Crisis Services

Mental health crisis response services are a vital part of any mental health service system. A well-designed crisis response system can provide backup to community providers, perform outreach by connecting first-time users to appropriate services and improve community relations by providing reassurance that the person's needs are met in a mental health crisis.

What Makes an Effective Mental Health Crisis Service?

Mental health crisis services vary depending on where an individual lives. Becoming familiar with the available services and how to access them is an important step towards being prepared for a psychiatric crisis. The better prepared a person is when faced with a crisis situation the better the outcome. The following are pieces that together make up an effective response system.

- **24-Hour crisis lines** are often the first point of contact for a person in crisis or their loved one. Telephone crisis services provide assessment, screening, triage, preliminary counseling, and information and referral services.
- **Walk-in crisis services**, such as clinics or psychiatric urgent care centers offer immediate attention. They focus on resolving the crisis in a less intensive setting than a hospital, 1001though they may recommend hospitalization when appropriate. Walk-in clinics may serve as drop-off centers for law enforcement to reduce unnecessary arrests.
- **Mobile crisis teams** intervene wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel. Mobile teams may provide pre-screening assessments or act as gatekeepers for inpatient hospitalization and can also connect an individual with community based programs and other services.

Respite Care and Residential Services

Crisis respite and residential services can help a person stabilize, resolve problems and connect with possible sources of ongoing support. Services that may be provided include physical and psychiatric assessment, daily living skills training, social activities, counseling, treatment planning and connecting to services. Crisis residential services can either be an alternative to hospitalization or a step-down setting upon leaving a hospital.

Crisis respite services are also beneficially because they can provide short-term relief to individuals who are caring for family members who might need more support outside of the home.

There are various models for providing respite care depending on how much support is needed:

- **Family-based crisis home support** is where the person in crisis lives with a screened and trained "professional family." In addition to practical and emotional support from "family" members, mental health professionals visit the home daily for planning

treatment.

- **Crisis respite centers and apartments** provide 24-hour observation and support by crisis workers or trained volunteers until a person is stabilized and connected with other supports. In some locations, peer support specialists provide encouragement, support, assistance and role models in a non-threatening atmosphere.
- **In-home support** is like a crisis apartment but in the person's own residence and may be used if separation from the everyday environment is not necessary.

Crisis Stabilization Units

Crisis Stabilization Units (CSU) are small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. CSUs try to stabilize the person and get him or her back into the community quickly.

Extended Observation Units (23-Hour Beds)

23-hour beds, also known as extended observation units (EOUs) can be a stand-alone service or embedded within a CSU. Admission to an EOU is appropriate when the crisis can be resolved in less than 24 hours. EOUs are designed for persons who may need short, intensive treatment in a safe environment that is less restrictive than a hospital.

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Bipolar Disorder

Bipolar disorder is a chronic mental illness that causes dramatic shifts in a person's mood, energy and ability to think clearly. People with bipolar disorder have high and low moods, known as mania and depression, which differ from the typical ups and downs most people experience. If left untreated, the symptoms usually get worse. However, with a strong lifestyle that includes self-management and a good treatment plan, many people live well with the condition.

Although bipolar disorder can occur at any point in life, the average age of onset is 25. Every year, 2.9% of the U.S. population is diagnosed with bipolar disorder, with nearly 83% of cases being classified as severe. Bipolar disorder affects men and women equally.

Symptoms

A person with bipolar disorder may have distinct manic or depressed states. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions. Usually, these psychotic symptoms mirror a person's extreme mood.

Mania. To be diagnosed with bipolar disorder, a person must have experienced mania or hypomania. Hypomania is a milder form of mania that doesn't include psychotic episodes. People with hypomania can often function normally in social situations or at work. Some people with bipolar disorder will have episodes of mania or hypomania many times; others may experience them only rarely.

Although someone with bipolar may find an elevated mood very appealing—especially if it occurs after depression—the "high" does not stop at a comfortable or controllable level. Moods can rapidly become more irritable, behavior more unpredictable and judgment more impaired. During periods of mania, people frequently behave impulsively, make reckless decisions and take unusual risks. Most of the time, people in manic states are unaware of the negative consequences of their actions.

Depression. Depression produces a combination of physical and emotional symptoms that inhibit a person's ability to function nearly every day for a period of at least two weeks. The level of depression can range from severe to moderate to mild low mood, which is called dysthymia when it is chronic.

