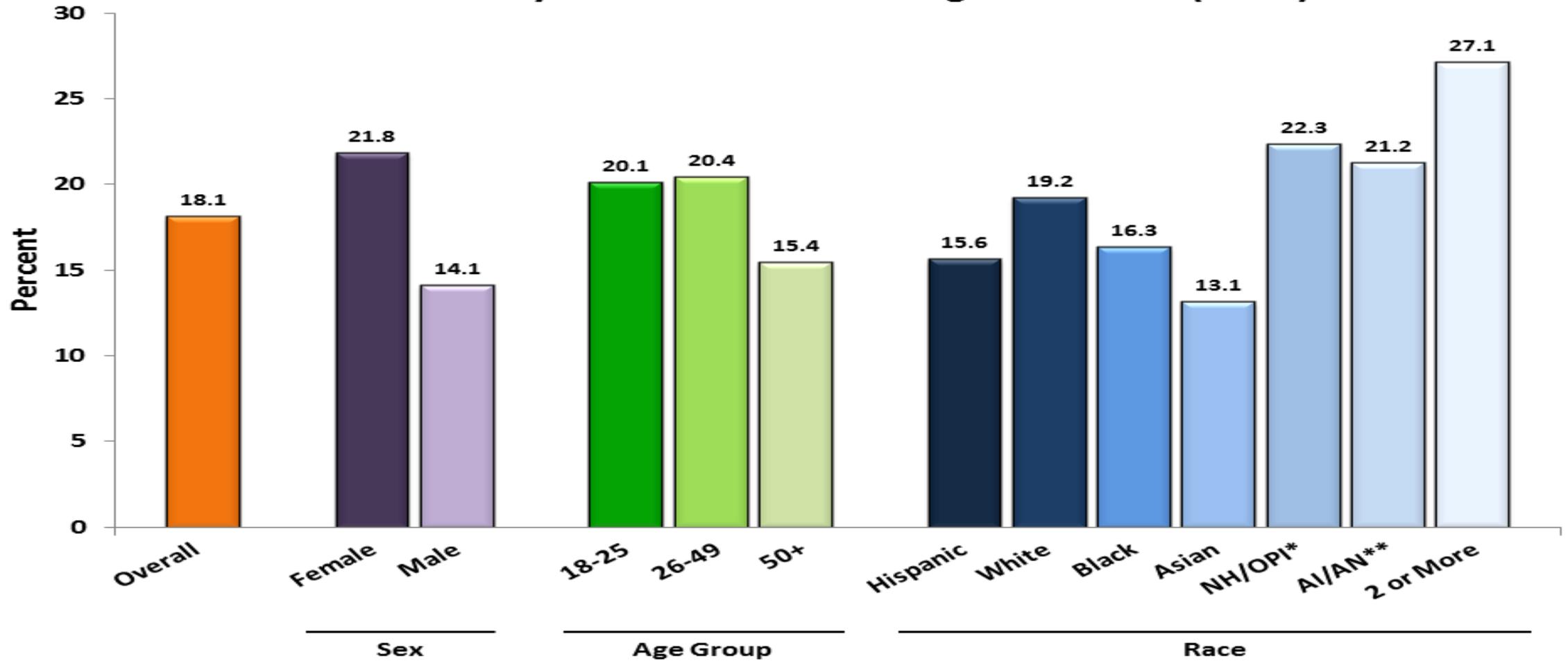
- 1 in 4 adults have a MH condition in any one year.
- The number of older-adults with MH conditions will double from 7 million to 14 million.
- MH conditions often start in adolescence or early adulthood.

1 in 5 adults
experience
mental illness.



Nearly **1 in 25** adults in America
live with a **serious** mental illness.

Prevalence of Any Mental Illness Among U.S. Adults (2014)



Data courtesy of SAMHSA

*NH/OPI = Native Hawaiian/Other Pacific Islander
 **AI/AN = American Indian/Alaska Native

The Prevalence of Mental Illness

43.8 Million Adults Experience
Mental Illness in a Given Year
(1/5th of the United States population)

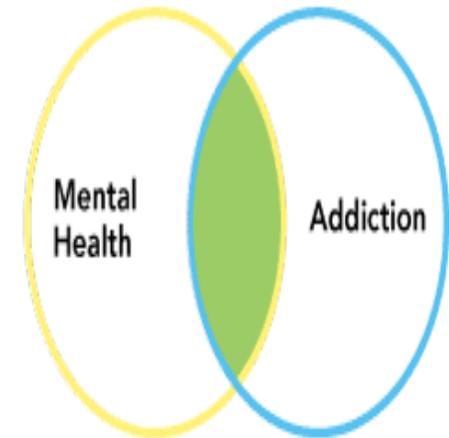


Diversity of Mental Illnesses

- 2.4 Million - Schizophrenia
- 6.1 Million - Bipolar
- 16 Million - Depression
- 42 Million - Anxiety



10.2 Americans Live
with a **Co-occurring Disorder**



Older-Adult Stats

- 50% of mental conditions begin by age 14 and three-quarters by age 24.
- 18 to 25% of older-adults are in need of mental health care for depression, anxiety, psychosomatic disorders, adjustment to aging, and schizophrenia.

Older-adult Stats

- 10%-20% of people age 55 years or older experience some type of MH concern.
- Older-adults account for only 7% of all inpatient psychiatric services, 6% of community mental health services and 9% of private psychiatric care.

Older-adult Stats

- Suicide rate of the older-adults are among the highest of all age groups in the U.S.
- An older-adult commits suicide every 17 days somewhere in the U.S.
- Less than 3% of all Medicare reimbursement is for the psychiatric treatment of older-adults.

Older-adult Stats

Although some older-adults remain healthy and vigorous throughout their lives, most have chronic physical conditions including obesity, hypertension, diabetes, heart disease, pulmonary disease, and dementia. (on average, 2-3 physical and mental Health disabilities)

Older-adult Stats

Although some people experience improved mental status and functioning as they age, many continue to have compromised cognitive abilities throughout their lives, even if the primary symptoms of severe MH illness are controlled with medication.

Older-adult & MH

Poor health and poor health care contribute to the low life expectancy of people with MH disorders, whose lives on average are at least 10 shorter than the general population.

