

Guide to Helping an Individual through a Psychiatric Crisis

Developed by NAMI Virginia in collaboration with family members, peer specialists, and mental health professionals

The contents of this brochure describe the steps you can take to help a friend or family member who is experiencing a psychiatric crisis and in need of help. A psychiatric crisis can include, but is not limited to: suicidal or homicidal thinking and/or behavior, acute psychotic symptoms, increased drug or alcohol use, and sudden changes in mental status. The steps described in this guide progress from a person who is cooperative and voluntarily seeking help, to someone who is not seeking help on his/her own, and the increasingly restrictive options available along that continuum. Please keep in mind that a psychiatric crisis can be a traumatic experience for the individual and it is recommended to always encourage the individual to receive treatment voluntarily, as it will result in a better outcome for all involved.

The guide is designed to inform you of the increasingly restrictive service options available for an individual in need of psychiatric care; however it is *imperative* that the individual be provided the opportunity to receive services voluntarily at any point during the processes. This is an important aspect towards successful recovery, retaining family ties, and maintaining human respect and dignity. An important concept related to these processes is trauma. The process is extremely traumatizing for the individual and can often exacerbate the illness; prolonging acute symptoms and delaying recovery. In addition, the involuntary commitment remains on the individual's record permanently and can have many indirect effects on the individual's quality of life.

What should I do if the person is in psychiatric crisis and is cooperative and desires voluntary treatment?

There are many options in these situations. If the person has a mental health service provider such as a psychiatrist, therapist, case manager, or other mental health worker, attempt to obtain their professional assistance in determining appropriate action. If the person has a Wellness Recovery Action Plan (WRAP), advance directive, or other written information on preferred treatment during a period of crisis attempt to obtain and follow the recommended course of action. If the person does not have a service provider or a written plan, you should work with the individual to learn what treatments he/she would like to receive, or if there is a person that could be contacted to assist during the crisis. A good question is, "What have you done in similar past situations?" If the individual has no previously designated plan of action for a mental health crisis, and you do not know of anyone to contact to gain this information, you will want to contact your local Community Services Board (CSB) or Behavioral Health Authority (BHA). These entities are mandated by the state to provide emergency mental health services and will be able to assist you in locating available services. A list of CSB and organizational contacts are provided at the end of this guide. Possible suggestions may include the emergency room, a mental health clinic, a walk-in crisis center, crisis stabilization unit, a mobile crisis intervention unit crisis mobilization team, or a psychiatric hospital. If the person has insurance, you can save time by calling their provider first to identify which hospital will accept

the person. We strongly advise you accompany the individual and provide as much information as possible to the evaluating doctor or mental health worker regarding the individual.

It is also important to provide the individual with as much choice and decision-making authority in determining their treatment. This may take longer but will have a better outcome because the ultimate decision has the individual's support. In addition, you will decrease the traumatizing effects of crisis for the individual promoting a quicker recovery. Providing the individual with choices can be as simple as asking "Which hospital would you prefer to go to?", "Do you want to pack a bag?", "Do you want to take your crisis plan with you?", "Is there someone I can call?", or "Do you want me to stay with you or drop you off?" In working with the individual it is important to be engaging and cooperative; arguing with the individual is unproductive and will not have beneficial results for you or the individual. You can be direct with the individual about your concerns but remain nonjudgmental and noncritical.

What should I do if the person is in psychiatric crisis and refuses voluntary treatment?

Again, you should always contact the individual's mental health care provider if there is one who can provide their professional assistance. If further recourse is necessary, proceed to the next questions.

What should I do if there is not a mental health worker and I am extremely concerned that the individual is about to hurt self or other?

If you feel that there is an immediate need for services, do not hesitate to call 911. A police officer will come and provide a cursory assessment of the situation. The officer, based on his/her observation or the reliable report of others has the authority to place the individual into custody and take them to a facility where a mental health evaluation can be conducted by a mental health professional if the individual meets the following criteria:

- 1) The person has a mental illness, and there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, and
- 2) The person is in need of hospitalization or treatment, and,
- 3) The person is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.

This practice is commonly called a "paperless" Emergency Custody Order (ECO) and has the same time limit as a regularly issued ECO (ECOs are described in subsequent questions, please jump ahead if needed). Be aware that if the individual is taken into custody and transported by law enforcement, handcuffs will likely be required. This process can be extremely traumatizing for an individual and is not recommended unless you have substantial concern that time is a factor in preventing the individual from causing harm to self or others. Again, encourage the individual to voluntarily seek treatment prior to contacting the police if possible.

