



Health Crisis Management for Service Providers

Refugee and newcomer clients face a wide range of stressors that can contribute to crises before and during their resettlement, yet service providers are not always trained or licensed to respond to mental or physical health crises. This guide shares recommendations for non-clinical service providers to offer health crisis management to clients.

Content warning: This resource discusses suicide.

What are mental and physical health crises?

Mental Health Crisis

Per [National Alliance on Mental Illness \(NAMI\)](#), a mental health crisis is “any situation in which a person’s behavior puts them at risk of hurting themselves or others or prevents them from meeting their basic survival needs (e.g., eating, drinking water, managing their health or well-being, etc.) in such a way that their safety is at risk.” Mental health crises can appear suddenly with little warning.



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– National Alliance on Mental Illness

Physical Health Crises

[The Cleveland Clinic](#) defines a physical health crisis, or medical emergency, as a “health condition or situation that needs immediate medical attention.”

A medical emergency occurs when someone experiences a life-threatening situation that, without immediate medical attention, could lead to permanent damage to their body, or disability.

Any situation that will jeopardize a client’s health if not resolved in a time-sensitive manner is also considered a health crisis. A medical emergency could be a client running out of their prescription medication for a serious condition (e.g., diabetes, hypertension, seizures, HIV) for which they cannot miss any doses without risking physical symptoms. A newcomer whose biodata states that they must be referred to a specialist within a few days for a serious condition is also suffering a health crisis.

Warning Signs of Health Crises

Mental Health Crisis Warning Signs

Warning signs of mental health crises vary from person to person. Symptoms can be heavily influenced by culture and gender and are not always visible to others.

[NAMI lists](#) the following as potential indicators of a mental health crisis:

- Rapid mood changes
- Inability to care for oneself (such as not brushing hair/teeth, not changing clothes)
- Isolation from communities (such as family, friends, work, school)
- Agitation, violence, verbal threats, property destruction, acting out of control
- Abusive behavior toward self (including self-harm, substance misuse) and others
- Paranoia and losing touch with reality

In more severe instances, mental health crises may warrant a suicide risk assessment. Warning signs for suicidal ideation or risk of suicide can include a person:

- Being preoccupied with death
- Giving away their possessions
- Making final preparations as if they expect to die very soon
- Obtaining a weapon or collecting pills
- Sounding like they are saying goodbye
- Expressing that people or the world would be better off without them

- A history of suicide attempts or self-harm or having family members or friends with a history of suicide or suicide attempts

Physical Health Crisis Warning Signs

Recognizing medical emergencies requires service providers to be aware of physical symptoms that can occur rapidly and without warning.

Per the [American College of Emergency Physicians](#), signs of a physical health crisis or medical emergency include:

- Uncontrolled bleeding
- Sudden or severe pain
- Sudden vision changes
- Shortness of breath, difficulty breathing
- Chest pain/pressure
- Choking
- Spine or head injuries
- Serious injuries from a severe motor vehicle accident or other accident
- Broken bones
- Ingesting poisonous substances
- Fainting
- Changes in mental status, confusion, unusual behavior, trouble waking

In addition to the above, children with a high fever or difficulty eating or feeding may also need immediate medical attention.

Preparing for Crises

Organizations and service providers should preemptively train and prepare staff members on how to deal with health crises.

Developing an Organizational SOP or Protocol

Organizations should create a trauma-informed standard operating procedure (SOP) or protocol that details the steps staff and the organization will take in response to mental and physical health crises.

The protocol should include what constitutes a crisis, how staff should respond to clients who are actively or may be in crisis, who staff can reach out to at the organization for support during the crisis, how the organization will support the client, what external local resources are available for specific crises, and what to do after the client has been linked to appropriate care (e.g., debriefing, documentation, or follow-up).

For more information on de-escalation, see Switchboard's webinar [De-escalation in Practice: Strategies for Supporting Newcomers Experiencing Crises](#).

Ensuring Appropriate Trauma-Informed Training and Supervision

All staff, not just health case management staff, should be trained on the organization's crisis management SOP. As part of the training, staff can role-play how to respond in the moment to clients. Providing staff members with scripts of responses to use during crises is also helpful.

Additionally, as many staff members as possible should be trained and certified in CPR/First Aid and Mental Health/Psychological First Aid. Supervisors must be trained in crisis management response and be equipped to assist and guide staff during crisis situations.

Organizations should consider mandatory annual refresher courses on crisis management that staff must attend to be in compliance with agency standards. As crises generally do not occur frequently, staff may lose knowledge over time regarding how to respond. An annual review will better equip staff to retain information and practice appropriate responses.

Documenting Resources

Organizations should maintain a list of resources and the situations during which staff should reach out to those resources during a crisis. Place this list near each staff member's work space. Include 911, 988 (Suicide and Crisis Lifeline), and numbers of local mental health or crisis centers.

