



Mental Health

(crisis and coping)

Other Documents That I Could Add to This Section:



- Care Plans
- Health Journals/ Tracking Charts
- Coping Ideas
-
-



Mental Health Crisis PLAN

Work with your child’s support team to plan for a crisis before it happens! Include your child/teen whenever possible. **Make copies of the crisis plan and share it with anyone who might be involved in resolving a future crisis.**

Name (Child/Teen)	
Birthdate (Child/Teen)	
Name (Parents/Caregivers)	
Phone Number (Parents/Caregivers)	
Preferred Hospital- Medical	
Preferred Hospital- Mental Health	
Mental Health Diagnoses	
Important Medical History (See also EIF Form)	
Medications	
Providers (Family doctor, therapist, case manager, psychiatrist...)	
Triggers (What usually happens <u>before</u> the crisis behavior)	

<p>Strategies/Treatment- YES! (What works)</p> 	
<p>Strategies/Treatment- NO! (What doesn't work)</p> 	
<p>Safety Plan (Remove all weapons and sharp objects. Lock up all medications. Plan to keep other people in the home safe...)</p>	
<p>When to call Children's Crisis Response (651) 266-7878</p>	
<p>If my child is at school during a crisis, I want them to contact the Child Crisis Response Team.</p> <p><input type="checkbox"/> YES Details:</p>	
<p>When to call an Ambulance or go to ER</p>	
<p>When to dial 911</p>	
<p>Parent/Caregiver Signature and Date</p>	



Remember to update your Crisis Plan whenever there is a change in diagnosis, medication, treatment or providers. And, always work with hospital staff to update your Crisis Plan before discharge.

Mental Health Emergency

A Checklist for Parents/Caregivers



Crisis

A mental health CRISIS occurs when youth cannot manage emotional or behavioral distress on their own. Your child needs help from you, from a trusted adult, and/or from a professional.

- Use your child's Crisis Plan. Support your child with calm down strategies. Call the Ramsey County Child Crisis Response Team. 651-266-7878 (24 hours a day, 7 days a week)
- Call your child's doctor or mental health provider.
- Are YOU doing ok? Don't try to manage everything by yourself! Ask for support from friends, family, a respite provider, an adult mental health provider, and/or faith leader.

Emergency- 911

If there is danger, it is a mental health EMERGENCY. Dial 911.

- Is your child in danger of hurting self or others? Have harmful actions already been taken (hurting someone, taking an overdose of medication, or pulling out a weapon...)?
- Is your child intoxicated? Does your child have a self-injury that requires medical attention?
- Is your child acting strangely or in ways that endanger your child's safety or other's safety (behavior that is unpredictable, behavior that the child/teen isn't able to control...)?
- Ask the 911 operator to send a CIT (Crisis Intervention Team) police officer if one is available

While You Wait

- Breathe. Manage your own response. (Relax, Reflect, Respond)
- Don't engage with power struggles or attempts to pick a fight.
- Talk softly and calmly, move slowly, avoid continuous eye contact. Give personal space.
- Use open-ended questions, express support, offer options and calm down strategies.
- LISTEN, EMPATHIZE, AGREE wherever possible, and PARTNER in ways that support your child's need for control and safety (LEAP method)
- Ask a friend or family member to babysit your other children.

Bring to the Emergency Department (if there is time)

- Your Family Care Binder or past medical history and insurance info. Also bring the medications that your child is currently taking (or bring a list of current medications.)
- Any other medicine or drugs that may have been taken by your child.
- Filled-out forms: Crisis Communication, Emergency Information Form, Consent to Release Information
- A Calm Down Toolkit, snack and drink, fidgets, distracting activities, headphones or earplugs...
- A friend or family member who can help you take notes.

Ambulance

- If needed, ask if your child can hold a comfort item or wear over the ear headphones/earplugs.
- If your child needs immediate medical help, the ambulance will go to the closest appropriate hospital. If there is not an immediate medical emergency, you can ask the ambulance to take you to your hospital of choice. (This might not be possible if the ED is “on divert.”) The following Emergency Departments are affiliated with a hospital that offers inpatient services for youth:
 - Ages 5 to 18
 - Abbott NW Hospital 612-863-4000
 - Fairview/ M Health 612-273-5640
 - Ages 12-18
 - United Hospital 651-241-8000
- In some situations, a parent/caregiver can ride with the ambulance. Riding with the ambulance will help you arrive at the same time as your child so you can participate in any information exchange between the ambulance and the Emergency Department team. (If you ride in the ambulance, remember that you will need to find a ride home.)

