

Helping Someone in Crisis: Guide for Family and Friends



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Purpose of this Handout

For caregivers of children and youth in imminent crisis, due to being at risk of harming themselves or others, or at risk of being unable to care for themselves, this guide has some practical strategies.

Where to Get this Handout

The most up-to-date version of this handout is available from <http://www.drcheng.ca> in the Mental Health Information section. Please give comments and feedback (using the contact form on the website).

Authors

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Disclaimer

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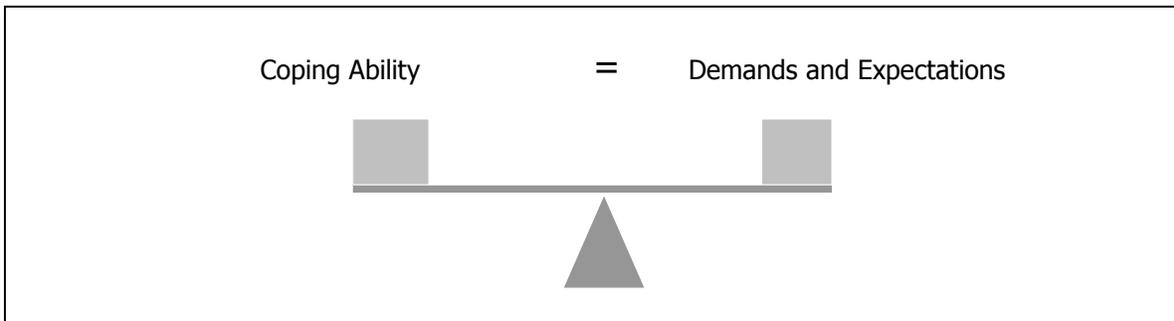
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What is a Crisis?

Life is a balance between a person's coping ability and the stress that the person is under. When things are balanced, life is good.



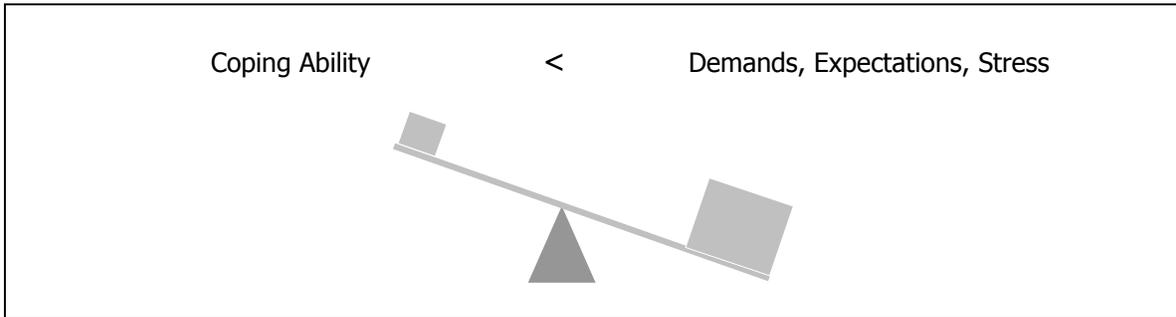
We live in a stressful society, and everyone faces stresses such as:

- Home stresses with mother, father, brothers, sisters, or other caregivers
- School or academic stress with school work or teachers
- Work or employment stress
- Money or financial stresses
- Relationship stresses with friends, or girlfriends / boyfriends

Other stresses may occur from psychiatric or emotional problems such as:

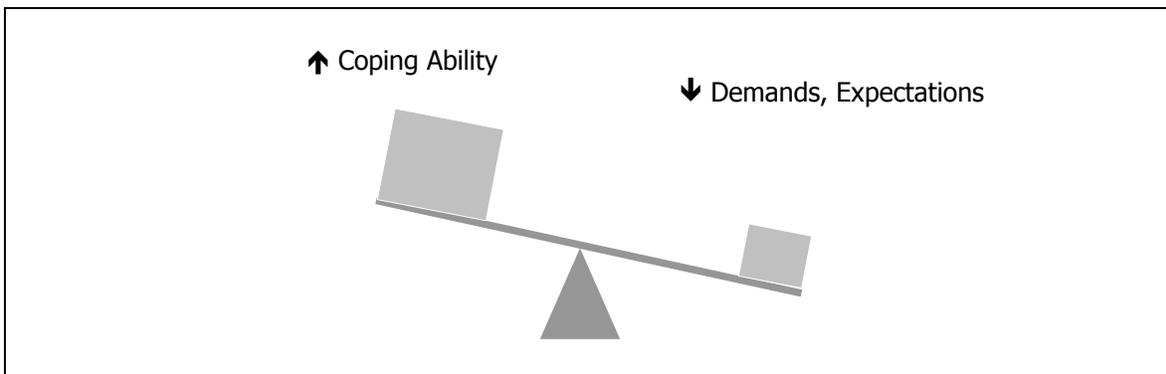
- Depression, where the person who is feeling depressed may act in inappropriate ways to try to cope, e.g. trying to hurt themselves, or end their life.
- Anxiety conditions
- Psychoses, where a person having hallucinations, or difficulties with thinking may lead to inappropriate behavior.
- Bipolar disorder, where a person who is in a manic or high phase may have reckless or dangerous behaviors.