A recent study puts it at about 25 years.

Consider This

We all exhibit good and Not so good behaviors. (Being Human)

Behaviors are demonstrations of who we are and how we communicate our response to daily living and life in general.

Consider This

Less than 10% of our residents living with a Mental Health condition cause 100% of the behavioral challenges, which takes up most of our time and drains our collective energy.

MENTAL HEALTH

IN THE UNITED STATES OF AMERICA

do you know?

MENTAL DISORDERS

are the
→



61.5 MILLION AMERICANS
suffer from a
MENTAL ILLNESS

=



MENTAL ILLNESSES

COST THE
U.S.

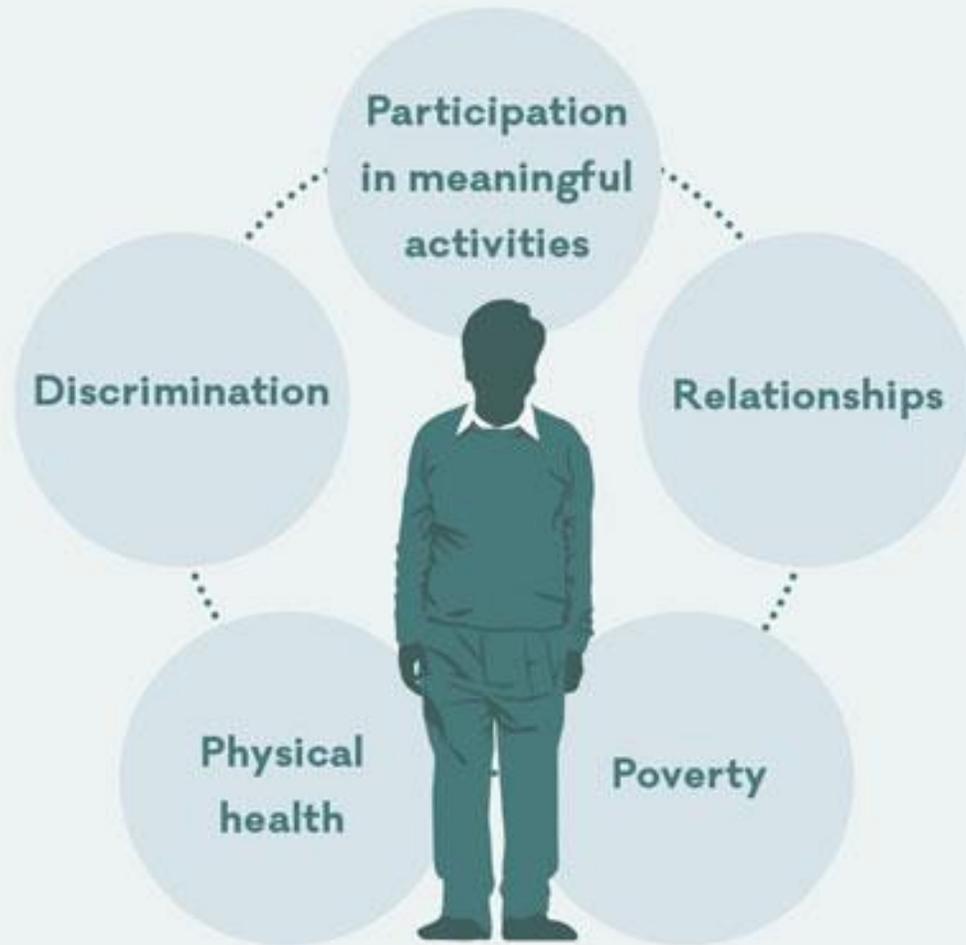
\$317 BILLION ANNUALLY
in lost wages, health care and disability

there are new medicines in development



Biopharmaceutical research companies are developing more than 100 medicines to treat mental and addictive disorders to help people who have some type of mental disorder.





The 5 key factors that affect the mental health and wellbeing of older people are: discrimination, participation in meaningful activities, relationships, physical health and poverty.

(Age Concern and the Mental Health Foundation, 2006)

Defining a MH Disorder

Diagnosable illness (DSM-V) that affects a person's thinking, emotional state, and behavior, and disrupts the person's ability to work or carry out activities of daily living (ADLs) and engage in satisfying personal relationships.

Five general categories of mental disorders (DSM-V)

1. Mood Disorder: such as Depression and Bipolar Disorders.
2. Anxiety and Panic Disorders: such as Generalized Anxiety Disorder and Post Traumatic Stress Disorder (PTSD).
3. Disorders of Perception: such as Schizophrenia and Delusional Thinking Disorders.

Five general categories of mental disorders (DSM V)

4. Disorders of Memory: such as Alzheimer's and other Dementias.
(Lewy Bodies, Vascular, Parkinson's, etc.)
5. Disorders of Personality such as:
Borderline and Antisocial Personality Disorders.

