

# 988 and what it means for families of people with serious mental illness

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# National Outlook on 988

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# A REIMAGINED Crisis Response

## 24/7 Crisis Call Centers

- Trained in responding to behavioral health crises
- Available by text/chat
- Coordinate services and dispatch mobile crisis

## Mobile Crisis Teams

- De-escalate situations
- Transport to crisis stabilization or connect to other services
- Staffed by behavioral health professionals, including peer support specialists

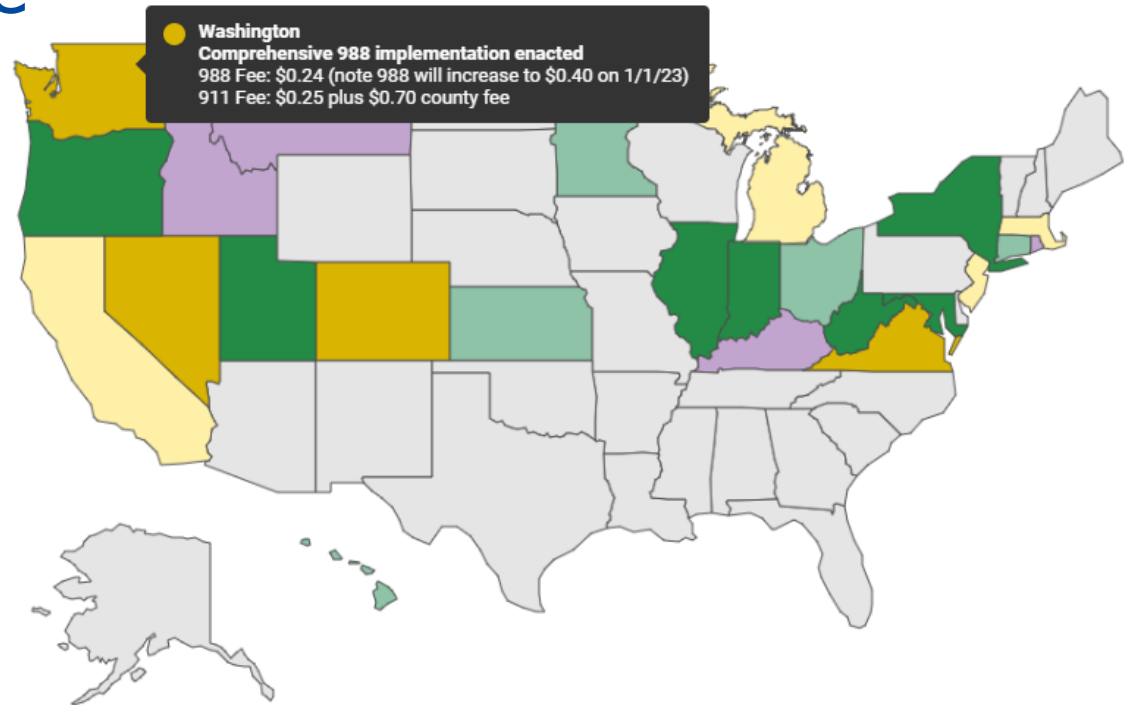
## Crisis Stabilization

- Capacity to diagnose and provide initial stabilization and observation
- Connect to follow-up care with a “warm hand-off”

# The States: An Overview

- 988 Planning Commissions
  - Vibrant Planning Grants
  - Estimating new call volumes and system costs
- 988 Implementation Legislation
  - NASMHPD State Model Bill Released Dec. 2020
    - [Updated version available here](#)
- State appropriations
  - General funds appropriated to support local call centers and expand crisis services

# NAMI Comprehensive State Tracker - Map



- Comprehensive 988 implementation legislation enacted
- Comprehensive 988 implementation legislation pending
- Considered comprehensive 988 legislation and did not pass
- No 988 legislation considered (excludes appropriations, study bills)
- Partial 988 implementation legislation enacted
- Partial 988 implementation legislation pending