When the stress is greater than an individual's ability to cope, problems occur. When those problems are severe enough that a person becomes overwhelmed, then it may become a crisis.



Because a person is so overwhelmed, in a crisis, a person may become at risk of hurting him- or herself (e.g. by talking about imminent plans to commit suicide), or at risk of hurting others (e.g. talking about or doing behaviors which may injure others).

In order to restore the balance and deal with a crisis, one can either reduce the stresses that one is under, or improve the person's coping ability. Usually a combination of the two is best.



Crisis is Opportunity

In written Chinese, the word for Crisis is made up of two words – danger and opportunity. In other words, after an individual or family copes with a crisis, they may be stronger and be able to cope even better in the future...



Supporting Someone in a Crisis

Do's

- Do stay calm. Although your loved one may be upset in a crisis, it doesn't help if others get upset too. Talking calmly and slowly, in a normal tone of voice. You might say, "Let's sit down and talk"; "I need to go a little more slowly." Even if you are feeling upset, try not to show it too much on the outside.
- Do decrease other distractions. If there are too many things happening all at once, people get overwhelmed. Thus:
 - Turn off distractions such as the TV, radio, or stereo.
 - If there are too many people around, ask other people to leave the situation. "Thank you everyone for your concern, but right now, we need some quiet and space to sort things out. It would be just great if everyone could just right outside..."
 - Go to a quiet place with the other person. "It's a bit too noisy for me to think... How about we go somewhere else and talk?"
- Do use *assertive* communication
 - Use I statements to express how you are feeling, "I'm worried about you."
 - Use validating and neutral statements about what you observe. Examples are: "I'm wondering if you're feeling afraid and confused"; "I can see that you are angry. Tell me what's wrong."
 - Express what you want,
 - E.g. "I think we need to talk about what's going on."
 - You can still give choices though, to help the person feel more in control.
 - E.g. "Do you want to talk now, or talk in a few minutes?"
 - E.g. "I really think we need to get some help, and we need to go to the hospital. Do you us to call your dad first, or do you just want to go right now?"
 - Avoid using YOU statements as they tend to make the other person feel defensive. For example, avoid statements such as "*You're not making any sense*".
- Repeat questions or statements when necessary, using the calm and simple language. At the same time, watch to make sure that the other person is getting annoyed at you 'nagging' them either.

Remind yourself not to take your relative's behaviour personally. It is the crisis that is causing the problems, not the person... And it is your job to work together on the same side with your relative to get over the crisis.

Don'ts

Avoid the following behaviors which generally make the situation worse:

- Shouting
- Criticizing
- Blaming
- Staring at the other person
- Arguing with other people about what to do in front of the other person. If you do disagree with others, then discuss it alone, away from your relative.

Types of Crisis

Thoughts of Suicide

When a person is overwhelmed by stress (e.g. depression, troubles with school, work, relationships), then they may feel that ending their life is the only way to cope with their stress.

People feel suicidal when they feel:

- Helpless to deal with their stress (e.g. feeling a loss of control)
- Hopeless that their stress will improve
- Loss of connection with others (e.g. feeling disconnected from others, such as with feeling lonely or unsupported, or feeling rejected or unloved).

Types of suicidal thoughts include feeling:

- Passively suicidal, where the person has thoughts that life is no longer worth living, or
- Actively suicidal, where the person actively makes plans and seeks out means to end their life.

Warning Signs for Suicide

The following are signs that a person might be making imminent plans for ending his/her life:

1. The person talks about ending his/her life, and what it would be look if s/he were no longer around.
2. The person makes plans for his/her dependants. For example, the person may make arrangements for who will look after children or pets if s/he is not around. The person may make plans about how to distribute his/her possessions.
3. Your relative expresses feelings of worthlessness, such as, "I'm no good to anybody."
4. The person expresses hopelessness, for example: "Things will never get better." "What's the point?"