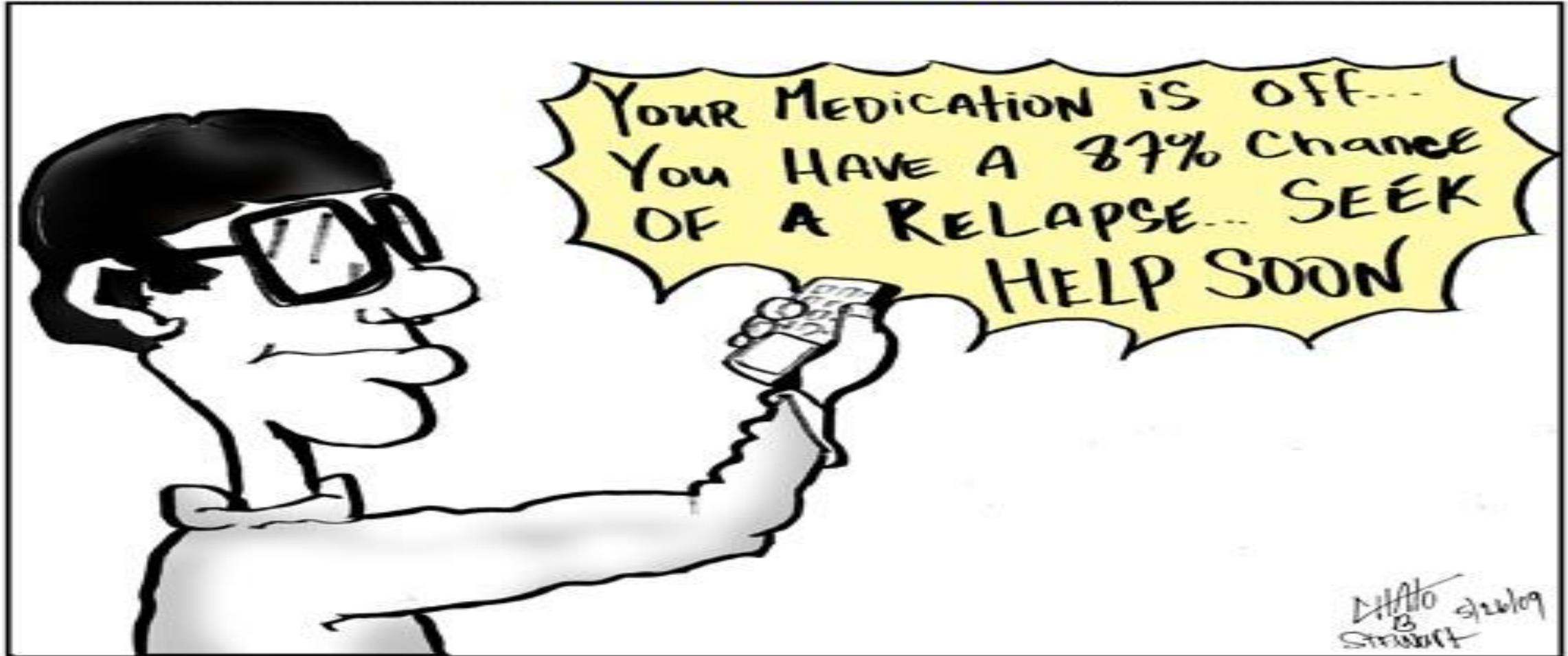
Older adults with MH disorders are a heterogeneous population, most of whom live and want to remain in the community, including people with:

- With serious and persistent mental illnesses who are aging.
- Including: Alzheimer and Vascular Dementias, and Schizophrenia

- Severe anxiety, depressive, and paranoid disorders resulting in social isolation, dysfunction, behavioral obstacles to living in the community.
- Less severe anxiety and depressive disorders.
- Higher rates of suicide, males 85+.

- Alcohol and prescription drug abuse and some lifelong addiction.
- Emotional problems adjusting to aging process.
- Most do not wake up in the morning and say or plan to reek havoc on their RSC or PM.

MentalHealthHumor.com **CARTOON-A-THON** By: Chato B. Stewart



Yes! There's An App For That..

MentalHealthHumor.com

By: Chato B. Stewart



Signs of Depression

MentalHealthHumor.com

By: Chato B. Stewart



Depression is common in old age balloons.

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Depression

- Depression is the most common psychiatric disturbance in the elderly.
- 15-25% of the elderly are depressed.
- Affects 20 million Americans.

Depression

- It's more than just a feeling of being "down in the dumps" or "blue" for a few days.
- Feelings do not go away and interfere with your everyday life.

DEPRESSION IN THE ELDERLY INFOGRAPHIC



Negative thoughts

Lorem ipsum dolor sit amet, consectetur ad tempor incididunt ut labore et dolore magna



Sadness

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Fatigue

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Anorexia

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Abandoning hobbies

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Isolation

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Weight loss

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Increased use of alcohol

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Difficulty sleeping

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Medications Options

Antidepressant medications include:

- Selective serotonin reuptake inhibitors (SSRIs), such as Prozac, Zoloft, or Paxil.
- Tricyclic and tetracyclic antidepressants, such as Elavil, Pamelor, or maprotiline.
- Atypical antidepressants, such as Wellbutrin, Effexor, or Remeron.
- Monoamine oxidase inhibitors (MAOIs), such as Nardil, Marplan, or Parnate.

Tips for Responding

- If immediate medical attention is needed call 9-1-1
- Suicide screening (RSC)
- No Harm Contract (RSC)
- Alert the Property Manager and Resident Services Coordinator

Highest Rate of Prescriptions

MentalHealthHumor.com

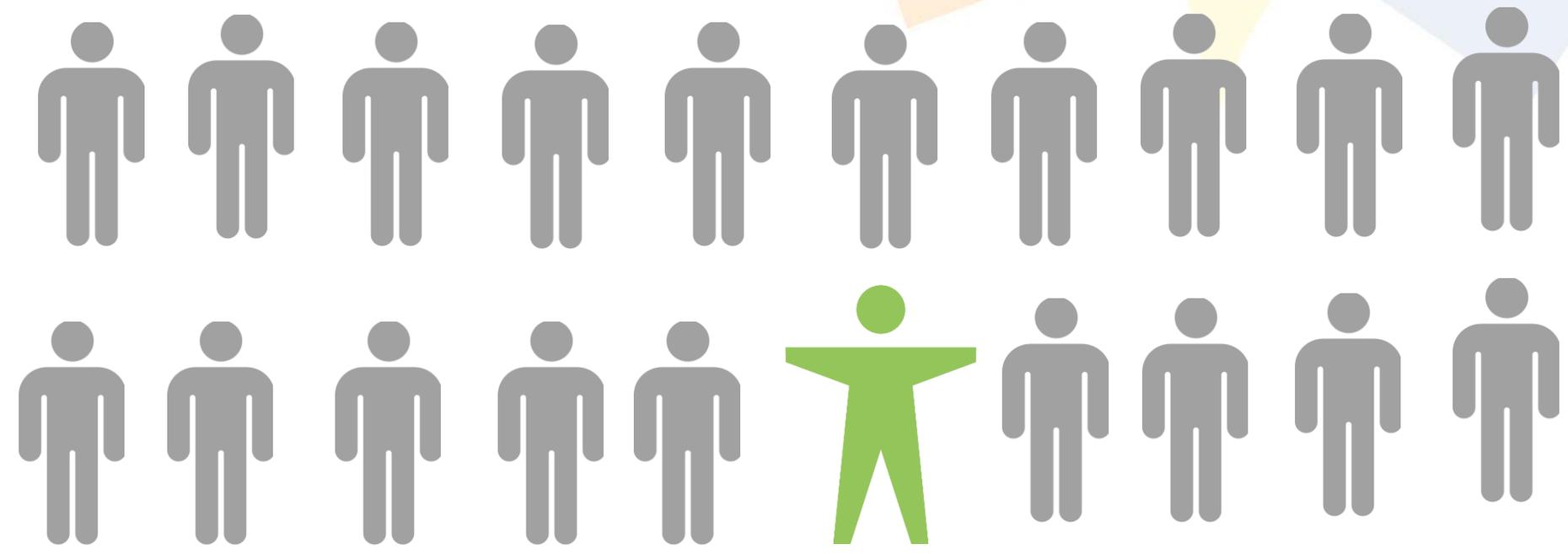
By: Chato B. Stewart



Affects 1 in 20 Americans

About 2-5% of the population hoard,
which is about 15 million people in the
U.S.

