

Emergency Response in Online NAMI Programs

Last updated 11/19/2020

Introduction

As we've transitioned to offering NAMI classes, support groups and presentations online, we've encountered many opportunities for learning and growth. One such opportunity is how to respond to emergencies in online NAMI programs. Emergency response looks and feels different online. If not done well, it can be a significant stressor for NAMI State Organizations (NSOs), NAMI Affiliates (NAs), NAMI program leaders and participants.

Having a robust and effective emergency response protocol is at the core of delivering quality online programs. We highly recommend that all NSOs and NAs review their emergency response protocols for online programming and use this guide to develop or adapt their protocols. NAMI's goal is always to cultivate a sense of safety for our participants and ensure our program leaders feel prepared to respond to emergencies.

Your protocols may vary depending on the program you're offering. NAMI support groups have traditionally required the strongest emergency response protocols, but you may apply the same approach to classes and presentations.

What is an emergency?

As program leaders, we want to respond appropriately to participants' needs. Some things may feel like an emergency but do not require an emergency response. Examples of things that may feel like a crisis are beliefs that seem delusional or bizarre, perceptions that others do not perceive (e.g. hallucinations) and extreme expressions of anger, trauma, and grief. While these experiences may be intense, they are not necessarily a crisis.

If you are a NAMI program leader, you may be familiar with the Hot Potatoes/tough topics strategy and the Emergency Procedures Flowchart, which help you manage difficult or intense experiences during programs. This flowchart is in the NAMI support group facilitator guide and in the leader manuals of all the NAMI classes. All NAMI support group facilitators and leaders for NAMI Peer-to-Peer, NAMI Homefront and NAMI Basics are introduced to the Hot Potatoes strategy during their training. In NAMI Family-to-Family, this process is referred to as discussing tough or difficult topics.

It's not always obvious whether something is a tough topic or an emergency. When trying to determine whether something is an emergency, first ask yourself, "is there immediate physical danger?" This danger may be due to a medical emergency or someone making threats. If the answer is yes, this is an emergency that requires immediate response. In this scenario, calling 911 is the most appropriate action.

If there is no immediate physical danger, but the person is extremely distressed, there are several ways to address the situation. If you're in a support group, first use the Hot Potatoes process and/or the Emergency Procedures flowchart. If you're in a class, strategies like Emotional Stages or Predictable Emotional Responses are more appropriate. In a NAMI Family-to-Family class, you should use the tough topics process.

There are several possible scenarios when you are assessing if something is a mental health emergency:

1. If the Hot Potatoes/tough topics process is complete and the person is still distressed, assess their safety by asking them if they're experiencing suicidal thoughts. If they say they are not, one program leader should ask permission to speak with the person privately in a breakout room or offline via a phone call. If the participant gives their permission, they should provide emotional support and follow-up plans (e.g. local crisis resources, contact with a support person).
2. If the person expresses suicidal thoughts and does not have a Plan, Means and Timeframe, give the same support mentioned in #1.
3. If the individual expresses suicidal thoughts and has a Plan, Means and Timeframe, then this is a mental health emergency/crisis
4. If the individual expresses suicidal thoughts and logs off abruptly, treat this like a mental health emergency/crisis.

In a mental health emergency/crisis, there are several ways to respond. Please read the next section to see the ways you can respond to a mental health emergency/crisis during online NAMI programs.

Types of emergency response

Depending on where you are and where the participant experiencing the emergency is, your access to psychiatric emergency response services may be varied or limited. Some counties may have mobile crisis units, but in other counties calling 911 may be the only option.

In this section, we will review three ways you can respond to a mental health emergency. You'll learn information you can use to ensure the participant's safety. Program leaders should use their discretion to choose the most appropriate emergency response.