Any discussion of suicide must be taken seriously. If you are concerned, contact a telephone crisis line, or take the person to the emergency department of your local hospital, or call 911.

How should I talk to someone who is feeling suicidal?

Rationale	
Express your concerns	You: "Hello, I've been worried about you. Can we talk?" Other person: "Sure, I guess."
Make your observations, using "I" statements	You: "I've noticed that you seem sad a lot these days, and I'm worried, because that's not like you at all." Other person: "Yeah, I've been feeling pretty down lately."
Asking for more information	You: "I'm so sorry to hear that. What's been

	going on?"
	Other person: "I don't know, I just can't take it any more."
Asking for more information	You: "That's horrible! What's the worst its gotten for you?"
	Other person: "Sometimes it gets so bad that I don't feel like living anymore."
Asking specifically about suicide	You: "Sounds like it must get pretty bad. When you say you don't feel like living anymore, what's the worst that it gets?"
	Other person: "The other day, I felt like taking an overdose."
Asking specifically about suicide	You: "That's horrible. Right now, how are you feeling?"
	Other person: "A bit better, I guess."
	You: "Well, that's a relief. What's made it better?"
Express your support, and ask for permission before just giving support	You: "I'm always here for you. You're not alone. I'm going to help you get through this. How can I support you?"
	Other person: "I really don't know."
Ways to support another person range from 1) just listening and validating how they feel, to 2) giving advice If the other person is too overwhelmed to know what they need, then give them a limited amount of options	You: "You can tell me whatever is going on. Or maybe you want my advice too. I'm good either way."
	Other person: "Well, I think its because of my breakup with Dave."
	You: "I'm so sorry to hear about the breakup."

- Be non-judgemental
- Point out strengths
- Empathize with feelings.
- Tell the person that they are not alone, and that you will support them and help them get over this.
- Cope with stress by crying with the person about it.
- Give reasons for living.
- Problem-Solving. Ask for permission, and if the person is agreeable, then help them problem-solve the stressful problem that makes them think about suicide. You might say: "I will assume there must be some stress or problem that makes you feel this way. What is the problem that makes you think about suicide?"
- Get help from others. Most likely, you are not a trained counselor or therapist, which means you should get professional help to help. And even trained counselors/therapists would know

to get help, because their role is not to be a counselor or therapist, but rather to be a supportive friend or family member.

What if the person in crisis refuses my help?

If the person in crisis refuses your help, then don't give up. It merely means that you will continue to work at forming a connection or alliance with the person.

Ways to form that connection include:

- Finding some goal that you agree on
- Connecting with the person, by agreeing and validating how they feel. Validating how they feel doesn't mean that you agree with their thoughts of suicide. But it can mean that if they are feeling sad and angry about a situation, then you acknowledge that you understand that they might feel sad and angry.

Providing a safe home for a person feeling suicidal

If you are the parent, or loved one of someone who is feeling suicidal, one of the most important strategies is to keep good communication with the person feeling suicidal, so that they can tell you if they are feeling imminently suicidal.

In addition, consider these ways of making your home a safer place, by removing potential sources of harm:

Remove firearms and weapons

- Ensure that there are no firearms, ammunition nor weapons in the home. Remove any firearms from the home by giving to a trusted person who lives elsewhere, or by taking them to the local police station if no other options can be found.

Remove alcohol

- Since alcohol affects rational thinking and lowers inhibitions, alcohol can be a risk factor for suicide. Hence, remove alcohol from the home.

Car keys

- Remove or supervise access to car keys so that the person is less able to access means to self-harm
- Note that in an emergency, firearms or medications can be locked in a car (preferably in the trunk) if no alternatives exist

Medications

- Prescription medications should be locked up. People who are depressed often overdose on the very medications that they are prescribed for depression. Fortunately, in general, newer medications prescribed for depression (including Prozac or Fluoxetine, Luvox or Fluvoxamine, Zoloft or Sertraline, Paxil or Paroxetine, Celexa or Citalopram) are significantly safer than the older medications, even in overdose. Nonetheless, it is best to be safe and have them locked up.
- Ensure that when prescriptions are filled, they are for safe, or minimal amounts, by asking the physician or pharmacist to only dispense safe amounts
- If possible, supervise the person when s/he takes medication(s)
- Dispose of all unused or out-of-date medications, by taking them to the local pharmacy for disposal

- Ensure that any other unsafe medications are locked up, e.g. acetaminophen (Tylenol), acetylsalicylic acid (Aspirin, or ASA)

Remove any other means of suicide

- Remove or lock up cords, ropes, sharp knives, or other obvious means of self-harm.