If the officer believes the situation is not a risk to anyone, he/she will leave (in most localities). If you still feel the individual is still at risk, then you can pursue obtaining a formal, written (“paper”) ECO from a Magistrate. In some localities, the officer will not leave the scene without first contacting the local CSB/BHA emergency services. In this instance, the CSB/BHA can assist with obtaining the ECO.

Another option is to call the **National Suicide Prevention Lifeline** 1-800-273-TALK. It is a suicide crisis hotline available 24 hours a day, 7 days a week. The counselors who answer the phone can talk with the person in crisis or their loved one and help them to assess the risk level and get them connected to whatever resource is necessary (CSB, 911, local resource, or perhaps developing a safety plan if immediate treatment isn’t deemed necessary).

What should I do if time is not a pressing factor and the individual is refusing voluntary services?

It is recommended that if time is not a pressing factor that you should first contact the CSB/BHA where the individual is physically located. The CSB/BHA can provide initial advice and suggestions about how to proceed regarding the needs of the person in question. Depending on your locality, you may be advised to petition your local magistrate (a listing can be found at the conclusion of this brochure) to have an Emergency Custody Order (ECO) issued on the individual.

What is an Emergency Custody Order (ECO)?

An Emergency Custody Order (ECO) is a legal order by the court authorizing the primary law enforcement agency to take a person into custody for a mental health evaluation performed by a qualified mental health clinician through the local CSB. The evidence gathered by the clinician that is used in the evaluation, along with eye witness reports, is used to determine if a Temporary Detention Order (TDO) is necessary (a thorough description is provided in subsequent questions).

What do I need to do to petition the magistrate?

It is recommended that you first contact your local CSB/BHA emergency service program for a consultation. Depending on the information that you provide and/or their observations, they may advise that you then contact your local magistrate. The phone number is listed in the phonebook or online. Based on your personal knowledge of the person and the circumstances, you will need to give the Magistrate information about how the person meets the following criteria:

- 1) The person has a mental illness,
- 2) There exists a substantial likelihood that, as a result of mental illness, the person will, in the near future
 - i. Cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or

- ii. Suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, and
- 3) The person is in need of hospitalization or treatment, and
- 4) The person is unwilling to volunteer or incapable of volunteering for hospitalization or treatment

Other forms of information you should provide, that the magistrate is legally required to consider, include the following:

- i. The recommendations of any treating or examining physician or psychologist licensed in Virginia, if available;
- ii. Any past actions of the person;
- iii. Any past mental health treatment of the person; providers are legally required to disclose all information necessary and appropriate to the process;
- iv. Any relevant hearsay evidence;
- v. Any medical records available;
- vi. Any affidavits submitted, if the witness is unavailable and it so states in the affidavit, and;
- vii. Any other information available that the magistrate deems relevant

If the evidence suggests probable cause that the individual meets the above criteria, the magistrate may issue an Emergency Custody Order (ECO).

What happens if the magistrate does not issue the ECO?

If the magistrate does not issue the ECO, the civil commitment process would end there. At this point, re-petitioning for an ECO is possible if the circumstances change related to the criteria above and there is new evidence to consider. If you believe that safety or harm is an issue, you could consider contacting the police or emergency services of the local community services board. You also want to make sure that you provide a safe environment for the individual, try to ensure that someone is consistently in contact with the individual, and dialogue with the individual about taking action towards seeking treatment.

What happens once the ECO is issued?

The police are notified by the magistrate and will take the individual into custody. Once in custody, there is a four hour window for a qualified mental health clinician to adequately evaluate the individual. A mental health evaluation can occur at a CSB or hospital setting. Again, the individual will likely be handcuffed during transportation, which is a potentially traumatic experience for the individual.

What happens if the evaluation is not completed within the 4 hour window?

The magistrate may extend the time of ECO for a one time, two-hour period if good cause exists to grant the extension. The magistrate is informed of this need by any family member, an employee or designee of the local CSB, the treating physician, or a law-enforcement officer. Good cause for an extension includes the need for additional time to,

- (i) Find a suitable facility in which to temporarily detain the person subject to the order, or
- (ii) Complete a medical evaluation of the person.

What happens after the mental health evaluation?