Option 1: Emergency Contact Person/s

You will need the following information:

- Name of participant's emergency contact person/s
- Phone number for emergency contact person/s
- Participant's phone number

This method is most appropriate when:

- The participant is present with you (in a breakout room or phone call) and is not in immediate physical harm
- The participant is not present with you but there was no indication that there would be immediate physical harm before they left

Steps to take:

- The program leader should pull the participant out of the group by using a breakout room. If this is not an option, the program leader should ask the participant if they may call the participant, and then continue the debrief over the phone.
- During this one-on-one session, the program leader should tell the participant that they are also going to call the participant's emergency contact person so that they can be redirected to crisis services and/or connected with support people. The producer can also make this call if necessary.
- The program leader should stay with the participant until the emergency contact has been reached and either the contact or someone else is physically or virtually with the participant, or until the participant is safely with crisis services and/or other support people (e.g. their mental health provider).
- When you connect with the emergency contact person, explain the situation and ask for actionable next steps.
 - Example script: "Hello (emergency contact), my name is (program leader name). I'm online/on the phone with (participant's name). I'm a (program leader designation) with NAMI and (participant's name) was attending our program when they indicated that they were feeling suicidal and have a plan to follow through with it soon. We consider this a mental health emergency and we'd like to connect them with either crisis services or support people. Does (participant's name) have a crisis plan? Can we connect them to their mental health provider or to other support people? If not, can you take them to the walk-in emergency psychiatric center/emergency room? I won't disconnect with (participant's name) until they're connected with support people or crisis services and may call 911 as a last resort."
- As a best practice, the NAMI State Organization/Affiliate should have a directory of crisis services and hotlines to send to participants (e.g. via email during registration) and this should also be offered to the emergency contact.
- Best practices for calling emergency contact people is to call once, leave a voicemail, call again, and then leave a text indicating that the participant is experiencing a mental health crisis and that you may call a mobile crisis unit or 911 if you cannot connect them to other means of support. Give the emergency contact at least five minutes to respond before moving on to other emergency responses.

Option 2: Mobile Crisis Unit

You will need the following information:

- Participant's phone number
- Participant's physical address
- The phone numbers for the mobile crisis units in your area

This method is most appropriate when:

- The participant's physical address indicates that there are mobile crisis units available in their county
- The participant is connected with you (in a breakout room or phone call) and is not in immediate physical harm
- The participant is not connected with you but there was no indication that there would be immediate physical harm before they left
- The emergency contact person/s cannot be reached

Steps to take:

- Follow the steps above for reaching out to an emergency contact person/s (e.g. separating the participant from the group). If the emergency contact person/s cannot be reached, tell the participant that you are now going to call mobile crisis services.
- When you call Mobile Crisis Units (MCUs), be as detailed as possible about the mental health emergency because they triage their arrivals based on the situation. Be familiar with your state's MCUs before you call them. Each county's MCU may triage things differently and some may specialize only in youth and will not take adults.
 - Example text taken from Fairfax County (Virginia) MCU: "Once contacted, referral information is obtained and a timely response is scheduled. A response by the MCU does not always occur immediately. Referrals are evaluated and triaged according to imminence of risk to life and safety, the specifics of the situation and MCU availability. Priority is given to referrals from the police and other public safety agencies and to cases involving individuals who may be a danger to self or others."
- Be aware that you may be with the participant for an extended time before the MCU arrives. Keep texting the emergency contact person to keep them updated and to continue working on connecting the participant with their support system.

Option 3: Calling 911

You will need the following information:

- Participant's phone number
- Participant's physical address

This method is most appropriate when:

- There is indication of immediate physical harm (e.g. physical health emergency, threats of violence towards self and/or others)
- There are no MCUs available in the participant's county
- The emergency contact person/s cannot be reached

Steps to take:

