

# MENTAL HEALTH CRISIS PLANNING

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# PREVALENCE OF MH ILLNESS

1 in 5 adults, 43.8 million or 18.5% experiences mental illness in any given year

Among the 20.2 million adults who experience SUD, 50.5% (10.2 million adults) have a co-occurring mental illness

# PREVALENCE OF MH ILLNESS

46% of homeless adults staying in shelters have a mental illness and/or substance use disorder

60% of all adults living with a mental illness received no mental health services in the previous year

# PREVALENCE OF MH ILLNESS

African-Americans and Hispanic-Americans used MH services at about 1/2 the rate of Caucasian-Americans in the past year and Asian Americans at about 1/3 the rate

50% of mental conditions begin by age 14 and three-quarters by age 24.

# PREVALENCE OF MH ILLNESS



Number of older-adults living with MH will double from 7 million to 14 million.



Less than 3% of all Medicare reimbursement is for the psychiatric treatment of older-adults.

# PREVALENCE OF MH ILLNESS



Less than 3% of all Medicare reimbursement is for the psychiatric treatment of older-adults.



18-25% of older-adults need of MH care for depression, anxiety, psychosomatic disorders adjustment to aging, and schizophrenia.

# PREVALENCE OF MH ILLNESS



10%-20% of people age 55+ experience some type of MH concern.



Older-adults account for only 7% of all inpatient psychiatric services, 6% of community MH services and 9% of private psychiatric care.

# PREVALENCE OF SUICIDE



Suicide rate of the older-adults are among the highest of all age groups in the U.S.



An older-adult commmits suicide every 17 days somewhere in the U.S.



# OBSERVATIONS

- We all exhibit good and Not so good behaviors.  
(It's called being Human)
- Behaviors are demonstrations of who we are and how we communicate our responses to daily living and life in general.

# Consider This

Usually, <10% of residents living with a untreated MH condition cause 100% of the behavioral challenges.

# 5 General Categories of MH Disorders (DSM-V)

1. Mood disorders: Depression and Bipolar Disorders.
2. Anxiety and Panic disorders: Generalized Anxiety and Post Traumatic Stress Disorders. (PTSD)
3. Disorders of Perception: Schizophrenia and Delusion Thinking Disorders.

# 5 General Categories of MH Disorders (DSM-V)

4. Disorders of Memory: Alzheimer's' and other Dementias (Lewy body, Vascular, Parkinson's, etc.)
5. Disorders of Personality: Borderline, Narcissistic and Anti-Social Personality Disorders.


# MH AND OLDER-ADULTS

- Limited access to quality MH care due to a lack of experienced geriatric practitioners who are often uncomfortable caring for them. (Ageism/Stigma)
- Poor health and poor health care contributes to low life expectancy of people with MH disorders.
- On average, 10 years shorter than the general population.
- A recent study puts it at about 25 years shorter.

# RESIDENT DEMOGRAPHICS

- ❑ Low/fixed and moderate incomes (LIHTC)
- ❑ Single/couple adults, families with children, Veterans and older-adults (55 w/disability or 62+)
- ❑ HLGBTQ+

# RESIDENT DEMOGRAPHICS

- ❑ Biological, physical, mental health (MH) and substance use disorders (SUD).
  - ❑ Diverse racial, ethnic and cultural backgrounds.
  - ❑ Histories of intimate partner violence, physical and emotional abuse, neglect, poverty, discrimination, and oppression.
- 
- A decorative horizontal bar at the bottom of the slide, featuring a gradient from light pink on the left to dark purple on the right.

# CONTINUOUSLY EXPERIENCING LOSSES (KÜBLER-ROSS)

- Employment (Identity)
- Social Economic Status (Income)
- Social Support Network
- Downsizing: Home, Space and Possessions
- Independence (Driving)
- Deteriorating Physical and MH
- Onset of multiple chronic Physical and MH conditions
- Dignity, Respect, Cultural Values, Familial Status
- Control and Choice
- Community: Familiar Surroundings, Safety



# HOLISTIC APPROACH MODEL

What is happening to your resident?