Once the evaluation has been conducted, the magistrate reviews all the evidence readily available to determine if there is probably cause necessitating the TDO. By law, the magistrate uses the same criteria and evidential sources used in issuing the ECO in rendering this decision (Refer to the previous questions relating to petitioning criteria for the specific language). The magistrate's decision will determine if the person will receive immediate involuntary treatment.

What if the magistrate deems that there is not a substantial likelihood that the individual will cause serious physical harm to self or others in the near future?

If the magistrate does not issue the TDO, then the person is released from custody. The clinician may pursue trying to voluntarily engage the person in treatment (e.g. develop a "safety plan" or "no-harm contract", develop a treatment plan, or provide information about available treatment services).

What if the magistrate deems there is a substantial likelihood that, as a result of mental illness, the person will, in the near future cause serious physical harm to himself or others?

A Temporary Detention Order (TDO) will be issued and the mental health clinician will assist coordinating the TDO arrangements. Once arrangements have been made, the individual is taken into custody and transported to a psychiatric hospital by the police. Family and friends should work closely with the clinician to remain up to date on where the individual will be taken and the date and time of the expected commitment hearing. Also contact the facility where the individual is staying to reconfirm the date and time of the commitment hearing. Note: if the individual voluntarily accepts hospitalization, then information regarding that person's care is confidential, and the individual would need to sign a release allowing the hospital or CSB to provide you with information of their whereabouts.

Again, even during the TDO period, it is important to provide the individual with the choice to receive treatment voluntarily.

*Remember Virginia Code 37.2-504 requires CSB staff to take all necessary and appropriate actions to maximize the involvement and participation of consumers and family members of consumers in policy formulation and services planning, delivery, and evaluation.

What is a Temporary Detention Order (TDO)?

A Temporary Detention Order is a legal document requiring individuals to receive immediate hospitalization to obtain further evaluation, as well as for stabilization, on an involuntary basis until a commitment hearing can be arranged to determine future treatment needs. The TDO period cannot last longer than 48 hours, unless the TDO is issued on a weekend or holiday. The magistrate will use the same criterion that was used for issuing an ECO in determining whether to issue a TDO (refer to the previous question on ECOs for exact criteria). If the magistrate does not issue the TDO, then the person is released from custody. The mental health clinician may pursue trying to voluntarily engage the person in treatment (e.g. develop a “safety plan” or “no-harm contract”, develop a treatment plan, or provide information about available treatment services).

What happens once the TDO is issued?

The police will escort the individual to the designated involuntary service or hospital sanctioned by the magistrate. During the transportation, the individual may be restrained. The individual will remain at this facility for up to 48 hours, receiving care until a commitment hearing is held. Again, depending on if the order is issued on a weekend or holiday, the order may extend up to 72 hours. If the TDO is not issued, then the individual will be released.

What is the commitment hearing?

The commitment hearing is a court process involving a special justice who hears evidence, and decides whether the person meets the criteria for involuntary commitment, and ultimately delivers the disposition that will be carried out by the CSB or other mental health care providers. The commitment hearing is a legal proceeding. The individual will receive a court appointed attorney who will **represent their wishes**. Family members should be aware of this and come prepared to provide alternative evidence if they believe the individual in question is not requesting the most appropriate care for himself/herself. The special justice is legally required to initially offer the individual the opportunity to accept voluntary hospitalization. Once the Special Justice has rendered a decision, it is binding. We encourage family and friends to work with the individual to encourage voluntary hospitalization if this option is warranted. The Special Justice will hear testimony from the petitioner (person who obtained the ECO/TDO), family, friends, hospital, and CSB staff in rendering a decision.

What does the petitioner need to do for the commitment hearing?

If you are the petitioner, you should make sure to attend the hearing. You can confirm the time by contacting the facility. Take time to prepare for the hearing. Some hospitals/CSBs have a brochure or guide that can assist petitioners with the commitment hearing process. The special justice will make a ruling based on the evidence provided and the wishes of the individual. Your information is vital in this process. Some recent behaviors you should mention if applicable include:

- Suicidal threats
- Violent behavior
- Not eating/sleeping
- Beliefs not based in reality
- Hearing or seeing things that do not exist
- Threats to harm others
- Uncontrollable anger/anxiety
- Severe depression
- Withdrawing from activities
- Inability to address daily needs: food /shelter

What are the possible outcomes of a commitment hearing?

