



Guide to

Helping Someone in a Psychiatric Crisis

*Crisis Management and
Stabilization*



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HELPING SOMEONE IN A PSYCHIATRIC CRISIS

DEFINING THE CRISIS

INTRODUCTION

The National Shattering Silence Coalition's guide offers a peer perspective on psychosis and psychotic illnesses, providing families and caregivers essential insights while highlighting why the current system fails so many. It helps key stakeholders understand, support recovery, and navigate severe mental illness more effectively.

**The National Shattering Silence Coalition is not liable or responsible for any information provided in this guide. This guide is not intended to provide legal advice and is for informational purposes only.*

CRISES DEFINED

What constitutes a psychiatric crisis?

The parameters of a psychiatric crisis range from episodes of depression to mania to psychosis. In persons who are suffering from severe mental illness/brain disorders such as major depressive disorder (with/without psychotic features), bipolar disorder (with/without psychotic features), schizoaffective disorder, schizophrenia, or other crippling mental health conditions that impair one's ability to perform daily activities within a normal range, crises can increase in likelihood. Unlike criteria for imminent risk to oneself or others, **a crisis is typically when a combination of two or more of the following criteria is met:**

- Suffering from depressive symptoms such as:
 - Suicidal thinking and thoughts of ending one's life, with or without a plan
 - Self-harm
 - Talking about killing oneself
 - Preparatory actions (setting personal belongings aside to give away, writing notes)
- Suffering from manic symptoms such as:
 - Grandiose thinking
 - Fast thoughts
 - Rapid speech
 - Impulsivity

- Irritability
- Hyper-religious thinking
- Hyper-sexuality
- An overall inability to control one's thoughts, feelings, and behaviors
- Suffering from psychotic symptoms such as:
 - Delusions (errant beliefs not founded in reality or in what others are witnessing)
 - Hallucinations (hearing, seeing, feeling, tasting, smelling things that are not founded in reality or what others in stable conditions are witnessing)
 - Paranoia (unfounded fear of any number of things, but commonly delusions that incur an irrational fear, such as the FBI tapping their phone, someone is out to "get them," alien abduction, they believe someone is the devil or possesses a demon, the voices they hallucinate hearing must be obeyed, etc.)

When does a crisis ensue?

We believe that "imminent risk" standard of commitment to treatment is a faulty standard that does more harm than good. It's too late to get help when someone in crisis has already committed a violent physical act. Therefore, to meet "crisis" standards as we define them in this guide, the person suffering from their symptoms must be in a state of mind that has not been effectively treated through direct evidence-based modalities of treatment. They must be either acting out in ongoing heightened behaviors of their disorders, failing to perform necessary daily living activities, and/or have verbally threatened themselves or others, or have already acted out on a delusion, hallucination, suicidal thought, grandiose thought, hyper-religious thought, hyper-sexual thought, or been speaking impulsively at a rapid rate of speech.

HELPING SOMEONE IN A PSYCHIATRIC CRISIS

MANAGING THE CRISIS

HELPING DE-ESCALATE

Use prudence when approaching the person. If the situation has not escalated, and they are relatively calm and collected, they may still be triggered to act out. Simply observing the individual and engaging with precaution will help you determine if they are about to enter a crisis. What you do or don't do can help them avoid one or help them out of one. When around the person in crisis, what you do or do not do can be critical to the de-escalation of the crisis.

Remember, in a crisis, the person is not thinking rationally or of sound mind and may be receiving more stimuli, real or otherwise, that you cannot perceive. Allow them space and time to process what is going on as you assist them.