Organizations can also use **community mapping** to document available local resources for a range of needs, including mental health and health care. Switchboard offers [community resource mapping templates](#) and a [guide](#) on mapping mental health and psychosocial support services.

See [Switchboard's blog post](#), written in collaboration with the Society of Refugee Healthcare Providers, about creating a local health care provider directory.

Responding to Crises

In **any crisis**, service providers should:

- **Assess** the situation for the warning signs of a mental or physical health crisis, and then **link** clients to appropriate resources.
- **Reach out** to your supervisor for support in identifying whether a situation is a crisis or not and how to best respond. You never have to address a crisis with a client alone.
- **Remain calm** and try not to panic, become emotional, or overreact. Listen to and validate the client's feelings and concerns.

In a **mental health crisis**, service providers should:

- **De-escalate.** De-escalation is a communication style that can help restore calm and assist clients in coping so that you can help link them to resources or plan next steps. Listening to and validating the client so they feel heard and understood is an important first step in responding to a crisis.
- **Inquire about suicidal ideation.** While suicide can be an uncomfortable and scary topic, do not be afraid to ask clients who appear to be experiencing a mental health crisis if they are having thoughts of suicide. NAMI provides a [guide for non-clinicians](#) on questions to ask and what not to say when speaking with someone about suicide.
- **Assess the urgency** of a mental health crisis. If harm to self or others is imminent, call 911. If the client is not an immediate threat to themselves or others, reach out to a local mental health professional or the 988 Suicide & Crisis Lifeline for guidance and support. Depending on where you are located, available crisis supports might include: a mobile crisis team who can travel to the client to provide intervention and connect to appropriate services; crisis centers that provide walk-in access to mental health services; or crisis stabilization units that provide short-term, inpatient mental health care as an alternative to hospitalization.

Post-Crisis Management

Once the client has been linked with resources, debrief with your supervisor and teams as relevant and appropriate. Determine next steps and follow-up with the client, including creating a safety plan.

Appropriately document all actions following your organization's rules for confidentiality and privacy. Always be careful about discussing clients' health concerns with others and in case notes. For more information, see our [health case notes guide](#).

Responding to a Physical Health Crisis

Unless you are a trained health care professional, **do not** attempt to diagnose a client's physical health concerns. Instead, ask questions to gather more information to help determine how to appropriately refer clients.

If a client needs emergency medical care or insists that they must go to the emergency room, assist them in calling 911. Have 911 transport anyone experiencing a life-threatening emergency so they receive prompt and appropriate medical care.

When in doubt about whether a medical emergency is occurring, **always err on the side of caution** and have the client go to the emergency room. Health insurance or immigration status should never be a deterrent from clients accessing necessary emergency care.

If the client is **not** experiencing life-threatening symptoms but wants to seek health care urgently, assist them in seeking alternative sources of care:

- With the client, call their primary care provider (PCP) to seek advice
- With the client, call their insurance company's nurse helpline to seek advice
- Provide the client with information about a local urgent care or walk-in clinic (or accompany the client as appropriate)

If a client is urgently running out of necessary medication, assist the client in contacting their PCP for an appointment or prescription refill. If they do not yet have a PCP, reach out to a primary care provider who you have a relationship with to see if they can help or provide advice. Alternatively, have the client go to an urgent care clinic or, the emergency room.

You should **never** assess whether a client can go without medication. Instead, link the client with an appropriate medical provider who can make that determination.

Note that clients may be unfamiliar with the U.S. health care system and think that emergency care is used for all acute health conditions, not just life-threatening ones. Once the crisis is resolved, provide clients with education around [the different levels in the health care system](#) and their uses to help them discern which level of care they require for their health symptoms.

Resources

For more information about navigating physical and mental health crises with clients, consult the following resources:

- National Alliance on Mental Illness (NAMI) Guide: [Navigating a Mental Health Crisis](#)
- Switchboard Info Guide: [Trauma-Informed Care: A Primer for Service Providers](#)
- Switchboard Archived Webinar: [De-escalation in Practice: Strategies for Supporting Newcomers Experiencing Crises](#)
- Switchboard Archived Webinar: [A Trauma-Informed Approach to De-escalation and Crisis Response](#)
- Switchboard Archived Webinar: [Psychological First Aid \(PFA\) to Support Clients Affected by the Crisis in Afghanistan](#)

- Switchboard Info Guide: [Preventing Crises and De-escalating Difficult Situations with Newcomer Clients](#)
- CDC Web Page: [Mental Health Resources](#)
- NIH Web Page: [Help for Mental Illnesses](#)
- Switchboard Blog Post: [Mapping Connections: Building Effective Resource Directories for Newcomer Communities](#)
- Switchboard Tool: [Community Resource Mapping Templates](#)
- Switchboard Archived Webinar: [Strengthening Refugee Integration through Community Resource Mapping](#)
- Switchboard Info Guide: [Mental Health and Psychosocial Support Service Mapping](#)
- Switchboard Info Guide: [Safety Planning for Suicidal Ideation](#)

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