- Follow the steps above for reaching out to an emergency contact person/s (e.g. separating the participant from the group). If the emergency contact person/s cannot be reached, tell the participant that you are now going to call 911.
- Knowing what to say to the 911 dispatcher is essential for ensuring an appropriate response from first responders. The language in the two bullets below is taken from the NAMI guide "Navigating a Mental Health Crisis," which is on the NAMI website (<https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis>). Although this was meant for family members/caregivers, it is still pertinent to this situation.
 - When you call 911, tell them someone is experiencing a mental health crisis and explain the nature of the emergency, your relationship to the person in crisis and whether there are weapons involved. Ask the 911 operator to send someone trained to work with people with mental illnesses such as a Crisis Intervention Training officer, CIT for short.
 - When providing information about a person in a mental health crisis, be very specific about the behaviors you are observing. Describe what's been going on lately and right now, not what happened a year ago. Be brief and to the point.
- As a NAMI program leader, you will not have access to this individual's history. Say only what you have observed and do not speculate about diagnoses or behaviors.
- Stay connected with the participant until first responders arrive and explain what you are doing and what the intended outcome will be (e.g. connecting them with crisis stabilization services). Speak calmly, kindly, and firmly – the participant will probably be frightened, angered, or otherwise stressed – and let them know that their safety is the most important thing right now.
- Once first responders arrive, you are not in control of what happens next, but you may want to be available in case they need more information from you.

- Text taken from “Navigating a Mental Health Crisis”: Remember that once 911 has been called and officers arrive on the scene, you don’t control the situation. Depending on the officers involved, and your community, they may actually take the person to jail instead of an emergency room. Law enforcement officers have broad discretion in deciding when to issue a warning, make an arrest or refer for evaluation and treatment. You can request and encourage the officers to view the situation as a mental health crisis. Be clear about what you want to have happen without disrespecting the officer’s authority. But remember, once 911 is called and law enforcement officers arrive, they determine if a possible crime has occurred, and they have the power to arrest and take a person into custody. Law enforcement can, and often will, call mental health resources in your community. Nearby supports and services may assist in deciding what options are available and appropriate."
- Let the emergency contact person know by text or voicemail that the participant is with first responders and update them about the outcome (e.g. they did a wellness check and left, they took them to the hospital, they took them to jail).

Collecting information for emergency response

If you don’t know how to reach someone, you can’t respond to them. Therefore, we strongly recommend registration for all online NAMI programs; during registration, you’ll be able to collect the emergency response information.

A point to consider is that some people may not feel comfortable giving all or some of this information to your NAMI State Organization/Affiliate because of privacy concerns. This may have the unintended effect of putting up a barrier during registration and excluding potential participants.

To help address participants’ privacy concerns, we recommend that when you collect emergency response information, you clearly communicate in your advertising how this information will be used and stored; we’ve included examples of disclaimers you can use.

Emergency contact name and phone number

Disclaimer: We are requesting emergency contact information in case you experience a health emergency during the program. In the case of an emergency, we will contact your emergency contact so that we can link you to crisis services and/or your support system. Please tell your emergency contact that you will be participating in this program. This information will not be shared and will be deleted after each program offering. This will not be used for any other purpose.

Participant's personal phone number:

Disclaimer: We are requesting your personal phone number so that we can reach you if you are experiencing a mental health emergency and we need to contact you outside of the group to connect you with crisis services and/or your support system. We will also use this to reach you if you are experiencing a mental health emergency and log off. This information will not be shared and will be deleted after each program offering. This will not be used for any other purpose.

Participant's physical address:

Disclaimer: We are requesting the address where you will physically be while attending the program so that we can send emergency services to you if you are in immediate physical harm. In a mental health emergency, we will make every effort to contact your emergency contact before calling 911. This information will not be shared and will be deleted after each program offering. This will not be used for any other purpose.

Things to remember

Well done! You've ensured that your program leaders will be able to effectively respond to emergencies. There are two more things we ask you to be mindful of regarding emergency response: privacy and self-care.

Privacy

Emergency contact information is confidential information: treat the information you collect with care. Here are best practices for how to be a good steward of your participants' personal information.

- Share this information on a need-to-know basis (e.g. program leaders, key staff, producers).
- Consider deleting old data (e.g. registration forms) once the NAMI program has completed and requiring a new registration form for each NAMI support group meeting, NAMI presentation, and NAMI class session.
- When sharing this information, indicate to others that this should be private (e.g. do not forward the email, do not share the Google Doc link).
- Do not print out this information unless necessary; if it is printed, make sure to shred it after using.
- Lastly, always be aware of your screen when conducting a NAMI program online. One of the last things you want happening is for the program leaders to share their screens during a NAMI program and show all the participants' private emergency information!