Things to AVOID for someone near or already in crisis:

AVOID

- judgment, critique, evaluation of their thoughts, feelings, or actions on a moral/ethical level
- street traffic, crowds of people, access to objects that could be improvised as weapons or weapons themselves
- using the phone except to call for backup
- using devices like computers or tablets
- disagreeing with them, especially arguing over whether or not their beliefs are false/wrong, denying, condemning, or complaining about their beliefs
- moving too quickly and too close to them
- asking leading questions, trying to get them to admit something
- raising your voice loudly or exposure to things that would raise the volume in the surrounding environment
- leaving them alone – unless you are at physical risk of danger

The following are tips and guidelines to help someone near or already in a crisis:

DO

- Ask open-ended questions slowly
- Listen with active reflections, summaries, and statements about what you hear them saying (in your own words). For example, "I'm hearing you say... Is this right?"
- Take your time in asking questions. Let them have time to think about the answers. Don't interrupt and wait until they're done talking.
- Ask "what do you need from me right now?" to see if you can address a need that may be an underlying factor to their abnormal behaviors (help them get that need, whether it's food, drink, clothing, shelter, medication, and listen to them)
- Call the crisis hotline at 9-8-8 in the US

If behaviors escalate and the crisis is turning physical (violent acts, threats of violence, slammed doors, broken objects) or even heating up to the point of overreactive yelling, verbal abuse, or verbal threats, it's time to call 9-1-1 in the US, or your country's emergency services number.

At this time, you have made clear efforts to de-escalate the situation, and they have not helped; get further help.

MORE RESOURCES FOR EDUCATING YOU ON CRISES:

[Dr. Xavier Amador's LEAP Training method](#)
[NAMI's Family-to-Family Support program](#)
[Motivational Interviewing](#)
[Crisis Intervention Team Guide](#)

HELPING SOMEONE IN A PSYCHIATRIC CRISIS

ENLISTING OUTSIDE SUPPORT

MAKING THE CALL

If you are fearful the person's behavior will lead to police involvement, what your role is with the criminal legal system as a loved one or caregiver, or if you are a victim, please see the NSSC's [Guide for SMI Caregivers in Crisis: What You Need to Know \(But No One Ever Tells You\)](#), for further guidance.

When making a call to the authorities, before you call and in order to keep the crisis from escalating, try to find some moments in a separate room. Being outside of earshot from the person suffering will be less triggering to them, and help you communicate more clearly and succinctly with the dispatcher.

When making the call to enlist outside support of first response team or any other frontline help, give the big picture first. You want to state your name, your location, and what is happening. They will ask you questions about the situation. It is important you remain calm and keep an ear out for the person in crisis. Should you think they are in danger of harming themselves or others, it is best to relocate yourself and others to a safe room, locking the door and blocking their ability to enter.

You must use your best judgment. Confiscate any weapons. If they can access a weapon, it is more important that they initially are cut off from accessing it. Keep medications, guns, and knives out of reach. Enlist support of your spouse and other family or trusted friends to help you in the situation.

Be sure to ask the dispatcher to send either a CIT (Crisis Intervention Trained) officer/staff person, and/or mobile crisis response clinician to accompany the officers if available. Let them know this is your preferred response if you think police officers in uniform approaching would trigger further trauma to the person in crisis.

FROM A MOBILE CRISIS WORKER:

The typical order of events goes like this:

- 1) Family or outpatient staff recognizes something is off.
- 2) Referral to crisis team is made.
- 3) I evaluate and determine safe plan. If person in crisis refuses to be evaluated, the law allows for involuntary transfer/hold if there's enough evidence of danger. I've issued these kinds of Section 12s (involuntary hold for MA) many times. Sometimes determination of plan must be made with the consultation of collateral people, like outpatient staff and/or family.
- 4) I update outpatient treatment providers about what happened.

After you've made the call to the emergency response unit, disclosing that to the person in crisis may trigger them further. When emergency services arrive, remain calm. You may preface the encounter by telling the person, "I felt I needed help to manage this situation with you, so they are here to help us resolve some of it and get to the next step."

In theory, it is less likely that they will be surprised or confused if and when a first responder shows up.

BE ENCOURAGED

A crisis is not an easy day. You may be inclined to start worrying, feeling guilty, panicking, and getting burned out from the energy around you. But taking care of yourself is key for you and the person in crisis.