Emergency Department (ED)

Wait times can be long! ED doctors will help the people with the worst illnesses and injuries first.

- If you think your child is getting worse, tell the nurse so your child can be rechecked.

In a mental health emergency, the #1 goal is safety. The doctors need to figure out what’s going on so they can provide treatment. They will ask lots of questions. They will talk to you and they will also talk to your child (without you in the room.) They might run medical tests. And, they will observe your child.

- Connect the ED to school staff and/or mental health providers who may have additional info.
- Ask if your child will be evaluated by a mental health professional.
- Ask your child’s nurse about language interpreters, social workers or child life specialists. Child Life Specialists might be available to help reduce anxiety with distracting activities. And, Social Workers might be available to offer support and local resources.

Hospital Admission

Very few children/teens are hospitalized for mental health treatment. However, if there are still safety concerns after your child has been treated in the ED, your child may need to be admitted to the hospital.

Discharge- Going Home

Your child will be discharged from the ED when the doctors think it is safe to continue diagnostic workups or treatment outside of the hospital (intensive outpatient care, day treatment, residential treatment etc.)

- If you do not agree that your child is safe- explain your concerns and ask questions.
- You will be given discharge instructions. Use a Discharge Checklist and try to take notes. Ask hospital staff to help you update your child’s crisis plan and medication list before you leave. Remember to share this with your child’s school and care team.
- Ask if the hospital can set up a follow up appointment with a provider before you leave.
- Ask about stabilization services through Ramsey County Child Crisis Response 651-266-7878



Crisis COMMUNICATION

Give this form to Ambulance/EMS, Police, Emergency Room or other providers who are responding to the youth in crisis. This form should be completed by the Crisis Observer

Name (Child/Teen)	
Age and DOB (Child/Teen)	
Name (Parents/Caregivers)	
Phone Number (Parents/Caregivers)	
Family's Preferred ER- Medical	
Family's Preferred ER- Mental Health	
Date of Crisis	
Location of Crisis	
Your Name (the crisis observer)	
Relationship to Child/Teen Include your job title and school or agency	
Observer's Contact Info Include your contact hours and other follow up instructions	
Child/Teen's Current Clinical Status Information on dysregulation of mood and behaviors from base line	
Trigger(s) What happened immediately BEFORE the crisis?	

<p>Description of Crisis Behavior and Mechanism of Injury</p> <p>List any drugs, poisons, or medications that you think the child/teen may have taken. If you have the substance or the medicine bottle- send it to the ER.</p>	
<p>Crisis Intervention(s)</p> <p>Describe any interventions that were tried for <u>this</u> crisis. Include any medications that were given.</p>	
<p>Strategies/Treatment- YES!</p> <p>What has worked well in the past.</p>	
<p>Strategies/Treatment- NO!</p> <p>What has <i>not</i> worked well in the past.</p>	
<p>Services</p> <p>What services does the child receive?</p>	
<p>Additional Information & History</p> <ul style="list-style-type: none"> • Context • Frequency • Duration • Intensity • Plan (intent) • Access to lethal means • Safety concerns • Recent changes or increased stress • Has EMS/ ER been used before? 	



Other forms to provide: Emergency Information Form, MN Standard Consent to Release Information, Recent Family Changes or Stress, About My Child/Teen, Past Stressful Experiences or Trauma, and other medical history information.



EMS/Ambulance--- Transition of Care

EMS providers have their own forms. They upload this info electronically so that ER doctors can read the details. But this form could be used if an extra paper copy is desired.

Date	
EMS Agency	
Observation Summary (Scene Size-Up)	
Attempts at Procedures	
Primary Assessment and Vitals	
	Pulse Rate
	Temperature
	Respiration
	Blood Pressure
Secondary Assessment and Vitals	
	Pulse Rate
	Temperature
	Respiration
	Blood Pressure

Re- Assessment and Vitals	
	Pulse Rate
	Temperature
	Respiration
	Blood Pressure
Medications Administered	
Clinical Status and Examination Findings (Including changes in patient condition during transport)	
Estimated Weight (by length-based tape or parental report)	
Authorized Signature	
---- Attach the Emergency Information Form (EIF) or fill in sections below ----	
Health History and Preexisting Conditions	
Allergies	



Discharge Checklist

Use this checklist when your child is discharged from the Emergency Department, Hospital, or other in-patient program.