<https://reimaginecrisis.org/map/>

# NAMI Comprehensive State Tracker - Chart

State Name	Bill Number/Proposal	Status	988 Fee/911 Fee	988 Trust Fund	Appropriations (Other than fee)	988 Advisory Body Created	Additional Notes
Alabama	<a href="#">HJR 168</a>	Enacted	N/A	No	N/A	No	988 Study Bill
Alabama	<a href="#">SB 106</a>	Passed Second Chamber	N/A	No	In FY 23 this bill appropriates \$24,000,000 for the existing four Crisis Diversion Centers; \$3,000,000 for the 5 Rural Crisis Care Programs; \$450,000 for the Crisis Intervention Training Program; and \$5,000,000 for a pilot program for mobile crisis centers for children and adolescents; and \$12,000,00 for two Crisis Diversion Centers to be located in Tuscaloosa and Houston County.	No	
Alaska	<a href="#">HB 172</a>	In Committee	N/A	No	N/A	No	Creates crisis stabilization facilities.
Alaska	<a href="#">SB 124</a>	In Committee	N/A	No	N/A	No	Creates crisis stabilization facilities.
Arizona	N/A	N/A	N/A	No	N/A	No	
Arkansas	N/A	N/A	N/A	No	N/A	No	
California	<a href="#">AB 988</a>	Passed Original Chamber	\$0.00-0.80/\$0.30-\$0.80	Yes	N/A	Yes	This bill includes a fee that is capped at 80 cents, creates a 988 State Mental Health and Crisis Services Special Fund, a State 988 Technical Advisory Board, reporting requirements, among other changes.

# Children/Youth and 988

988 is an opportunity to advance the availability of children's crisis care services:

- Expanding youth-serving mobile crisis services and crisis stabilization centers; preventing psychiatric boarding for youth in EDs
  - Connecticut children's MH omnibus and budget bill investments
  - Alabama budget bill include \$5 for pilot of children's crisis center
- Clearing the way for increased state-level licensure and payment for children's BH crisis services
  - NY State [Youth Assertive Community Teams](#) (ACT) for ages 10-21
- Offering non-police crisis transportation options



# Children/Youth and 988

988 is an opportunity to advance the availability of children's MH crisis care services:

- Increasing access to specialized services for specific populations; ex: LGBTQ, Native American, Spanish-speaking
- More transparency and accountability with reporting requirements (ideally publicly available; dependent on state action; NY for example)
  - Better understanding what's happening to kids who experience a mental health crises

# Example: New York – MH Budget/988 Provisions

(D) THE COMMISSIONER OF THE OFFICE OF MENTAL HEALTH, IN CONJUNCTION WITH THE COMMISSIONER OF THE OFFICE OF ADDICTION SERVICES AND SUPPORTS, SHALL ESTABLISH **A COMPREHENSIVE LIST OF REPORTING METRICS** REGARDING THE 9-8-8 SUICIDE PREVENTION AND BEHAVIORAL HEALTH CRISIS HOTLINE'S USAGE, SERVICES AND IMPACT WHICH, TO THE MAXIMUM EXTENT PRACTICABLE, SHALL INCLUDE, AT A MINIMUM:

(1) THE **VOLUME OF REQUESTS** FOR ASSISTANCE THAT THE 9-8-8 SUICIDE PREVENTION AND BEHAVIORAL HEALTH CRISIS HOTLINE RECEIVED;

(2) **THE AVERAGE LENGTH OF TIME TAKEN TO RESPOND** TO EACH REQUEST FOR ASSISTANCE, AND THE AGGREGATE RATES OF CALL ABANDONMENT;

(3) THE **TYPES OF REQUESTS** FOR ASSISTANCE THAT THE 9-8-8 SUICIDE PREVENTION AND BEHAVIORAL HEALTH CRISIS HOTLINE RECEIVED;

(4) **THE NUMBER OF MOBILE CRISIS TEAMS DISPATCHED;**

(5) **THE NUMBER OF INDIVIDUALS ENGAGED BY MOBILE CRISIS TEAMS;**

(6) **THE NUMBER OF INDIVIDUALS TRANSPORTED BY MOBILE CRISIS TEAMS TO CRISIS INTERVENTION SERVICES OR OTHER BEHAVIORAL HEALTH CRISIS SERVICES;**

