



# NAVIGATING A MENTAL HEALTH CRISIS: A GUIDE FOR FAMILIES



# **Navigating a Mental Health Crisis: A Guide for Families**

Written by Haley Pruett

Edited by Tim Hansen, LSCS, Kumi Macdonald, and Anisa Wiseman

## **IMPORTANT NOTE**

This guide is for education and support. It is not medical advice or legal advice. Every situation is different. Laws, services, and provider availability can change. Families should use professional judgment and contact a licensed provider, hospital, attorney, or emergency service when needed. Mahalo.

## **CRISIS SUPPORT IN HAWAI'I**

Hawai'i CARES 988 is a free, confidential, 24/7 service for mental health crises, suicidal thoughts, substance use concerns, and emotional distress. People can call, text, or chat 988. Families and friends can also call Hawai'i CARES for help with someone else. If the caller has a phone number outside the 808 area code and wants a local Hawai'i crisis counselor, Hawai'i CARES lists direct numbers at (808) 832-3100 and 1-800-753-6879. Hawai'i CARES can connect some callers to Crisis Mobile Outreach and aims to resolve crises in the least restrictive setting.

# Table of Contents

»»» Understanding a Mental Health Crisis	→	Page 04
»»» Warning Signs and Suicide Risk	→	Page 06
»»» What to do in a Crisis	→	Page 08
»»» Provider Options	→	Page 14
»»» Voluntary and Involuntary Treatment	→	Page 15
»»» Emergency Admission	→	Page 17
»»» Assisted Community Treatment (ACT)	→	Page 18
»»» Guardianship	→	Page 27
»»» Advanced Mental Health Care Directives	→	Page 31
»»» How to Find Behavioral Health Services	→	Page 40
»»» Key Takeaways and Next Steps	→	Page 49
»»» Care for Caregiver	→	Page 50
»»» NAMI Resources	→	Page 53
»»» Final Message	→	Page 55
»»» Acknowledgements	→	Page 56
»»» Index	→	Page 57

# What is a Mental Health Crisis?

A mental health crisis happens when a person's thoughts, feelings, or behavior have changed so much that they may not be safe, may not be thinking clearly, or may not be able to care for themselves. A crisis may happen fast, or it may build slowly over days, weeks, or months. It can include suicidal thoughts, severe depression, panic, psychosis, extreme agitation, confusion, or a major decline in daily functioning.



## Warning Signs

Look for changes that are new, getting worse, or affecting safety. These may include talking about death, hopelessness, or feeling trapped. You may notice strong mood swings, severe fear, anger, or panic. Some people stop sleeping, stop eating, isolate themselves from others, miss work, stop bathing, or stop taking medicine. Others become suspicious, paranoid, or say things that do not match reality. Sometimes the clearest sign is not one behavior by itself, but a pattern of decline.

# Contributing Factors of Mental Health Crisis

Crises can be triggered by mental illness, substance use, trauma history, medication nonadherence, and major life stressors. Some examples may include:

- History of mental illness (depression, bipolar disorder, schizophrenia)
- Co-occurring conditions such as substance use or chronic physical illness
- Sudden changes in medication, including starting, stopping, or adjusting dosages
- Physical health conditions such as a chemical or hormonal imbalance, blood pressure issues, infections, cancer or other tumor growths.

## Social and Environmental Factors

- Social isolation or loss of community/support
- Relationship conflict, separation, or loss of a loved one
- Trauma or exposure to violence
- Financial hardship, unemployment, or housing instability
- Major life transitions such as divorce, relocation, or military deployment
- Academic or workplace pressures that exceed coping ability
- Natural disasters or other sudden environmental stressors

## Cultural and Systemic Factors

- Stigma or discrimination based on race, culture, gender, or socioeconomic status
- Limited access to culturally competent care or long wait times for services
- Financial barriers that prevent timely treatment

# Recognizing Warning Signs and Suicide Risk

Families and friends are often the first to notice subtle changes that signal a developing crisis. These changes may include increasing paranoia, hallucinations, severe mood shifts, emotional numbness, or withdrawal from relationships and responsibilities. A person may begin refusing care, missing appointments, or expressing beliefs that others are trying to harm or control them.

Some individuals express suicidal thoughts directly, and others may communicate distress indirectly through statements of hopelessness. Sudden behavioral changes such as giving away possessions or appearing unexpectedly calm after distress can also signal risk. When families are unsure whether suicidal thoughts are present, it is appropriate to ask directly and to seek professional guidance. Addressing suicide openly does not increase risk, but rather it creates an opportunity for support and intervention.



# Recognizing Warning Signs and Suicide Risk

## Behavioral Changes

- History of mental illness (depression, bipolar disorder, schizophrenia or other mental illnesses)
- Co-occurring conditions, such as substance use or chronic physical illness
- Sudden changes in medication, including starting, stopping, or adjusting dosages

## Emotional Indicators

- Expressions of hopelessness or feeling like a burden
- Intense irritability, anger, or agitation
- Overwhelming sadness, guilt, or anxiety

## Physical and Daily Function

- Changes in sleep patterns
- Changes in eating habits
- Noticeable decline in work, school, or home functioning

## Verbal and Situation Cues

- Talking about feeling trapped, hopeless, or having no reason to live
- Mentioning suicide, even indirectly or in a joking way
- Giving away possessions, saying goodbye, or putting affairs in order

**Suicidal thoughts during a mental health crisis are serious but hope and help are always available. Asking directly about suicide and offering calm, nonjudgmental support can be a powerful way to show care for your loved one. Families and loved ones do not have to face these moments alone. Professional help and resources are available.**

## **Step 1: Ask yourself, “Is there immediate danger right now?”**

### **Immediate danger may include:**

- a suicide attempt or clear suicide plan
- threats of violence
- severe psychosis with unsafe behavior
- access to a weapon during a crisis
- being so confused or impaired that basic safety cannot be maintained

## **Step 2: What to do when there IS immediate danger**

### **Call 911 now.**

Say clearly that this is a mental health crisis. Ask for a CIT-trained officer if available. A Crisis Intervention Team (CIT) officer is a police officer who has special training in responding to mental health crises and focuses on de-escalation and safety. In Hawai`i, emergency admission may begin when law enforcement believes a person is imminently dangerous and mental health emergency workers confirm that danger, after which the person may be transported to a licensed psychiatric facility, stabilization center, or hospital for evaluation.