✓	Description	Things to Consider
	Accessibility	Do you know who to call if problems arise at home? <ul style="list-style-type: none"> • Do you have 24/7 telephone access to a healthcare provider who is familiar with your child and/or has access to your child's medical summary and care plans?
	Care Environment (Home, Car, School, Community...)	Is your child's care environment safe, accessible and adequate to meet your child's needs? <ul style="list-style-type: none"> • Do you need supplies such as a lockbox to keep medicines and dangerous items out of reach? • Do you need help with a task such as setting the child-lock safety feature in your car? • Do you need a plan to keep your child safe? • Do you need a plan to keep other people in the house safe? • Do you have a functioning telephone? • Are other adaptations needed?
	Caregiver/Parent (Health and Capabilities)	How are YOU? <ul style="list-style-type: none"> • How is your stress, mental health, tiredness, physical health, or emotional distress? • Can you care for your child/ children? • Do you feel confident that you can follow your child's care plan and crisis plan? Are you confused about anything? • Do you know your child's medications and when to give them? • Are you able to give medications on time/ correct doses? • Do you know the signs of drug use or overdose? (if relevant) • Are you able to keep your child safe? • If you have concerns... talk to a medical professional and make a plan <u>before</u> discharge.
	Communication	What is the discharge communication plan? <ul style="list-style-type: none"> • Did you fill out all necessary release of information forms? • Has a care summary been sent to your child's primary care doctor? • If you need to select a primary care doctor, ask to talk to a social worker. • Will the hospital communicate with your child's school? How?

	Community Resources	<p>What community resources are available to help your child and family?</p> <ul style="list-style-type: none"> • Can a hospital social worker connect you with local agencies or services? • Do you have access to respite services (county, community, or faith-based)?
	Crisis Plan	<p>Work with hospital staff to update the Crisis Plan in your Care Binder.</p> <ul style="list-style-type: none"> • Do you need stabilization services with the Ramsey County Child Crisis Response Team?
	Discharge Summary	<p>Were you given a discharge summary?</p> <ul style="list-style-type: none"> • Put it in your Care Binder or take a photo of it with your phone. • If you are NOT given a written summary, ask a medical professional to fill out one of the Visit Summary forms in your Care Binder. • What are the discharge goals?
	Follow Up Plan	<p>What is the follow-up plan?</p>
	Financial/Job	<ul style="list-style-type: none"> • Do you need a Doctor's Note for your job? Will you have to miss work for a few days? • Do you need help with any financial or insurance forms?
	Medical Equipment or Supplies	<p>Do you need any equipment or supplies to provide care at home?</p> <ul style="list-style-type: none"> • How will you get the supplies? • Will costs be covered by Medicaid/ Insurance?
	Medical Stability	<p>Do you understand your child's diagnosis and agree that your child is medically stable?</p> <ul style="list-style-type: none"> • If you do NOT agree- ask a medical professional to explain.
	Medication List	<p>Work with hospital staff to update the Medication List in your Care Binder.</p>
	Medications	<ul style="list-style-type: none"> • Are there any new medicines or different doses? • Were any medications stopped? • Are all medicines OK do be taken together? • Where and when will new medicines be filled? • Does your child take the medicine reliably? • Should you stop giving certain over the counter medicines? • Is medicine timed so it doesn't disrupt sleep or schedules?

	Social Supports	<p>What are your family’s emotional, cultural, religious or extended family and social supports?</p> <ul style="list-style-type: none"> • How can they help? • Will you reach out for support now—or when you get home?
	Transition Plan	<p>What is the plan to help your child transition to the next care environment?</p> <ul style="list-style-type: none"> • Transition to home care? • Transition back to school? • Other transition to inpatient or day treatment?
	Transportation	<p>Do you have transportation?</p> <ul style="list-style-type: none"> • How are you getting home? • Does your child need someone other than the driver in the car during transportation?
	Willingness to Go Home	<p>Is your child/ are you ready to go home? (If not, why not?)</p> <ul style="list-style-type: none"> • Explain your concerns and ask questions.



IDEA: During discharge, if it is too hard for you to take notes...ask if you can use your phone to record your discussion. Or, ask a friend/family member to take notes for you.

NOTES



Triggers and Warning Signs

What things make your child feel sad, mad, or scared?

