

# Bipolar Disorder

## Welcome

Welcome to the Behavioral Health Awareness Module on Bipolar Disorder. By participating in this training, you will walk away with a better understanding of bipolar disorder and how you can help those in your life who are living with the condition.

Additional resources are available by selecting the Resources link in the top right corner of the window. If you have visual or auditory assistance needs, please select the Accessibility On/Off button for help with this training.

## What You Will Learn

This table of contents provides an outline for what you will learn. We invite you to explore the following chapters that address questions you may have about the topic.

You also have the option to move freely about the module using the player menu on the left-hand side of the window. You are free to start, stop, or pause the module at any time.

## Quotation from HealthyPlace.com

“BIPOLAR is like being on a roller coaster ride. Sometimes you can predict drop offs, and other times you just have to hang on because the next turn sends you into an unexpected spiral. Sometimes you are laughing and throwing your hands in the air, and then other times you are clinging, simply holding on for dear life screaming silently at the top of your lungs.” - HealthyPlace.com

## ***What Is Bipolar Disorder?***

Bipolar disorder, formerly known as manic depression, is a common biological illness that affects millions of people. It is characterized by mood swings that can last days to months, and even years. These mood swings can have an impact on people's thinking, functioning, and everyday activities. During these mood swings, people experience “highs” called mania and “lows” called depression. While mania

is experienced as times of heightened emotion and activity, depressive episodes often leave people feeling sad, numb, or lacking energy. Similar to other mental health conditions like depression and anxiety, there is no specific blood test or imaging study that can tell someone whether they have bipolar disorder. Meeting with a professional and discussing symptoms is the first step toward a diagnosis. The condition can be confusing and painful for those living with it, as well as for their loved ones. Fortunately, treatment exists and there are many options to help people manage the condition.

## **Bipolar Disorder Success Stories**

The success of many famous and renowned people with bipolar disorder shows that the condition does not have to hold a person back. It does not have to limit a person's potential and it does not put their dreams out of reach.

## **Signs and Symptoms**

It's typical to have the occasional mood swing. Think about a time you started the day feeling happy, but then a string of events led your mood to flip. Maybe you got a flat tire on the way to the store or had an idea rejected in a meeting at work. Your mood may have suddenly switched to upset, irritated, and frustrated. While these feelings might continue for a short while, they probably would not interfere with your ability to continue functioning, and your mood would likely change back within a day or two. The mood swings associated with bipolar disorder tend to be more severe and last longer. They interfere with a person's ability to function and maintain their relationships. While mood swings for people without the condition are often triggered by events or conversations, the mood swings associated with bipolar disorder can happen without triggers.

Slide the circle to the right to learn more about the signs and symptoms associated with bipolar disorder.

### ***Manic Episodes***

It would be expected for someone to feel "on top of the world" for a bit after getting a promotion or getting engaged to be married. However, it might be unusual for someone to suddenly start staying up all night, spending all their money gambling, and exercising for several hours a day. Manic periods in bipolar disorder are more than just feeling elated or overly happy.

Manic episodes are periods of heightened emotion and activity - sometimes experienced as periods of euphoria but other times expressed as irritation, agitation, edginess, or anger. During manic periods, energy and activity increases. It is common for people to behave more impulsively and do things they might later regret, like spending lots of money or engaging in sexual activity with people they normally wouldn't. They can end up getting into legal trouble or getting hurt because they are not thinking clearly and because their behavior is more impulsive. They sometimes have delusions of grandiosity, or feelings of being superior or larger-than-life. They might exaggerate their own importance, power, or knowledge. People may start thinking and talking faster or talking more loudly, and they often have difficulty sleeping.

Not everyone experiences manic periods the same way. There are differing levels on a continuum. When mania appears in a less severe form, it's known as hypomania. People with bipolar disorder often enjoy their hypomanic periods because they might feel even more productive than usual. However, they do not enjoy the depression that frequently follows or the irritability that sometimes develops with time. In fact, they will frequently complain only of depressive symptoms and irritability to their doctor and forget to mention having times of elevated mood and increased productivity. This can cause a misdiagnosis of bipolar disorder as depression, which then leads to poorly matched treatment recommendations.

### ***Depressive Episodes***

In addition to having highs, many people with bipolar disorder experience lows, or depressive periods. This is why the condition has also been called "manic depressive disorder." During depressive periods, people have feelings of sadness, numbness, or a lack of energy that can last days, weeks, or months. People may experience changes in sleeping or eating and may stop getting together with friends or going to work.