## **Step 3: What to do if it’s urgent, but not immediate danger**

### **Call or text 988.**

988 can help with coaching, de-escalation, safety planning, local referrals, and possible mobile crisis support when available. Hawai`i CARES states that mobile crisis support may be available and that it may arrange a local crisis therapist to come out in some situations.

## Step 4: If the person is declining but stable

Try to connect them to care early. This may include:

- primary care
- outpatient therapy
- psychiatry
- a psychiatric advanced practice registered nurse (APRN) or psychiatric nurse practitioner
- a psychologist
- a physician assistant when available in the practice setting
- a community mental health center
- a hospital outpatient behavioral health clinic

## Step 5: Start documentation

Write down:

- What changed
- When it changed
- What you saw or heard yourself
- Any safety concerns
- Medication refusal
- Hospital visits
- Substance use changes
- Loss of sleep, work, housing, or hygiene

## Step 6: If the cycle keeps repeating

When the pattern becomes crisis, discharge, refusal, and crisis again, legal pathways may need to be discussed. In Hawai'i, these can include emergency admission, involuntary hospitalization, Assisted Community Treatment (ACT), and guardianship in some cases. Hawai'i family courts handle involuntary hospitalization and guardianship proceedings.

## What to Say When You Call 988

### **Use simple, calm language.**

“I am calling about my loved one. I am worried because their behavior has changed. They are not acting like themselves. Right now, the main safety concern is \_\_\_\_\_. They have been \_\_\_\_\_ for the last \_\_\_\_\_. I need help deciding what level of response makes sense.”

### **You can also say:**

“I do not know if this is a 911 emergency yet. Can you help me think through the safest next step?”

“Is mobile crisis available?”

“Can you help me make a safety plan for tonight?”

Hawai'i CARES counselors can provide de-escalation, support, referrals, and crisis coordination, and that families may call for guidance about someone else.

[Here is a widely used safety template available through the 988 Lifeline website.](#)

# Brown Safety Plan Template

## Patient Safety Plan Template

### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Step 3: People and social settings that provide distraction:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

### Step 4: People whom I can ask for help:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services \_\_\_\_\_  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. \_\_\_\_\_
- The one thing that is most important to me and worth living for is: \_\_\_\_\_

# What to Say When You Call 911

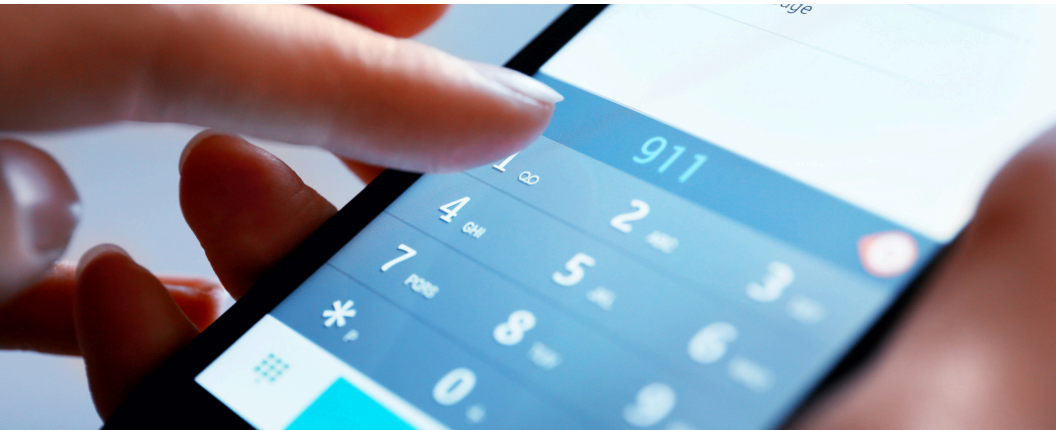
## **If there is immediate danger, be direct and brief.**

"My name is \_\_\_\_\_. I am at \_\_\_\_\_. This is a mental health crisis. My loved one is \_\_\_\_\_. The immediate safety concern is \_\_\_\_\_. They have / have not threatened suicide or violence. Weapons are / are not present. They are wearing \_\_\_\_\_. Please send a CIT-trained officer if one is available."

## **You can also add:**

"They may be confused, scared, or not thinking clearly. Please use a calm approach."

In Hawai'i, emergency admission can begin when law enforcement believes the person is imminently dangerous and designated mental health emergency workers confirm it. The person may then be taken to a licensed psychiatric facility for further evaluation and possible emergency hospitalization.



# What to Say to Your Loved One



**When someone is in crisis, try to lower stress, keep people safe, and move one step closer to help.**

## **Helpful phrases:**

- “I can see that you are going through a lot.”
- “I want to understand what this feels like for you.”
- “We do not have to solve everything right now.”
- “Can we talk to someone together just to get options?”
- “You do not have to do this alone.”
- “Let’s focus on getting through today.”

## **Try to avoid:**

- Arguing about whether their beliefs are true
- Telling them to “calm down”
- Making threats unless safety requires firm limits
- Giving long lectures in the middle of a crisis

**If safety is stable, a lower-pressure approach often works better than pushing too hard too fast.**

## Provider Options: Who Can Help?



Families often hear “psychiatrist,” but a psychiatrist is not the only provider who may help. Depending on the setting, helpful providers may include:

- Psychiatrist
- Psychiatric APRN or Psychiatric Nurse Practitioner
- Psychologist
- Licensed therapist or counselor
- Social worker
- Physician assistant
- Primary care clinician
- Hospital crisis clinician
- Community mental health team

However, some legal steps do require specific provider types. For Assisted Community Treatment (ACT) in Hawai‘i, the law and the Attorney General’s ACT portal state that the required MH-10 certificate must come from a licensed psychiatrist or an advanced practice registered nurse with prescriptive authority and accredited national certification in a psychiatric specialization.

# Voluntary and Involuntary Treatment

## Voluntary Treatment

Occurs when an individual agrees to receive care. This pathway is preferred whenever possible and may include outpatient therapy, psychiatric care, medication management, or voluntary hospitalization.