- The petition may be dismissed and the individual released
- Mandatory outpatient treatment may be ordered, up to 90 days
- The individual can be allowed to voluntarily remain in the hospital if they are capable and willing to do so and if they agree to stay for a minimum of 72 hours and give 48 hour notice of their intention to leave
- The individual may be involuntarily committed. Legally, inpatient commitments can continue for up to 30 days.

What can I do once the crisis is over?

Once the crisis is over, it is recommended that you work with the individual to develop a “game plan” to prevent future crisis situations. This can include a variety of options but the ultimate goal is to help the individual find the support that will enable him/her to prevent, avoid, divert, or manage a future crisis. This may include but is not limited to counseling, therapy, medication, joining a peer support group, initiating a WRAP or crisis plan, participating in NAMI’s *Peer-to-Peer* education program, or getting involved in other types of peer education/support programs. The individual can gain a good measure of understanding and control for him or herself through education, support, and preparation. Please utilize our resources sections below to locate available resources in your community.

What are things family members/caregivers can do to help themselves, especially if they feel like their loved one “won’t seek treatment” or “doesn’t recognize that he/she is experiencing a mental health problem”?

It is important to realize that the process towards understanding, acceptance, seeking treatment, and ultimately recovery can be challenging and takes time. Trust and understanding between the individual experiencing a psychiatric problem and the family member/caregiver are critical. Family members/caregivers can become part of the solution by becoming educated on mental illnesses, treatment options, services/supports available in the community, and learning how to best support, empathize, problem-solve, and communicate with an individual experiencing a psychiatric issue. Find support in your community and become knowledgeable on local resources that may exist, such as NAMI's *Family-to-Family* education program or family support groups, or try to talk with others who have experienced these issues before. Learn about peer educators and peer specialists (individuals with psychiatric illnesses in recovery who have likely experienced acute crisis in the past and have a wealth of first-hand knowledge about coming out of a crisis and into treatment and recovery. Peer educators/specialists have received special training to assist and mentor other consumers). Peer educators, peer specialists, and peer mentors are often able to relate and communicate with others who are in psychiatric crisis in a different and compelling way than family members who are not experiencing a psychiatric crisis. It is important to recognize that, during the ups and downs, sometimes the most important thing you can do is find support and education for yourself. Utilize the resources below for support and information.

DISCLAIMER:

The information contained in this brochure is provided as a service to the community, and does not constitute legal advice. NAMI Virginia tries to provide quality information, but we make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained in this brochure. As legal advice must be tailored to the specific circumstances of each case, and laws are constantly changing, nothing provided herein should be used as a substitute for the advice of competent counsel.

Additional Resources

National Alliance on Mental Illness of Virginia (NAMI Virginia)

NAMI Virginia is an organization that provides support, education, and advocacy for all those affected by mental illness.

1-888-486-8264 or www.namivirginia.org

Virginia Organization of Consumers Asserting Leadership (VOCAL)

VOCAL is a nonprofit consumer-led organization dedicated to mental health recovery, empowerment and peer leadership.

804-343-1777 or www.vocalvirginia.org/

Mental Health America of Virginia (MHAV)

MHAV is a nonprofit, nonpartisan, advocacy organization for individuals with mental illness.

804-257-5591 or www.mhav.org/

Virginia Office for Protection and Advocacy (VOPA)

VOPA is an independent state agency that is charged with ensuring and protecting the rights of people with disabilities in Virginia.

804-225-2042 or www.vopa.state.va.us

Lawyer Referral Service of Virginia State Bar

Provides legal information and discounted consultation.

1-800-552-7977 or www.vsb.org/site/public/lawyer-referral-service/

Legal Aid

Provides free civil legal services to eligible low-income residents.

1-866-534-5243 or www.legal-aid.org/en/home.aspx

Virginia Department of Behavioral Health and Developmental Services

Virginia's department of mental health-resources, links, data, statistics, etc.

<http://www.dbhds.virginia.gov/>

Human Rights Committee of Department of Mental Health, Mental Retardation, and Substance Abuse Services

Protects the legal and human rights of individuals receiving services in facilities or programs operated, licensed or funded by the Department.

1-800-451-5544 or www.dmhmrzas.virginia.gov/OHR-default.htm

Virginia Association of Community Services Boards (VACSB)

Resource to locate local community services boards (local mental health providers)

(804) 330-3141 or www.vacsb.org or

National Suicide Prevention Lifeline

A suicide crisis hotline available 24 hours a day, 7 days a week.