(7) **THE NUMBER OF INDIVIDUALS ENGAGED BY MOBILE CRISIS TEAMS TRANSPORTED TO AN EMERGENCY ROOM;**

(8) **THE NUMBER OF INDIVIDUALS TRANSFERRED BY MOBILE CRISIS TEAMS TO THE CUSTODY OF LAW ENFORCEMENT;**

(9) **THE NUMBER OF TIMES A MOBILE CRISIS TEAM WAS THE FIRST RESPONDER TO A BEHAVIORAL HEALTH CRISIS AND THE MOBILE CRISIS TEAM HAD TO REQUEST DEPLOYMENT OF LAW ENFORCEMENT;** AND

10) **THE AGE, GENDER, RACE, AND ETHNICITY** OF THE INDIVIDUAL, IF REASONABLY ASCERTAINABLE, OF INDIVIDUALS CONTACTED, TRANSPORTED, OR TRANSFERRED BY EACH MOBILE CRISIS TEAM.

# Children/Youth and 988

## Other considerations:

- Texting and online chat capacity – current capacity limited
- 988 Public Awareness – tailored public messaging that reaches youth, especially marginalized youth that are at-risk of suicide
  - Currently no federal approps for 988 awareness campaign, states need to appropriate their own funds
- Integration of pre-existing children's crisis hotlines into 9-8-8

# How to Get Involved

# State Involvement

- Find out who's in charge of 988 planning in your state
  - Did legislation pass to create a Task Force/Study or 988 Advisory Body? Examples: NE, AL, MS, TX; WA law's CRIS committee
  - Is your State Mental/Behavioral Health, Public Health, or other agency taking the lead on a 988-implementation coalition or committee?
    - Is there a children's workgroup?
  - Are there 988 coalitions in place?
- Connect with your NAMI State Organization, [found here](#)
- Is the state agency/division responsible for children's services looped into 988 planning efforts?

# Additional Resources

- 988 hub: [www.reimaginecrisis.org](http://www.reimaginecrisis.org)
- State 988 legislation: [988 State Bill Tracking Dashboard](#)
- Overview of 988: [nami.org/988](http://nami.org/988)
- NAMI 988 crisis video: <https://bit.ly/37JPFFy>

# 988 Crisis System Implementation in Oregon

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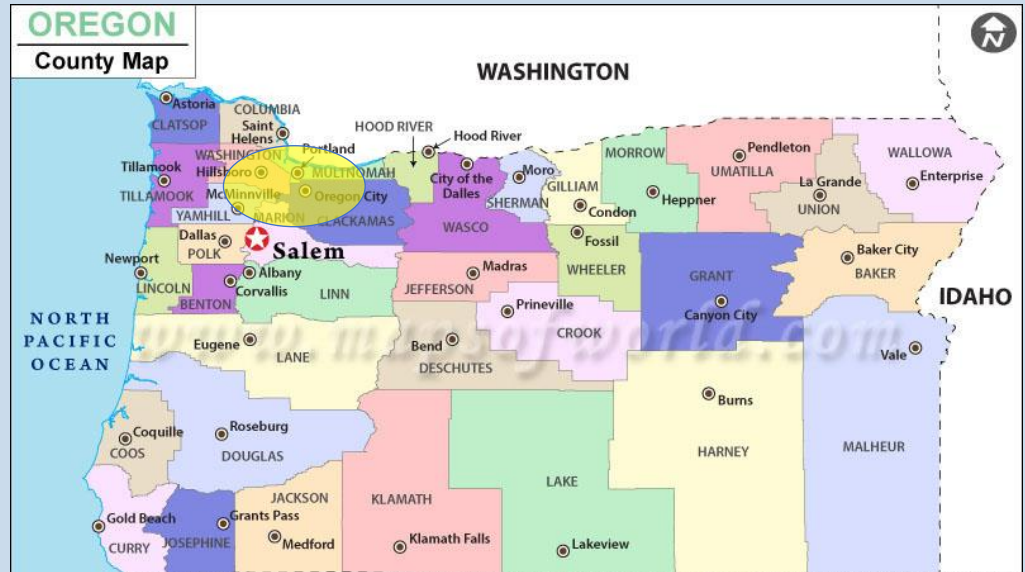
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## About Oregon

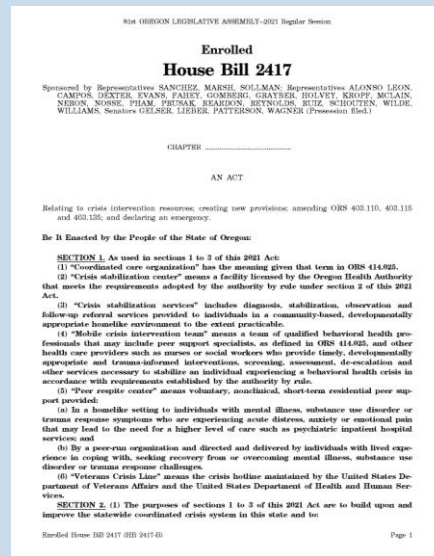
- 4.25 million population.
- 27th most populous.
- 9th largest state in terms of landmass.
- 2.4 million in the Portland metro area.
- Progressive state – reputation as health care innovator.