- Psycho-socially
  - Medically/physically
  - Family History/  
Heredity/Genetics
  - Financially
  - Spiritually
- How is the world or the environment changing for your resident?
  - How does these changes effect them physically, biologically, psychologically, and spiritually?
  - Identify and address the stressors (Losses)

# MENTAL HEALTH CRISIS

- Many things can lead to a mental health crisis.
- Mental health crises can occur in people without a mental health diagnosis and in people following a treatment plan.

# MENTAL HEALTH CRISIS

- Though untreated mental health conditions can lead to a crisis, it's a misconception that this is the only time they occur.
- Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.

# MENTAL HEALTH CRISIS

- Many people have worsened symptoms of preexisting mental health conditions and threaten or attempt self-harm.
- Psychiatric crises and emergencies are unique to the person, but they can look similar in how a person experiences and behaves during the crisis.

# MH DECOMPENSATION

- Degradation or deterioration of mental health in an individual who up till that point has maintained his or her mental health condition.
- In some cases, may lead to verbal, physical abuse and in rare cases psychotic behaviors.
- Diminished ability to think and carry out activities of daily living. (ADLs)

# HOME AND ENVIRONMENTAL STRESSORS

- Changes in relationship with others (boyfriend, girlfriend, partner, spouse)
- Losses of any kind due to death, estrangement or relocation
- Conflicts or arguments with loved ones or friends
- Trauma or exposure to violence

# OTHER STRESSORS

- Worrying about upcoming projects or tasks.
- Feeling singled out by peers; feeling lonely
- Real or perceived disrespect or discrimination
- Loss of benefits, decrease in financial assistance, etc.

# OTHER STRESSORS

- Being in crowds or large groups of people
- Experiencing community violence, trauma, natural disasters, terrorism
- Pending court dates
- Lease violation or eviction notices



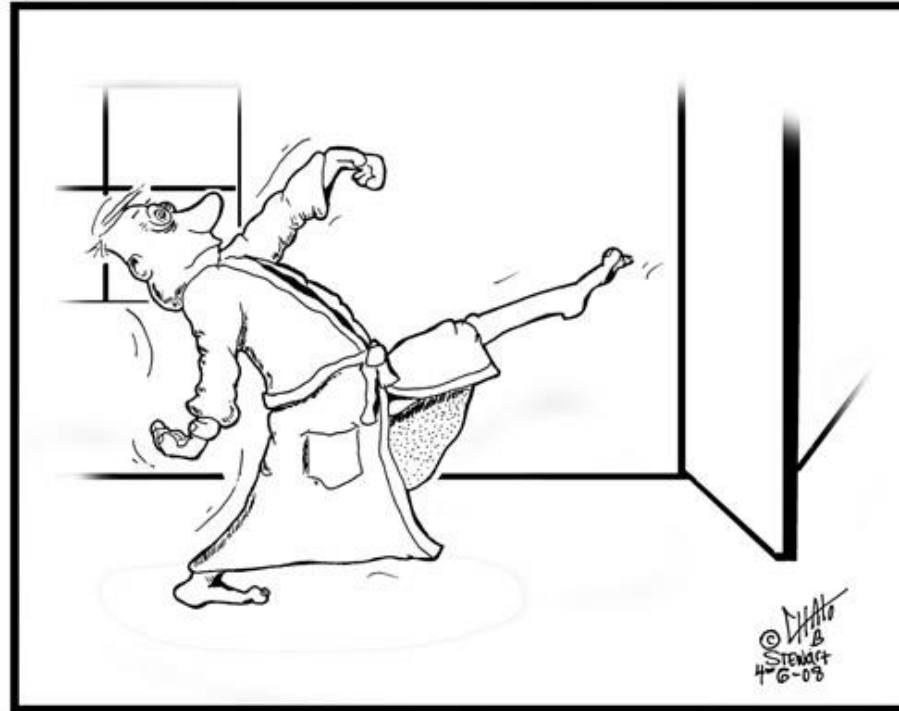
# OTHER STRESSORS

- Starting new medication or change in dosage of current medication
- Treatment or medications stops working
- Medication side-effects
- Stop taking medication or missing doses
- Using and abusing alcohol and illicit drugs