## Involuntary Treatment

May occur when an individual meets legal criteria due to mental illness or substance use and is unable or unwilling to seek care despite significant risk. In Hawai'i, involuntary hospitalization and court-ordered treatment require specific findings and legal processes designed to balance safety and civil liberties. Families often struggle emotionally with involuntary options. It is common to feel guilt or fear damaging trust with your loved one. However, involuntary care exists to protect life and may create opportunities for stabilization and engagement in lower-term treatment.



# Involuntary Hospitalization Beyond Immediate Emergency

**Legal Criteria Must Be Met:** If hospitalization continues beyond the initial emergency period, the process shifts to formal involuntary hospitalization criteria under HRS § 334-60.2. The court must find that the person is mentally ill or suffering from substance use disorder or abuse, they are imminently dangerous to self or others, hospitalization is necessary for safety, and less restrictive alternatives are not sufficient. You can support this process by providing specific examples of danger, timeline of deterioration, evidence of refusal of treatment, and history of emergency visits or hospitalizations.

**Court Involvement:** If the hospital seeks to continue involuntary hospitalization beyond the emergency window, a legal process begins. This may include a petition, a court hearing, clinical testimony, or representation for the patient. The court determines whether statutory criteria continue to be met. Families may be asked for statements, contacted by hospital staff, and asked to provide documentation.

**Paperwork:** You may see forms labeled MH-1, Emergency Examination, Emergency Hospitalization, or Voluntary Admission. These labels refer to internal classification and documentation processes used by facilities and reported in state oversight documents. These do not automatically mean criminal charges, permanent commitment, or loss of rights.

**What You Can Do to Support the Process:** Write down the facility name, time of transport, officer names, and incident number. Prepare a brief written timeline of recent behavior changes, safety incidents, medication history, and if there is known substance use. Important questions to ask are what the next steps are, what determines discharge, and how you can prepare for discharge planning.

## Emergency Admission

Emergency admission is the path used when there is immediate danger. Under HRS § 334-59, a law enforcement officer who believes a person is imminently dangerous to self or others calls designated mental health emergency workers. If those workers determine the person is imminently dangerous, the person is transported to a licensed psychiatric facility for evaluation and possible emergency hospitalization.

**What this means for families:** if there is immediate danger, describe what you personally saw and why it is dangerous right now. Clear observations help more than labels.

**Call 911:** This pathway applies when there is an immediate risk of serious harm. Emergency admission typically begins with a 911 call from a family member. You do not need to cite the statute when calling. You simply need to clearly state that this is a mental health crisis, what the person is doing that is dangerous, and what you personally observed. Dispatch and responders may contact a designated mental health emergency worker for evaluation. If imminent danger is confirmed, the individual is transported to a licensed psychiatric facility or stabilization center for emergency evaluation. This is not a criminal arrest. However, transport may occur in a police vehicle or ambulance. Be aware that you may or may not be allowed to ride with them.

**Emergency Psychiatric Evaluation:** At the facility, a psychiatrist or qualified provider will evaluate your loved one. They will assess mental status, suicide or violence risk, substance use involvement, ability to self-care, and capacity to consent to treatment. Possible outcomes may include discharge if criteria are not met, voluntary admission if your loved one agrees, or continued involuntary hospitalization if criteria are met. Emergency admission is typically short-term, up to 72 hours, and focused on stabilization.

**Psychiatric evaluation can occur through multiple pathways. The correct route depends on the level of urgency, insurance or eligibility, and whether court-ordered treatment such as Assisted Community Treatment (ACT) is being considered.**

# Assisted Community Treatment (ACT)

ACT (also known in other states as Assisted Outpatient Treatment or AOT) is court-ordered outpatient treatment. It is meant for people who repeatedly become unsafe in the community when they are not in treatment and who may not engage voluntarily. The Hawai'i Attorney General's ACT Petition Assistance Portal says the Department of the Attorney General helps with preparing and filing ACT petitions and presenting the case in court, unless a private petitioner declines that help. The portal also says an ACT referral packet must include the referral form, the [MH-10 certificate](#), and an ACT treatment plan. The person must have been examined within 20 days of filing the petition. The AG portal states that the family court must base its ACT decision on the professional opinion of a psychiatrist or a psychiatric APRN with prescriptive authority and accredited national certification.

## **ACT may be worth asking about when:**

- The person has a repeated pattern of decline
- Voluntary care keeps failing
- There is a history of refusing treatment
- Danger keeps returning when treatment stops
- The family needs a structured community-based legal option rather than only emergency response

## **What ACT does NOT mean**

ACT is not the same as an immediate emergency hold. It is not for one isolated bad day. It is also not the same as a general wish that someone would just accept treatment. ACT is a formal court process with legal standards and required documentation.

# Assisted Community Treatment (ACT)

**It is important to understand that this process can take up to two years.**

## **Identify a Psychiatrist**

Not all psychiatrists are familiar with ACT or willing to testify in court. When scheduling the evaluation, ask directly if they are willing to complete an MH-10 for an ACT petition if criteria are met and if they are willing to testify.

## **Coordinate With a Treatment Provider**

ACT requires a treatment plan that identifies a provider willing to serve as the designated outpatient program. This often means contacting the Community Mental Health Center on your island. You may need to confirm they are willing to be the designated program and ensure they agree with the treatment plan before filing.

## **Schedule the Psychiatric Evaluation**

The evaluation must occur within 20 days when you intend to file. You must have all supporting documents ready. Be sure to bring hospital history, timeline of symptoms, ER visits, documentation of medication refusal, and evidence of danger or deterioration.



# Assisted Community Treatment (ACT)

## Submit the ACT Referral Packet to the Hawai'i Attorney General

The Hawai'i Department of the Attorney General (AG) is legally required to assist with preparing, filing, and presenting ACT petitions in Family Court unless a private petitioner declines assistance. The AG essentially acts as the legal representative for the ACT petition process. The AG does not provide mental health treatment, diagnose, conduct evaluations, guarantee that a petition will be filed, guarantee the court will approve ACT, provide personal legal advice to families about other matters, or force someone into care without court approval.

## How to contact the Attorney General for ACT

[ACT Petition Assistance Portal](#)

[ACT Referral Form](#): The referral form provides submission instructions, email address, mailing address, and required documentation checklist.

AG Main Line: (808) 586-1500

## What happens after submission?

The AG will review the referral packet. If criteria appear met, the AG prepares and files the petition. If a hearing is scheduled, the psychiatrist and designated provider may testify. The judge determines whether statutory findings are satisfied. If granted, an ACT order is issued with a defined treatment plan.