Self-care/debriefing

It is also important to practice self-care and debrief after an emergency in an online NAMI program. Emergencies are intense experiences for everyone and it's essential that program leaders take the time to process what's happened. Here are some things that program leaders should keep in mind after an emergency has occurred in an online NAMI program:

- Debrief with your co-leader and NAMI State Organization/Affiliate staff. Without blame or guilt, discuss what happened: what went well, what could have been done better, what felt easy, and what felt difficult. Discuss your emotional reactions to the emergency response protocol: did it feel safe, inclusive, efficient, and appropriate (if not, what needed to change)?
 - If the NSO/NA is connected with a mental health professional, consider connecting the program leaders with them to provide additional support. This is especially important if something traumatic has happened (e.g. the completed suicide of a participant). For detailed guidance, please view the **Addressing Traumatic Losses in Online NAMI Programs** addendum at the end of this document.
 - NAMI national staff is also available to debrief with and listen to program leaders/staff. We are honored to support you and to provide a nonjudgmental space.
- Decompress with self-care strategies. Resist the “what if” game and negative self-talk.
- Take time away when needed. It's okay to step back from offering NAMI programs for a while. Discuss this with NAMI State Organization/Affiliate staff and work together to create the most sustainable path forward.

Conclusion

We hope that these expanded guidelines help you to create emergency response protocols that feel effective and appropriate. If you have any questions about these guidelines, please reach out to us at namieducation@nami.org. As always, we appreciate and value the effort you and many others have put into making online NAMI programs a place of safety and support for those impacted by mental health conditions.

Addendum: Addressing Traumatic Losses in Online NAMI Programs

Purpose of this addendum

This addendum is for NAMI State Organization and/or Affiliate staff. If there is a traumatic loss in one of your NAMI programs, please refer to this guidance.

What is a traumatic loss?

When we think of traumatic losses in NAMI programs, our first thought may be the loss of a participant. Participants can be “lost to us” in many ways, such as hospitalization or incarceration, but the first thing that usually comes to mind is the death of a participant. This tragedy can feel heavier if it was a death by suicide or homicide. Anything that feels emotionally heavy can be considered a traumatic loss, especially if it has the potential to trigger difficult emotions in the program leaders and other participants. For readability, when referring to the “lost participant,” we will word it as though they have died, as this is the most common traumatic loss in NAMI programs.

We acknowledge that it is also possible for NAMI Affiliates to lose their program leaders in this way. In the event of the traumatic loss of a NAMI program leader, please follow the guidance below, adapting when appropriate.

When a NAMI class or NAMI support group experiences a traumatic loss, it is important for the affiliate or state to take care of those who were affected. We have provided guidance on how you can reach out to three different parties: your program leaders, your participants, and your Affiliate/State team.

Taking care of your program leaders

Whenever possible, the first step to take is to check in with the affected program leaders. It is also useful to check in not only with the program leaders that had direct contact with the deceased participant, but all program leaders of that NAMI program. After doing one-on-one check-ins to ensure that your leaders are feeling safe, gather them together for a discussion.

The intention of this discussion is not to provide grief therapy, but to process what has happened and reaffirm the Affiliate/State’s gratitude and support. Depending on the context of the loss and the needs of your program leaders, you may talk about different things, including:

- Asserting that the loss is not the fault of the program leaders or NAMI Affiliate staff
- Expressing gratitude for the emotional labor of the program leaders (e.g. “Thank you for continuing to do what you do in such a difficult time.”)
- Revisiting what it means to be a NAMI program leader and setting role boundaries (e.g. “This does not mean you are not a good facilitator/teacher – don’t blame yourself for things that go beyond what you could reasonably do.”)