# If you only Remember ONE Thing Behavior is Communication

MentalHealthHumor.com

By: Chato B. Stewart



Dancing the Medication Mambo

# CHANGES IN BEHAVIOR

- Hyperactivity, inactivity, or alternating between the two
- Lack of personal hygiene
- Noticeable and rapid weight loss or gain
- Unusual sensitivity to noises, light, clothing

# CHANGES IN BEHAVIOR

- Noticeable and rapid weight loss or gain
- Involvement in automobile accidents
- Forgetfulness and loss of personal possessions
- Moving out of home to live on the street

# CHANGES IN BEHAVIOR

- Not sleeping for several nights in a row
- Bizarre behavior, e.g. skipping, staring, strange posturing, grimacing, etc.

# MOOD DISTURBANCE

- Excessive fatigue, or an inability to fall asleep
- Pessimism; perceiving the world as gray or lifeless
- Thinking or talking about suicide

# MOOD DISTURBANCE

- Deep sadness unrelated to recent events or circumstances
- Depression lasting longer than two weeks
- Loss of interest in activities once enjoyed
- Expressions of hopelessness

# THOUGHT DISTURBANCES

- Inability to concentrate
- Inability to cope with minor problems
- Irrational statements
- Use of peculiar words or language structure
- Excessive fears or suspiciousness, paranoia



# INABILITY TO COPE WITH DAILY TASKS

- Doesn't bathe, brush teeth, comb/brush hair
- Refuses to eat or eats too much
- Sleeps all day, refuses to get out of bed
- Can't sleep or sleeps very short periods of time

# RAPID MOOD SWINGS

- Increased energy level
- Unable to stay still, pacing
- Suddenly depressed, withdrawn
- Suddenly happy/calm after period of depression

# UNEXPLAINED PHYSICAL SYMPTOMS

- Facial expressions look different
- Increase in headaches, stomach aches
- Complains they don't feel well

# ISOLATION

- Decreased interest in usual recreational activities
- Changes in friendships
- Stops going to work/volunteer
- Socially withdrawals from community

# IRREGULAR EXPRESSION OF FEELINGS

- Hostility from resident who is usually pleasant and friendly
- Indifference to situations, even highly important ones
- Inability to express joy
- Laughter at inappropriate times or for no apparent reason

# INCREASED AGITATION

- Makes verbal threats
- Violent, out-of-control behavior
- Destroys property
- Culturally inappropriate language

# DISPLAYS ABUSIVE BEHAVIOR

- Hurts others
- Cutting, burning or other self-injurious behavior
- Abuses alcohol or drug

# LOSES TOUCH WITH REALITY (PSYCHOSIS)

- Unable to recognize family or friends
- Has increasingly strange ideas
- Is confused and disorganized
- Thinks they are someone they are not



# LOSES TOUCH WITH REALITY (PSYCHOSIS)

- Does not understand what people are saying
- Hears voices
- Sees things that are not there

# NAVIGATING A MH CRISIS

- Possible to experience a crisis even following their treatment plan.
- Best way to prevent this is to have a treatment plan that works, and resident agrees to follow.
- Residents can document changes in behaviors by keeping a journal or making notes on a calendar which may help them recognize when a crisis is building.

# NAVIGATING A MH CRISIS

- Crisis may come suddenly and without warning.
- Prevent and even de-escalate a crisis by identifying the early changes in a person's behavior, such an increase in their stress level. (Baseline or "Normal")
- Useful to keep a journal or calendar to document behaviors that preceded behaviors of concern.

# NAVIGATING A MH CRISIS

- Intervene in Person-Centered ways
- Individual is seen as an active partner in rather than a passive recipient of services.
- Develop a resident-centered Housing Stability and MH Crisis Management Plan

# NAVIGATING A MH CRISIS

- Priority is to help the person to regain a sense of control.
- Help to stabilize the situation, provide hope and a way out.