1-800-273-TALK

211 Virginia

2-1-1 VIRGINIA is a free service that provides contact information for a range of services available in communities in Virginia and statewide.

Emergency Services Phone Numbers for Virginia's Community Services Boards

Name of Community Services Boards (CSBs)/Behavioral Healthcare Authorities (BHAs)	County & City Catchment Area	Emergency Services Number
Alexandria CSB	Alexandria City	703-838-6400 x1
Alleghany-Highlands CSB	Alleghany Co & Covington City	540-965-1770 (after 5p) 540-965-2100 (before)
Arlington CSB	Arlington Co	703-228-5160
Blue Ridge Behavioral Health	Botetourt, Craig, Roanoke Co & Roanoke City	540-981-9351
Central Virginia CSB	Amherst, Appomattox, Bedford, Campbell Co & Bedford, Lynchburg City	434-847-8035
Chesapeake	Chesapeake City	757-548-7000
Chesterfield	Chesterfield Co	804-748-6356
Colonial	James City, York Co & Poquoson, Williamsburg City	757-220-3200
Crossroads Community Services	Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, Prince Edward Co	1-800-548-1688
Cumberland Mountain Community Services Board	Buchanan, Russell, Tazewell Co	T 276-964-6702 R 889-3785 B 935-7154 1-800-466-6719 (after 5p)
Danville-Pittsylvania	Pittsylvania Co & Danville City	1-877-793-4922
Dickson County	Dickson Co	276-926-1650
District 19	Dinwiddie, Emporia, Greensville, Prince George, Surry, Sussex Co & Colonial Heights, Hopewell, Petersburg City	1-866-365-2130
Eastern Shore	Accomack, Northampton Co	757-442-7707
Fairfax-Falls Church	Fairfax Co & Fairfax, Falls Church City	703-573-5679
Goochland-Powhatan	Goochland, Powhatan Co	804-556-3716
Hampton-Newport News	Hampton, Newport News City	757-788-0011
Hanover County	Hanover Co	804-365-4200
Harrisonburg-Rockingham	Rockingham Co & Harrisonburg City	540-434-1941 540-434-1766 (after hours)
Henrico Area	Charles City, Henrico, New Kent Co	804-727-8484
Highlands	Washington Co & Bristol City	1-877-928-9062
Loudoun County	Loudoun Co	703-777-0320
Middle Peninsula-Northern Neck	Essex, Gloucester, King and Queen, King William, Lancaster, Mathew, Middlesex, Northumberland, Richmond, Westmorland Co	1-800-542-2673
Mount Rogers	Bland, Carroll, Grayson, Smyth Co & Galax City	276-223-6000
New River Valley	Floyd, Giles, Montgomery, Pulaski & Radford City	540-961-8400
Norfolk	Norfolk City	757-664-7690
Northwestern	Clarke, Frederick, Page, Shenandoah, Warren Co & Winchester	540-667-0145
Piedmont Regional	Franklin, Henry, Patrick Co & Martinsville City	276-632-7195
Planning District 1	Lee, Scott, Wise Co & Norton City	276-523-8300
Portsmouth	Portsmouth City	757-393-8990
Prince William County	Prince William Co & Manassas Park, Manassas City	703-792-7800
Rappahannock Area CSB	Caroline, King George, Spotsylvania, Stafford Co & Fredericksburg City	804-633-4146 or 540-373-6876
Rappahannock-Rapidan CSB	Culpeper, Fauquier, Madison, Orange, Rappahannock Co	540-825-5656
Rockbridge Area	Bath, Rockbridge Co & Buena Vista, Lexington City	540-463-3141
Region Ten CSB	Albemarle, Fluvanna, Greene, Louisa, Nelson Co & Charlottesville City	434-972-1800
Richmond Behavioral Health Authority (RBHA)	Richmond City	804-819-4100
Southside CSB	Brunswick, Halifax, Mecklenburg Co	434-848-4121
Valley CSB	Augusta, Highland, Staunton Co & Waynesboro City	540-885-0866
Virginia Beach Department of Human Services	Virginia Beach City	757-385-0888
Western Tidewater CSB	Isle of Wight, Southampton Co & Franklin, Suffolk City	757-942-1069