Causes

Scientists have not discovered a single cause of bipolar disorder. They believe several factors may contribute:

- **Genetics.** The chances of developing bipolar disorder are increased if a child's parents or siblings have the disorder. But the role of genetics is not absolute.
- **Stress.** A stressful event such as a death in the family, an illness, a difficult relationship or financial problems can trigger the first bipolar episode. In some cases, drug abuse can trigger bipolar disorder.

- **Brain Structure.** Brain scans cannot diagnose bipolar disorder in an individual. However, researchers have identified subtle differences in the average size or activation of some brain structures in people with bipolar disorder. While brain structure alone may not cause it, there are some conditions in which damaged brain tissue can predispose a person.

Diagnosis

To be diagnosed with bipolar illness, a person has to have had at least one episode of mania or hypomania. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) defines four types of bipolar illness:

- **Bipolar I Disorder** is an illness in which people have experienced one or more episodes of mania. Most people diagnosed with bipolar I will have episodes of both mania and depression, though an episode of depression is not necessary for a diagnosis. To be diagnosed with bipolar I, a person's manic or mixed episodes must last at least seven days or be so severe that he requires hospitalization.
- **Bipolar II Disorder** is a subset of bipolar disorder in which people experience depressive episodes shifting back and forth with hypomanic episodes, but never a full manic episode.
- **Cyclothymic Disorder or Cyclothymia,** is a chronically unstable mood state in which people experience hypomania and mild depression for at least two years. People with cyclothymia may have brief periods of normal mood, but these periods last less than eight weeks.
- **Bipolar Disorder "other specified" and "unspecified"** is diagnosed when a person does not meet the criteria for bipolar I, II or cyclothymia but has had periods of clinically significant abnormal mood elevation.

Treatment

Bipolar disorder is a chronic illness, so treatment must be ongoing. If left untreated, the symptoms of bipolar disorder may get worse, so diagnosing it and beginning treatment in the early stages is important. There are several well-established types of treatment for bipolar disorder:

- **Medications,** such as mood stabilizers, antipsychotic medications and antidepressants
- **Psychotherapy,** such as cognitive behavioral therapy and family-focused therapy
- **Electroconvulsive therapy (ECT)**
- **Self-management strategies and education**
- **Complementary health approaches** such as meditation, faith and prayer

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Bipolar-Disorder

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Borderline Personality Disorder

Borderline personality disorder (BPD) is a condition characterized by difficulties in regulating emotion. This difficulty leads to severe mood swings, impulsivity and instability, poor self-image and stormy personal relationships.

People may make repeated attempts to avoid real or imagined situations of abandonment. It is ultimately characterized by the emotional turmoil it causes. People who have it feel emotions intensely and for long periods of time, and it is harder for them to return to a stable baseline after an emotionally intense event. Suicide threats and attempts are very common for people with BPD. Self-harming acts, such as cutting and burning, are also common.

It's estimated that 1.6% of the adult U.S. population has BPD but it may be as high as 5.9%. Nearly 75% of people diagnosed with BPD are women, but recent research suggests that men may be almost as frequently affected by BPD. In the past, men with BPD were often misdiagnosed with PTSD or depression.

Symptoms

People with BPD experience wide mood swings and can display a great sense of instability and insecurity. Signs and symptoms may include:

- Frantic efforts to avoid being abandoned by friends and family.
- Unstable personal relationships that alternate between idealization and devaluation. This is also sometimes known as "splitting."
- Distorted and unstable self-image, which affects moods, values, opinions, goals and relationships.
- Impulsive behaviors that can have dangerous outcomes.
- Suicidal and self-harming behavior.
- Periods of intense depressed mood, irritability or anxiety lasting a few hours to a few days.
- Chronic feelings of boredom or emptiness.
- Inappropriate, intense or uncontrollable anger—often followed by shame and guilt.
- Dissociative feelings—disconnecting from your thoughts or sense of identity, or "out of body" type of feelings—and stress-related paranoid thoughts. Severe cases of stress can also lead to brief psychotic episodes.