## Common Mistakes

- Waiting too long after the MH-10 evaluation.
- Not lining up a designated provider first.
- Submitting incomplete documentation.
- Believing ACT guarantees immediate forced treatment.
- Assuming the AG represents the family personally (they represent the petition).



-----  
-----

2. The above-named person is unlikely to live safely in the community without available supervision, is now in need of treatment in order to prevent a relapse or deterioration that would predictably result in the person becoming imminently dangerous to self or others, and the person's current mental status or the nature of the person's disorder limits or negates the person's ability to make an informed decision to voluntarily seek or comply with recommended treatment, based upon the following:

-----  
-----  
-----  
-----

3. (A) The above-named person has a mental illness has caused that person to refuse needed and appropriate mental health services in the community, based upon the following:

-----  
-----  
-----  
-----

OR

(B) The above-named person has a history of lack of adherence to treatment for mental illness or substance abuse that resulted in the person becoming dangerous to self or others and that now would predictably result in the person becoming imminently dangerous to self or others, based upon the following:

-----  
-----  
-----  
-----.

4. Considering less intrusive alternatives, assisted community treatment is essential to prevent the danger posed by the person, is medically appropriate, and is in the person's medical interests, based upon the following:

-----  
-----  
-----  
-----.

5. The beneficial mental and physical effects of the recommended medication outweigh the detrimental mental and physical effects, based upon the following:

-----  
-----  
-----  
-----.

6. The name of the treating medical professional or designated mental health program who has agreed to be responsible for the management and supervision of

the person's treatment in the community:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. Additional circumstances and reasons for this belief, including the reports of others are detailed in such attachments as:

Proposed treatment plan by \_\_\_\_\_  
dated \_\_\_\_\_

Discharge summary by referring hospital

Clinical reports by designated mental health program

MH-1

MH-4

MH-5

MH-6

Findings and Order of Involuntary Hospitalization

dated \_\_\_\_\_

Other (specify) \_\_\_\_\_

8. Spouse or Reciprocal Beneficiary

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Parent

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Adult Children

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If none above, closest adult relative

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I certify under penalty of perjury that the allegations made herein are true of my own knowledge except as to stated upon information and belief which I believe them to be true.

Signed: \_\_\_\_\_  
(Certifying Licensed Professional)

Print name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

# ACT Referral Form Example

JOSH GREEN, M.D.  
GOVERNOR



ANNE E. LOPEZ  
ATTORNEY GENERAL

MATTHEW S. DVONCH  
FIRST DEPUTY ATTORNEY GENERAL

STATE OF HAWAII  
DEPARTMENT OF THE ATTORNEY GENERAL  
*Ka 'Oihana O Ka Lolo Kuhina*  
425 QUEEN STREET  
HONOLULU, HAWAII 96813  
(808) 586-1500

## REFERRAL FOR ASSISTED COMMUNITY TREATMENT

### Requestor's/Petitioner's Information

Name: \_\_\_\_\_  
Relationship to Subject \_\_\_\_\_  
Organization (if applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Required documents:

- Assisted Community Treatment Certificate (MH-10)
- Assisted Community Treatment Plan

### Additional documents:

\_\_\_\_\_  
\_\_\_\_\_

### All referrals shall be submitted as follows:

By Mail: The Department of the Attorney General  
Family Law Division  
1001 Kamokila Boulevard, Suite 211  
Kapolei, Hawaii 96707

OR

By Email: [ACT\\_petition\\_assistance@hawaii.gov](mailto:ACT_petition_assistance@hawaii.gov)

Questions about your referral may be directed to  
The Department of the Attorney General, Family Law Division at (808) 693-7081.

# Guardianship

Guardianship is a serious court step used when a person cannot make or communicate safe decisions about personal care. Hawai'i courts provide pro se packets and petitions for guardianship of an incapacitated person, and family court forms are available by circuit. Guardianship is usually viewed as a more restrictive option and is often considered after less restrictive steps have failed.

## Types of Guardianship in Hawai'i

- Guardian of an Incapacitated Adult (most common for mental health cases)
- Guardian of a Minor
- Limited Guardianship (court limits powers)
- Temporary/Emergency Guardianship (short-term urgent authority)

## Documentation strategies that help

Good documentation can make a major difference. It helps providers, crisis teams, hospitals, and courts understand the pattern.

### What to write down:

Use a notebook, phone note, or simple timeline. Write:

- The date
- What happened
- Exact words the person said if possible
- What you personally observed
- Why it felt unsafe
- Whether the person slept, ate, bathed, worked, or took medication
- Whether police, 988, or a hospital was involved
- Where they were taken and what happened next

# Step by Step Filing for Adult Guardianship

Guardianship filings occur in Family Court in the circuit where the person resides (one circuit per island).

1. Obtain the Pro-Se packet. If filing without an attorney (pro se), start here.
  - a. [First Circuit \(Oahu\) Adult Guardianship Packet](#)
  - b. This packet explains filing steps, required documents, service requirements, court hearing process, and role of the Kokua Kanawai (court-appointed investigator).
2. Complete the petition.
  - a. [Petition for Appointment of a Guardian of an Incapacitated Person \(Form 2G-P-513\)](#)
  - b. This petition requires identifying information, description of incapacity, specific examples of unsafe behavior, proposed guardian information, and requested powers.
3. File with the correct circuit court. You must file in the circuit where the person lives.
  - a. First Circuit - Oahu
  - b. Second Circuit - Maui County (Maui, Molokai, Lanai)
  - c. Third Circuit - Hawai`i (Big Island)
  - d. Fifth Circuit - Kaua`i
  - e. Expect a filing fee, an assigned hearing date, and a requirement to serve interested parties.



# Step by Step Filing for Adult Guardianship

4. The court usually appoints a Kokua Kanawai. Under HRS Chapter 560, courts may appoint a Kokua Kanawai to investigate. Their role is to interview the alleged incapacitated person, review medical information, interview family, and provide reports to the judge. They do not represent either side. They provide neutral findings.
5. The court typically requires professional medical or psychiatric evaluation. This may include a physician statement, psychiatric assessment, and capacity evaluation. Without professional evidence of incapacity, guardianship is unlikely.
6. At the court hearing:
  - a. Petitioner testifies
  - b. Kokua Kanawai may testify
  - c. Physician reports considered
  - d. Alleged incapacitated person has right to attend and object
  - e. Judge determines whether incapacity exists, whether guardianship is least restrictive option, and scope of guardian authority.
7. If granted, guardians must file reports.
  - a. [Annual Report of Guardian of Incapacitated Person \(First Circuit\)](#)
  - b. Guardians must report living arrangements, medical condition, services provided, and changes in status.
  - c. Failure to report can result in court action.



