

Crisis and emergency

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UNDERSTANDING CRISES AND EMERGENCIES

Even the best planning can't always prevent a relapse. Sometimes a relapse develops into a crisis. A crisis may also occur with little or no warning.

A *crisis* is any serious deterioration of a person's ability to cope with everyday life. It can be a turning point—for better or worse. It does not necessarily involve a danger of serious physical harm. **A crisis develops when people feel they cannot control their feelings and behaviour and have trouble coping with the demands of day-to-day life.** People in crisis may experience extreme despair, sorrow or anger. They may not be able to sleep, they may hear voices or they may believe that they have superhuman powers. Although people in crisis are not necessarily a danger to themselves or anyone else, in many crisis situations, outside help (the person's doctor or therapist, a mobile crisis service or crisis line) is needed.

An *emergency* is a situation in which there is an immediate danger that the person will harm either him- or herself or someone else (Chan & Noone, 2000). Examples of emergencies:

- threats of suicide
- threats of physical violence
- extreme impaired judgment caused by problems such as psychosis or intoxication.

WHOSE CRISIS IS IT?

Sometimes issues related to concurrent disorders happen suddenly. The symptoms, problems and needs of the person affected create a crisis that galvanizes all members of the family into action. At other times, issues can unfold slowly, and may build until someone in the family decides that it's time to take action. For example, a behaviour that has become quite regular, such as an adolescent son coming home intoxicated, can suddenly become a heated issue because a parent decides that it is finally time to address this behaviour. Another example is a person who skips one session in his or her treatment program because of feeling down, but is confident that he or she will go back the next day. Family members may react strongly because they are worried that the person might be backsliding, missing needed care and risking relapse.

In both of these examples, how family members will perceive the situation will vary. One person might feel that things are at a point where immediate action is necessary—that things are in crisis; another might not see why today has to be treated differently than any other day. Sometimes the person with the co-occurring problems feels that something has suddenly gone seriously wrong and needs immediate attention, while family members aren't as concerned. In other situations, family members are convinced that action needs to be taken, but the person with the problems may not agree, or may be afraid of what taking action will mean for them.

So you need to ask yourself: Whose crisis is it? The answer will help you understand who is really asking for help—your relative, the family or both.

LIMIT-SETTING

Setting limits can help to prevent conflicts from turning into crises. Conflicts can result from interpersonal problems between the person who is ill and his or her family members, or between the ill individual and other people. The family member with concurrent disorders may also experience conflict for other reasons, such as changes in his or her daily routine, difficulties with finances or loss of housing.

Family members may feel guilty when they set limits on their ill loved one's behaviours or insist that he or she follow the rules and guidelines that everyone else in the family is expected to follow.

By refusing to set limits, families may believe that they are being helpful in preventing their relative from becoming unnecessarily upset or angry. Consistent rules and boundaries can help to create a sense of predictability and security.

It is usually best to avoid:

- making excuses (e.g., “He’s just upset today.” “She’ll go to her day program tomorrow.” “A few drinks won’t hurt him and it may help him calm down.” “It’s okay if she comes home late. She has such a hard life.”)
- paying their bills
- giving extra money, often over and over again, and being surprised when it’s used to buy more alcohol or other drugs
- bailing the person out of jail
- making excuses for irresponsible behaviour
- ignoring problems (e.g., mental, emotional, financial, employment, legal) caused by the person’s substance use
- accepting excuses or believing lies.

DEALING WITH INAPPROPRIATE BEHAVIOUR

Don’t allow:

- yelling, swearing or other forms of emotional aggression
- physical aggression
- dangerous behaviour such as smoking in bed
- stealing from family members or friends
- misuse of money that is intended for rent or other basic needs.

Although it may be difficult when your loved one suffers from concurrent disorders, it can be helpful to set limits on his or her use of alcohol and/or other drugs in your home.

