

Sample Critical Incident Procedure:

### Mental Health Crisis (Non-Emergency) Procedure

This section addresses client mental health crises that do not present an immediate danger to the client or those around them. If this is a situation where there is an immediate danger, please follow all instructions in the Emergency Procedure.

**Definition:**

* A mental health crisis (non-emergency) occurs when a client is in significant distress or may be experiencing significant mental or behavioral symptoms, but they are not an immediate danger to themselves or others.

**Examples:**

* An individual seems to be in an altered state or not connected to reality (e.g., hearing voices, seeing things).
* An individual is intoxicated or otherwise impaired.
* An individual is angry and becomes escalated but is not threatening harm and can return to calm with the support of others.
* An individual is crying uncontrollably or dissociates—that is, they behave as if they were somewhere else and/or don’t seem to be present in the conversation.
* An individual makes vague statements that they do not want to be here anymore, without a plan to harm themselves, and asks for support.

**What to do:**

1. Identify the risk as a crisis, not an emergency. Ensure your safety; leave any situation that is dangerous.
2. Use de-escalation skills and remain calm. Move the client to a safe and confidential space.
	* Let someone in the office know what is happening and where. Staff should sit near an unobstructed exit in case they need to leave quickly if the situation escalates.
	* Respond calmly and compassionately, express concern, listen, and validate the individual’s emotions.
3. Seek internal support. If available, seek support from [TEAM MENTAL HEALTH SPECIALIST NAME] at [XXX-XXX-XXXX], or from another staff member trained in mental health. If no mental health staff is available, seek support from [SUPERVISOR NAME].
	* Continually assess for safety concerns. For example, has the individual made any statements that change the risk level, such as claiming intent to harm themselves or others, and which now require a different response?
4. Determine if an individual has support in the office or the community that you can contact. For example, can an established case worker or family member come to the office or be on the phone?
5. When calm, engage in safety planning and identify warning signs, coping skills, and support systems. At a minimum, provide individuals with crisis resources such as 988 for after-hours and weekends (see Safety Planning resources below).
6. If the client is not currently connected, offer referrals to internal or external programs such as Preferred Communities and/or community-based mental health resources.
	* If the individual agrees to referrals, complete a Release of Information to connect them as soon as possible to support services and follow-up care.
7. Debrief with your supervisor and seek any personal support as needed.
8. Document the situation in a case note and a critical incident report.

**Case Consultation:**

In an event of a mental health crisis, it is advised to seek case consultation from your direct supervisor and/or:

* [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
* [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

**Staff Training Resources:**

(*Consider resources on de-escalation, safety planning, suicide prevention, and mental health and psychosocial support, in addition to any internal resources, forms, and policies.)*

* [RESOURCE 1]
* [RESOURCE 2]

**Relevant Client Resources:**

* [RESOURCE 1]
* [RESOURCE 2]

**Support Hotlines:**

* 988 Suicide and Crisis Hotline
* The Trevor Project: 1-866-488-7386
* [LOCAL WARM LINE]: [XXX-XXX-XXXX]

*The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families. For fiscal year 2024, funding came from Grants #90RB0052 and #90RB0053. Fiscal year 2025 is supported by Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.*

*This resource was informed by Responding to Protection Cases, a guidance toolkit for the IRC’s U.S. offices, developed by a multidisciplinary team of technical and program delivery experts at the IRC.*