(Iervolino et al., 2009; Samuels et al., 2008)



Hoarding Disorder Defined

DSM-V: definition, diagnosis has 4 parts:

1. Excessive acquisition of stuff*
2. Difficulty discarding or parting with possessions regardless of their actual value
3. Living spaces that can't be used for their intended purposes due to clutter
4. Causing significant distress or impairment
(Frost & Hartl, 1996)

4 Types of Hoarders

1. Environmentalist
2. Guru of Information
3. Storytellers
4. Collectors



Treatment Options

- Cognitive behavior therapy is the most common form of psychotherapy used to treat hoarding.
- A challenge that comes with mixed success. For one thing, many people who hoard don't believe they need treatment. This is especially true if their possessions or animals offer comfort.
- People whose animals are taken away will often quickly collect more to help fulfill emotional needs.

Treatment Options

- Difficult because researchers aren't yet sure which treatment is best.
- Try to find a therapist or other mental health provider who has experience in treating hoarding.
- Intense and time-consuming, perhaps taking many months or even years, it can pay off in the long run.

Medication Options

- Most commonly used include: selective serotonin reuptake inhibitors (SSRIs), a type of antidepressant.
- Effectiveness has been mixed.
- Some research, however, indicates that Paxil may help decrease hoarding urges.

Tips for Responding

- Stay Calm and be understanding.
- Start with the person, discuss the mess later.
- Build Trust and rapport.
- Be non-judgmental.
- Recognize dementia and depression.
- Involve the family, caretaker, friends, etc.
- Alert Property Manager and Resident Services Coordinator.

Tips for Responding

- League of Super Heroes: The key is collaboration. Work collaboratively with others to address the situation (pest control, animal control, fire department, APS, police, Building code enforcement, MHPs, etc.)
- Recognize genuine artistic and creative efforts.
- Consider “outside the box” solutions.
- Suggest a support group or start a group in-house.

Tips for Responding

- Use a gentle, respectful approach.
- Assess the situation for safety.
- Get the hoarder involved in the solution.
- Refer to a doctor for evaluation of the underlying cause.
- During clean up, expect slow, gradual change.
- Let the hoarder touch and talk about the items to be discarded.
- Reassure the hoarder that others will help.

What If Alzheimer's And Other Dementias



"My memory's terrible these days."

Search ID: rth0387

Dementia

- Dementia is not a normal part of aging
- Collection of symptoms resulting in problems with memory, language, or another mental function which interferes with daily life.
(Cognitive impairment)
- May also be caused by strokes, Parkinson's, UTI, TBI, depression and chronic alcoholism.

Dementia

- The most common is Alzheimer's disease (50-70% of all dementia)
- Other types of Dementia include: Lewy body disease, Parkinson's disease and Pick's disease.
- If caused by medical/organic condition dementia can be resolved when treated. (UTI)

Alzheimer's Disease

- 5.1 million Americans.
- 7th leading cause of death.
- Someone is diagnosed with Alzheimer every 72 seconds.
- More than 7 out of 10 people with Alzheimer's live at home.
- Age is the greatest risk factor. (85+)
- Terminal, irreversible disease.

Warning Signs

- Recent memory loss that affects job skills
- Difficulty performing familiar tasks
- Problems with language
- Poor or decreased judgment
- Problems with abstract thinking
- Misplacing and unable to retrace (keys, glasses, etc.)
- Changes in mood, behavior, personality
- Loss of initiative

Common Behaviors

- Repetitive speech and actions
- Neglect of personal hygiene and grooming
- Swearing or tactlessness
- “Sundowning” (increased restlessness or agitation at the end of the day)
- Wandering
- Apathy or withdrawal

Common Behaviors

- Hostility or aggression
- Sleep disturbances
- Paranoia and suspiciousness, false accusations of people stealing from them
- Delusions/Hallucinations
- Decreased awareness of personal safety
- Forgetting what is private behavior, cleaning dentures on table; disrobing or masturbating in public

Medication Options

Currently there are 29+ prescription medications approved by the U.S. Food and Drug Administration (FDA) for the treatment of Alzheimer's disease.

- Cognex® - approved in 1993
- Aricept® - approved in 1996
- Exelon® - approved in 2000
- Razadyne® - approved in 2001
- Namenda® - approved in 2004
- Donepezil®
- Memantine®

Tips for Responding

- Stay calm and try to see the situation from the resident's perspective.
- Address the person by name s/he prefers.
- Treat the person as an adult.
- Look for the reason (especially if acute).
- Keep it Simple: Give one step directions using short familiar phrases.
- Use non-verbal communication, visual cues, gestures and touch.

Tips for Responding

- Speak slowly using a low-pitched voice.
- Respond to the emotion.
- Do not argue or try to convince.
- Respond to requests.
- Find other outlets, distractions.
- Explore “out of the box” solutions.
- Alert the Property Manager and Resident Services Coordinator.

Bipolar Disorder

- Psychiatric condition defined as recurrent episodes of significant disturbance in mood.
- Family history (60%)
- Causes extreme mood swings, from feeling overly energetic (mania) to feeling very sad or having low energy (depression).
- Formerly known as Manic-Depressive

Mania may cause a person to:

- Feel extremely happy or very irritable.
- Have a very high opinion of him/herself (inflated self-esteem).
- Not need as much sleep as usual, may feel rested after 3 hours of sleep.
- Talk more than usual.
- Become more active than usual.