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When objecting to unacceptable behaviour, be clear and request specific changes in the person's behaviour. For instance:

- Identify problems (e.g., spending weekly allowance on alcohol rather than on bus fare, or coming home late intoxicated and disturbing other family members).
- Work on one problem at a time.
- Avoid making demands or becoming confrontational.
- Clearly state your expectations for the future in a positive, non-judgmental, non-threatening manner. For example, try saying "I would like you to _____." or "We would really appreciate it if you would _____." or "It is important to me (and/or other members of the family) that you help us by _____."
- Help the person to understand the consequences of ignoring a boundary or limit on a particular behaviour (e.g., no additional money will be given that week; you will buy bus tickets and give them to your relative rather than giving him or her the money, which could be spent on alcohol).
- Be consistent in both limit-setting and following through with consequences.
- Review the limits set on particular behaviours and redesign the plan as necessary.

EXAMPLE OF AN ESCALATING CRISIS

Sometimes a sudden change in daily routine triggers a crisis that escalates into an emergency. Sometimes there is nothing that family members can do to prevent a crisis. Other times family members can prevent—or trigger—a crisis.

Read the following scenario and think about whether, had family members acted differently, the outcome could have been less severe.

Sam (who is away for the weekend) and Vera have three children, John (24 years old), Steven (20 years old) and Anna (16 years old). John and Anna live at home and Steven lives in a student residence nearby. Anna is in Grade 10. John has schizophrenia (diagnosed when he was 19) and a substance use problem (diagnosed recently). John takes medication for symptoms of psychosis and anxiety, but still finds it hard to deal with any changes in his life. When changes occur, he tends to become anxious and depressed and often uses alcohol to try to calm himself.

When he drinks, he can easily become angry and often explodes with rage over the slightest provocation. He sometimes throws things and curses at family members. He then goes to his room to smoke cigarettes and listen to music until he falls asleep. His family carefully and discreetly monitors his smoking and takes turns watching him until he falls asleep. After sleeping for up to 15 hours, he usually wakes up calm, sober and with no memory of what had occurred the previous day.

One weekend, John learns that his therapist for the past five years is moving to another city and that he will have to start seeing another doctor. John is visibly upset and begins pacing around the house. His mother and sister are at home. They are careful to stay out

of his way except to gently ask him if they can help. John becomes so agitated that he ends up leaving and, rather than going to his day treatment program to speak to one of his workers, goes to a local bar. After drinking four or five beers, he starts to experience feelings of anger and paranoia. He wants a cigarette but realizes that he just spent the last of his allowance on beer.

When John finally returns home, Vera realizes that he is intoxicated. John approaches his mother in the kitchen and angrily tells her that he has no money and that he needs 10 dollars to buy cigarettes. Vera asks him what happened to the allowance that she gave him three days ago. John slams his fist on the table and screams at her that he used the money for food, and threatens to “kill somebody” if she refuses to give him what he wants. While this is happening, John’s younger brother Steven comes into the kitchen. Anna comes into the kitchen from the living room and, hearing what is going on, fears for her mother’s safety. She decides not to interfere, and stays quietly in the doorway.

Vera, seeing that her son John is becoming more and more agitated, angry, belligerent and demanding, quickly grabs her purse and is about to take out her wallet to give him the 10 dollars when Steven runs over and tells her to put her wallet back in her purse. Steven then angrily moves nearer to John and yells, “Look, you lazy jerk, I’ve just about had it with you. She is not going to give you any more of her hard-earned money just so that you can blow it on booze and cigarettes. And you’re drunk again, aren’t you?! Well, I’m sick of your crap. Nobody is going to give into you anymore. Mom, don’t give him any more money. He shouldn’t be smoking anyway.”

Steven keeps getting closer to John until they are staring right at each other, face to face. As Steven continues to yell at John, John begins to shake in anger and raises one fist while, with his other arm, he reaches into a kitchen cupboard and grabs a steak knife. In a split second, he stabs Steven in the stomach and Steven falls to the floor. Vera, watching in horror, turns to pick up the phone to call for help, when John rushes into the living room and begins pacing while still holding the knife. Anna runs into the kitchen to help her mother. Vera shouts for Anna to call 911 and get an ambulance. She also tells Anna to make sure they send the police.