# NAVIGATING A MH CRISIS

- Identify MH support systems when things are going well.
- Recognize early warning signs of relapse: changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
- Talk to their family members, especially when they're doing well. They can usually identify such signs and other more personal ones.

# NAVIGATING A MH CRISIS

- Share stress reduction techniques that helped reduce symptoms in the past with trusted individuals.
- Schedule an appointment with a psychiatrist, case manager, therapist, or speak to a friend.
- Attend a self help, peer led or professional support group.
- Voluntary hospitalization stay for medication/dose adjustment. (Mental Health Tune-Up)

# QUESTIONS TO CONSIDER

- What situations have led to a crisis in the past?
- What stress reduction strategies have worked in the past?
- How has conflict been avoided in the past?
- What steps can be taken to keep everyone safe and calm?
- Who can be called for support in a crisis?
- Have all available resources been utilized?



# PLAN AHEAD

- Plan ahead for a mental health crisis.
- ROIs and confidentiality agreement, etc.
- The key is collaboration.
- Work collaboratively with others to assist the resident navigate their mental health crisis.
- Consider “outside the box” solutions.

# INTERDISCIPLINARY TEAM

1. Resident
2. Property Manager
3. Service Coordinator
4. Maintenance Supervisor
5. 504 Coordinator (RA)

# EXTERNAL SUPPORT TEAM

1. Family (if available and possible)
2. Clinical therapist/MHPs
3. APS
4. Professional organizer
5. Professional cleaner

# EXTERNAL SUPPORT TEAM

6. Integrated Pest Control Manager
7. External storage company
8. State, City and County building sanitary and code enforcement
9. Police/Fire Chief
10. Mental Health Professionals (MHPs)

# BUILDING TRUST AND RAPPORT

- Stay Calm and be understanding.
- Use a gentle, respectful approach.
- Start with the person, discuss concerns/issues later.
- Be non-judgmental.

# SOCIAL SUPPORT SYSTEM

- The must be involved in identifying solutions and trusted individuals.
- Family members, care-taker, friends, clergy, neighbors, MH case manager/counselor, etc.

# CRISIS PLANNING

- Written plan developed by the person with the mental health condition and their support team, typically family and close friends.
- Designed to address symptoms and behaviors and help resident prepare for a crisis.

# CRISIS PLANNING

- It is important to have a written plan in place in the event of a crisis.
- Helpful to create before a crisis materializes and they will.
- Anticipate and plan ahead. (Pre-emptive)



# CRISIS PLANNING

Every plan is individualized, some common elements include:

- Person's general information
- Family information
- Behaviors present before the crisis occurs, strategies and treatments that have worked in the past.

# CRISIS PLANNING

## Identify triggers

- The resident's physical condition
- The resident's emotional condition
- The environment.
- The way the resident was approached by others.
- How was the behavior handled? Did it work?
- Explore any recent medication changes or losses.

# CRISIS PLANNING

- Keep a log (Document, Document, Document)
- Document the responses and behaviors associated with the previous questions.
- See if you can determine a pattern.  
Baseline/"normal"/MO

# CRISIS PLANNING

- List of what actions or people that are likely to make the situation worse.
- List of what helps calm the person or reduces symptoms
- Current medication(s) and dosages
- Current diagnoses

# CRISIS PLANNING

- History of suicide attempts, drug use or psychosis
- Treatment choices/preferences
- Local crisis lines
- Addresses and contact information for nearby crisis centers or emergency rooms

# CRISIS PLANNING

- A list of the person's strengths and weaknesses.
- Concrete and measurable short-term goals and a time-line for achieving these goals.
- Specific objectives directed at achieving each goal.

# CRISIS PLANNING

- Identify people willing to help.
- List phone numbers of the mental health providers and the mental health crisis team. (MHPs)
- List of current prescribed medications, OTC medication, and supplements and their dosages.