If you discover your relative 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; have other relatives or friends to talk to, and consider contacting a support group, or counselor/therapist for yourself as well.

Dealing with Specific Types of Crises: Violence

Although it is difficult to acknowledge, particularly with mania, violence can be a very real threat. The first step in dealing with violence is to acknowledge that it exists and to state that mental illness is not an appropriate excuse or justification for violence in the home.

When dealing with violent behaviour, there may not be time to talk calmly or call for assistance; you may need to have an exit plan. The following points should be considered:

1. 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.
2. You may need to:
 - leave the premises to call for help
 - call a friend or family member and alert him or her to the situation that requires help
 - secure your relative in a room while you go for help. This is advisable only under extreme circumstances.
3. You may need to evaluate whether it is safe for you to drive alone with your relative to the hospital.
4. You may need to call the police.

Understandably, many families are reluctant to call the police; however, extreme circumstances may require their involvement. There are some important things to know when there is a need to call the police for help.

- Sometimes, just telling your relative that you are calling the police will cause him or her to calm down.
- When you call 911, tell the emergency operator that your relative requires emergency medical assistance and your relative's diagnosis. State that you need assistance getting him or her to the hospital.
- Be prepared for a variety of responses from the police, depending on their knowledge of mental illnesses.

- Record the names of the officers, their badge numbers and their response time.
- While the police are present, you may have time to call the doctor. The police may recommend taking your relative to the hospital.

Date of this plan _____

Emergency Action Plan

Making an emergency action plan ahead of time is helpful and will reduce stress if it is ever needed. During a crisis is not the best time to be running around trying to find information or phone numbers.

Names and Numbers for my relative's health care professionals

Doctor _____

Counselor/therapist _____

Others _____

Hospital (name and phone number) that my relative uses

Medications that my relative uses, including dosages

Pharmacy and phone number that my relative uses

Person(s) (and their phone numbers) that I can call day or night for support

Helpful people that my relative trusts in the event of an emergency (names and phone numbers) (These would be *helpful* people that could support, or give advice to your relative)

If your loved one has children, or if you have children that cannot be left alone at home: What child care could I use in case I had to accompany my relative to the hospital?

My relative's requests during time of crisis. These are wishes and thoughts that your relative has expressed during a discussion about emergency plans when your relative is well.

Name of Power of Attorney (if applicable) (consider a power of attorney if your relative is aged 16 and above)

Additional Comments for Action Plan

If Going to the Hospital

There are some important things to know when you must go to the hospital (in response to suicidal or violent episodes):

- If possible, it is best to have your relative go to the hospital voluntarily.
- If your relative will not listen to you, ask someone else whom he or she trusts to convince him or her to go to the hospital. Ideally, this will be arranged in the action plan, which we will discuss next.
- Try to offer your relative a choice, such as "Will you go to the hospital with me, or would you prefer to go with John?" This gives your relative more of a sense of being a part of the plan.
- At the emergency department, make sure that you speak directly with the doctor, social worker or nurse. Find out whether your relative will be admitted. If not, find out what follow-up treatment is recommended.
- If the hospital decides to discharge your relative home, but you feel that your relative should be admitted for his or her safety, you can tell the physician in charge that you do not feel that it is safe to take the person home. Recognize that mental health professionals in an emergency room deal with mental health crises regularly, so they may have a higher tolerance for mental health distress than you. Nonetheless, you can still ask the professional to explain to you why he or she feels that the decision is a safe one, and for advice on how to deal with things should your relative go home.



Getting Mental Health Help in Ottawa

- **A physician:** Speaking to a family physician or pediatrician is a good way to find out about what help is available. If you need help finding a physician in Ottawa, you can contact:
 - The College of Physicians and Surgeons of Ontario for their doctor search at: 1-800-268-7096, x306. Web: www.cpso.on.ca/Doctor_Search/dr_srch_hm.htm.
 - For Ottawa walk-in clinics, see the following:
 - Capital Find at: <http://capitalfind.ncf.ca/health/walkin/>
 - Ottawa Kiosk at: www.ottawakiosk.com/doctors.html
- **Psychologists in Private Practice:** Psychologists help people solve problems with mood, behavior or relationships, using various therapies, such as cognitive behavior therapy (CBT). They may work as part of an agency, or in "private practice" (which means they will require payment from the client, or the client's private or work insurance).
 - Ways to find a psychologist include:
 - Asking friends, family or your doctor for names of any recommended psychologists
 - Looking in the Yellow Pages (note that of the many competent psychologists in Ottawa, not all of them are necessarily members of the Ottawa Academy of Psychology)
 - Contact the Ontario Psychological Association Confidential Referral Service at 1-800-268-0069 or (416) 961-0069. Web: www.psych.on.ca
 - Contact the Ottawa Academy of Psychology referral service, P.O. Box 4251 Station B, Ottawa, (613) 235-2529 or through www.ottawa-psychologists.org/find.htm
 - Canadian Register of Health Service Providers in Psychology (CRHSPP), www.crhspp.ca
- **Your child's school:** speak to your child's teacher, guidance counselor, or vice-principal about your concerns is important, so that the school can adopt an appropriate approach. The school may also be able to provide extra support through a school psychologist, counselor or social worker.



