

# CRISIS

Understanding and Responding to a Mental Health Crisis

## HOW TO SUPPORT

**Mental Health First Aid (MHFA)** offers a structured approach to support someone experiencing a distressing situation, similar to how you'd administer first aid for a physical injury.

The core of MHFA is the **ALGEE Action Plan**, a five-step process that can be used in any order, and not all steps must be used in every situation:

- **A – Approach, assess for risk of suicide or harm.**  
Find a suitable time and place to talk privately. If the person doesn't want to confide in you, encourage them to talk to someone they trust.
- **L – Listen nonjudgmentally.**  
Let the person share their experiences and emotions without interrupting. Try to show empathy and acceptance, even if you don't agree with what they are saying. You can start by saying, "I noticed that..."
- **G – Give reassurance and information.**  
Provide hope and useful facts once the person has shared their feelings.
- **E – Encourage appropriate professional help.**  
The sooner someone receives help, the better their chances of recovery. Offer to help them learn about available options.
- **E – Encourage self-help and other support strategies.**  
This includes helping them identify their support network and community programs and to create a personalized self-care plan.

## EXAMPLES OF A MENTAL HEALTH CRISIS

- Panic attack.
- Non-suicidal self-injury.
- Suicidal thoughts and behaviors.

## KEY TAKEAWAYS

- **In immediate crisis situations**, where someone is thinking about harming themselves or others, or is acting erratically, **call 911 immediately**. Request responders with specific training in mental health or crisis de-escalation.
- Remember, your role as a first aider is **not to diagnose someone or solve their problem**, but to provide support and information. Staying calm is essential as you offer support.<sup>1</sup>

## CRISIS

# PANIC ATTACK

## Supporting Someone Having a Panic Attack

### WHAT A PANIC ATTACK IS

A sudden, intense surge of fear or discomfort that peaks within minutes, accompanied by symptoms such as a pounding heart, sweating, trembling, shortness of breath, chest pain, dizziness, feelings of unreality and a fear of losing control or dying. They usually last between 5 to 20 minutes and can be triggered or unexpected.

### IF YOU SUSPECT A PANIC ATTACK

- Ask if they know what is happening and if they've had one before. Reassure them they are safe, especially if they seem disoriented.
- Be aware that symptoms can resemble a heart attack. If you are concerned it might be a medical issue, or if the person loses consciousness or has severe difficulty breathing, call emergency services.

### HOW TO HELP

- Ensure their safety by moving them away from potential hazards, and if they are driving, ask them to pull over.
- Reassure them that they are safe, that a panic attack is frightening but not life threatening and that it will pass.
- Acknowledge their discomfort and terror, speaking in a reassuring but confident manner.
- Give them space and remove anything that is causing distress.
- Communicate calmly and clearly, using short, positive sentences.
- Encourage them to use any coping strategies that are already working, such as slowing their breathing.

### WHAT NOT TO DO

- Do not dismiss or ignore their panic attack or minimize their symptoms (e.g., "Don't panic," "Just calm down").
- Do not criticize, express pity or overwhelm them with too much talk.
- Do not grab, hold or restrain them, or touch them without their permission.
- Do not pressure them to explain the cause of their panic.
- After the attack: Encourage them to seek professional help (like a GP or health professional) if they have future attacks or recurring attacks as effective treatments are available.

## CRISIS

# NON-SUICIDAL SELF-INJURY

Understanding and Responding to Non-Suicidal Self-Injury<sup>2</sup>

## IMPORTANT FACTS

- Non-suicidal self-injury refers to intentionally harming oneself without the intent to die.
- All self-injuring behavior should be taken seriously, regardless of severity, as accidental death can occur.
- People self-injure for many reasons, often to manage painful feelings, to punish themselves or to communicate. It is rarely done for attention. People who self-injure are at higher risk of suicide attempts. You should always directly ask if they are suicidal.

## EMERGENCY MEDICAL ATTENTION

- It's needed if the injury is severe (e.g., a gaping cut, a burn larger than 2 cm or on hands, feet or face). Call an ambulance immediately if someone has taken an overdose of medication or consumed poison, as the risk of death or permanent harm is high.
- Encourage the person to seek professional help (general practitioner, psychologist, etc.) and explore alternative coping strategies. Remember, you are not responsible for their actions, but you can offer support.<sup>4</sup>

## ASSESSING URGENCY AND ENSURING SAFETY

Take all thoughts of suicide seriously. Do not dismiss them as attention seeking. Ask specific questions to determine immediate risk:

- Do they have a plan?
- How, where and when do they intend to do it?
- Have they secured the means?
- Are they using drugs or alcohol?
- Have they attempted suicide before?