- Anniversaries of trauma (such as past abuse or past deaths)
- Arguments or fights in the family
- Criticism
- Yelling
- Being around certain people
- Being separated from a parent, sibling, or friend
- Feeling dumb or not understanding
- Being sick, hungry or tired
- Feeling overwhelmed
- Being told “no”
- Tests/homework
- Having a relationship end
- Financial problems
- Going between caregiver homes
- Bullying at school
- Holding down/restraining
- Getting in personal space-touching/pushing
- Discrimination or feeling disrespected
- Missed medication
- Important event coming up (like court)
- Being in crowds
- Community violence
- Sexual comments/harassment
- Loud noises
- _____
- _____

How can you tell when your child is not feeling good?

- Stops bathing or brushing hair
- Changes in appetite
- Sleeps all day or not at all
- Suddenly feels depressed
- Suddenly feels happy or calm after feeling depressed
- Constant pacing
- Starts yelling
- Destroys property
- Hurts animals
- Uses alcohol or drugs
- Cuts or burns themselves
- Dresses differently
- Can't recognize family or friends
- Has strange ideas
- Picks fights/ gets into fights
- Hears or sees things that are not there
- Withdraws from friends or family
- Loses interest in fun activities
- Stops going to school or doing homework
- Does risky or dangerous things
- Stomachache or headache
- _____
- _____



Coping Strategies

What can your CHILD/TEEN do:

- Play an instrument; ex: harmonica
- Watch a TV show or Read
- Paint, art, coloring book
- Wrap in a blanket; weighted blanket
- Exercise, stretch, yoga
- Use a heat pack or cold pack
- Write in a journal; write a letter
- Talk on the phone (friend/family)
- Take a medication
- Go outside- run, bike, hike...
- Do a hobby _____
- Go to a support group
- Talk with a provider
- Pray, meditate, take deep breaths
- Use a fidget
- Pace or repeat movements
- Listen to music
- Hold a favorite stuffed animal
- Take a bath or shower
- Use headphones or ear plugs
- Chew something (gum, fidget)
- Stick to a routine (meals, sleep etc.)
- Play a game, do a puzzle or Legos
- Snuggle or pet an animal
- Eat a protein snack
- Drink water or Gatorade etc.
- Take a nap
- _____
- _____

WHO helps your child feel better?

- Parents
- Brothers, Sisters
- Grandparents/ other family
- Teachers or Coaches
- Providers
- Friends
- _____
- _____
- _____
- _____

HOW can other people help?

- Listen without giving advice
- Give a hug or hold tightly
- Go on a walk together
- Give things to draw or paint
- Don't talk
- Give a medication
- Play a movie
- Give encouragement
- Let them rest
- Give a massage; play with hair
- _____
- _____
- _____



Behavior/Mood Tracker

My Child's Name _____

Day/Time	Describe Behavior/Mood	How Long Did It Last?	What Happened BEFORE	What Happened AFTER



Behavior/Mood Tracker

My Child's Name _____

Day/Time	Describe Behavior/Mood	How Long Did It Last?	What Happened BEFORE	What Happened AFTER