# TREATMENT PLAN

Research has shown the most effective treatment plan involves a combination of intervention types, regardless of whether treatment takes place in an inpatient psychiatric unit or in an outpatient setting. Examples of interventions or treatment options include:



# STABILIZATION SERVICES OPTIONS

- Time limited. brief solution-focused strategies.
- MH Tune up, short hospital stay, dose adjustment, med re-evaluation.
- Referrals to MH supportive housing/adult family home.

# STABILIZATION SERVICES OPTIONS

- Referrals to long-term care options.
- Rapid access to psychiatrists, coordinated crisis plans and a referral to the county's mental health services.
- Guardianship.
- Involuntary commitment.

# PSYCHOSOCIAL TREATMENTS

Certain forms of psychotherapy (often called talk-therapy) and social and vocational training, are helpful in providing support, education, and guidance for people with mental illnesses and their families.

# INDIVIDUAL PSYCHOTHERAPY

- Regularly scheduled sessions between the person and a mental health professional.
- Examples include cognitive behavior therapy (CBT), dialectical behavior therapy (DBT) and interpersonal therapy.

# PSYCHOEDUCATION

Teaching people about their mental health condition and treatment options.

# SELF-HELP AND PEER SUPPORT GROUPS

- For people and families led by and for people with personal experience.
- Groups are comforting because participants learn that others have experiences like theirs and that they're not alone. NAMI Connection and NAMI Family Support groups are examples of peer support groups.

# PEER RECOVERY EDUCATION

- Structured instruction taught by people who have lived experience and can take place in a single session or a series.
- NAMI Peer-to-Peer is an example of a peer recovery education program.

# PEER-RUN SERVICES

- Based on principles of empowerment, choice, mutual help and recovery.
- The goal is to create a supportive place in which people can find peers who understand them, learn recovery skills and help others.



# PEER-RUN SERVICES

Common types of peer-run programs include:

- ✓ Drop-in or peer support center such as a clubhouse program
- ✓ Peer mentoring, peer case management

# CERTIFIED PEER SUPPORT SPECIALIST

Works alongside other health care professionals in traditional mental health programs to provide an extra level of support services to people with mental illness.

# MEDICATIONS

- Often help a person with mental illness to think more clearly, gain control and stabilize emotions.
- Although any licensed physician can prescribe medication, psychiatrists and psychiatric nurse practitioners are the most knowledgeable about psychotropic medicines (those used to treat mental illnesses).

# TIPS FOR HELPERS

- Don't forget to breathe.
- Use Mantras for emotional self-regulation
- Avoid harm to self, resident, other residents and other team members.

# TIPS FOR HELPERS

- X** Don't threaten; this may be interpreted as a play for power and increase fear or prompt an assault.
- X** Don't shout or raise your voice. If the resident doesn't appear to hear or be listening to you, it's not because he or she is hard of hearing. Other voices or sensory input is likely interfering or predominating.
- X** Don't criticize or make fun of the resident. It can't make matters better and may make them worse.

# TIPS FOR HELPERS

- ✗ Don't argue with other family members, particularly in the resident's presence.
- ✗ This is not the time to argue over best strategies, allocate blame or prove a point. You can discuss the situation when everyone has calmed down.
- ✗ Don't bait the person. He or she may just act on any threats made if you do. The consequences could be tragic.

# TIPS FOR HELPERS

- ✗ Don't stand over the person. If the person is sitting down, you sit down (or stand well away from him or her).
- ✗ If the person is standing, keep your distance. Avoid direct, continuous eye contact or touching the person. Such contact may seem threatening.
- ✗ Don't block the doorway or any other exit. You don't want to give your loved one the feeling of being trapped.

# TIPS FOR HELPERS

- X Do what the resident wants, as long as it's reasonable and safe.
- X Complying with reasonable requests helps them regain some sense of control.
- X Call Mental Health Crisis Line: 9-8-8.
- X If you call 9-1-1, let them know they will be responding to a mental crisis.



# IF NOT IN IMMEDIATE DANGER

- Call a psychiatrist, clinic nurse, therapist, case manager or physician who is familiar with the person's history.
- This professional can help assess the situation and offer advice.
- The professional may be able to make an appointment or admit the person to the hospital.