## What Oregon Has Done

- Approved legislation in 2021 that partially implements 988.
  - ✓ Directed Oregon Health Authority to proceed with call centers (2) and mobile crisis via rules and contracts.
  - ✓ Allocated \$5 million for call centers.
  - ✓ Allocated \$10 million to “expand” mobile crisis.
  - ✓ Directed rules be adopted for crisis receiving centers.
  - ✓ Deferred telecom fee, 988 trust fund, other model legislation elements.
- Using one-time funding for both mobile crisis and call centers.
- Combined various pots of funding to dedicate \$31 million to mobile crisis and \$6 million to Mobile Response and Stabilization Service (MRSS).



## NAMI Oregon and 988 Implementation

- General frustration among many stakeholders that state didn't convene broad-based workgroup for implementation.
- Strong desire to envision system that serves lifespan.
- NAMI Oregon uniquely positioned in our state.
  - ✓ *Able to convene broad-based workgroup in absence of state leadership.*
- NAMI Oregon contracted with professional facilitator well-known in health care reform circles.
- Formed workgroup in January that meets every three weeks.



## Who's Involved with NAMI's Workgroup?

- Individuals and families.
- Hospitals and health systems.
- Community Mental Health Programs (counties and safety net programs).
- Adult and Youth behavioral health providers.
- Payers.
- Call centers.
- Legislative staff.

## Workgroup Topics

- Pursuing two tracks.
- First is pilot program for acute care for children, youth, and families.
- System mirroring Oregon's regional trauma system that organizes regional resources and provides predictable pathways of escalation.

## Proposal for CYF 988 Regional Structure

- Utilizing the existing Physical Trauma regions, create a similar structure for hospitals responding to a mental health crisis
  - Level 1 comprehensive services including psychiatry, social work, family/peer support and potentially a **Children's Comprehensive Psychiatric Emergency Program (CCPEP)**
  - Level 2—Serve as a secondary site for services using telepsychiatry and onsite social work and family/peer support
  - Level 3—Connected to identified primary or secondary sites for access to additional services and supports as needed
- **Regions would identify their individual response plans based on their existing resources, processes, services and supports**
  - **County gap analyses identify future funding needs**
  - **Data gathered supports future investments**
- **Hospitals will no longer be separated from the continuum of care**

## Goals

- Build stronger connections between hospital and community-based care providers
- Leverage the existing infrastructure of the physical health trauma system
- Establish more clear/predictable “escalation system”
- Improve user (consumer and provider) experience and outcomes
- Develop levels of service across regional service areas
- Keep decision making closer to home
- Identify and elevate local expertise
- Create a path for funding local gaps in services
- Maximize scarce resources
- Provide back up in times of crises

## Workgroup Topics

- Second track is general 988 implementation planning.
- Scale children/youth pilot to serve lifespan with specific adaptations for various demographics.
- Follow three legs of Crisis Now stool. Added fourth leg.
  - ✓ *Someone to call.*
  - ✓ *Someone to respond.*
  - ✓ *Somewhere to go.*
  - ✓ *Needed elements before/after crisis. (warmlines, urgent care, etc.)*
- Preparing “menu” with actual costs for legislators. Will help justify telecom fee.

