



MENTAL HEALTH CRISIS - WHAT TO DO

"Mental health crises" can include cognitive disturbances, confused racing thoughts, delusions, hallucinations and/or engaging in/exhibiting bizarre behaviors. When in an altered state of mind, an individual's behavior can become quite erratic and alarming. Abnormal actions can include hostile and violent behaviors – including wanting/attempting to commit self-harm or do harm to others. If you are the parent of a minor experiencing a mental health crisis, you are their greatest and possibly their only/sole advocate – you must stay strong and assertive for their sake.

The medical care assistance industry is geared to protect patients' privacy rights to the extent that it sometimes insulates patients from receiving compassionate care and protection otherwise available from concerned, vested related parties. This holds especially true for adult patients over 18 years of age. Patients that are not a threat to themselves or others are often thrust out of the mental health care system and left to fend on their own devices — even though they are incapable of making good decisions in their own self interest. It is a cruel characteristic of the U.S. mental health care industry that many consider broken.

- In the event of the expression of an individual wanting to harm themselves or others, do not hesitate — call the number of the National Suicide Prevention Lifeline provided at the bottom of this page.
- It is highly advised that if 911 is called that it is requested that a Critical Intervention Team ("CIT") be sent, if available.
- Upon arrival, first responders will assess the situation. If the individual is cooperative and compliant, it will permit first responders to perform their duties in a normal, routine fashion.
- If the individual is non-compliant and/or violent, then first responders may feel compelled to resort to the use of physical restraint/applied restraints and/or more aggressive, techniques to subdue and control the individual in crisis.
- If the situation is deemed not to be dire/life threatening and the individual is compliant and agrees, you may elect not to call 911 and to drive them to the nearest emergency health care facility and/or call the National Suicide Lifeline.
- However, do not risk the safety of the individual, yourself or others.
- When first responders arrive, you will likely be separated from the individual suffering the crisis, as first responders attempt to assess and deal with the situation. Be prepared to provide the following information upon the arrival of first responders: 1) the individual's name, address, age and other pertinent personal information; 2) a list of current medications and dosages; 3) along with the name and means to contact parties vested in the well being of the individual, 4) including an indication of the nature of the vested relationships with the individual. 5) Insurance coverage should be provided and denoted too.
- Make every effort to determine where the individual in crisis will be transported to. You will likely be asked regarding your preference to where they will be, but where they are transported to will be contingent up the receiving facility's capacity to receive new patients. You can follow the ambulance, if you choose to.
- If the individual in crisis has an existing, personal physician, remember to contact and notify them of the crisis, as soon as time allows.
- The individual can be detained up to 96 hours in the absence of demonstration the patients being at risk to commit harm to themselves or others. After the 96 hour allowed hold period has elapsed, if the individual is not deemed to pose a dangerous risk, they may be released to leave the treatment facility under their own cognizance; they cannot be detained against their will.
- In order to establish and document that the afflicted individual poses an imminent risk to themselves or others to commit harm, you and/or other witnesses may be required to provide the emergency care facility's staff with a signed and notarized statement confirming the patient's at risk status. It can usually be notarized by a facility staff notary. Your primary contact at a facility will likely be a social worker. You will also likely be able to check on the patient's assigned nurse regarding their condition. It is unlikely that you will have an opportunity to speak to the attending physician.
- Because of patient privacy concerns and in the absence of pre-conducted legal rights arrangements in place, you risk being denied access to an adult aged patient if they do not wish to communicate with you. Under **SERVICES/OTHER ADVISORY SERVICES/LEGAL** will elaborate on these matters, but it recommended that you consult with an attorney in anticipation of possible future mental health crisis incidents and what precautionary options are available.
- As precautionary advice: If possible, it is recommended that the person that experienced the crisis not administer their own medications after they're released from professional medical oversight. If the individual is an adult (over 18 years of age), you may not have the opportunity or right to assist them to manage their medications, but it is common for individuals with mental health issues to mismanage their medications and/or quit taking them entirely.
- A second, important tip is to take great precaution to ensure that your pharmacy has an adequate supply of the medications prescribed for the individual that had been in crises after their release. It would be very unfortunate to discover after release that your pharmacy does not have an adequate supply of the prescribed, necessary medications.



Starting July 16th, 2022 "988" is activate nationally
National Suicide Prevention Lifeline

1-800-273-TALK 1-800-273-8255
(Will continue to work after "988" is activated)