# IF NOT IN IMMEDIATE DANGER

- If you cannot reach someone and the situation is worsening, do not continue to wait for a return call.
- Take another action, such as calling your county mental health crisis team.
- If safety is a concern, call 911. However, make sure to tell them this is a mental health concern.

# IN IMMEDIATE DANGER

- If the situation is life-threatening or if serious property damage is occurring, call 911 and ask for law enforcement assistance.
- When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency and your relationship to the person in crisis.

# IN IMMEDIATE DANGER

- Telling the law enforcement agency that it is a crisis involving someone with a mental illness increases the chance that they will send an officer trained to work with people with mental illnesses.
- Be sure to tell them, if you know for certain, whether the person has access to guns, knives or other weapons.

# WHEN CALLING 911 FOR A MENTAL HEALTH EMERGENCY

- ✓ Remain calm
- ✓ Explain that your resident is having a mental health crisis and is not a criminal
- ✓ Ask for a Crisis Intervention Team (CIT) officer, if available

# WHEN CALLING 911 FOR A MENTAL HEALTH EMERGENCY

- ✓ Your name
- ✓ The person's name, age, description
- ✓ The person's current location
- ✓ Whether the person has access to a weapon

# WHEN CALLING 911 FOR A MENTAL HEALTH EMERGENCY

Information you may need to communicate:

- ✓ Mental health history, diagnosis(es)
- ✓ Medications, current/discontinued
- ✓ Suicide attempts, current threats
- ✓ Prior violence, current threats

# WHEN CALLING 911 FOR A MENTAL HEALTH EMERGENCY

Information you may need to communicate:

- ✓ Drug use
- ✓ Contributing factors (i.e. current stressors)
- ✓ What has helped in the past
- ✓ Any delusions, hallucinations, loss of touch with reality



# MENTAL HEALTH EMERGENCY

Allow your resident to pace/move freely

- ✓ Offer options (for example “do you want the lights off?)
- ✓ Reduce stimulation from TV, bright lights, loud noises, etc.
- ✗ Don't disagree with the person's experience

# MENTAL HEALTH EMERGENCY

- ✓ If you don't feel safe at any time, leave the location immediately.
- ✓ If you feel safe staying with resident until help arrives:
  - ✓ Announce all of your actions in advance
  - ✓ Use short sentences
  - ✓ Be comfortable with silence

# MENTAL HEALTH EMERGENCY

- Follow your Organization's Emergency and Crisis Response Policies and Procedures, Protocols, etc.
- Understand what the expectations are.

# POST CRISIS

DECOMPRESS

DEBRIEF

DOCUMENT



# POST CRISIS RESOLUTION

Following a crisis, it is important to reflect back on what has happened to learn how to potentially prevent or minimize future crises.

# POST CRISIS RESOLUTION

Some important questions to ask include:

- What situations or triggers led to the crisis?
- What worked to reduce tension or avoid a conflict?
- What steps did we or could we have taken to keep everyone safe and calm?

# POST CRISIS RESOLUTION

- Write down the results of this reflection and include it in future crisis plans.
- The more you understand the underlying causes and triggers of a crisis and what strategies helped, the more prepared you will be in case of future crises.

# POST CRISIS

**Follow**

Follow all your organization's policies & procedures.

**Inform**

Inform your supervisor.

**Complete**

Complete incident report form.



# REMEMBER THE BASICS ABOUT BIZARRE BEHAVIOR

- The behavior is a symptom of an illness.
- You did nothing to cause the behavior.
- People with mental illness are sometimes able to control their behavior.
- In most situations, the behavior usually does not present an immediate danger to anyone.

# DON'T TAKE IT PERSONALLY!

- Keep in mind that the resident may not necessarily be angry with you.
- S/he may misunderstand the situation, or is frustrated with his or her own disabilities, or embarrassed for or ashamed of letting the situation get to the point in which it is.