## Justification for Telecom Fee

Leg of Stool	General Description of Service	Cost Estimate
Call Centers (2)	<ul style="list-style-type: none"> <li>• Answer 95% of calls within 20 seconds.</li> <li>• Fully staffed with highly trained, highly compensated people.</li> <li>• Serve the lifespan.</li> <li>• Highly trained in third-party calls from families and bystanders.</li> </ul>	<ul style="list-style-type: none"> <li>• \$9 million annually.</li> <li>• Includes some warmline funding.</li> </ul>
Mobile Crisis	<ul style="list-style-type: none"> <li>• Firehouse model in urban communities. Variations for rural and frontier communities.</li> <li>• True 24/7 staffing with response times commensurate with the word “crisis.”</li> <li>• Highly trained, highly compensated.</li> </ul>	<ul style="list-style-type: none"> <li>• Working on cost estimate.</li> <li>• Can’t rely only on fee-for-service revenue stream or public funding.</li> <li>• 988 fee could provide predictable baseline funding.</li> </ul>
Crisis Treatment	<ul style="list-style-type: none"> <li>• Emergency departments.</li> <li>• Crisis resolution centers.</li> <li>• Crisis respite.</li> <li>• In-home for children/youth and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Most difficult conversation.</li> <li>• No consensus on one “thing.”</li> <li>• Vary by community need.</li> <li>• Least likely to be funded by 988 fee.</li> </ul>
Everything Else	<ul style="list-style-type: none"> <li>• Warmlines, inpatient, partial hospitalization/IOP, residential, early intervention, post intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Hardest to quantify.</li> <li>• Least likely to be funded by 988 fee.</li> </ul>



## Telecom Fee in 2023 Legislative Session

- Oregon's 911 fee = \$1.25 per line.
- Similar 988 fee would generate an estimated \$70-\$100 million per biennium.
- Political headwinds likely after next election.
  - ✓ *Need supermajority for a fee.*
  - ✓ *New governor enters office in January. Unknown variable.*
- Estimating revenue at different 988 fee levels to evaluate impact.
- Fairly optimistic some kind of fee will pass given broad coalition support.

# Thank You!

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# 988 Crisis System Implementation in Mississippi

**NATIONAL FEDERATION OF FAMILIES**

*Bringing Lived Experience to Family Support*



**Families**

**as**  
**Allies**

The State Chapter of the  
Federation of Families

# Families as Allies Overview

- Founded in 1990, we are the only statewide organization run by and for families of children with mental health challenges in Mississippi.
- We support each other and work together to make things better for our children.
- Our vision is that all children will have the opportunity to reach their potential and succeed. Our mission is that families are partners in their children's care.
- Our core values define us. We value: **every** child and family, excellence, partnership and accountability
- We believe: You Know Your Child Better than Anyone, You are your Child's Strongest Advocate and Systems should follow laws and policies about families' and children's rights.



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# Mississippi Overview

Just under 3 million population

White 58%, 38% Black/African American 38%, Two or more races: 1.68%, Other race: 1.14%, Asian: 1.00%, Native American: 0.47%, Native Hawaiian or Pacific Islander: 0.04%

Geographically diverse, with much of the state being rural (51.2% of people live in rural areas, fourth highest rate in nation)

Highest homicide rate, 15.4 per 100,000 people, and a life expectancy of 74.6 years. The state also has the worst poverty rate of 20.3%.

Thirteen mental health regions, each of which has crisis line, mobile crisis response and access to crisis stabilization units. Certified by State Dept of MH, which is currently implementing remedy as a result of an Olmstead suit. State also has a 24/7 number

Two non-profit lifelines respond to crisis calls in the state



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# What Mississippi Has Done

## • State

- Public Awareness
- Funding for and Creation of Planning Coalition
- Draft Implementation Plan
- Continued Focus on Crisis Services
- Legislation
- ARPA funds
- Focus Group for those with Lived Experience

## • Families as Allies

- Education & Support through National Council
- Public Awareness
- Involvement with Federation and SAMHSA to Focus on Needs of Children and Families
- Encouragement of Stakeholder Input through a variety of avenues



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# Planning Coalition

- CONTACT the Crisis Line
- Mental Health Association
- Mississippi College
- NAMI Mississippi
- Contact Helpline
- Mississippi Division of Medicaid
- Lauderdale County Sheriff's Department
- Mississippi Alliance to End Suicide
- Mississippi Chapter of the American Foundation for Suicide Prevention
- Education Development Center
- Oxford Police Department
- Mississippi Department of Public Safety
- Community Mental Health Centers