Mania may cause a person to:

- To be easily distracted by sights and sounds.
- Have difficulty concentrating due to having too many thoughts at once (racing thoughts).
- Act impulsively or do reckless things, such as go on shopping sprees, drive recklessly, get into foolish business ventures, or have frequent, indiscriminate, or unsafe sex.
- Use alcohol or drugs (downers) to take off the edge.
(Benzos: valium, Xanax, etc.)

Medication Options

Mania

- Lithium, the first mood stabilizing approved by the FDA for treatment of mania.
- Anticonvulsants used include: Depakote, Neurontin and Tegretol.

Depression

- Atypical antipsychotic drugs used may include: Clozaril, Zyprexa, Risperdal, and Seroquel
- Benzos may be used to assist with insomnia: Klonopin and Ativan.
- Xanax is also used to relieve anxiety.

Treatment Options

- Includes on-going counseling and adjusting medications with the goal of preventing manic and depressive episodes.
- It may take several months for symptoms to go away and for the individual to function normally.

Treatment Options

- Mood stabilizers like Lithium/Depakote are generally used long-term. Mania or depressive episodes can still occur.
- Antidepressants, such as Prozac are used to treat depression but can trigger a manic episode. (Possible increased suicide risk)

Medication Options

Antidepressant medications include:

- Selective serotonin reuptake inhibitors (SSRIs), such as Prozac, Zoloft, or Paxil.
- Tricyclic and tetracyclic antidepressants, such as Elavil, Pamelor, or maprotiline.
- Atypical antidepressants, such as Wellbutrin, Effexor, or Remeron.
- Monoamine oxidase inhibitors (MAOIs), such as Nardil, Marplan, or Parnate.

Tips for Responding

- Develop a plan for coping with symptoms that are triggered by external causes such as an argument with a friend, an unexpected bill, 3 day or eviction notice.
- Develop a response plan detailing concrete actions they can take to stabilize their situation, such as calling a doctor, therapist, trusted friend, family member, or arranging a brief hospital stay to stabilize their mood.
- Alert the Property Manager and the Resident Services Coordinator

Tips for Responding

Stay calm and assess the situation for safety!
Call 9-1-1 and/or the MHPs, If the individual:

- Is talking about hurting or killing him/herself, you or someone else.
- Is very agitated or angry and damaging things in their unit or on the property.
- Is unconscious or difficult to wake up.
- Is crying so much that he/she cannot stop or tell you what's wrong.

Tips for Responding

Stay calm and assess the situation for safety!
Call 9-1-1 and/or the MHPs, If the individual:

- Is awake but not responding to your attempts to talk with him/her.
- Is doing anything that makes you fearful or worried about your safety or safety of others.
- Is exhibiting psychotic symptoms, i.e.: delusions, hallucinations, threatening, intimidating and/or violent behavior.

Paranoid-Schizophrenia Delusions & Hallucinations



Schizophrenia

- A disorder of thinking, feeling, and relating to others.
- Affects about 1% of U.S. population.
- Onset of the disease: males before 25 and females before 35 years of age.
- Symptoms Include: hallucinations, delusions and disorganized speech.

Auditory (voices)



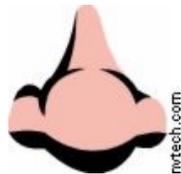
Visual (apparitions)



Gustatory (taste)



Olfactory (smell)



Tactile (touch)



Types of Hallucinations

Warning Signs

- Talking to self in conversational or emotional way.
- Laughing suddenly for no apparent reason.
- Appears distracted or occupied.
- Appears to see something you can not see.

Tips for Responding

- Ask the person to describe what they saw or heard.
- Get enough information to determine how the person is feeling about the experience.
- Gently but confidently remind the person that any behavior such as screaming and/or threatening other residents is not tolerated.

You Should Not

- Joke about the person or their experience.
- Act shocked or be alarmed about the experience. (watch your body language)
- Share experience with other residents. (right to privacy and confidentiality)

You Should Not

- Tell the person the experience is not real, casually dismiss it, or minimize it.
- Enter into lengthily discussions about the content of the hallucination or why someone might be saying the things s/he is hearing.

Delusions

A fixed belief that is either false, fanciful or derived from deception.

Symptoms of non-bizarre delusions include:

- Being followed.
- Poisoned, infected.
- Deceived by a spouse or lover.
- Having a disease.

Types of Delusions

- **Erotomantic:** a person usually of higher status is in love with the individual.
- **Grandiose:** delusions of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.

Types of Delusions

- Jealous: individual's sexual partner is unfaithful.
- Somantic: person has some physical defect or general medical condition.
- Persecutory: person or someone close to person is being treated malevolently.

Medication Options

- Antipsychotic drugs are the best treatment, does not cure schizophrenia or eliminate further psychotic episodes.
- The choice and dosage of medication can be made only by a qualified physician.
(MH)

Medication Options

The dosage of medication is individualized for each patient, since people may vary a great deal in the amount of drug needed to reduce symptoms without producing troublesome side effects.

Medication Options

Antipsychotic drugs are often very effective in treating certain symptoms of schizophrenia, particularly hallucinations and delusions. Include:

- Clozaril
- Seroquel
- Risperdal
- Zyprexa
- Haldol
- Thorazine

Tips for Responding

- Acknowledge or address the feelings (fear, anger, anxiety, sadness) without commenting on the delusion. “I see tell this is making you feel: angry, sad, anxious, etc.”
- Offer assistance in coping with the feelings i.e.:
“What can you or I do to help you feel safe?”
- Alert the Property Manager and Resident Services Coordinator.

If Person is Calm

- Do not question or discuss the details of delusional statements in any depth.
- Do not try to convince or argue people out of a delusion, it will not work.
- Respond to non-delusional remarks that have been made.

If Person is Calm

- Lead the conversation away from the delusional content. (Distraction)
- It's ok to say you do not know.
- Acknowledge the person's reality and being as respectful of his/her opinion explain that there is an honest difference of opinion or perception between the two of you.



- Unfortunately there is no cookbook or magic formula. Finding a solution that works for a particular individual in a particular situation is largely a matter of trial and error.
- Even when a solution is found it may not work every time. Adjustments need to be made as the disease progresses and new behaviors present themselves.