Once the ambulance, police and fire department arrive and Steven has been taken to the emergency department, Vera tries to describe to the police the events that led up to the stabbing. She tries to explain that her son didn’t mean to hurt anybody, that he suffers from a mental illness and that he has also been drinking. But Vera is so upset and devastated over what has happened that she can barely speak.

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Activity 10-1: Reflecting on an escalating crisis

Do you think there is anything John's family members could have done differently to have prevented a crisis *in the first place*?

Do you think there is anything John's family members could have done differently to prevent what had become a crisis from escalating into an emergency?

Being prepared

Being prepared can help to prevent a situation from developing into a crisis and can also ease the person's pain and anxiety once a crisis does occur. John's family might think about the following:

- ensuring that John's doctor and day treatment program workers are aware of (a) his difficulties in coping with change, (b) how change affects him (he develops severe anxiety and depression), (c) how he copes with these feelings (he turns to alcohol to self-medicate) and (d) what happens when he drinks alcohol (he is unable to stop at one drink, and it only takes four or five drinks before he starts experiencing rage and paranoia; he often becomes violent and makes threats).
- determining that John's doctor and day treatment program workers are *willing and able* to work with both his mental health and substance use problems.
- ensuring that John's doctor and workers are helping him learn to cope with change in his life.
- finding a program that provides support and education for family members—this can help John's family learn how to cope with conflict and crises more effectively and can provide them with professional and peer support, experience and validation.
- starting to set limits to help John manage his feelings and behaviours. For example, to continue receiving an allowance from his parents, John must not avoid his responsibilities (such as attending his day program and keeping appointments with his doctor). John must smoke outside at all times to respect the health of his family members. John must use his allowance for necessary items such as clothes and bus fare, not for alcohol. John, like every member of the family, cannot be allowed to engage in threatening remarks or behaviours.

When John is ready (and is in a calm frame of mind), the family can talk with him about his smoking and give him some information about ideas for quitting smoking, including information about nicotine replacement therapy (such as the patch or nicotine gum).

During a crisis

When John does experience a crisis, the family should:

- try to be calm and supportive
- offer to call John's doctor or one of his day program workers and ask John if he wishes to talk with them on the phone
- if he is agreeable, offer to take John to his doctor's office or to his day program so that he can meet with one of his workers in person
- offer help and suggestions about what John can do to ease his anxiety and fear about whatever is concerning him.

Once John returned home obviously drunk, angry, paranoid and demanding money from his mother, several things might have helped prevent this crisis from becoming

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an emergency:

- Vera was right in that it was too late to try to reason with John. Knowing his usual pattern of drinking alcohol to cope with conflict, and his routine of calming himself in his room until he fell asleep, it would be better to avoid questioning John about what he did with his allowance.
- Knowing that John always smoked cigarettes when he was intoxicated and feeling angry and paranoid, it might have helped for Vera to give him the ten dollars this time, since he was unlikely to respond very well to attempts at limit-setting when he was in crisis. When John is calmer, the family could talk to him about asking for money for cigarettes, and establish some ground rules.
- Vera could have accompanied him to the store to buy cigarettes (preferably with a third person, if John is agreeable), and then taken him home and given him time to calm down in his room alone until he fell asleep (his usual pattern), while family members monitored his smoking and ensured that he did not unintentionally harm himself or fall asleep with a lit cigarette.
- Vera might have considered asking a close family friend to come over and help monitor John. Either Vera or another family member might have then phoned his doctor, therapist or another health professional who knows John and asked for help or advice on how to proceed.
- When talking to John, Steven should have spoken more softly and avoided direct eye contact with him, since shouting, judging, accusing and blaming him increased his fear and paranoia.
- Anna was wise to stay quiet and in the doorway. She knew from past incidents that when John was intoxicated, he was easily provoked into threatening behaviour. Too many people “cornering” him could worsen an already precarious situation.