Behavior/Mood Tracker

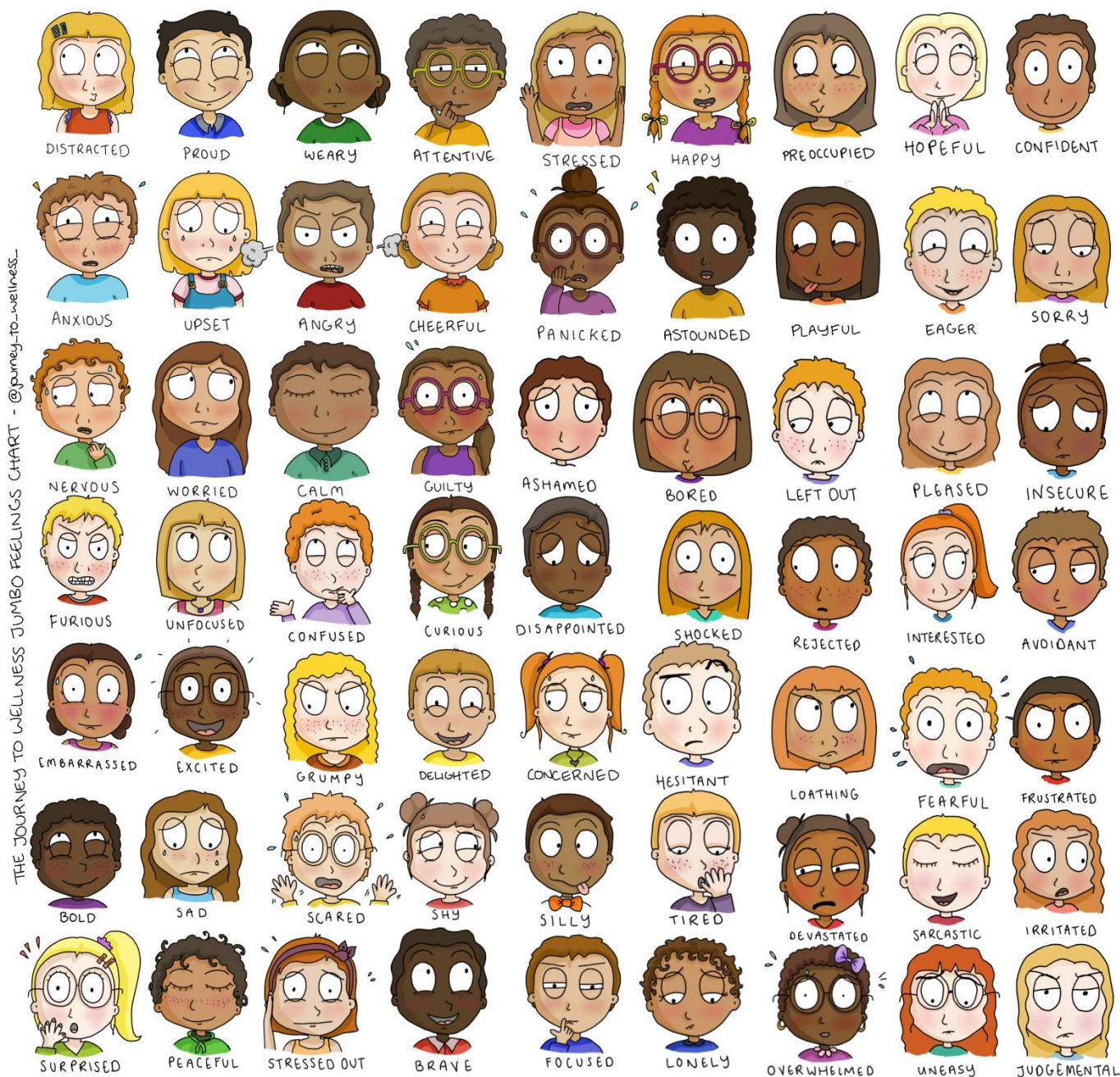
My Child's Name _____

Day/Time	Describe Behavior/Mood	How Long Did It Last?	What Happened BEFORE	What Happened AFTER



Feelings Chart

Use a feelings chart to help name emotions. If your child is having a hard time, ask your child to show you someone on TV, in a book or online who has the same emotion.



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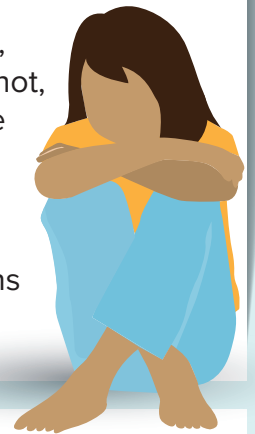
CRISIS



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 actions that may be a clue that a mental health crisis is developing:

- ✓ **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- ✓ **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ✓ **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- ✓ **Abusive behavior** to self and others, including substance use or self-harm (cutting)
- ✓ **Isolation** from school, work, family, friends
- ✓ **Loses touch with reality (psychosis)**, 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 going away forever
- ◆ **Taking steps** to tie up loose ends, like organizing personal papers or paying off debts
- ◆ **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 "Nothing matters anymore," "You'll be better off without me," or "Life isn't worth living"
- ◆ **Withdrawal** from friends, family and normal activities
- ◆ **Failed romantic relationship**
- ◆ **Sense of utter hopelessness** and helplessness
- ◆ **History** of suicide attempts or other self-harming behaviors
- ◆ **History** of family/friend suicide or attempts

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WHAT TO DO if you suspect someone is thinking about suicide

If you notice warning signs or if you're concerned someone is thinking about suicide, don't be afraid to talk to them about it.



START the Conversation by sharing specific signs you've noticed, like:

"I've noticed lately that you [haven't been sleeping, aren't interested in soccer anymore, which you used to love, are posting a lot of sad song lyrics online, etc.]..."