# SELF-CARE

- Remember to take care of yourself.
- Don't try to control people or events.
- Speak up!
- See something, do and or say something!
- Take relaxation breaks.
- Exercise. (dopamine and endorphins)
- Allow yourself some playtime every day.
- Practice positive self-talk. (mantra)
- Take a vacation, staycation.
- Tend to your garden of friends.

# A TOOLBOX OF SUPPORT

- Setting aside time for extra sleep.
- Talking with a friend or loved one.
- Talking with your health care professional.
- Attending a peer support group.
- Watching a funny movie.
- Spending time in nature, like going to a park.
- Writing in a journal.
- Spending time on a hobby.
- Volunteering for your favorite organization or helping someone else.
- Cutting back on a few non-essential responsibilities.

- 2-1-1 & 9-1-1

- National Alliance on Mental Health  
<http://nami.org>

- National Institute of Mental Health  
<http://www.nimh.nih.gov>

- AARP/ALZ.org

- Area Agency on Aging (AAA)

- Crisis Line (24 hours) 9-8-8

- County Designated Mental Health Professionals (MHPs)



**Bloomberg**

Bloomberg says employers want employees to support colleagues in crisis with Mental Health First Aid at Work.

[READ MORE.](#) ▶

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Let others know that there is hope and understanding. You can change the way the world sees mental health.

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# Mental Health Crisis Planning

Learn to recognize,  
manage, prevent and  
plan for your loved one's  
mental health crisis





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## Tips for Survivors: Coping with Grief After Community Violence



**Coping with Grief After Community Violence**

Find resources to help community members, including children, cope with grief and anger.

[Learn More >](#)

### Find Help



**BEHAVIORAL HEALTH TREATMENT LOCATOR**

## NATIONAL SUICIDE PREVENTION LIFELINE

## NATIONAL HELPLINE

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH → PREVENTION WORKS → TREATMENT IS EFFECTIVE → PEOPLE RECOVER

SAMHSA in the News

Featured Resource

natural disasters Disaster Distress

# Mental Health



## Mental Health Overview

Welcome to the CDC Mental Health Web site, which includes basic public health information on mental health.

The site aims to foster collaboration and advancement in the field of mental health in support of CDC's public health mission.



**ABOUT US**

**DATA AND STATISTICS**  
Depression, Psychological Distress

**MENTAL HEALTH BASICS**  
Definitions, Mental Illness, Burden of Mental Illness

**FEATURED PUBLICATIONS**  
Scientific publications, reports

## Featured Campaigns

## Featured Blog

### Raise.Your.Voice. [↗](#)

Did you know that more than 43 million adults in our country struggled with mental illness in



the past year? Half of us will meet the criteria for a diagnosable mental health condition at some point in our lives; one quarter by the age of 14. And more than 20 million adults have an alcohol...

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## Assessing an Older Adult's Mental Health Needs.

A change in mood from our loved ones could signal a more serious matter than you think. Here's how to access their **mental health**. [More](#)

August 16, 2011



## The Burned-Out Employee's Guide to the Perfect Mental Health Day ...

"Think about the best leaders of all time: When they needed a **mental health** day, they went to the mountains, the trees, the desert. Gandhi didn't start screaming, ... [More](#)



Transforming the understanding and treatment of mental illnesses.

- Home > Health & Education
- Get Immediate Help
- Find a Health Care Provider or Treatment
- Participate in a Clinical Trial
- Help for Service Members and Their Families
- Learn More about Mental Disorders
- Contact Us

## Help for Mental Illnesses

If you or someone you know has a mental health problem, there are ways to get help. Use these resources to find help for you, a friend, or a family member.

*Please note that NIMH is a research funding agency. Resources on this page are provided for informational purposes only. The list is not comprehensive and does not constitute an endorsement by NIMH.*

[Get Immediate Help](#)



### Mental Health Information from NIMH

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---

***CORE ELEMENTS IN  
RESPONDING TO  
MENTAL HEALTH CRISES***



Housing



**A Housing Toolkit:**

Information to help the public mental health community meet the housing needs of people with mental illnesses.

This publication was prepared and written by the Technical Assistance Collaborative of Boston, Massachusetts.