Steven could have helped by:

- not crowding John when he was upset and intoxicated
- speaking softly and gently
- not making accusations
- avoiding direct eye contact with John, especially staring at him
- keeping a safe distance from John (this would have helped to keep Steven safe and prevent John from feeling more paranoid and “imprisoned”)
- letting one person (in this case, his mother) speak to John and handle the conflict.

Following through on these suggestions might have helped prevent a crisis from becoming an emergency. **However, families should be aware that sometimes an emergency cannot be avoided.** It is helpful to know what they can do in the event of an emergency.

WHEN A CRISIS BECOMES AN EMERGENCY

If your relative threatens to harm him- or herself or you, or to seriously damage property, you must do whatever is necessary to protect yourself and others (including your

relative) from harm. You may need to leave and call for help. This is advisable only under extreme circumstances, and only for very short periods of time. If possible, remove objects that your relative could use to harm him- or herself.

Don't:

- shout
- criticize
- stare
- argue with others about what to do.

Suicide

One of the most terrifying aspects of a serious mental health disorder is talk of suicide. Any talk—or even joking—about suicide must be taken seriously.

Most people do not want to end their lives. Suicidal thinking or attempts typically occur during a serious episode of mental illness when the person feels helpless, hopeless and in a state of despair. Although the feelings are often temporary, at the time, people do not believe that the feelings will pass. You can help by acknowledging your relative's feelings while offering to help him or her find other solutions. However, it is also important to recognize your own limitations. **Family members must realize that they do not have absolute control to change things and cannot be responsible for all of their relative's actions.**

WARNING SIGNS OF SUICIDE

There are several warning signs that a person is considering suicide. He or she may:

- discuss suicide and what it would be like to have things end
- be concerned with providing for children, other family members or pets
- give away possessions
- express feelings of worthlessness, such as, "I'm no good to anybody"
- feel hopeless about the future, reflected in comments such as, "What's the use?"
- talk about voices that tell him or her to do something dangerous.

What to do if you find someone after a suicide attempt:

- Phone 911 immediately.
- If you know first aid, administer it immediately.
- Phone someone to accompany you to the hospital or to stay with you at home.

Do not try to handle the crisis alone; contact a support group to help you with your immediate reactions and long-term feelings.

Getting treatment in an emergency

GOING TO THE HOSPITAL

It's best if you can get your relative to go to the hospital voluntarily. If he or she won't listen to you, ask someone your relative trusts to convince him or her to go to the hospital. This should be part of your prearranged action plan (see "Creating an Emergency Plan," p. 174). Try to offer your relative a choice. For example, John's mother might have asked him: "Will you go to the hospital with me, or would you prefer to go with your father or Anna?" This reduces a person's fear that he or she is being coerced.

CALLING THE POLICE

If your relative appears likely to endanger him- or herself or someone else, and refuses to see a doctor, you can get a judge or justice of the peace (depending on the province or territory in which you live) to issue a document that authorizes the police to take your relative to a hospital for an assessment. But if you're in a crisis or emergency situation (the danger is immediate), just call 911.

Sometimes you have to phone the police, and the first time is really tough. I remember the first time we had to phone 911, and the ambulance came, and the police—and then my neighbour who's a doctor came over and said, "Is there anything I can do?" And I had to say, and I remember I actually got it out, "My daughter is having a psychotic episode. And she's been using crack." And once I got that out, he was very supportive—and I was fine. I thought, OK, you know, that's behind me. So I told him, and he was very kind. So once you put it out there, and nothing terrible happens, you're OK.

It's understandable that families are reluctant to call the police, but extreme circumstances may leave you no other choice. Often, merely telling the ill person that you are calling the police will calm him or her down.

When you call 911, tell the emergency operator that your relative needs emergency medical assistance and give the operator your relative's diagnosis. Say you need help getting him or her to the hospital.

In some communities, the police are given training in crisis intervention. It's helpful to find out what kind of training, if any, the police in your community have so you'll know in advance how much advocating you might have to do when and if you need to call on them. If you find yourself in a situation where you need to call the police, write down the officers' names, badge numbers and response time in case you later need to report any concerns about how the problem was handled. While the police are present, you may have time to call the doctor or any other emergency contact.