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# Draft Implementation Plan

- Explore additional resources to close the service and funding gaps, including the use of federal and state opportunities
- Add additional staff to the Lifeline centers to meet the anticipated demand, as funding is available
- Expand technology to utilize the most efficient approaches and enhance the data collection and monitoring approaches
- Support Lifeline centers in meeting the 988 operational, clinical, and training standards
- Monitor crisis metrics to determine the responsiveness of the 988 call centers and other crisis services, so that the experience of crisis care is measured and reported on
- Facilitate the engagement of stakeholders to implement the 988 Implementation Plan and ensures that the voices of those with lived experience are front and center
- Work with 911 and law enforcement and other first responders to build out the coordinated crisis system
- Develop a centralized up-to-date referral approach and advance the approach to use technology over time, addressing the unique needs of diverse populations
- Develop crisis care work processes/flows across and between crisis services that facilitates timely, effective, and efficient services, utilizing technology where applicable
- Develop and mobilize a marketing and communication plan to inform Mississippians and crisis system partners about the 988 crisis line



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# Outreach

Very General

Included in draft  
implementation plan

Plans to follow the national  
outreach campaign during  
year one



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# Challenges and Opportunities

- Limited range of stakeholders
- Family and youth voice appears limited
- Plan has a primarily adult perspective
- Legislation may not include systems related to children



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# Families as Allies' Proposed Next Steps

## Leverage

Leverage relationships to support increased range of stakeholders

## Enhance

Enhance opportunities for family and youth input

- Join workgroups
- Ensure families are aware of opportunities
- Use social media, website and newsletter to raise awareness
- Maximize public comment and policy input

## Provide

Provide feedback and support for family-driven approaches to crisis (for example, therapeutic foster care, wraparound)

## Offer

Offer technical assistance and research support as needed for legislation



# Tips if Your State Is Moving Slowly or Not Including Families/Family Run Organizations

- Be a squeaky wheel, but be a helpful squeaky wheel.
- Share the opportunity with as many families as possible
- Use this as an opportunity to strengthen your general policies and approaches about families being included.
- Share data
- Tap into the resources of national organizations
- Form alliances
- Get your messaging out even if you are not at all of the tables.



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# 988 and what it means for families of people with SMI: How your family can prepare

**Presented by**  
**Teri Brister, PhD, LPC**  
**Chief Program Officer, NAMI**





# 988 is a great step, but it's only the *first* step

**Without thoughtful, strategic action, people in crisis are left with the status quo:**

- ① Limited resources to respond to crisis calls
- ① Patchwork system for crisis services across the country
- ① Frequent law enforcement involvement and emergency department use
- ① Increased negative outcomes for marginalized and/or underserved communities

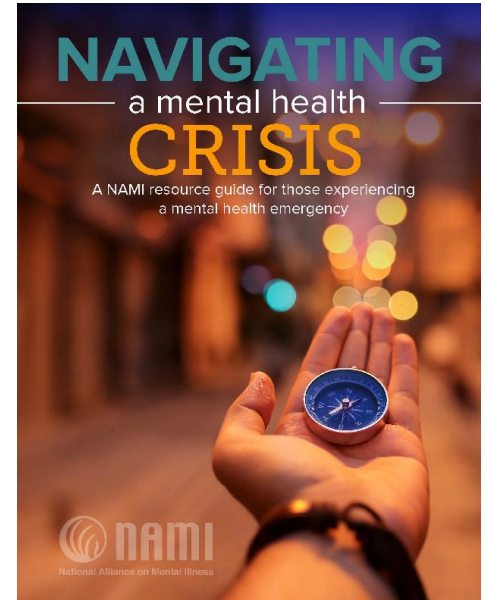
# What do we do until adequate crisis systems are in place for mental health emergencies

**We prepare the best that we can knowing that there is no instruction manual – but there is a guide to help you know that**

-  You are not alone
-  This is not your fault
-  You deserve help and support
-  There is support available for you

# How do we prepare for a crisis?

- ① Understanding mental illness
- ① Understanding mental health crises
- ① What to do in a mental health crisis
- ① What to expect from mental health treatment
- ① Advocating for treatment
- ① Other types of crises
- ① NAMI resources





# Portable Treatment Record

- 🌀 Contact information
- 🌀 Medical history
- 🌀 Current medical information
- 🌀 Medication record
- 🌀 Crisis plan
- 🌀 Relapse plan