Here are some ideas for you to try when the crisis is over:

- Debrief
- Meditate/pray
- Deep breathe
- Go for a walk/run
- Call a friend/family member
- Exercise
- Give yourself intervals of time to take care of their needs, then yours, and alternate between your needs and reward-based wants you have

HELPING SOMEONE IN A PSYCHIATRIC CRISIS

WHAT TO SAY TO SOMEONE IN A CRISIS STATE

PHRASING FOR HELPING SOMEONE IN CRISIS

Helping the person in crisis starts with knowing what to say, in addition to knowing what to do.

Here are a few scenarios to capture what you'll want to communicate with them when a crisis arises.

Scenario A: A 13-year-old became triggered after quizzing parents, comparing two drawings. Parents said both were good, but indicated one was slightly better. Not the child's, which they didn't know.

A full-blown anger meltdown followed (child had taken her meds already)

As the parent, what can you say to curb and calm the child's reaction?

Say: *Okay, (use their name to command more attention), you're feeling (upset/mad/angry/describe mood).*

Ask open-ended questions about their problem to identify the issue, like:

What is making you upset?

Affirm their feelings and thoughts to build rapport:

You're feeling mad and as if we think that you're not a good artist. That sounds upsetting.

Reflect their response to your question:

You're mad because we chose the other drawing instead of yours. I see.

Summarize the issue to see if you understood it correctly:

You're mad that the drawing we thought was better was not yours.

Next, try to pivot the conversation while remaining composed and calm. If the child begins reacting in emotions (crying, screaming, trying to leave the room/house, picking up things to throw, acting physically aggressive), try to match their energy minus one or two degrees.

Say something like the following to clear up any confusion and affirm your care and coming alongside them: *(Use their name), I'm not mad at you. I care about you. I see my choice was upsetting to you. I'm sorry I disappointed you.*

Ask open-ended questions about their feelings and desired actions:

What are you feeling and what do you feel like doing?

Affirm their feelings and thoughts, but immediately redirect to pivot the conversation:

I hear that you are upset and mad. How else can we help you calm down?

*If at any point you feel like the conversation is regressing, the loved one is not comprehending or responding positively, listen to the last thing they said, and say:

It's hard to manage this energy you have right now. Can we take a break to settle down and collect our thoughts?

If they comply, take that opportunity to compose yourself as they let off some steam. If they are further escalating and deteriorating in behavior, say:

It seems like we're not really getting anywhere. Do you think I can call someone to help us with working through this?

Asking them permission can offer them buy-in to feel like their a part of the problem-solving too, instead of feeling run over or coerced.

Using your best judgment, decide whether or not to tell them you will be making a call. Then, phone the psychiatrist, social worker, therapist, 9-8-8, or local crisis intervention specialists (9-1-1 or local police department number).

YOUR STATE POLICY DIRECTOR

If you want further guidance in your state for someone to reach out to before or after a crisis happens:



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Scenario B: A 26-year-old became triggered after they were unable to find alcohol in the house. You're the parent and have removed the bottles. While the child is becoming outraged and desperate to find a substance, you walk in on them and their start to a breakdown.

As the parent, what can you say to curb and calm the child's reaction?

Say: *Okay, (use their name to command more attention), you're missing the alcohol that was in the house. (AFTER THIS IS ESTABLISHED. You don't want to jump to conclusions or they may deny it.)*

Ask open-ended questions about their problem to identify the issue, like:

What is making you upset?

Affirm their feelings and thoughts to build rapport:

You're feeling mad that there are no drinks in the house. That sounds frustrating.

Reflect their response to your question:

You're mad because you need a drink to feel better.

Summarize the issue to see if you understood it correctly:

What you're having a hard time with is the fact that the drinks are no longer in the house.

Next, try to pivot the conversation while remaining composed and calm. If they begin reacting in emotions (crying, screaming, trying to leave the room/house, picking up things to throw, acting physically aggressive), try to match their energy minus one or two degrees.

Say something like the following to clear up any confusion and affirm your care and coming alongside them: *(Use their name), I'm not mad at you. I see my choice to remove the alcohol is upsetting to you. I'm sorry I've disappointed you.*

Ask open-ended questions about their feelings and desired actions:

What are you feeling, and what do you feel like doing instead?