Even when your relative has been destructive or physically abusive, you may be reluctant to involve the police. Family members sometimes fear that their relative will be put in custody where they may be victimized and treated inappropriately.

But failing to take seriously the risk of violence and physical harm can have its own consequences. You should take care to recognize the signs of escalating threats and violence, and the presence of extra stress and triggers that could set your relative off, and know when things are beyond your control. Don't be afraid to call a crisis team in to your home or the police. In many cases that is the safest, kindest thing you can do for an ill family member.

Involvement with the forensic mental health system

Ironically, if a person with serious mental health conditions comes before a judge because he or she has been charged with doing something illegal, it may be more likely that person will be remanded for a full assessment and possibly treatment. *Forensic psychiatry* is a branch of mental health that works with people who have become involved with the law. For some individuals with mental health problems who have become involved with the law, being directed to a forensic facility allows them to receive the care that they have not been able to receive in the community system.

The forensic mental health system can be confusing for families. If you live in Ontario, *The Forensic Mental Health System in Ontario: An Information Guide* (available at www.camh.net/Publications/CAMH_Publications/forensic_menthealth_infoguide.html) will help you find your way through the system.

WORKING WITH EMERGENCY ROOM STAFF

If possible, go to the emergency department with your relative. The staff should interview you because you have information that they need to decide how to treat your relative. If the emergency room staff don't ask to talk to you, you should insist that you get a chance to talk to them.

Try to provide an organized account of the events leading up to the hospital visit. If you are worried about your safety should your relative be released, let the staff know.

INVOLUNTARY ADMISSIONS

In some cases, your relative may not want to get treatment after a crisis, or even after having serious symptoms. In Canada, people can't be forced to get treatment for a mental health disorder unless they are a threat to themselves or others. While this approach does acknowledge the rights of the individual, it has created complex problems for families. If a person who doesn't want to be admitted to hospital is admitted, he or she is considered an involuntary patient. The specific criteria used to decide whether a person

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can be admitted to the hospital without his or her consent vary from province to province. The basic principles are:

- The person is believed to be a danger to him- or herself (e.g., is suicidal or self-harming).
- The person is believed to be a danger to others (e.g., is violent).
- The person is unable to care for him- or herself and is at immediate risk as a result (e.g., because he or she is not eating or drinking).

If the person meets the provincial criteria for involuntary admission, a physician can issue a document that authorizes a short stay in the hospital (in most provinces, one to three days) for emergency treatment. In some provinces, another document must be issued if longer-term treatment is needed.

Consenting to treatment

People who have been admitted to hospital involuntarily still have the right to make decisions about their treatment if they are mentally capable to do so. This includes refusing treatment.

To be considered capable, a person must:

- be competent to give consent
- have the intellectual capacity to make the decision
- give the consent voluntarily
- have enough information to make an informed decision, including information on potential risks or side-effects of treatment.

If the person is not able to give informed consent, then he or she must be declared incompetent. Someone is appointed to make decisions on the person's behalf. In some provinces, the decision-maker is a family member while others use people appointed by the state.

Information about the *Mental Health Act*

Each province has its own *Mental Health Act*, so the rules vary from province to province. Provincial offices of the Canadian Mental Health Association (CMHA) and websites of provincial ministries of health are sources of information. Here are some useful links:

Alberta

The Mental Health Act of Alberta: A Guide for Consumers and Caregivers
(available online through CMHA Alberta)

British Columbia

BC's Mental Health Act in Plain Language
(available online through CMHA BC)

Manitoba

www.gov.mb.ca/health/mh/act.html

New Brunswick

www.ahsc.health.nb.ca/Programs/MentalHealth/rights.shtml

Ontario

Rights and Responsibilities: Mental Health and the Law
www.health.gov.on.ca/english/public/pub/mental/rights.html

Prince Edward Island

Islanders Guide to the Mental Health Act
www.gov.pe.ca/publications/getpublication.php3?number=118

Quebec

Mental Illness: A Regional Handbook for Families
(available from CMHA Quebec)

Saskatchewan

www.health.gov.sk.ca/rr_your_prsnl_rights_mhsa.html

CREATING AN EMERGENCY PLAN

Before a situation turns into a crisis or an emergency, it may help to sit down with your family and discuss what you would do in an emergency. Don't try to deal with your family member when he or she appears to be under the influence of alcohol or other drugs, or when family members are extremely upset. You may say things under the stress of the situation that you don't mean, or take action that just makes things worse.