Preventing a Crisis

- 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 works 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.

Before a Crisis Occurs Ask:

- What situations have led to a crisis in the past? (triggers)
- What stress reduction strategies have worked before?
- How can conflict be avoided?
- What steps can be taken to keep everyone safe and calm?
- Who can be called for support in a crisis?
- Have all available resources been utilized?

Mental Health Crisis

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.

Mental Health Crisis

- Many things can lead to a mental health crisis including, increased stress, physical illness, problems at work or at school, changes in family situations, trauma/violence 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 living with a mental illness.

Decompensation

- Degradation or deterioration of mental health in an individual who up till that point has maintained his or her mental health condition.
- In some cases, may lead to verbal, physical abuse and in rare cases psychotic behaviors.
- Diminished ability to think and carry out activities of daily living. (ADLs)

<http://www.disabilitysecrets.com/mic2.html>
<http://psychology.wikia.com/wiki/Decompensation>

Responding to a MH Crisis

- Intervene in Person-Centered ways
- Individual is seen as an active partner in rather than a passive recipient of services.
- Develop a resident-centered Housing Stability and MH Crisis Management Plan

Crisis Planning

- It is important to have a written plan in place in the event of a crisis.
- Helpful to create before a crisis materializes and they will.
- Anticipate and plan ahead. (Pre-emptive)

Sample Crisis Plan

Individual/Family Information:

Person's Name:	D.O.B.	Diagnosis(s)	Date of Plan:
Medications:	Dosage:	Physician 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:	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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At a Minimum, a Crisis Plan Should 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 time-line for achieving these goals.
- Specific objectives directed at achieving each goal.

At a Minimum, a Crisis Plan Should Include

- 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 outcomes of the goals.

A Good Crisis Plan Will

- Identify people willing to help. Social support system, circle of trust, family of choice
- List phone numbers of the mental health providers and the mental health crisis team. (MHPs)
- List of current prescribed medications, OTC medication, and supplements and their dosages.

A Good Crisis Plan Will

- Include a list treatments and strategies that have been used in the past (CBT, DBT).
- List key words or calming techniques that have worked in the past.
- Identify preferred treatment facilities.

A Good Crisis Plan Will

- Include a copy of advanced psychiatric directive, if available,
- Include a list of trusted individuals.
- It is important to involve loved ones in the creation of the crisis plan and distributed it to family, friends and professionals with permission.

Access to Information - ROI

- Copy of the current crisis plan.
- Current diagnostic assessment.
- Notes from phone calls and appointments.
- Hospitalization history.

Access to Information - ROI

- List of prescribed, OTC medications and supplements and dosages.
- Copy of their advanced psychiatric directive.
- Names and phone numbers of mental health professionals and mental health agencies working with your resident.

Problem Solving Strategies

Ask questions

- What exactly is the behavior?
- What was happening just before the behavior occurred?
- When does it happen? Early morning? Late afternoon?
- How often has it happened?
- Where does it happen? In the lobby? The hallway? Common areas? Parking lot?
- Why is the behavior a problem? And for whom?
- How was the behavior handled? Did it work?

Problem Solving Strategies

Identify triggers

- The resident's physical condition
- The resident's emotional condition
- The environment.
- The way the resident was approached by others.
- How was the behavior handled? Did it work?
- Explore any recent medication changes or losses.

Problem Solving Strategies

- **Keep a log** (Document, Document, Document)
- Document the responses and behaviors associated with the previous questions.
- See if you can determine a pattern.
Baseline/"normal"/MO

Stabilization Services

- Time limited. brief solution-focused strategies.
- MH Tune up, short hospital stay, dose adjustment, med re-evaluation.
- Referrals to MH supportive housing/adult family home.

Stabilization Services

- Referrals to long-term care options.
- Rapid access to psychiatrists, coordinated crisis plans and a referral to the county's mental health services.
- Guardianship.
- Involuntary commitment.

DECOMPRESS

A grey downward-pointing arrow indicating the flow from the first step to the second.

DEBRIEF

A grey downward-pointing arrow indicating the flow from the second step to the third.

DOCUMENT

Follow

Follow all your organization's policies & procedures.



Inform

Inform your supervisor.



Complete

Complete incident report form.

Post Crisis Resolution

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

Post Crisis Resolution

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?

Post Crisis Resolution

- 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.

The Four A's: Decision Steps for Intervening During a MH Crisis

1. Awareness

- Physical environment.
- Your emotional state.
- Other people and staff present.
- Outside resources available.

The Four A's: Decision Steps for Intervening During a MH Crisis

2. Assess/Analyze

- What does the situation mean?
- Does the person need something?
- What should happen?
- Do I need to do anything?