Affirm their feelings and thoughts, but immediately redirect to pivot the conversation:

I hear that you are upset and mad. I can't drive you to the store to get more. How else can I help you calm down?

*If at any point you feel like the conversation is regressing, the loved one is not comprehending or responding positively, listen to the last thing they said, and say:

It's hard to manage this energy you have right now. Can we take a break to settle down and collect our thoughts?

If they comply, take that opportunity to compose yourself as they let off some steam. If they are further escalating and deteriorating in behavior, say:

It seems like we're not really getting anywhere. Do you think I can call someone to help us with working through this?

Asking them permission can offer them buy-in to feel like their a part of the problem-solving too, instead of feeling run over or coerced.

Using your best judgment, decide whether or not to tell them you will be making a call. Then, phone the psychiatrist, social worker, therapist, 9-8-8 or local crisis intervention specialists (9-1-1 or local police department number).

ABOUT THE AUTHOR

Katie R. Dale is an advocate, author, and artist. Her passion is to reconcile the two unseen realms of mental and spiritual, sharing bold, brave, and real "insight to enlighten." As a former NSSC Coordinator, she's currently their graphic specialist and Co-Chair of the Communications



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HELPING SOMEONE IN A PSYCHIATRIC CRISIS

TAKING PREVENTATIVE MEASURES

SAFETY PLANNING

CRISIS PREVENTION PLAN

1. Recognize crisis signals

Situations, triggers, and symptoms that signal a distress call for help:

- Isolating
- Unusual behaviors developing – suspicious of safe, trusted people
- Abnormal behaviors stemming from depression, mania, or psychosis
- Thinking about killing oneself/making plans
- Talking about killing oneself
- Self-harm
- Preparatory actions (setting personal belongings aside to give away, writing notes)

2. Respond to crisis signals

Things you can do to take action to get help to change your behaviors:

- Text or call a suicide prevention hotline (text 741741, or call 988)
- Talk to a trusted friend/family member

Name: _____

Phone #: _____

Name: _____

Phone #: _____

- Call a mental health professional

Name: _____

Phone #: _____

Name: _____

Phone #: _____

3. Remove access to potential weapons and/or medications

- Weapons in the home - location: _____
- Medication locked/hidden/restricted access
- Remove weapons and give them to: (neighbor, relative, etc.) _____
- Keep safety measures (caregivers lock bedroom doors at night, knives locked up, any potential weapons secured and accounted for)

4. Replace negative thoughts and crisis signals with positive thoughts and behaviors, i.e.:

- Take a walk, go somewhere else
- Engage in purposeful tasks (work, chores, responsibilities)
- Communicate with others (in person is usually best, followed by phone calls, texts - limit social media use if possible)
- Creative expressions (draw, paint, music, poetry, crafts, etc.)
- Write in journal
- Make a therapy appointment & follow up
- Relax (take a nap, play, pray, meditate)
- Read a book, magazine, story, website, blog
- Other _____
- Other _____
- Other _____
- Other _____

MORE FROM NSSC

SHATTERING SILENCE FOR SEVERE MENTAL ILLNESS/BRAIN DISORDERS



NSSC offers more guides on our website (nsscoalition.org) – including:

- Guide to Advocating for Policy Reform (Recommendations for Meeting with Your Federal, State and Local Government Officials, and Leveraging Your Messages)**
- Guide to SMI Caregivers in Crisis: What Your Need to Know (But No One Ever Tells You)**
- Guide to Psychosis and Psychotic Illnesses (A Peer's Perspective)**
- Member-Exclusive Resource Guide (join us today for your free issue)**

These and more resources on our website and social media.



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- We're here on [X \(formerly Twitter\)](https://twitter.com/nsscoalition), (twitter.com/nsscoalition) adding to the conversation on Serious and Severe Mental Illness. Come join us!
- We're here on our website: [NationalShatteringSilenceCoalition.org](https://www.NationalShatteringSilenceCoalition.org) or [NSSCoalition.org](https://www.NSSCoalition.org). Check out our updates and news from Who We Are (including our Index of State Policy Directors, Partners, and Team) to Media (blog posts) to Events, to exclusive and free Resources!
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