# Considerations for Guardianship

The process for guardianship of a minor is similar but focuses on custody, parental rights, and child welfare standards. [Here is the packet for minor guardianship.](#)

## Emergency or Temporary Guardianship

If urgent harm is likely and immediate authority is required, courts may consider temporary guardianship. Contact your Family Court clerk for emergency filing procedures.



## Costs and Considerations

Potential costs include filing fees, Kōkua Kanawai fees, professional evaluation costs, and attorney fees. Guardianship can be financially and emotionally demanding.

## Legal Aid and Form Assistance

[Legal Aid Society of Hawaii Interactive Forms](#)

Legal Aid can assist low-income families with form preparation, process explanation, and legal clinics.

# Advanced Mental Health Care Directive (AMHCD)



Families can prepare for a future mental health crisis by making a plan ahead of time.

An **Advanced Mental Health Care Directive (AMHCD)** is a written plan that explains what a person wants for their mental health care. It also allows them to choose someone they trust to help make decisions if they are not able to make safe decisions during a crisis.

In Hawai'i, any adult who is able to make decisions can create this type of plan. It can include what treatments they agree to, what treatments they do not want, and who should help make decisions if needed.

Sometimes, during a mental health crisis, a person may not think clearly or may not understand what is happening. This can make it hard for families and providers to know what the person would want. An AMHCD helps by letting the person share their wishes ahead of time, when they are stable.

# Advanced Mental Health Care Directive (AMHCD)

## An AMHCD can include things

### like:

- Which hospitals or treatment centers they prefer
- Medications that have helped in the past
- Medications that caused bad side effects
- Treatments they agree to or do not want
- Early warning signs to watch for
- People to contact during a crisis
- Ways to help them feel calm and safe

A person can also choose a trusted adult, called an agent, to make decisions for them if they are not able to do so. Even with this plan, the person is still in control of their care unless a provider decides they cannot safely make decisions at that time.

The best time to create this plan is when the person is stable. This allows them to work with family members, providers, and other supports to create a plan that reflects their values and preferences.



# Advanced Mental Health Care Directive (AMHCD)

## How to complete an AMHCD

- This is a standard form that a person can fill out.
- To make it valid, it must:
  - Be written and signed
  - Include the date
  - Be signed by two witnesses or notarized
- Some people cannot be witnesses, such as the person's healthcare provider or the agent they choose.
- After it is completed, copies should be shared with:
  - The agent
  - Family members or trusted supports
  - Healthcare providers
  - Hospitals or care systems
- The plan is only used if a provider decides the person cannot safely make mental health decisions at that time.

## Important Limits

An AMHCD is very helpful, but it does not override all laws.

For example:

- Emergency hospitalization can still happen if there is immediate danger
- Providers must decide if the plan applies to the current situation
- Court-ordered treatment, like ACT, can still happen if legal criteria are met

Even with these limits, an AMHCD is very valuable. It helps providers understand the person's wishes and can guide care in a way that respects their preferences.

[This is a standard form that individuals can complete.](#)

# AMHCD Form Example

## ADVANCE MENTAL HEALTH CARE DIRECTIVE

### Explanation

You have the right to give instructions about your own mental health care. You also have the right to name someone else to make mental health treatment decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your health care providers. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a list of options you may designate as part of your mental health care and treatment. For ease of designating specific instructions, mark those options in Part 1.

Part 2 of this form is a power of attorney for mental health care. This lets you name another individual as your agent to make mental health treatment decisions for you, if you become incapable of making your own decisions. You may name alternate agents to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a health care institution where you are receiving care.

You may allow your agent to make all mental health treatment decisions for you. However, if you wish to limit the authority of your agent, you may specify those limitations on the form. If you do not limit the authority of your agent, your agent will have the right to:

- (1) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a mental condition;
- (2) Select or discharge health care providers and institutions;
- (3) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication; and
- (4) Approve or disapprove of electroconvulsive treatment.

Part 3 of this form lets you give specific instructions about any aspect of your mental health care and treatment. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of medication and treatment. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 4 of this form must be completed in order to activate the advance mental health care directive. After completing this form, sign and date the form at the end and have the form witnessed by one or both of the two methods listed below. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any mental health care agents you have named. You should talk to the persons you have named as agents to make sure that they understand your wishes and are willing to take the responsibility.

You have the right to revoke this advance mental health care directive or replace this form at any time, unless otherwise specified in writing in the advance mental health care directive.

If you are in imminent danger of causing bodily harm to yourself or others, or have been involuntarily committed to a health care institution for mental health treatment, the advance mental health care directive will not apply.

## PART 1

### CHECKLIST OF MENTAL HEALTH CARE OPTIONS

NOTE TO PROVIDER: The following is a checklist of selections I have made regarding my mental health care and treatment. I include this statement to express my strong desire for you to acknowledge and abide by my rights, under state and federal laws, to influence decisions about the care I will receive.

(Declarant: Put a check mark in the left-hand column for each section you have completed.)

- Designation of my mental health care agents(s).
- Authority granted to my agent(s)
- My preference for a court appointed guardian.
- My preference of treating facility and alternatives to hospitalization.
- My preferences about the physicians or other mental health care providers who will treat me if I am hospitalized.
- My preferences regarding medications.
- My preferences regarding electroconvulsive therapy (ECT or shock treatment).
- My preferences regarding emergency interventions (seclusion, restraint, medications).
- Consent for experimental drugs or treatments.
- Who should be notified immediately of my admission to a facility.
- Who should be prohibited from visiting me.
- My preferences for care and temporary custody of my children or pets.
- Other instructions about mental health care and treatment.