- Drawing on each other’s group wisdom and camaraderie (e.g. “You are not alone in your feelings.”)
- Discussing how to address the loss with participants the deceased had contact with
 - For more information on how to do this, read the section below on how to take care of participants.
- Discussing how to honor the memory of the participant if they have died
- Collecting ideas on how to provide additional support to participants experiencing an increase in mental health symptoms and/or difficult life circumstances
 - While collecting ideas, resist the impulse to find the “one thing” that could have prevented the tragedy. We will not put blame or weight on any one intervention or person. The brainstorming should be used to better support the program leaders, not to play the “what if” game or blame ourselves for what we did or did not do.

As stated above, gathering everyone who leads the program that the deceased was a part of is useful for this discussion, as it creates more robust and diverse ideas, processing, and support. We also recommend that a licensed mental health professional either be present at the discussion or on-call, as there is the possibility that a program leader may need professional mental health support during or after the discussion.

We also encourage you to reach out to the relevant national program manager to ask if they can take part in the discussion. It is sometimes useful to have the national program manager’s presence, as they may be able to offer clarifications or answer questions that the NAMI Affiliate and NAMI State Organization may not feel equipped to answer. It is also our honor and privilege to be with you in a supporting role and reassert that the program leaders are not to blame and to express gratitude for everything they do.

Lastly, give your program leaders permission to step back to practice self-care. It is sometimes difficult for program leaders to continue to lead after experiencing a traumatic loss; that being said, allow program leaders to continue their volunteering if they feel safe to do so, as some program leaders take strength from their leadership. The important thing is that your program leaders feel that you have their best interests at heart.

Taking care of your participants

Context is everything when deciding how to address the other participants. It is very hard to find the perfect response that honors participants who knew the deceased, new participants who did not know the deceased, and the confidentiality and privacy of the deceased and their loved ones.

In a NAMI class, things are more straightforward, as the class is a closed environment with no new participants. You can safely assume that all the NAMI class students knew the participant who has passed and that their absence will be noticed; therefore, telling the other participants

is an appropriate response. We will talk more about how to discuss the traumatic loss later in this section.

In a NAMI support group, things get more complicated. NAMI support groups are not closed environments, which means that new participants are always entering and leaving. The constant flow of participants means that the absence of one participant is not always a cause for alarm. Online support groups make addressing a traumatic loss even more challenging, as it is more likely that the deceased participant attended multiple groups; in an in-person NAMI support group, it is more likely that people stay within the ones offered by their community. The in-and-out flow of both old and new participants, combined with the increased probability that the deceased participant attended multiple groups, makes it very difficult to know exactly who to tell about the traumatic loss.

There are often disagreements among NAMI support group facilitators about how to engage with participants: some may think that it is disrespectful to hide information, while others may err on the side of silence and privacy. Some may decide to keep the traumatic loss within the circle of Affiliate/State staff and volunteers, while others may want to use the traumatic loss as a topic of discussion in the next support group.

When deciding what the best course of action would be, consider the following things:

Honoring privacy/confidentiality

NAMI support groups are safe places partially because participants can rely on us to honor their confidentiality. We model this by being discreet when we talk about participants. Talking about the reason for a participant's absence may imply to other participants that given certain circumstances, NAMI support group facilitators would talk about them and their personal circumstances with others.

When deciding to tell other participants about the reason for another participant's absence, consider the following:

- Is the cause for the absence public knowledge? For example, is there a public memorial page for a deceased participant, or has the reason for the participant's absence been publicized by local media? If so, it is safer to talk about; if not, you may be sharing information that others, including the absent participant's loved ones, do not want shared.
- If the participant is alive, have they given explicit written consent allowing you to share the reason for their absence with other people? If the participant is deceased, have the participant's loved ones provided this consent (if the death is not public knowledge)?

Traumatizing new participants

You've decided that it wouldn't be breaking confidentiality to tell others, but how do you tell them? It is important to be mindful about how you inform other participants or NAMI volunteers who had contact with the deceased participant.