Agencies Providing Counseling and Support

- Youth Services Bureau (ages 12+), which provides services including counseling, youth employment services as well as youth-drop in centres and an emergency shelter for women. Tel: 613-729-1000. Web: www.yzb.on.ca
- Family Service Centre of Ottawa, 119 Ross Ave, Ottawa, K1Y 0N6, which provides counseling to youth and families. Tel: 613-725-3601. Web: www.familyservicesottawa.org
- Catholic Family Services, 219 Argyle Ave, Ottawa, K2P 2H4, which provides counseling to youth and families of any religious denomination. Tel: 613-233-8418. Web: www.cfssfc-ottawa.org
- Jewish Family Services which provides counseling to youth and families of any religious orientation. Tel: 613-722-2225.
- Centre for Psychological Services, 613-562-5289, University of Ottawa, 11 Marie Curie St., Ottawa, at Psychologists at the university of Ottawa who offer services including individual, couple, family and child therapy, on a fee-for-service basis. Web: www.socialsciences.uottawa.ca/psy/eng/centre.asp

- Centre Psycho-social pour enfants et familles (Français), 613-789-2240, which provides counselors for French-speaking youth and families. Web: www.centrepsychosocial.ca/info.html
- Centre for Counselling and Pastoral Services, St. Paul University, 223 Main St, Ottawa, ON, 613-782-3022

Crisis Numbers in the Ottawa Area

- Child, Youth and Family Crisis Line for Eastern Ontario
 - A unique crisis support and intervention service for Eastern Ontario, including Ottawa and the surrounding area.
 - Help may include supportive listening; immediate crisis counselling on the phone; information on resources and service providers in your community; direct referrals to child and youth service providers in your community; a visit to your home by the Mobile Crisis Team (in Ottawa only); short-term follow-up contact; Stabilization program for a short period, up to 5 days
 - Tel 613-260-2360 / 1-877-377-7775 (toll-free) / Web: www.icrs.ca
- Mental Health Crisis Line
 - Our professionally trained volunteers are there to answer your call 24 hours a day, seven days a week. They will provide support in a crisis and can transfer your call to the local crisis team if needed.
 - The crisis line is available anywhere in the City of Ottawa, Renfrew County, Stormont, Dundas & Glengarry Counties, Akwesasne and Prescott & Russell Counties.
 - 613-722-6914 (within Ottawa) / 1-866-996-0991 (outside Ottawa) / www.crisisline.ca
- Ontario Poison Control Centre,
 - In case of someone has ingested a potentially dangerous substance or drug, call the Ontario Poison Control Centre
 - 1-800-268-9017, <http://www.sickkids.ca/ontariopoisoncentre/>

Hospital Emergency Rooms

- If aged 0-16:
 - Children's Hospital of Eastern Ontario, 401 Smyth Road, Ottawa, Ontario, K1H 8L1, Tel: (613) 737-7600. Web: www.cheo.on.ca
- If aged 16 and above:
 - Ottawa Hospital, General Campus, 501 Smyth Road, Ottawa, Ontario, K1H 8L6, Tel: (613) 737-7777. Web: www.ottawahospital.on.ca
 - Ottawa Hospital, Civic Campus, 1053 Carling Avenue, Ottawa ON K1Y 4E9, Tel: (613)-722-7000. Web: www.ottawahospital.on.ca
 - Queensway Carleton, 3045 Baseline Road, Ottawa, Ontario, K2H 8P4, Tel: (613) 721-4700. Web: www.qch.on.ca
 - Monfort Hospital, 713 Montreal Rd, Ottawa, Ontario, K1K 0T2, Tel: (613) 746-4621. Web: www.hopitalmontfort.com

References

Depression and Bipolar Disorder Family Psychoeducational Group Manual: Therapist Guide, Christina Bartha, Kate Kitchen, Carol Parker, Cathy Thomson, 2001. Published by the Centre the Addiction and Mental Health, www.camh.net.