**PART 2**  
**DURABLE POWER OF ATTORNEY FOR MENTAL HEALTH TREATMENT DECISIONS**

1 DESIGNATION OF AGENT: I designate the following individual as my agent to make mental health care decisions for me.

\_\_\_\_\_ (name of individual you choose as agent)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

---

**OPTIONAL:** *If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a mental health care decision for me, I designate as my first alternate agent:*

\_\_\_\_\_ (name of individual you choose as first alternate agent)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**OPTIONAL:** *If I revoke my agent's authority or if my agent and first alternate or if neither is willing, able, or reasonably available to make a mental health care decision for me, I designate as my second alternate agent:*

\_\_\_\_\_ (name of individual you choose as second alternate agent)

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

---

2 AGENT'S AUTHORITY: My agent is authorized to make all mental health care treatment decisions for me, including decisions to provide, withhold, or withdraw medication and treatment, and all other forms of mental health care, except as I state here: *(add additional sheets if needed)*

\_\_\_\_\_  
\_\_\_\_\_

3 WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my supervising health care provider who is a physician and one other physician or licensed psychologist determine that I am unable to make my own mental health care decisions.

4 AGENT'S OBLIGATION: My agent shall make mental health care decisions for me in accordance with this power of attorney for mental health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make mental health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

5 NOMINATION OF GUARDIAN: If a guardian of the person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.



**PART 4**  
**WITNESSES AND SIGNATURES**

**17 EFFECT OF COPY:** A copy of this form has the same effect as the original.

**18 SIGNATURES:** Sign and date the form here:

\_\_\_\_\_ (Sign your name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print your name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State)

**19 WITNESSES:** This power of attorney will not be valid for making mental health care decisions unless it is either: (a) signed by two qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature; or (b) acknowledged before a notary public in the State.

**AFFIRMATION OF WITNESSES**

**Witness 1**

I declare under penalty of false swearing pursuant to section 710-1062, Hawaii Revised Statutes, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health care provider, nor an employee of a health care provider or facility. I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

\_\_\_\_\_ (Sign your name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print your name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State)

**Witness 2**

I declare under penalty of false swearing pursuant to section 710-1062, Hawaii Revised Statutes, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health care provider, nor an employee of a health care provider or facility. I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

\_\_\_\_\_ (Sign your name) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print your name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State)

**DECLARATION OF NOTARY**

State of Hawaii

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,

before me, \_\_\_\_\_ (insert name of notary public) appeared

\_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to

be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

NOTARY SEAL

\_\_\_\_\_  
(Signature of Notary Public)

# How to Find Hospitals and Behavioral Health Services



## First: Decide What You Need

Start by asking what level of care is needed right now.

- If you need a same-day mental health evaluation, go to the emergency room (ER)
- If you think your loved one may need to stay in the hospital, you will usually need to start at the ER
- If safety is not stable, call 911 or 988 first

Not every hospital has the same mental health services. Some hospitals only provide an evaluation in the emergency room. Others have special units for mental health treatment. Services can also be different depending on the island.

# What Happens at the Emergency Room

## Step 1: Triage

Tell staff:

“This is a psychiatric emergency. My loved one is experiencing \_\_\_\_\_, and we are concerned about safety.”

## Step 2: Medical Check

They will check vital signs and may do lab work to make sure there is no medical issue causing the symptoms.

## Step 3: Mental Health Evaluation

A provider may include a psychiatrist, psychologist, psychiatric nurse practitioner (APRN), physician assistant, or crisis clinician. They will assess:

- Risk of harm to self or others
- Mental state (such as confusion or psychosis)
- Ability to care for basic needs
- Willingness to accept treatment

## Step 4: Next Steps (Disposition)

Possible outcomes include:

- Going home with a referral
- Voluntary hospital admission
- Involuntary hold (if legal criteria are met)
- Transfer to another hospital if no beds are available

# Important Things to Bring

If possible, bring:

- A list of medications
- Insurance card
- Notes about recent behavior changes
- Past hospital records
- Contact information for providers



Also write down:

- Time you arrived
- Names of providers
- Instructions you are given
- Where your loved one is transferred, if applicable



## What if There are No Beds?

Mental health beds are often limited in Hawai'i.

If no beds are available, you can:

- Ask if transfer to another hospital is possible
- Ask about observation or stabilization units
- Call 988 to ask about other options

## **The Queen's Medical Center (Honolulu)**

1301 Punchbowl St, Honolulu, HI 96813

Main: (808) 538-9011

<https://www.queens.org/>

### **What they provide:**

- Emergency psychiatric evaluation via ER
- Inpatient psychiatric services for adults
- Child and adolescent behavioral health services
- Medical and psychiatric dual-care capability

### **When to go:**

- Active suicidal ideation
- Severe psychosis
- Danger to self or others
- Severe mood instability

### **What to say at Triage:**

"This is a psychiatric emergency. My loved one is experiencing (behavior), and we are concerned about safety."

They will conduct medical clearance, perform psychiatric assessment, determine voluntary vs involuntary admission, and admit to inpatient unit if criteria are met.



## **Kahi Mohala (Ewa Beach)**

91-2301 Fort Weaver Rd, Ewa Beach, HI 96706

(808) 671-8511

<https://www.queens.org/services/behavioral-health/kahi-mohala/>

### **What they provide:**

- Dedicated psychiatric hospital
- Adult inpatient care
- Adolescent inpatient services
- Partial hospitalization programs

Kahi Mohala does not typically accept direct walk-ins for inpatient care without prior evaluation. Most admissions come through ER referral, psychiatrist (APRN?) referral, or crisis services. If you believe inpatient care may be needed, start with the ER.

## **Adventist Health Castle (Kailua)**

640 Ulukahiki St, Kailua, HI 96734

(808) 263-5500

<https://www.adventisthealth.org/castle/>

### **What they provide:**

- Inpatient behavioral health services
- Emergency department psychiatric evaluation

Castle may admit adults who meet criteria for inpatient psychiatric care.

## **Hawai`i State Hospital (Kaneohe)**

45-710 Keaahala Rd, Kaneohe, HI 96744

(808) 233-3770

Hawai`i State Hospital is not a general walk-in psychiatric hospital. It primarily serves court-ordered forensic patients and individuals requiring long-term state hospitalization. Families cannot self-admit someone here.

## **Straub Benioff Medical Center (Hawai`i Pacific Health)**

888 S King St, Honolulu, HI 96813

(808) 522-4000

<https://www.hawaiipacifichealth.org/>

Straub offers outpatient psychiatry and emergency services but may not always have dedicated inpatient psychiatric beds. Always ask if they provide inpatient psychiatric admission, or if it's evaluation only.



