

CRISIS SOLUTIONS NORTH CAROLINA



AN INITIATIVE OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

HOME THE CRISIS SOLUTIONS COALITION MENTAL HEALTH FIRST AID FOR INDIVIDUALS AND FAMILIES LOCAL COMMUNITY SOLUTIONS CONTACT US

Do You or Someone You Know Need Help with a Crisis?

CALL 911 if this is a medical or life threatening emergency. If you need the police, ask for a CIT officer. They have received extra training on handling these situations. If this is NOT a medical or life threatening emergency, look in the directory below for resources in your county.

FINDING HELP FOR SOMEONE IN A CRISIS RELATED TO MENTAL ILLNESS OR SUBSTANCE USE

Behavioral health crises can be serious but most **do not** require an evaluation at a hospital emergency department. Accessing other specialized crisis services may help you avoid a lengthy visit to an emergency department and connect you more quickly to ongoing resources to support your recovery.

North Carolina's publicly funded crisis services—which may be used by anyone regardless of insurance status or an ability to pay—are managed by Local Management Entities-Managed Care Organizations (LME-MCOs). Start by calling your LME-MCO's 24-hour toll-free number. The LME-MCO staff can help you find the right kind of evaluation for your specific needs.

Select County

Crisis Solutions for Individuals and Families

Prevention and Planning

Many crisis events can be prevented or have fewer negative consequences with a good plan and a well informed support system. To head off a crisis:

- Keep your regular appointments and work with your doctor and treatment team to develop a plan that will work for you. Call them first if you are experiencing any problems. They know you best.
- Keep contact information for the family and friends who can be a support to you.
- Develop a written crisis plan. There are excellent planning tools available to guide you and your providers and other supports.

Helpful links for Crisis Planning:

- [Person Centered Crisis Prevention and Intervention Plan](#)
- [Wellness Recovery Action Plan](#)
- [Psychiatric Advance Directives](#)

During your Crisis Planning, you might consider making a **Psychiatric Advance Directive**.

Psychiatric Advance Directives are legal instruments that may be used to provide a record of a competent person's specific instructions or preferences regarding future mental health treatment, in preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. A Psychiatric Advance Directive can help you to stay empowered even in a crisis and is another useful tool for managing your recovery and preferences for care.

For more information on the Crisis Planning and the Psychiatric Advance Directive, visit the sites in the "Helpful Links for Crisis Planning" box.

Early Intervention

When you need professional help for a behavioral health crisis, you have options. Behavioral health crises can be serious but most do not require an evaluation at a hospital emergency department. Accessing other specialized crisis services may help you avoid a lengthy visit to an emergency department and connect you more quickly to ongoing resources to support your recovery. Select your county in the list to the left to discover the providers who work in your area.

Helpful links:

- [For people with Intellectual/Developmental Disabilities – NCSTART](#)
- [For Veterans](#)
- [Crisis Intervention Hotline](#)

Emergency Resources and the Involuntary Commitment Process

It is always best if a person in crisis agrees to seek treatment on his or her own. However, there may be instances when a person lacks insight or good judgment about their need for treatment. Individuals living with mental illness or addictive disorders are sometimes unable to understand the severity of their illness, may refuse to take their prescribed medications, and may become a danger to themselves or others. Families and other caregivers may need to use one of the following options to tend to the immediate safety and well being of the person in crisis and others.

Dial 911

1. This is always the first choice for a medical emergency.
2. This is also a good choice if law enforcement is needed for safety reasons. When calling for law enforcement, ask for a "CIT officer". Most North Carolina communities have certain officers who receive advanced training on mental illness, substance abuse, and intellectual/developmental disabilities and the crisis intervention skills helpful to people in a crisis episode.
3. EMS or law enforcement can assist you in the next steps toward a crisis evaluation.

[Guide to using emergency resources.](#)

[Guide to getting help for a loved one.](#)

Take the person in crisis to a facility

1. **Walk-in Centers:** Some communities have specialized centers to assist individuals in a mental health or substance abuse crisis. Select your county in the list to the left to discover the center in your area.
2. **Hospital Emergency Departments:** Emergency Departments are open 24 hours per day, however be aware that waits may be long and most hospitals do not have behavioral health specialists available.
3. **Admissions unit of a treatment facility:** In some cases you may be able to pre-arrange admission to a psychiatric unit or detox center. Be sure that all arrangements are made in advance so you know a bed is available and that your insurance will cover any costs before your arrival.

Use the Involuntary Commitment process

North Carolina law allows for an individual to be evaluated and hospitalized against his/her own wishes. In order for this to happen there must be clear evidence the person is dangerous to self or others.

Initiating an involuntary commitment is usually a choice of "last resort". There are multiple steps in the process. If you decide to file a petition you should be prepared to be available by phone or in person to assist the professionals involved along the way.

1. Anyone with knowledge that a person is dangerous to himself or others due to mental illness and/or substance abuse may go to the local magistrate's office to file a petition which starts the involuntary commitment process.
2. When the magistrate finds the criteria are met, s/he will issue an order for custody and transportation of the person alleged to be in need of examination and treatment (this person will be called the "respondent"). This is not an order of commitment yet. It authorizes a law enforcement officer to take the respondent into custody and to transport him to a doctor or other mental health professional for examination. (Custody is not for the purpose of arrest. It is for the respondent's own safety and the safety of others, and to get him to the examiners who

3. A law enforcement officer will take the person to a facility for the examination. This may be to a Walk-in Center designated for this purpose or to a local hospital emergency department. The magistrate will provide directions and further instructions to the petitioner.
4. If the examiner (doctor) finds the respondent meets the criteria for inpatient commitment, the staff of the crisis center or hospital emergency department will search for a bed in a psychiatric facility. This may take a short time and the patient may be admitted to a facility close to home. On the other hand, the person may be held for hours or even days in the crisis center or emergency department until a bed is available somewhere in the state. Inpatient bed availability depends on numerous factors including the individual's diagnosis and symptoms, financial resources, and the number of open beds at any particular time.
5. When a bed is available the person will again be transported by a law enforcement officer to the 24-hour inpatient facility. Another examination must be performed at admission or within 24 hours of arrival.
6. The process may be terminated at any time if the examiner finds the person does not meet the criteria for commitment. When this occurs the law enforcement officer will release the person from custody and return him to his residence.

This civil procedure can be an extremely difficult process — for both the individual and the caregiver, but it may also be the ultimate life-saving choice. Committing an individual does not mean that you are giving up on him or her. If anything it shows that you are determined to help them get onto a path of recovery and stability.

