

Who to Call in a Crisis:

A Guide for Direct Support Professionals and Families

It's important to know who to call when an individual with intellectual or developmental disabilities is experiencing a mental health or behavioral crisis. The police may or may not be the best people to call. You often have more options. What "crisis" is, how to respond, and who to call should be clearly listed in a person-centered plan for a person with a crisis history. Most crises can be avoided with a good prevention and intervention plan developed in conjunction with the individual and his or her important supporters.

A frequent need to involve first responders or community crisis teams can be an indication that planning and support are not currently sufficient and need to be revisited.

The sample chart below can be customized for individuals and included in their person-centered plans as a quick reference guide outlining who to contact in what crisis situations. It can also be a valuable reference for those supporting individuals who do not have a crisis history in the event one occurs.

Who	When	How	
Police	<ul style="list-style-type: none"> • Serious threats of violence. • Actual violence. • Uncooperative and trouble controlling self/being safe. • The person is missing and unsafe. 	<ul style="list-style-type: none"> • Call the local emergency number. • Make sure they know it's a mental health (MH) or behavioral crisis and the person's needs (communication, etc.) • Ask for officers trained in responding to people with MH issues and/or intellectual and developmental disabilities (I/DD) to come if possible. • Be clear and accurate about the potential for actual violence versus threats, and the actual risk to officers (including the presence of weapons). 	<ul style="list-style-type: none"> • Organize medical records for police to share with treatment professionals at hospital or crisis center. • Ask where the person is being taken. • Support and reassure the person, stay calm. • Never use calling the police as a threat to get someone to comply.
EMTs/ Paramedics	<ul style="list-style-type: none"> • Need for crisis assessment and treatment. • Cooperative but distressed or unconscious. • Cannot transport the person to a hospital because he or she is injured or you cannot leave site. 	<ul style="list-style-type: none"> • Call the local emergency number. • Make sure they know it's a MH or behavioral crisis, and the person's needs (communication, etc.) • Describe the extent of the injury or the need for MH assessment only. 	<ul style="list-style-type: none"> • Organize medical records for EMTs/ paramedics to share with treatment professionals at hospital or crisis center. • Ask where the person is being taken. • Go or send someone to be with person.
ACT (Assertive Community Treatment) Team or community crisis outreach	<ul style="list-style-type: none"> • If the person is eligible for these services. • Cooperative and non-violent but distressed. 	<ul style="list-style-type: none"> • Call the specific numbers for these services. • Assessment and treatment may take place in the community without hospitalization. 	<ul style="list-style-type: none"> • Help with assessment as possible/ allowed.
Hospital Emergency Rooms	<ul style="list-style-type: none"> • Cooperative but distressed. • Wants a psychological assessment. 	<ul style="list-style-type: none"> • Take the person there. • Make sure they know it's a MH or behavioral crisis and the person's needs (communication, etc.) 	<ul style="list-style-type: none"> • Organize medical records to share with treatment professionals at hospital. • Stay with person.
Family and Friends	<ul style="list-style-type: none"> • If the person asks for them or has designated them in a crisis plan as a contact. 	<ul style="list-style-type: none"> • Provide critical information such as the extent of the situation or directions. • Be accurate and compassionate. 	
Others Case manager/ service coordinator, your employer designee, the person's doctor and MH/behavioral health professional	<ul style="list-style-type: none"> • After the crisis is handled. 	<ul style="list-style-type: none"> • Per policy and procedures and the person's expectations. 	



Special Considerations	List numbers, names/locations and any specific instructions here
<ul style="list-style-type: none"> • Start with less intrusive ways of helping person gain control or be safe. Be aware of past trauma with police/arrests. • Police may or may not want your help once they arrive. • Offer to help but stay out of the way even if you are afraid of how they are handling the situation. If there is a problem, report inappropriate police behavior later to proper authorities. • They may decide to arrest the person rather than transport him or her to the hospital. • If person is arrested, call the precinct about diversion programs for people living with mental illness or I/DD-related behavioral issues, and find out how the individual will receive necessary treatment or care while incarcerated. • Personnel may or may not have good understanding of needs of people with I/DD. Support the person to engage legal counsel as needed. Watch for rights violations. 	
<ul style="list-style-type: none"> • They may decide to send the police instead if it is not a clear medical crisis. • Personnel may or may not have good understanding of needs of people with mental illnesses or I/DD. 	
<ul style="list-style-type: none"> • Research what is available in your community proactively. • ACT team is a service that the person must already have prior to crisis. 	
<ul style="list-style-type: none"> • Waits may be very long. • The assessment may be rushed. • Personnel may or may not have good understanding of needs of people with mental illnesses or ID/DD. 	
<ul style="list-style-type: none"> • You can ask the person if there is someone he or she would like you to contact. • Document the request as needed. 	
<ul style="list-style-type: none"> • Follow-up and communication afterward can be very important to future planning and coordination of care. • Keep critical people in the loop. 	

Chart adapted and reprinted with permission from the course, "Introduction to Mental Health and Mental Illnesses: Lesson 5 – DSP Support Strategies," in the College of Direct Support, (directcourseonline.com/direct-support/), an online curriculum from the Research and Training Center on Community Living at the University of Minnesota, and Elsevier.