Causes

The causes of borderline personality disorder are not fully understood, but scientists agree that it is the result of a combination of factors:

- **Genetics.** While no specific gene has been shown to directly cause BPD, studies in twins suggest this illness has strong hereditary links. BPD is about five times more common among people who have a first-degree relative with the disorder.
- **Environmental factors.** People who experience traumatic life events, such as physical or sexual abuse during childhood or neglect and separation from parents, are at increased risk of developing BPD.
- **Brain function.** The way the brain works is often different in people with BPD, suggesting that there is a neurological basis for some of the symptoms.

Specifically, the portions of the brain that control emotions and decision-making/judgment may not communicate well with one another.

Diagnosis

There is no single medical test to diagnose BPD, and a diagnosis is not based on one sign or symptom. BPD is diagnosed by a mental health professional following a comprehensive psychiatric interview that may include talking with previous clinicians, medical evaluations and, when appropriate, interviews with friends and family. To be diagnosed with BPD, a person must have at least 5 of the 9 BPD symptoms listed above.

Treatment

People with BPD are often treated with a combination of psychotherapy, peer and family support and medications to address co-occurring symptoms.

- **Medications** are not specifically made to treat the core symptoms of emptiness, abandonment and identity disturbance, but can be useful in treating other symptoms associated with BPD, such as anger, depression and anxiety. Medications may include mood stabilizers, antipsychotics, antidepressants and anti-anxiety drugs.
- **Psychotherapy** is a cornerstone for treating a person with BPD. In addition to dialectical behavioral therapy (DBT), which was created specifically for the treatment of BPD, there are several types of psychotherapy that are effective. These treatments include cognitive behavioral therapy (CBT) and metallization-based therapy (MBT).

See more at http://www.nami.org/Learn-More/Mental-Health-Conditions/Borderline-Personality-Disorder.

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Self-harm

People often keep their habit a secret, but the urge to self-harm isn't uncommon, especially in adolescents and young adults. Many overcome it with treatment.

Whether a person has recently started hurting his or herself or has been doing it for a while, there is an opportunity to improve health and reduce behaviors. Talking to a doctor or a trusted friend or family member is the first step towards understanding your behavior and finding relief.

What is Self-harm?

Self-harm or self-injury means hurting yourself on purpose. One common method is cutting yourself with a knife. Some people feel an impulse to burn themselves, pull out hair or pick at wounds to prevent healing. Extreme injuries can result in broken bones.

Hurting yourself—or thinking about hurting yourself—is a sign of emotional distress. These uncomfortable emotions may grow more intense if a person continues to use self-harm as a coping mechanism. Learning other ways to tolerate the mental pain will make you stronger in the long term.

Self-harm also causes feelings of shame. The scars caused by frequent cutting or burning can be permanent. Drinking alcohol or doing drugs while hurting yourself increases the risk of a more severe injury than intended. And, it takes time and energy away from other things you value. Skipping classes to change bandages or avoiding social occasions to prevent people from seeing your scars is a sign that your habit is negatively affecting work and relationships.

Why People Self-harm

Self-harm is not a mental illness, but a behavior that indicates a lack of coping skills. Several illnesses are associated with it, including borderline personality disorder, depression, eating disorders, anxiety or posttraumatic distress disorder.

Self-harm occurs most often during the teenage and young adult years, though it can also happen later in life. Those at the most risk are people who have experienced trauma, neglect or abuse.

The urge to hurt yourself may start with overwhelming anger, frustration or pain. When a person is not sure how to deal with emotions, or learned as a child to hide emotions, self-harm may feel like a release.

Sometimes, injuring yourself stimulates the body's endorphins or pain-killing hormones and can temporarily improve their mood. Or if someone doesn't feel many emotions, a person might cause himself pain in order to feel something "real" to replace emotional numbness.

Once a person injuries herself, she may experience shame and guilt. If the shame leads to intense negative feelings, that person may hurt herself again. As a result, the behavior can become a dangerous cycle and a long-time habit. Some people even create rituals around it.

Self-harm isn't the same as attempting suicide. However, it is a symptom of emotional pain that should be taken seriously. If someone is hurting herself, she may be at an increased risk of feeling suicidal. It's important to find treatment for the underlying emotions.

Treatment and Coping

There are effective treatments for self-harm that can allow a person to feel in control again. Psychotherapy is important to any treatment plan. Self-harm may feel necessary to manage emotions, so a person will need to learn new coping mechanisms.

The first step in getting help is talking to a trusted adult, friend or medical professional who is familiar with the subject, ideally a psychiatrist. The more information that person can give, the better the treatment plan will be.