Sometimes, people start feeling that life is not worth living or develop suicidal thoughts. At least 25-50% of people with bipolar disorder attempt suicide at least once, and the lifetime risk of suicide is at least 15 times higher for this population. It is important to look out for suicidal thoughts in people with this condition. For more information on suicide, we encourage you to view our "Suicide Prevention and Awareness" module.

### ***Is There a Pattern?***

Everyone experiences periods of mania and depression differently. These episodes can occur in any order. Someone might be in an extreme “high” but right when the high is over, they sink into a severe “low” period. Others might experience two similar periods of mania or depression back-to-back, with a time of a relatively stable mood in between. Periods of mania and depression do not always alternate. Some people may still feel symptoms of depression even during periods of mania.

### ***Reflection Point***

Match each description with the correct term related to bipolar disorder.

Drag Item	Drop Target
A condition characterized by mood swings that affect a person’s thinking, functioning, and life	Target: Bipolar Disorder
A period of sadness, numbness, lack of energy, and hopelessness	Target: Depression
A period of increased focus, improved mood, and productivity	Target: Hypomania
Highly elevated mood, energy, impulsiveness-- sometimes irritability	Target: Mania
Former name for the condition	Target: Manic Depression

### ***Feedback when correct:***

That's right. Bipolar disorder used to be called “manic depression” and is characterized by intense mood swings that impact a person’s ability to live a normal life. The person with bipolar disorder experiences periods of intense highs known as “mania” and intense lows known as “depression.” Periods of elevated mood and focus known as “hypomania” are sometimes overlooked.

### ***Feedback when incorrect:***

Not quite. Bipolar disorder used to be called “manic depression” and is characterized by intense mood swings that impact a person’s ability to live a normal life. The person with bipolar disorder experiences

periods of intense highs known as “mania” and intense lows known as “depression.” Periods of elevated mood and focus known as “hypomania” are sometimes overlooked.

## **What Causes Bipolar Disorder?**

Bipolar is ultimately a biological condition, and genetics are thought to play a large role.

Results from research studies have shown that people who have a first-degree relative with the condition, such as a parent or sibling, have a higher likelihood of having the disorder.

People who struggle with bipolar disorder may have alterations in certain brain chemicals and structures compared to others without the condition.

## **Misunderstandings About Bipolar Disorder**

Some people make the mistake of thinking that bipolar disorder just means having intense mood swings. While shifts in moods are certainly a part of bipolar disorder, it can't be diagnosed based on mood swings alone.

In order to qualify for a diagnosis of bipolar disorder, a person must experience at least one manic episode that is accompanied by impairment of their social or occupational functioning. Others assume that bipolar disorder is always a severe and disabling mental illness. It is true that some people do have a severe form of bipolar disorder, but not everyone with the condition has severe symptoms.

Just like people can have mild to severe high blood pressure, people can experience their bipolar disorder on a wide spectrum. While some people have extreme high periods, others experience more mild highs.

It is important to remember that many people with bipolar disorder live in the community, go to school or work, and are never admitted to a psychiatric hospital.

## **Reflection Point**

Jay's close friends were concerned that he sometimes seemed down, so they encouraged him to speak with a doctor about the signs of depression. They were surprised when he returned with a diagnosis of bipolar disorder. How did the doctor make this diagnosis? (Select one choice.)

Correct	Choice	Feedback
No	She performed a blood test designed to detect specific proteins associated with bipolar disorder.	Choice A Incorrect Feedback
Yes	She asked questions to determine that Jay experienced manic episodes in addition to periods of depression.	Choice B Correct Feedback
No	She observed Jay's mood swings while he spent an afternoon in the local psychiatric clinic.	Choice C Incorrect Feedback

## Quote from Kay Redfield Jamison

"There is a particular kind of pain, elation, loneliness, and terror involved in this kind of madness. When you're high, it's tremendous. The ideas and feelings are fast and frequent like shooting stars, and you follow them until you find better and brighter ones...Feelings of ease, intensity, power, well-being, financial omnipotence, and euphoria pervade one's marrow. But, somewhere, this changes. The fast ideas are far too fast, and there are far too many; overwhelming confusion replaces clarity. Memory goes. Humor and engagement on friends' faces are replaced by fear and concern. Everything previously moving with the grain is now against - you are irritable, angry, frightened, uncontrollable, and enmeshed totally in the blackest caves of the mind."

Kay Redfield Jamison, *An Unquiet Mind: A Memoir of Moods and Madness*

## Robyn

Robyn, age 31, is married and the mother of twin boys who are three years old. Robyn has always been an energetic person. In college, she would have periods when she would take a full load of classes, work two jobs, go on dates with her now-husband Paul, and train for marathons during her spare time. Her friends always commented that they didn't understand how she had so much energy. She only needed 5 hours of sleep a night and could function well. These periods would last a few months before she would drop a job or pull back on her training.

