The Crisis

Sooner or later, if a family member is diagnosed with schizophrenia or a major mood disorder, it is likely that some sort of crisis will occur. When this happens, there are some actions which you can take to help diminish or avoid the potential for disaster. Ideally, you need to reverse any escalation of the symptoms and provide immediate protection and support to the individual with mental illness.

People seldom suddenly lose total control of thoughts, feelings and behavior. Family members or close friends will generally become aware of a variety of behaviors which give rise to mounting concern: sleeplessness, ritualistic preoccupation with certain activities, suspiciousness, unpredictable outbursts, and so on.

During these early stages a full-blown crisis can sometimes be averted. Often the person has stopped taking medications. If you suspect this, try to encourage a visit to the physician. The more psychotic the patient, the less likely you are to succeed.

You must learn to trust your intuitive feelings. If you are feeling frightened or panic-stricken, the situation calls for immediate action. Remember, your primary task is to help your family regain control and keep everyone safe. Do nothing to further agitate the scene.

It may help you to know that your loved one is probably terrified by the experience of loss of control over thoughts and feelings. Furthermore, the “voices” may be giving life-threatening commands; messages may be coming from the light fixtures; the room may be filled with poisonous fumes; snakes may be crawling on the window. You have no way of knowing what they are experiencing.

Accept the fact that your loved one is in an “altered reality state.” In extreme situations he or she may “act out” the hallucination, e.g., shatter the window to destroy the snakes. It is imperative that you remain calm. If you are alone, contact someone to remain with you until professional help arrives. In the meantime, the following guidelines will prove helpful:

- **Don’t threaten.** This may be interpreted as a power play and increase fear or prompt assaultive behavior by the patient.

- **Don’t shout.** If the mentally ill person seems not to be listening, it isn’t because he or she is hard of hearing. Other “voices” are probably interfering or predominating.

- **Don’t criticize.** It will only make matters worse; it can’t possibly make things better.

- **Don’t squabble with other family members** over “best strategies” or allocations of blame. This is no time to prove a point.
- **Don't bait your family member** into acting out wild threats; the consequences could be tragic.

- **Don't stand over your family member** if he or she is seated since this may be experienced as threatening. Instead seat yourself. On the flip side, if an ill relative is getting increasingly upset and stands up, consider standing up so that if they escalate to the point of becoming more threatening, you can quickly leave the room.

- **Avoid direct, continuous eye contact or touching your family member.** Comply with requests that are neither endangering nor beyond reason. This provides the patient with an opportunity to feel somewhat “in control.”

- **Don't block the doorway.** However, do keep yourself between your family member and an exit. If possible, convey calm. Although no one should feel that they need to stifle their emotions at all times in order to help an ill relative, research suggests that strong expressions of negative emotion may further destabilize individuals with mental illness.

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In the final analysis, your family member may have to be hospitalized. Try to convince him or her to go voluntarily; avoid patronizing or authoritative statements. Explain that the hospital will provide relief from the symptoms, and that he or she will not be kept if treatment can be continued at home or outside the hospital in some other protected environment. Do not be tempted to make ultimatums such as “Either go to the hospital or leave the house.” This invariably intensifies the crisis and may send the message that getting treatment is a form of punishment. It is better to discuss the behavior and the treatment as two separate results from the disease getting worse which is no one's fault. Being hospitalized often makes people feel powerless and threatened so whenever it is safe to do so, point out where your family member can make choices. For example, if there are safe alternative ways to go to the hospital, you may ask how they prefer to get there. Or if there is more than one reasonable option, ask them which hospital they would prefer.

During these crisis situations try to arrange to have at least two people present. If necessary, one should call the County-Designated Mental Health Professional while the other remains with the person in crisis.

If indicated, call the police but instruct them NOT TO BRANDISH ANY WEAPON.

Explain that your relative or friend is in need of a psychiatric assessment and that you have called them for help. Tell the officer that the patient has or has not been hospitalized before, does or does not have access to any weapons. In short, try to prepare the officers for what to expect. Remember— Things always go better if you speak softly and in simple sentences.