The Four A's: Decision Steps for Intervening During a MH Crisis

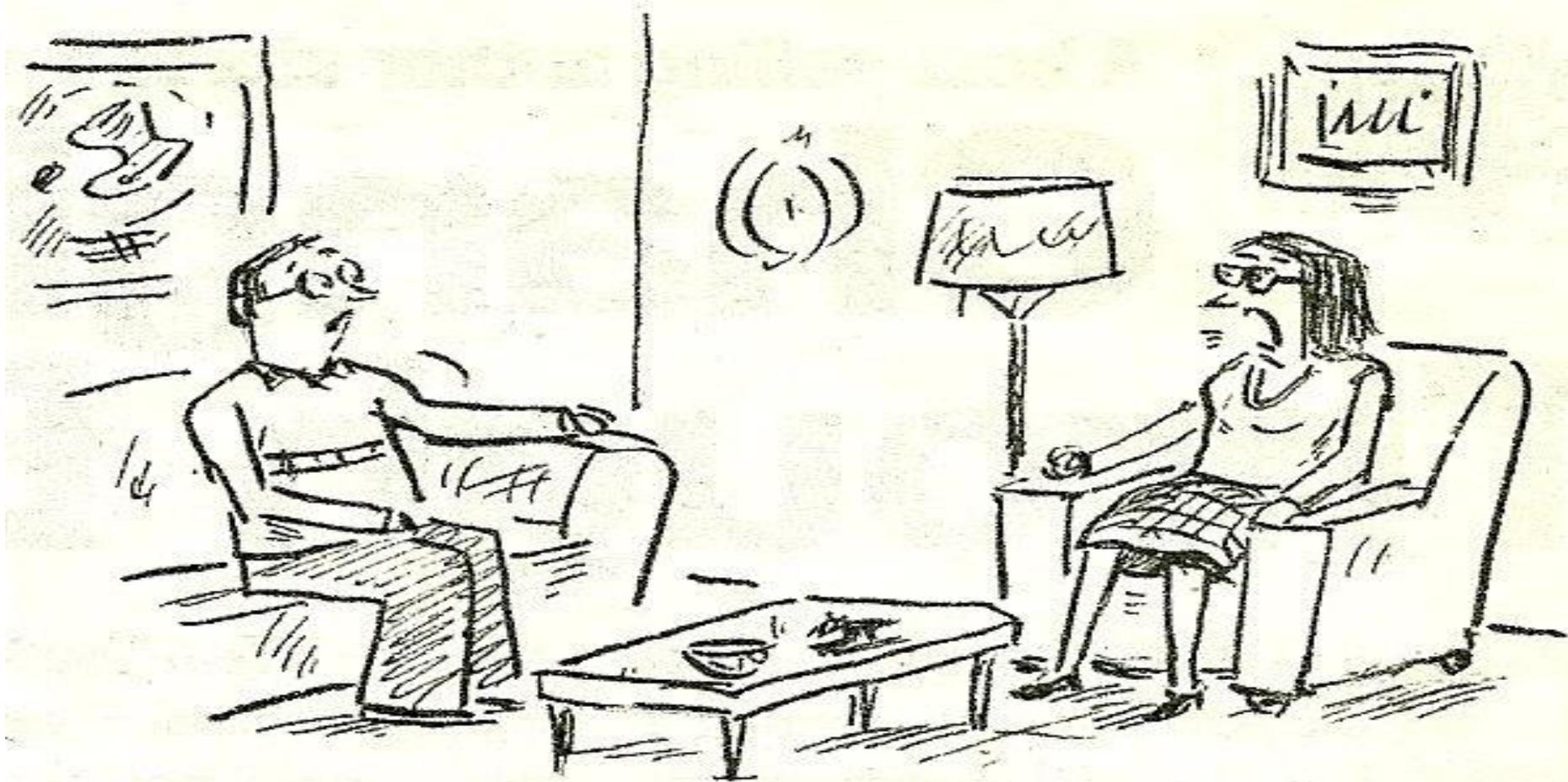
3. Anticipate

- What is the person likely to do next?
- What is likely to happen if I do something?
- What is likely to happen if I do nothing?

The Four A's: Decision Steps for Intervening During a MH Crisis

4. Act

Make a conscious choice to intervene
OR, make a conscious choice NOT to intervene.



"Can't a person sit here and have a nervous breakdown without being asked if something's the matter?"

DAVID SIPRESS

A tool box of support

- Setting aside time for extra sleep.
- Talking with a friend or loved one.
- Talking with your health care professional.
- Attending a peer support group.
- Watching a funny movie.
- Spending time in nature, like going to a park.
- Writing in a journal.
- Spending time on a hobby.
- Volunteering for your favorite organization or helping someone else.
- Cutting back on a few non-essential responsibilities.

Resources



- 2-1-1 & 9-1-1
- National Alliance on Mental Health
<http://nami.org>
- National Institute of Mental Health
<http://www.nimh.nih.gov>
- AARP.org
- ALZ.org
- Area Agency on Aging (AAA)
- <http://www.dshs.wa.gov/mentalhealth/>
- Crisis Line (24 hours) (206) 461-3222
- County Designated Mental Health Professionals (MHPs) (206) 263-9200



Get Involved and Make a Difference

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Coping with Grief After Community Violence

Find resources to help community members, including children, cope with grief and anger.

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Mental Health



Mental Health Overview

Welcome to the CDC Mental Health Web site, which includes basic public health information on mental health.

The site aims to foster collaboration and advancement in the field of mental health in support of CDC's public health mission.



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[Raise.Your.Voice.](#)

Did you know that more than 43 million adults in our country struggled with mental illness in the past year? Half of us will meet the criteria for a diagnosable mental health condition at some point in our lives; one quarter by the age of 14. And more than 20 million adults have an alcohol...



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A change in mood from our loved ones could signal a more serious matter than you think. Here's how to access their **mental health**. [More](#)

August 16, 2011



The Burned-Out Employee's Guide to the Perfect Mental Health Day ...

"Think about the best leaders of all time: When they needed a **mental health** day, they went to the mountains, the trees, the desert. Gandhi didn't start screaming, ... [More](#)



Transforming the understanding and treatment of mental illnesses.

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- Find a Health Care Provider or Treatment
- Participate in a Clinical Trial
- Help for Service Members and Their Families
- Learn More about Mental Disorders
- Contact Us

Help for Mental Illnesses

If you or someone you know has a mental health problem, there are ways to get help. Use these resources to find help for you, a friend, or a family member.

Please note that NIMH is a research funding agency. Resources on this page are provided for informational purposes only. The list is not comprehensive and does not constitute an endorsement by NIMH.

Get Immediate Help



Mental Health Information from NIMH

- ▶ Health Topics
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The image is a screenshot of a PDF viewer window. The window title bar shows the file name 'SMA09-4427.pdf'. The address bar contains the file path: 'file:///C:/Users/PRinS/Documents/TRAINING%20MODULES/AHMA-NE/SMA09-4427.pdf'. The main content area displays a green slide with white text. The text is centered and reads: 'PRACTICE GUIDELINES:' followed by a horizontal line, and then 'CORE ELEMENTS IN RESPONDING TO MENTAL HEALTH CRISES'. The Windows taskbar is visible at the bottom, showing the search bar and various application icons. The system tray in the bottom right corner displays the time '9:38 PM' and the date '2/25/2018'.

PRACTICE GUIDELINES:

***CORE ELEMENTS IN
RESPONDING TO
MENTAL HEALTH CRISES***

Mental Health Crisis Planning

Learn to recognize,
manage, prevent and
plan for your loved one's

HOUSING IN THE MENTAL HEALTH SYSTEM FOR AGING PEOPLE WITH SERIOUS PSYCHIATRIC DISABILITIES

Housing

NAMI The Nation's Leader on Mental Health

A Housing Toolkit:

Information to help the public mental health community meet the housing needs of people with mental illnesses.