## COMMON SIGNS

- Common methods include cutting, scratching, hitting, punching, biting and burning.
- Frequent, unexplained injuries or attempts to conceal injuries.

## IF YOU SUSPECT SELF-INJURY

- Discuss your concerns privately and be prepared to address your own feelings about self-injury first.
- Ask directly and in an understanding way, such as, "Sometimes, when people are in a lot of emotional pain, they injure themselves on purpose. Is that how your injury happened?".
- Avoid strong emotional reactions like anger or revulsion.

## IF YOU FIND SOMEONE SELF-INJURING

- Intervene supportively and non-judgmentally. Stay calm and express concern. Ask if medical attention is needed.
- Your focus should be on making their life more manageable, not just stopping the self-injury, as it takes time to recover and learn healthy coping mechanisms.
- Do not promise to keep self-injury a secret. If you need to share information for their safety, discuss this with them first.

## CRISIS

# SUICIDAL THOUGHTS & BEHAVIORS

Addressing Suicidal Thoughts and Behaviors

## IMPORTANT FACTS

- Suicide is preventable. Most people contemplating suicide do not wish to die, but rather seek relief from overwhelming pain. Openly discussing suicidal thoughts can save a life.
- Reasons for suicidal thoughts often include a desire to escape unbearable emotional pain or to communicate distress and seek help.
- A person who is suicidal should not be left alone. Work collaboratively to develop a safety plan, which is an agreement outlining actions to keep them safe. This plan should be clear, focus on what the person should do, be for a manageable length of time and include contact numbers for support (e.g., their doctor, a suicide helpline, trusted friends or family).

## HOW TO TALK

- Remain calm, confident and empathic, even if you feel panic or shock.
- Listen with undivided attention and without judgment, allowing them to express their feelings, including anger or tears.
- Do not argue or debate their thoughts, minimize their problems or offer false reassurance (e.g., “Don’t worry,” “cheer up”).
- Do not avoid using the word ‘suicide’. Use terms like ‘suicide’ or ‘die by suicide,’ and avoid stigmatizing language.

## SEEKING PROFESSIONAL HELP

- Encourage the person to get appropriate professional help as soon as possible.
- Provide information about available resources, such as hospitals, mental health clinics and helplines.
- If they refuse help, call a mental health center or crisis telephone line for advice.
- If the person is at urgent risk (e.g., has a specific plan or means) or has a weapon, contact police and inform them the person is suicidal. Do not put yourself in danger.
- If the person has already harmed themselves, administer first aid and call emergency services for an ambulance immediately.
- Remember to take care of yourself after helping someone who is suicidal, as it can be an exhausting experience.<sup>3</sup>

## WARNING SIGNS

- Threatening to harm themselves.
- Seeking means to end their life.
- Talking or writing about death or suicide.
- Expressions of hopelessness, rage and reckless behavior.
- Feeling trapped.
- Increased substance use.
- Withdrawal and drastic mood changes.

## RISK FACTORS

- Mental illness.
- Substance abuse.
- Poor physical health.
- Previous suicide attempts.
- Recent negative life events.
- Childhood abuse.

## HOW TO APPROACH

- Act promptly if you suspect someone is suicidal, even a mild suspicion.
- Directly ask if they are having thoughts of suicide. Asking directly will not put the idea in their head; it shows you care and gives them a chance to talk.
- Never agree to keep a plan for suicide or risk of suicide a secret. Explain that you care too much to keep such a secret and they need help. You may need to breach confidentiality for their safety; if so, be honest about who you will tell.

## RESOURCES TO HELP

- Emergency Contacts: If you or someone you care about feels overwhelmed with emotions like sadness, depression, or anxiety, or expresses a desire to harm themselves or others, you can call 911. Additionally, you can contact the Substance Abuse and Mental Health Services Administration's (SAMHSA).
- Disaster Distress Helpline at 800-985-5990, the National Suicide Prevention.
- Lifeline at 800-273-8255 (TALK), or text "MHFA" to 741-741 to talk to a Crisis Text Line counselor. or call 988 for a suicide situation.

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## REFERENCES

1. Mental Health First Aid USA. (2020). Mental Health First Aid USA for Adults Assisting Adults. Washington, DC: National Council for Mental Wellbeing.
2. Panic Attacks: Mental Health First Aid Guidelines, 2021 Version 2.3, 2022. © Mental Health First Aid International.
3. Suicidal Thoughts and Behaviours: Mental Health First Aid Guidelines, 2014 Version 2.3, 2022 © Mental Health First Aid International.
4. Non-Suicidal Self-Injury MHFA Guidelines, 2014 Version 2.3, 2022 © Mental Health First Aid International.