Portable Treatment Record	
Name:	Date of birth:
<b>Emergency contacts</b>	
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	
Pharmacy:	Phone:
Location:	
<b>Primary care physician</b>	
Name:	Phone:
Office address:	
<b>Psychiatrist</b>	
Name:	Phone:
Office address:	
<b>Other mental health professionals (therapist, case manager, psychologist, etc.)</b>	
Name:	Phone:
Type of mental health professional:	
Office address:	
Name:	Phone:
Type of mental health professional:	
Office address:	
Name:	Phone:

# Additional information

## NAVIGATING a mental health CRISIS



**WARNING SIGNS of a Mental Health Crisis**

It's important to know that warning signs are not always present when a mental health crisis is developing. Common warning signs that may lead to a mental health crisis include:

- ✓ **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- ✓ **Rapid mood swings**, increased energy level, inability to stay in place, sudden/overwhelmed, sobriety, suddenly happy or sad after period of depression
- ✓ **Increased agitation**, verbal threats, violent acts, control behavior, destroy property
- ✓ **Abusive behavior** to self and others, including substance use or self-harm (suicidal)
- ✓ **Isolation** from school, work, family/friends
- ✓ **Losses touch with reality (paranoia)**, unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ✓ **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification

**WARNING SIGNS of Suicide**

- Giving away personal possessions
- Talking as if they're saying goodbye or giving away things
- Taking steps to stop or lose ends, like organizing personal papers or giving out bills
- Making or changing a will
- Stockpiling pills or obtaining a weapon
- Preoccupation with death
- Sudden cheerfulness or calm after a period of despondency
- Dramatic changes in personality, mood and/or behavior
- Increased drug or alcohol use
- Saying things like "Nobody makes anymore," "I'd be better off without me," or "I'd just as soon die"
- Withdrawal from friends, family and normal activities
- Failed romantic relationship
- Some of utter hopelessness and helplessness
- History of suicide attempts or other self-harming behaviors
- History of family/friend suicide or attempts


Learn all you can about the illness your family member has.

Remember that other family members are also affected. It's important to keep lines of communication open by talking with each other.

**NAVMI** National Alliance on Mental Illness

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## NAVIGATING a mental health CRISIS



**PREPARING for a crisis**

It's not always easy to know about the possibility of a crisis. However, there are some things you can do to prepare for a crisis:

**It's best that a person who is better control of thoughts, feelings and behavior.** General behavior changes often occur before a crisis. Examples include sleeplessness, irritability, preoccupation with certain activities, increased suspiciousness, unpredictable behavior, increased hostility, verbal threats, angry muttering or grumbling.

**Don't ignore these changes, talk with your loved one and encourage them to visit their doctor or therapist.** The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

**If you are alone and feel safe with them, call a trusted friend, neighbor or family member to help you.** If you're feeling like something isn't right, talk with your loved one and voice your concerns.

**Learn all you can about the illness your family member has.**

**Remember that other family members are also affected. It's important to keep lines of communication open by talking with each other.**

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## NAVIGATING a mental health CRISIS



**WHAT TO DO if you suspect someone is thinking about suicide**

**START the Conversation by starting specific signs you've noticed. Like:**

- "I've noticed warning signs or if you've expressed concerns in thinking about suicide, don't be afraid to talk to them about it."
- "Do you have a plan? Do you know how you would do it?"
- "When was the last time you thought about suicide?"

**They say something like:**

- "No, you're thinking about suicide?"
- "I'm not sure."
- "If the answer is "no" or if you think they might be OK, it's still important you need to keep talk."

**If the answer is "no" or if you think they might be OK, it's still important you need to keep talk.**

- Call a therapist or psychiatrist/psychologist or other mental health professional who has been working with the person.
- Remove potential means such as weapons and medications to reduce risk.
- Call the National Suicide Prevention Line at 1-800-273-8255 or call 911.

**LISTEN, EXPRESS CONCERN, REASSURE.** Focus on being understanding, caring and nonjudgmental, saying something like:


- "You're not alone. I'm here for you."
- "I'm concerned about you and I want you to know there is help available to get you through this."
- "I may not be able to understand exactly how you feel, but I care about you and want to help."
- "You are important to me, we will get through this together."