# Maui

Psychiatric inpatient resources are more limited.

## **Maui Memorial Medical Center (Wailuku)**

221 Mahalani St, Wailuku, HI 96793

(808) 244-9056

<https://www.mauihealth.org/>

Provides emergency psychiatric evaluation with limited inpatient behavioral health capacity. If inpatient beds are unavailable, patients may be transferred to Oahu.



# Hawai'i Island (Big Island)

## Hilo Benioff Medical Center

1190 Waianuenue Ave, Hilo, HI 96720

(808) 932-3000

<https://www.hbmc.org/>

Provides emergency psychiatric evaluation with limited behavioral health inpatient services.

## Kona Community Hospital

79-1019 Haukapila St, Kealahou, HI 96750

(808) 322-9311

<https://kch.hhsc.org/>

Provides ER psychiatric evaluation and possible inpatient stabilization.

Transfer to another island may occur if beds are unavailable.



## Wilcox Medical Center

3-3420 Kuhio Hwy, Lihue, HI 96766

(808) 245-1100

<https://www.hawaiipacifichealth.org/wilcox>

Provides emergency psychiatric evaluation with limited inpatient behavioral health capacity. Transfer may occur if long-term inpatient care is required.



## Key Takeaways and Next Steps

Navigating a mental health crisis can feel overwhelming, disorienting, and deeply personal. Families are often forced to make urgent decisions while balancing fear, love, uncertainty, and legal complexity. It is important to remember that crisis systems are not linear. Many families move back and forth between voluntary care, crisis interventions, emergency evaluation, outpatient treatment, legal support, and sometimes court involvement before stability is achieved.

There is no single right pathway for every situation. This guide has outlined a continuum of responses such as:

- Early intervention and voluntary engagement
- 988 crisis support and safety planning
- Emergency admission
- Involuntary hospitalization
- Assisted Community Treatment (ACT)
- Guardianship

Families should not have to become legal experts, and the most powerful actions families can take are often simple but consistent.

- Document behavioral changes clearly
- Ask for help early
- Use 988 as a consultation tool
- Request CIT-trained officers when calling 911
- Prepare documentation before evaluations
- Escalate only when safety requires it
- Protect your own mental and emotional wellbeing

Progress in serious mental illness is rarely immediate. Stability is often built slowly through coordinated care, structured accountability, and consistent follow through. Even when court involvement becomes necessary, recovery-oriented approaches remain possible.

# Care for the Caregiver

Over 8.4 million Americans care for loved ones with serious emotional or mental health conditions. NAMI's Family Caregiver HelpLine Campaign Toolkit says these caregivers often give emotional, logistical, and financial support and may need support themselves. The toolkit includes sample posts, graphics, flyers, talking points, and caregiver facts. Family Caregiver HelpLine offers free, confidential support from people who understand caregiving. Current contact options are: call 1-800-950-NAMI (6264) and press 4, text "Family" to 62640, or use NAMI's HelpLine email. NAMI's general HelpLine hours are listed as Monday through Friday, 10 a.m. to 10 p.m. Eastern Time, while 988 remains the 24/7 crisis option.

## [NAMI Toolkit](#)

**When caregiving for a loved one with mental illness feels overwhelming, the NAMI Family Caregiver HelpLine is here for you.**

The NAMI Family Caregiver HelpLine is a free, confidential service providing caregiver-led support, tools and strategies, trusted guidance, and connection at every stage of the caregiving journey.

**Call 1-800-950-NAMI (6264) and press "4" or text 'Family' to 62640.**

Available Monday through Friday, from 10:00 am to 10:00 pm EST. Learn more at [nami.org/family](https://nami.org/family).



# When caregiving for a loved one with mental illness feels overwhelming, the NAMI Family Caregiver HelpLine is here for you.

The NAMI Family Caregiver HelpLine is a free, confidential service providing caregiver-led support, tools and strategies, trusted guidance, and connection at every stage of the caregiving journey.

Call **1-800-950-NAMI (6264)** and press "4" or text **'Family'** to **62640**, Monday through Friday, from 10:00 am to 10:00 pm EST.

Learn more at [nami.org/family](https://nami.org/family).



 Call 1-800-950-6264  Text 'FAMILY' to 62640

# NAMI Family Support & Education Programs

Families supporting a loved one with serious mental illness often feel isolated and unsure where to turn. NAMI offers several FREE programs specifically designed to support family members and caregivers.

## **NAMI Family-to-Family Education**

Family-to-Family is a free educational program designed for relatives and caregivers of individuals living with mental illness. The course is typically offered over several sessions and covers topics such as:

- Understanding mental illness
- Communication and problem-solving strategies
- Crisis response and safety planning
- Navigating treatment systems
- Self-care for family members

Many participants report that this program helps them better understand their loved one's experiences while also learning practical tools for advocacy and support.

## **NAMI Family Support Groups**

NAMI also offers ongoing support groups where family members can connect with others facing similar challenges. These groups are facilitated by trained volunteers who have lived experience supporting a loved one with mental illness. Participants often share that hearing from other families who have "been down this road before" can reduce isolation and provide practical insights that are difficult to find elsewhere.

# NAMI Hawai'i

NAMI Hawaii provides education, peer support programs, and community resources across the state.

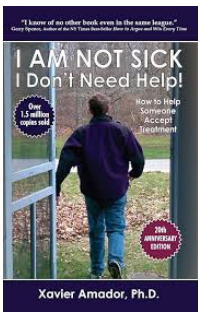
Contact:

Phone: (808) 591-1297

<https://namihawaii.org/>

[NAMI Hawaii Resources](#)

NAMI Hawaii's resource page offers free information, booklets and resources including a book on how to help a loved one who doesn't want help.



"I AM NOT SICK I Don't Need Help!"

A 127 page excerpt on the bestselling "I Am Not Sick, I Don't Need Help!" book by Xavier Amador, on helping people with mental illness accept treatment.

This excerpt will teach you about the LEAP method -Listen, Empathize, Agree, and Partner, which is helpful for loved ones who do not think they have a mental health crisis or are apprehensive about treatment.

[Ask the Expert with Dr. Xavier Amador \(Click for video\)](#)

## Mental Health in Hawaii

Many Hawaii residents struggle with their mental health.

