Mental Illnesses & Crisis De-escalation
2014
Overview

- Mental illness basics
- Signs and symptoms
- Strategies for working with someone in crisis
- Involving crisis teams and law enforcement
- Resources
Defining mental illnesses

- Biological brain disorder
- Disrupts all aspects of life:
  - Thoughts
  - Feelings
  - Behavior
  - Mood
  - Ability to relate to others
  - Daily functioning
Prevalence

- 1 in 4 adults in a given year
- 1 in 10 youth in a given year

Symptoms appear by:

- Age 14 in 50% of cases
- Age 24 in 75% of cases
Causes and triggers

- Genetics
- Biology – examples:
  - Hormones
  - Nutrition
  - Substance use
- Stressors – examples:
  - Major life changes
  - Daily stressors
  - Trauma
What are psychotic disorders?

- Psychosis is a mental disorder in which a person has lost some contact with reality.
  - Hallucinations
  - Delusions
- The person may have severe disturbances in thinking, emotion and behavior.
- Psychosis usually occurs in episodes and is not a constant or static condition.
- Less common than depression or anxiety.
Types of disorders in which psychosis occurs

- Schizophrenia
- Bipolar disorder
- Depression with psychosis
- Schizoaffective disorder
- Drug-induced psychosis
- And more…
De-escalation video clip

Video from Mental Health First Aid
De-escalation techniques

- Speak slowly and confidently with a gentle, caring tone of voice.
- Stay calm and take it slow.
- Avoid nervous behavior.
- Use non-threatening body language.
- No touching, shouting or sudden movement.
- Reduce distractions (ask others to leave, turn off TV, etc.).
- Use clear language.
De-escalation techniques

- Do not challenge psychotic thinking.
- Don’t argue or threaten.
- Avoid intense questioning.
- Avoid sarcasm, laughing or humor.
- Announce actions beforehand.
- Don’t restrict the person’s movement.
- Try to be aware of what may worsen the person’s fear and aggression.
- Take a break.
De-escalation techniques

- Comply with reasonable requests.
- Listen patiently, and listen to learn.
- Paraphrase concerns.
- Problem-solve. Offer solutions instead of trying to take control.
- Ask how you can help.
- Affirm the person’s positive qualities.
- Offer the person a face-saving way out.
What is a mental health crisis?

- The person cannot resolve the situation with the skills and resources available.
- The person’s behaviors put them at risk of harming themselves or others (don’t wait until this happens).
- Without crisis response services, the person is likely to have significantly reduced levels of functioning (e.g., placed in a more restrictive setting like the hospital or jail).
Signs of a crisis

- Inability to cope with daily tasks
  - Hygiene, eating, sleep problems
- Rapid mood swings
  - Increased energy, pacing, suddenly depressed or happy/calm after a period of depression
- Increased agitation
  - Verbal threats, violence, out-of-control behavior, destroys property, inappropriate language
- Abusive behavior
  - Hurts others, self-injury, drug/alcohol abuse
Signs of a crisis

- Loss of touch with reality (psychosis)
  - Doesn’t recognize family/friends, has increasingly strange ideas, confused, hears voices
- Isolation from work, family, friends
  - Less interested in usual activities
- Unexplained physical symptoms
  - Facial expressions look different, headaches, stomach aches, complains of not feeling well
Crisis response options

- Assess the situation and decide who to call:
  - 911 if there is danger of harm to self, others or property. Say it’s a mental health crisis and request a CIT officer
  - Mental health crisis team if urgent but response time is less critical
  - The person’s mental health provider if there is no immediate danger
- Disengage – When in doubt, go out!
Crisis response options

- Try to de-escalate the situation
- Stabilization services
- Emergency department
- Emergency hold ("72-hour hold")
- Work with the person to prevent and plan for future crises
Common types of crises

- Suicidal thoughts
- Suicidal behaviors
- Substance use crises (alcohol poisoning, overdosing, severe withdrawal)
Seek emergency medical help when someone has:

- Taken an overdose of medication
- Signs of alcohol poisoning or drug overdose
- Consumed poison
- A life-threatening injury
- Confusion, disorientation or unconsciousness
- Rapid or pulsing bleeding
Introducing LEAP*

First: Assess for risk of suicide or harm.
Then:

Listen
Empathize
Agree
Partner

*Xavier Amador – LEAP Institute; I Am Not Sick, I Don’t Need Help – book 10th addition
Why LEAP?