This publication was prepared and written by the Technical Assistance Collaborative of Boston, Massachusetts.

Best Practices

Enterprise Community Partners, Inc.

www.enterprisecommunitypartners.org

NeighborWorks America

www.nw.org

Beyond Shelter

www.beyondshelter.org

Best Practices

Corporation for Supportive Housing

www.chs.org

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www.hhc.org



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Annie's Story

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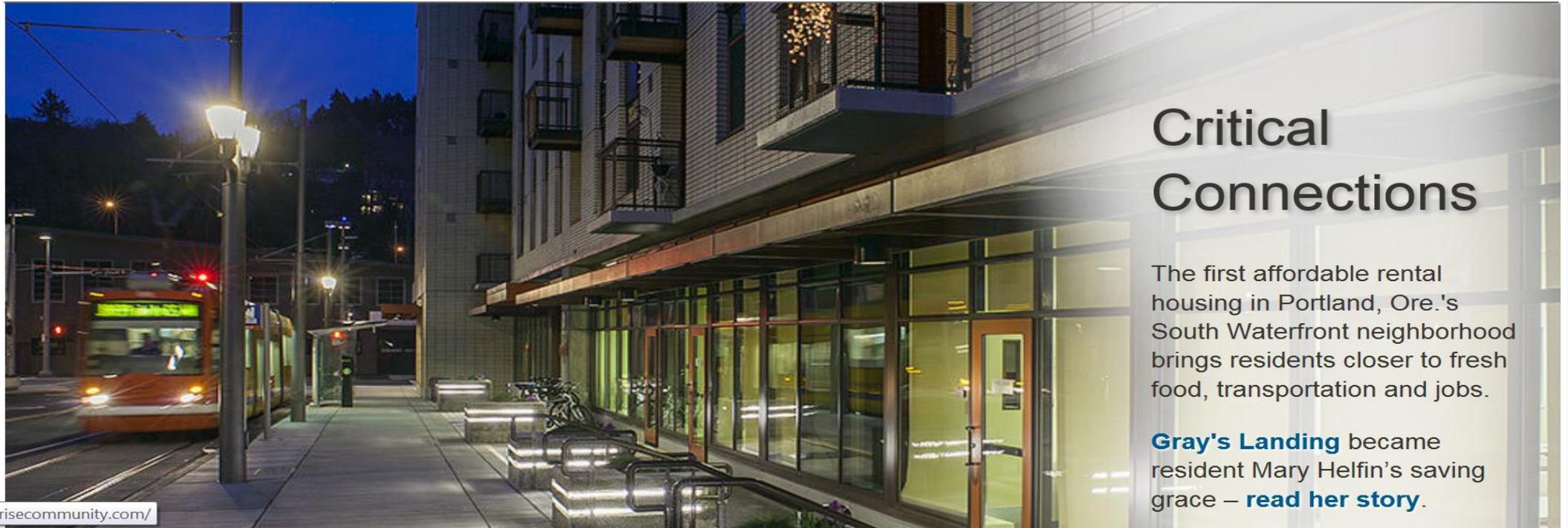
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Critical Connections

The first affordable rental housing in Portland, Ore.'s South Waterfront neighborhood brings residents closer to fresh food, transportation and jobs.

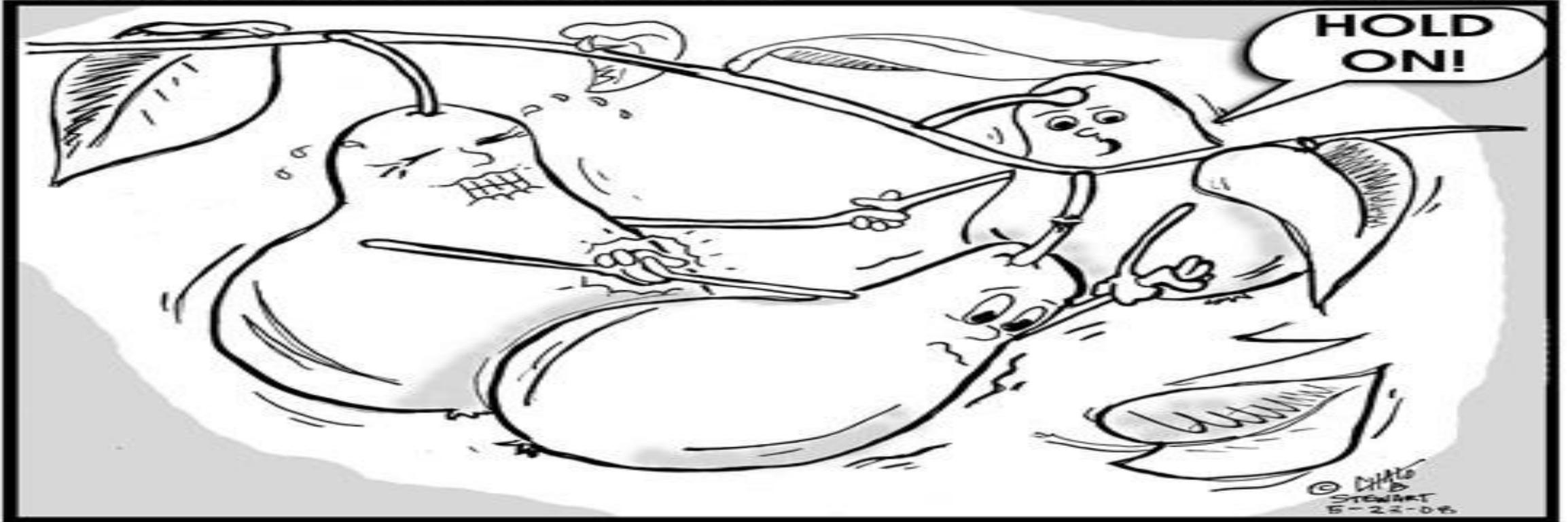
Gray's Landing became resident Mary Helfin's saving grace – [read her story](#).

http://www.enterprisecommunity.com/



MentalHealthHumor.com

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