It is more important than ever to build a stronger mental health system that provides the care, support, and services needed to help people build better lives.



**1 in 5** adults experience a mental illness each year.

More than **1 in 20 U.S. adults** experience a serious mental illness each year.

**234,000**

adults in Hawaii have a mental health condition. That's more than **5x** the population of Hilo.



**1 in 6** U.S. adolescents aged 12-17 experience a major depressive episode each year.

**17,000** Hawaii adolescents experience a major depressive episode each year.

**62,000** Hawaii adults have a serious mental illness.

**1 in 4** of the more than **6,000** people in Hawaii who are unhoused have a serious mental illness.



**1 in 20** adults have serious thoughts of suicide each year.

**50,000** Hawaii adults have serious thoughts of suicide each year.

**1 in 9** adolescents aged 12-17 have serious thoughts of suicide each year.

**14,000** Hawaii adolescents have serious thoughts of suicide each year.



**16%**

of youth aged 0-17 in Hawaii have experienced **2+ adverse childhood experiences**, which are linked to mental illness and substance misuse in adulthood.

**246**

lives were **lost to suicide** in Hawaii in 2022.



## Mental Health in Hawaii

Almost **500,000** people in Hawaii live in a community without enough mental health professionals.

The need to address access to mental health care in Hawaii is urgent.

**3x**

more likely for Hawaii residents to be **forced out-of-network** for mental health care than for primary care.

**18,035**

calls were made to Hawaii's **988 Suicide & Crisis Line** call centers in 2023.

**1 in 1,569**

ratio for school psychologists to students in Hawaii's K-12 public schools. This is **worse** than the recommended ratio of one school psychologist for every 500 students.

**36,000**

adults in Hawaii reported needing mental health treatment but not receiving it between 2018-2019. **Cost is a prevailing factor** in not receiving treatment.

Hawaii residents deserve to get the mental health care they need, when they need it.



NAMI Hawaii is part of NAMI, National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Learn more at [namihawaii.org](http://namihawaii.org). For data citations, visit [nami.quorum.us/mpolicystats/](http://nami.quorum.us/mpolicystats/).

This fact sheet was compiled based on data available in March 2025.

## Final Message

Families often feel a deep sense of pressure to know exactly what to do in these moments. It can feel urgent, overwhelming, and emotional all at once. We at NAMI want you to know that you do not have to have all the answers right away. Start with safety. Take things one step at a time. If you are unsure what to do, reaching out to 988 can help you think through your options and feel less alone in the moment. If there is immediate danger, calling 911 is the right step. As things unfold, try to write down what you are seeing and experiencing. This can help guide providers and support better care. Whenever possible, aim for the least restrictive option that still keeps everyone safe.

Caring for someone in crisis can be exhausting and emotionally heavy. It is okay to feel scared, frustrated, or unsure. Your wellbeing matters too, and support for families is an important part of this process.

If you are caring for someone in a mental health crisis, please remember, you are not alone, and help is available.

If you are reading this as a family member know this,

You are not alone.

You are not failing.

And asking for help is an act of care.

## Acknowledgements

We would like to thank everyone who helped make this guide possible. Many people shared their time, knowledge, support, and experiences during this process.

We at NAMI Hawai'i are especially thankful to the families and caregivers who continue to speak openly about mental health challenges so others feel less alone. Your honesty, strength, and compassion helped shape this guide.

We also want to thank the mental health providers, crisis workers, advocates, legal professionals, and community organizations across Hawai'i who work every day to help people during difficult times. We want to recognize the individuals and families living through mental health struggles themselves. Your courage and resilience are at the heart of this work.

We hope this guide brings support, comfort, and clearer direction during times of crisis.

Mahalo.

# Index

## 1. Emergency and Crisis Resources

### a. 988 Suicide and Crisis Lifeline

i. Call or text 988

ii. Chat: <https://988lifeline.org/>

### b. YouthLine

i. Call 877-968-8491

ii. Text: teen2teen to 839863

iii. <https://www.theyouthline.org/>

### c. Emergency

i. Call 911 and request a CIT-trained officer

### d. NAMI Hawai'i

i. Phone: (808) 591-1297

ii. <https://namihawaii.org/>

## 2. Hawai'i Crisis and Behavioral Access

a. [Hawaii CARES/Crisis Access](#)

b. [Adult Mental Health Division \(AMHD\)](#)

c. [Community Mental Health Centers \(CMHC\) Directory](#)

## 3. Assisted Community Treatment (ACT)

a. [Attorney General ACT Petition Assistance Portal](#)

b. [ACT REferral Form](#)

c. [First Circuit ACT Petition Form \(Oahu\)](#)

d. [Third Circuit Big Island ACT Form Example](#)

# Index

4. Emergency Admission and Involuntary Hospitalization
  - a. [Emergency Admission Statute: HRS § 334-59](#)
  - b. [Involuntary Hospitalization Criteria: HRS § 334-60.2](#)
5. Guardianship for Adults
  - a. [Pro-Se Guardianship Packet \(First Circuit\)](#)
  - b. [Petition for Appointment of Guardian \(Form 2F-P-513\)](#)
  - c. [Annual Report of Guardian](#)
6. Guardianship for Minors
  - a. [Minor Guardianship Packet \(Form 2F-P-385\)](#)
7. Legal Aid and Self-Help Tools
  - a. [Legal Aid Society of Hawaii](#)
  - b. [Hawaii Judiciary Self-Help Portal](#)
8. Hospitals and Behavioral Health Facilities
  - a. The Queen's Medical Center (Honolulu)
  - b. Kahi Mohala (Ewa Beach)
  - c. Hawaii State Hospital (Kaneohe)
  - d. Straub Benioff Medical Center (Hawaii Pacific Health)
  - e. Maui Memorial Medical Center (Wailuku)
  - f. Hilo Medical Center
  - g. Kona Community Hospital
  - h. Wilcox Medical Center

# Index

## 9. Safety Planning Tools

- a. [Brown & Stanley Safety Plan Template](#)

## 10. Key Legal Terms

- a. Imminent Danger
- b. Emergency Admission
- c. Involuntary Hospitalization
- d. Assisted Community Treatment (ACT)
- e. MH-10 Certificate
- f. 'Kokua Kanawai
- g. Guardian of an Incapacitated Person
- h. Least Restrictive Alternative