**Remember, a crisis doesn't always mean a suicide attempt. It's a warning sign that you need to take action.**

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## NAVIGATING a mental health CRISIS



**A CRISIS PLAN**

A crisis plan is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behavior and help prepare for a crisis. Every plan is individualized, so some common elements include:

- Person's general information
- Family information
- Powers of attorney before the crisis occurs, advantages and drawbacks that have worked in the past, a list of what roles or people that are likely to make the situation worse, a list of what helps calm the person or reduce symptoms
- Current medications and dosages
- Current diagnoses
- History of suicide attempts, drug use or psychosis
- Treatment preferences
- Local crisis lines
- Assess and contact information for nearby crisis centers or emergency rooms
- "Hot" crisis web addresses, if there is one in the area
- Contact information for healthcare professionals (where and available)
- Supports - individuals the person has a trusting relationship with such as neighbors, friends, family members, teacher/father or teacher at school, people at faith communities or work organizations
- Safety plans

**Remember that the best way to develop a crisis plan is to write it down, and get your crisis plan together.**

**Remember to:**

- Review your crisis plan
- Explain that your loved one is having a mental health crisis and ask for a Crisis Intervention Team (CIT) officer, if available
- Contact information for healthcare professionals (where and available)
- Supports - individuals the person has a trusting relationship with such as neighbors, friends, family members, teacher/father or teacher at school, people at faith communities or work organizations
- Safety plans

The crisis plan is a collaboration between the person with the mental health condition and their family. Once developed, the plan should be shared by the person with involved family friends and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment or prognosis. A sample crisis plan can be obtained at [www.nami.org](http://www.nami.org).

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## NAVIGATING a mental health CRISIS



**WHAT TO DO in a mental health crisis**

**IF YOU ARE WORRIED** that you or your loved one is in crisis or having a crisis, seek help. Make sure to assess the seriousness of the situation to help determine where to start or who to call:

- Is the person in danger of hurting themselves, others or property?
- Do you have time to start with a professional for guidance and support from a mental health professional?
- Do you need emergency assistance?

**TECHNIQUES that may help de-escalate a Crisis:**

- Keep your voice calm
- Avoid eye contact
- Listen to the person
- Express support and concern
- Avoid confrontational contact
- Ask from the side, not face-to-face
- Keep stimulation level low
- Move quickly
- Offer options instead of trying to take control
- Avoid blaming the person unless you are certain
- Clarify previous concerns before escalating them
- Stay calm. Bystanders don't make them feel helped
- Don't make judgmental comments
- Don't argue or try to reason with the person
- Don't argue or try to reason with the person

**When Calling 911 for a Mental Health Emergency**

**Remember to:**

- Remain calm
- Explain that your loved one is having a mental health crisis and ask for a Crisis Intervention Team (CIT) officer, if available
- Contact information for healthcare professionals (where and available)
- Supports - individuals the person has a trusting relationship with such as neighbors, friends, family members, teacher/father or teacher at school, people at faith communities or work organizations
- Safety plans

**Information you may need for conversations:**

- Mental health history
- Diagnoses
- Medications, current/dosage
- Safety history, current trends
- Prior violence, current threats
- Any weapons
- Coordinating factors (a current stressor)
- What led to the crisis
- Any situations, hospitalizations, loss of touch with reality

**NAVMI** National Alliance on Mental Illness

800-950-6234 2025 M Street, NW, Suite 1000 Washington, DC 20037

[www.nami.org/crisisguide](http://www.nami.org/crisisguide)

# Additional Information

- visit [www.nami.org](http://www.nami.org)
- call/email the NAMI HelpLine at 800-950-NAMI (6264) or [info@nami.org](mailto:info@nami.org)
- Find a NAMI near you at [www.nami.org/local](http://www.nami.org/local)
- Find information about NAMI's education classes and support groups at [www.nami.org/programs](http://www.nami.org/programs)

# COMMUNITY OF PRACTICE INTIMATE DIALOUGE

## Join us for Part Two

<https://us06web.zoom.us/meeting/register/tZ0ucuCurjguGNHDCxBruL5O44T0E2BxsCbX>

### 988 and what it means for families of people with serious mental illness

July 18, 2022 from 3:00-4:00pm ET

- \* Dive deeper into your questions
- \* Coordinate your efforts
- \* Expand your network



Part Two will be via Zoom so you will have the opportunity to interact with the presenters verbally or via chat.