If you decide to address the traumatic loss during NAMI support group time, consider the following:

- New participants (i.e. those who are attending the support group for the first time) may be very shocked to hear about the traumatic loss. Imagine being prepared to get support for yourself, only to have the facilitators say that they were going to talk about something traumatic!
- Regular participants may also feel similarly as they may be coming to group because they are struggling. To hear about a traumatic loss when they are trying to seek support for themselves is both disrespectful to them and potentially destabilizing.
- People should be told before check-in that the group will be discussing the traumatic loss. This allows people to opt out and prevents people from getting too deep into their own story, only to realize that they will not be able to process it today.
- To prevent the support group from reaching a very dark place, the conversation and group wisdom should focus on what each participant is doing for their own self-care, rather than theorizing about the reasons for the traumatic loss.

If you decide to tell the participants in another way, consider the following:

- Have the participants consented to be contacted outside of registration purposes? It can be jarring for a participant to be contacted by the Affiliate/State when they haven't given explicit consent for their contact info to be used in that way.
- It is not recommended to send out an email with news about the traumatic loss, as you are sending potentially triggering information out to others with no support. We recommend doing face-to-face conversations whenever possible (e.g. video conferencing).
- Think about who would be the most appropriate messenger for different participants. Facilitators may know participants, especially those who consistently attend, better than you or other staff do. If a facilitator feels comfortable communicating the news of the traumatic loss one-on-one with other participants, give the facilitator resources that they can give people who are experiencing difficult emotions after hearing the news (e.g. local warmlines) and information on how to handle a mental health crisis. It is also a kind gesture to make yourself and other staff available to participants in distress; if you are doing so, ensure that you have a robust crisis protocol in case a participant experiences a mental health crisis.

Providing a safe place to grieve

When discussing the traumatic loss with others, have a clear intention about how you want the discussion to go. If you plan on telling participants about the traumatic loss, consider the following:

- Are there actionable things they can do with their grief? For example, finding memorial pages or sites that participants can visit can be a compassionate way to end the conversation.
- Are you providing additional support? For example, if a participant is feeling very shaken by the traumatic loss, will you be offering any follow-up discussions or support groups to address this?
- If in a group discussion, how will you manage negative group dynamics? People can sometimes say cruel things when they are experiencing difficult emotions, which can trigger others. Having a NAMI support group facilitator present may be useful, as they can use the model to steer the conversation in a productive way.
 - It is important to remember that grieving takes time and that everyone has a different way of doing so. Remaining kind and open-minded with participants, even when their behavior feels difficult, communicates that their safety is the most important thing to your Affiliate/State Organization.

As stated before, context is everything, and what may work for one traumatic loss may not work for another. For additional guidance, we recommend that you reach out to the national program managers.

Taking care of yourself and your team

Experiencing the traumatic loss of a participant is difficult for everyone – don't forget to look after yourself and your team. Besides the usual coping strategies and self-care toolkits, there are two things we recommend for you and your team during this time.

Build rapport

Although gathering your program leaders in a difficult time is valuable, it's also important to foster a sense of community and togetherness in happier times. If you haven't done so already, explore ways for program leaders to meet up with each other outside of leading NAMI programs. These can be as professional as listening sessions with staff or as informal as trivia nights. Building rapport between program leaders and staff is useful in the long run, as program leaders who have a close relationship with their NAMI Affiliate are less likely to experience burnout and more likely to remain strong NAMI leaders.

Regroup and recharge

You gave your program leaders permission to step back and recharge; offer the same permission to yourself and your team. This may look like putting a hold on new initiatives to look more closely and intentionally at existing ones, or making self-care contracts with each other (e.g. each person commits to doing one self-care thing per week and checks in with the rest of the team for accountability). Grieving and processing can take a long time, so remember to be gentle with yourself and others, resisting the impulse to speed up the healing and recharging process.

A traumatic loss in a NAMI program is never easy to experience and it doesn't get easier. However, there are ways to make the loss less destabilizing. We hope that this guidance helps you and your program leaders to move forward with self-compassion.