- It can help you handle a mental health crisis and prevent future crises.
- Professional help is not always on hand.
- It can help you build rapport.
- It can improve your stress levels and safety.
- It can strengthen recovery and improve quality of life.
How to help

- Express empathy.
- Say you are concerned and willing to help.
- Encourage them to do most of the talking.
- State that thoughts of suicide are often associated with a treatable mental illness.
- Tell the person that thoughts of suicide are common and do not have to be acted on.
- Help the person think about people or things that have been supportive in the past.
Keeping the person safe

- Do not leave the person alone.
- Mental health professionals always advocate seeking professional help for someone who has suicidal thoughts.
- Try to involve the person in the decision making about what to do, who should be told, and how to seek professional help.
- If the person has a weapon or is behaving aggressively, call law enforcement (911).
Applying “Listen”

- Drop your agenda.
- Use questions, not statements.
- State all of what you heard (“reflecting”).
- Let the person correct you.
- Know your own hot-button fears.
- Give your opinion only if asked:
  - Delay 3 times before answering
  - Apologize first, acknowledge you could be wrong, and agree to disagree
Try NOT to:

- Avoid scary topics (even delusions).
- Rush the conversation.
- Have an emotional reaction.
- Take comments personally.
- Go right to empathy or problem-solving.
- Use sarcasm or humor.
- Confront, criticize or blame.
- State judgments about statements or behaviors.
Applying “Empathize”

- Express empathy for feelings.
- You don’t need to agree.
- Normalize: “I think I would feel that way too.”
- Ask, “What do you think?”
- Let the person set the pace and style of interaction.
- Allow the person to talk about experiences and beliefs, but do not force them.
How to help

- Choose a private time and place, free from distractions.
- Maintain your safety and access to an exit.
- Give the person hope for recovery.
- Don’t make promises you can’t keep.
- Discourage the person from using negative coping strategies.
Applying “Agree”

- Review advantages of the next step (e.g., seeking treatment) from the person’s perspective. Use this as a basis for a plan.

- Agree to disagree when needed. It’s okay to set boundaries (e.g., “I’m sure that’s upsetting to hear, and I know you don’t agree. It’s just what the rules are. Can we agree to disagree on this?”).

- You can try to correct misinformation gently.
Helpful resources and strategies for “Agree” stage

- Treatment plan: Therapy, medication, etc.
- Community-based services and supports (e.g., ACT, ARMHS, psychoeducation)
- Peer support groups
- Family, friends and other social networks
- Discontinuation of alcohol and other drugs
- Talking with someone he or she trusts
- See NAMI’s *Hope for Recovery* booklet for more (at [www.namihelps.org](http://www.namihelps.org)).
Applying “Partner”

- Move forward with agreed-upon goals.
- Go back to L, E and A if needed.
- Use phrases that support feelings of control and safety:
  - “Would that be all right?”
  - “Do I have that right?”
  - “So, let me see if I got this. You are saying…”
  - “Would you mind if I…”
  - “I can see why you’d feel that way.”
When communication is difficult

- Respond to disorganized speech with short, simple sentences.
- Repeat things if needed.
- Allow plenty of time for responses.
- Know that just because the person may show a limited range of emotions, it does not mean that he or she is not feeling anything.
- Do not assume the person cannot understand you, even if the response is limited.
Resources
Contact information

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