When everyone is calm, you can focus on planning what to do if:

- the family notices that some of the symptoms of the substance use or mental health problem are reoccurring
- the situation has already become a crisis.

Developing a plan together ensures that your relative is an active participant in his or her own care. Planning all of this before a crisis happens can sometimes help avoid a crisis altogether. However, there are times when a crisis may not be preventable.

CREATING A CRISIS PLAN

The following guidelines will help you create a crisis action plan that is tailored to the needs of your ill family member:

- Make sure that your relative is actively involved and participates in the discussion and in all decisions, and that his or her preferences are heard and respected.
- Involve as many members of your family as deemed appropriate and develop an approach that all can agree on.
- Generate a number of possible crisis plans and act on the ones that everyone, *especially your ill loved one*, agrees are the best ones.
- Develop specific steps for carrying out your plans. Decide what role each member will have in implementing the plan. For example, decide who is the best person to accompany your loved one to the hospital, should this become necessary, who should stay on at the hospital, and who should make phone calls from home.
- Decide who will speak to the treatment team or, in extreme situations, to the police, if your relative is unable to speak for him- or herself.
- Make sure to get your relative's permission to relate particular information to hospital staff or to the police.

Crisis cards

People with concurrent disorders and their family members have found it extremely helpful to write important information on a card or a piece of paper folded small enough so that it can be carried with them wherever they go. For example, the card or paper may be placed in a visible part of the person's wallet.

A crisis card usually contains information important for others (e.g., friends, health care workers, police, strangers) to have in the event that your relative experiences a mental health or substance use-related crisis while away from home. It contains information such as:

- important phone numbers—who to call in the event of a crisis or an emergency, including who to call first and who to call as a back-up
- the person's mental health or addiction professional (e.g., psychiatrist, therapist or worker)
- the person's family doctor
- the hospital or treatment centre at which the person has currently or previously been involved in inpatient or outpatient care
- a list of the person's current medications, the proper dosage for each, and the times of day or night that they are to be taken (you may also wish to include the name and number of the pharmacy at which the prescriptions are usually filled)
- a list of medications to which the person is allergic
- any medications used in the past for either the mental health or the substance use problem that did not work, or that the person would not take due to side-effects (you may list such medications in one column and list the side-effects in a second column)
- tips for effectively talking to and working with the person when he or she is in crisis
 - neutral topics of interest to them
 - comforting foods
 - self-calming measures, such as music or video games.

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Activity 10-2: Creating a crisis card

Here are some suggestions for information that you might include on a crisis card. Choose the information that would be most useful in your situation.

Emergency personal contacts

Primary contact

Name _____ Home phone # _____
_____ Work phone # _____
_____ Cellphone # _____
_____ E-mail _____

Back-up contact

Name _____ Home phone # _____
_____ Work phone # _____
_____ Cellphone # _____
_____ E-mail _____

Treatment providers

Family doctor

Name _____ Phone # _____

Case manager / therapist / substance use or mental health worker

Name _____ Phone # _____

Name _____ Phone # _____

Hospital or treatment centre

Name _____ Phone # _____

Current medications

Medication _____ Dose _____ Time of day _____

Medication allergies

The following medications were ineffective and/or caused serious side-effects:

Medication _____ Side-effects _____

Suggestions for helping in a crisis or an emergency:

REFERENCES

Chan, A. & Noone, J.A. (2000). *Emergency Mental Health Educational Manual*. Vancouver: Mental Health Evaluation & Community Consultation Unit, University of British Columbia.