Then say something like:

- ✓ "Are you thinking about suicide?"
- ✓ "Do you have a plan? Do you know how you would do it?"
- ✓ "When was the last time you thought about suicide?"

If the answer is "Yes" or if you think they might be at risk of suicide, you need to seek help immediately.

- ◆ Call a therapist or psychiatrist/physician or other healthcare 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 are not alone. I'm here for you"

"I may not be able to understand exactly how you feel, but I care about you and want to help."

"I'm concerned about you and I want you to know there is help available to get you through this."

Please remember, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.

"You are important to me; we will get through this together."

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CRISIS



WHAT TO DO in a mental health crisis

IF YOU ARE WORRIED that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy 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 phone call for guidance and support from a mental health professional?
- ◆ **Do you need emergency assistance?**



If the situation is life-threatening or if serious property damage is occurring, don't hesitate to call 911 and ask for immediate assistance.

TECHNIQUES that May Help De-escalate a Crisis:

- ✓ Keep your voice calm
- ✓ Avoid overreacting
- ✓ Listen to the person
- ✓ Express support and concern
- ✓ Avoid continuous eye contact
- ✓ Ask how you can help
- ✓ Keep stimulation level low
- ✓ Move slowly
- ✓ Offer options instead of trying to take control
- ✓ Avoid touching the person unless you ask permission
- ✓ Be patient
- ✓ Gently announce actions before initiating them
- ✓ Give them space, don't make them feel trapped
- ✗ Don't make judgmental comments
- ✗ 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 is not a criminal
- ✓ Ask for a Crisis Intervention Team (CIT) officer, if available

They will ask:

- ✓ Your name
- ✓ The person's name, age, description
- ✓ The person's current location
- ✓ Whether the person has access to a weapon

Information you may need to communicate:

- ✓ Mental health history, diagnosis(es)
- ✓ Medications, current/discontinued
- ✓ Suicide attempts, current threats
- ✓ Prior violence, current threats
- ✓ Drug use
- ✓ Contributing factors (i.e. current stressors)
- ✓ What has helped in the past
- ✓ Any delusions, hallucinations, loss of touch with reality

If you don't feel safe at any time, leave the location immediately.



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CRISIS



PREPARING for a crisis

No one wants to worry about the possibility of a crisis—but sometimes it can't be avoided.

It's rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

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 come be with you until professional help arrives. In the meantime, the following tips may be helpful:

If you're feeling like something isn't right, talk with your loved one and voice your

concern. If necessary, take action to get services for them and support for yourself.

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren't there. Don't underestimate the reality and vividness of hallucinations. Accept that your loved one has an altered state of reality and don't argue with them about their experience. In extreme situations, the person may act on these sensory distortions.



- ✓ **Learn all you can about the illness your family member has.**
- ✓ **Remember** that other family members are also affected, so keep lines of communication open by talking with each other.

- ✓ **Avoid guilt and assigning blame to others.**
- ✓ **Learn to recognize early warning signs of relapse**, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
- ✓ **Do what your loved one wants, as long as it's reasonable and safe.**
- ✗ **Don't shout or raise your voice.**

- ✗ **Don't threaten;** this may be interpreted as a play for power and increase fear or prompt an assault.
- ✗ **Don't criticize or make fun of the person.**
- ✗ **Don't argue with other family members**, particularly in your loved one's presence.
- ✗ **Avoid direct, continuous eye contact or touching the person.**
- ✗ **Don't block the doorway or any other exit.**

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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 behaviors and help prepare for a crisis. Every plan is individualized, some common elements include:

Remember that the best time to develop a crisis plan is when things are going well and you can create it together.

- Person's general information
- Family information
- Behaviors present before the crisis occurs, strategies and treatments that have worked in the past, a list of what actions or people that are likely to make the situation worse, a list of what helps calm the person or reduces symptoms
- Current medication(s) and dosages
- Current diagnoses
- History of suicide attempts, drug use or psychosis
- Treatment choices/preferences
- Local crisis lines
- Addresses and contact information for nearby crisis centers or emergency rooms
- Mobile crisis unit information, if there is one in the area
- Contact information for healthcare professionals (phone and email)
- Supports - adults the person has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at faith communities or work acquaintances
- Safety plans

The crisis plan is a collaboration between the person with the mental health condition and the 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 providers. A sample crisis plan can be obtained at www.nami.org.