Depending on any underlying illness, a doctor may prescribe medication to help with difficult emotions. For someone with depression, for instance, an antidepressant may lessen harmful urges.

What to Do When Someone Self-harms

Perhaps you have noticed a friend or family member with frequent bruises or bandages. If someone is wearing long sleeves and pants even in hot weather, they may be trying to hide injuries or scarring.

If you're worried a family member or friend might be hurting herself, ask her how she's doing and be prepared to listen to the answer, even if it makes you uncomfortable. This may be a hard subject to understand. One of the best things is tell them that while you may not ully understand, you'll be there to help. Don't dismiss emotions or try to turn it into a joke.

Gently encourage someone to get treatment by stating that self-harm isn't uncommon and doctors and therapists can help. If possible, offer to help find treatment. But don't go on the offensive and don't try to make the person promise to stop, as it takes more than willpower to quit.

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Self-harm

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Sleep Disorders

Many people experience problems sleeping including not getting enough sleep, not feeling rested and not sleeping well. This problem can lead to difficulties functioning during the daytime and have unpleasant effects on your work, social and family life. Problems sleeping can be secondary to a medical illness such as sleep apnea, or a mental health condition like depression.

Sleep issues can be a sign of an impending condition such as bipolar disorder. In addition to affecting sleep itself, many medical and mental health conditions can be worsened by sleep-related problems.

Insomnia

One of the major sleep disorders that people face is insomnia. Insomnia is an inability to get the amount of sleep needed to function efficiently during the daytime. Over one-third of Americans report difficulty sleeping. Insomnia is caused by difficulty falling asleep, difficulty staying asleep or waking up too early in the morning.

Insomnia is rarely an isolated medical or mental illness but rather a symptom of another illness to be investigated by a person and their medical doctors. In other people, insomnia can be a result of a person's lifestyle or work schedule.

Sometimes insomnia or other sleep problems can be caused by sleep apnea, which is a separate medical condition that affects a person's ability to breathe while sleeping. A doctor or sleep specialist can diagnose sleep apnea and provide treatment to improve sleep.

Short-term insomnia is very common and has many causes such as stress, travel or other life events. It can generally be relieved by simple sleep hygiene interventions such as exercise, a hot bath, warm milk or changing your bedroom environment. Long-term insomnia lasts for more than three weeks and should be investigated by a physician with a potential referral to a sleep disorder specialist, which includes psychiatrists, neurologists and pulmonologists who have expertise in sleep disorders.

Cause and Effect

More than one-half of insomnia cases are related to depression, anxiety or psychological stress. Often the qualities of a person's insomnia and their other symptoms can be helpful in determining the role of a mental health condition in a person's inability to sleep. Early morning wakefulness can be a sign of depression, along with low energy, inability to concentrate, sadness and a change in appetite or weight. On the other hand, a sudden dramatic decrease in sleep which is accompanied by increase in energy, or the lack of need for sleep may be a sign of mania.

Many anxiety disorders are associated with difficulties sleeping. Obsessive-compulsive disorder (OCD) is frequently associated with poor sleep. Panic attacks during sleep may suggest a panic

disorder. Poor sleep resulting from nightmares may be associated with posttraumatic stress disorder (PTSD).

Substance abuse can also cause problems with sleep. While alcohol is sedating in limited quantities, intoxication with alcohol can make you wake up numerous times in the night and disturbs your sleep patterns. Drugs such as LSD, ecstasy, Molly and marijuana are also associated with disturbances in sleep. Some sedative medications may cause sleepiness during intoxication but can disturb sleep and cause serious problems sleeping in people who are addicted to or withdrawing from these medications.

Poor sleep has been shown to significantly worsen the symptoms of many mental health issues. Severe sleep problems can decrease the effectiveness of certain treatments. Treatment of sleep disorders has also been studied in relationship to schizophrenia, ADHD and other mental health conditions. All of the scientific data shows the connection between medical and mental illnesses: good sleep is necessary for recovery—or prevention—in both types of conditions.

Treatment

The first-line treatment for insomnia is good sleeping habits and taking care of any underlying conditions that may be causing the problems with sleeping. But when these are not enough, other treatment options can be considered. Treatment options could include relaxation techniques, medication, exercise, light therapy or cognitive behavioral therapy.

See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Sleep-Disorders

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