Robyn normally has lots of energy and is constantly running around after her young boys. Lately, however, she has noticed that she has been feeling tired all the time. She has stopped marathon training completely. She doesn't look forward to getting together with friends anymore and doesn't enjoy spending time with her children or her husband. She feels depressed and just wants to sleep all the time.

She tells Paul about how she is feeling, and he expresses concern. He shares that he has also noticed that she has seemed more tired and down lately, and that he has been worried about her. He encourages her to go to the doctor and get checked out.

Robyn makes an appointment to see her primary care provider. When he asks her what's wrong, she says, "I've been feeling tired and depressed lately." She tells him that she sleeps all the time and isn't as interested in being around others like she used to be. He makes sure to ask her if she has had suicidal thoughts, and she replies that she hasn't. He tells her she is likely struggling with depression and prescribes an antidepressant. He asks her to return in 3-4 weeks to check on her.

When Robyn returns to her follow up appointment, Robyn is full of energy. She tells her doctor, "This medication is great! I only need 3 hours of sleep and have tons of energy. I've been reorganizing the closet and remodeling the bathroom and even volunteering at the boys' school. I have about 100 new ideas for projects in my head! I feel back to my old self!" Her prescriber notes that Robyn is talking louder and faster than she had been previously, and it was difficult to interrupt her. Robyn's primary care doctor recognized her symptoms as hypomania.

## **Treatment Options**

There are many treatment options for bipolar disorder. Important forms of treatment include medication, lifestyle adjustments, and therapy, and additional options for more serious situations. Usually, a combination of treatments is needed to best support the individual.

### ***Medication***

The main medications used to treat bipolar disorders are mood stabilizers, and they work to do just that - to help stabilize someone's mood. Some medications decrease depressive symptoms, while others are more helpful in decreasing manic symptoms. Often, a combination of medications is needed, and it can take time to find the best-fit combination for each person. Medications often need to be

adjusted over time as a person's body, brain, or even life circumstance changes.

About half of those with bipolar disorder will stray from committing to their medication plans at some point. Some will take their medicine for a period of time, feel better, and then stop their medications because they don't think they need them anymore or because they think their condition is "cured." Other people stop taking their medications because they don't like the side effects or because they prefer how they feel when their mood is elevated. Some people don't want to take medications for bipolar disorder because they feel shameful or fear being labeled because of their mental health diagnosis. Similar to taking medication for any other condition, there are many reasons why people may stop taking it at some point in time. It is important to encourage others to talk to their health provider before straying from a medication plan.

### ***Lifestyle***

A significant amount of research shows that those with bipolar disorder have "internal clocks" that don't function in the most optimal way. This means that their natural rhythms, such as their sleep patterns, are often out of sync. Lifestyle adjustments during treatment can help people learn to reset these rhythms. People with bipolar disorder can work with their therapists, their recovery team, family, and friends to set up a consistent and structured schedule for themselves. Keeping a schedule can have a major effect on a person's mood. This might include going to bed at a consistent time each night. While it may seem simple, those living with bipolar disorder may find it challenging to establish these kinds of routines and break their tendency to stay up late or keep irregular hours.

### ***Therapy***

People who live with bipolar disorder may often feel regret and guilt about the choices they make during their mood episodes. Going to therapy helps people learn coping skills for managing their mood symptoms and their interactions with others. Therapy can also help them identify when they are starting to have mood episodes so they can put a safety plan in place and intervene before the symptoms become severe. Examples of what may be included in a safety plan are included in the Resources section.

A specific type of therapy that is effective for decreasing the symptoms associated with bipolar disorder is called interpersonal social rhythm therapy - or IPSRT. This



type of therapy combines an interpersonal therapy (which is helpful for depression) with techniques used to regulate the altered “rhythms” in people with bipolar disorder. This is not the only option, and during the treatment process, it is important to find the best fit for each individual person. To learn more about this helpful treatment, check out our resource in the Resources section.

### ***Additional Options***

At times, a person’s symptoms can become extremely serious. They may start hearing voices or seeing things that are not there. They may stop thinking clearly or become paranoid or withdrawn. When symptoms become more severe, then hospitalization might be the best option. Electroconvulsive therapy also becomes a consideration when symptoms become severe or people are unresponsive to medication.

### **Robyn's Community of Support**

Robyn’s care provider stopped her antidepressant and started her on a mood stabilizing medication to help with her experiences of both highs and lows. He referred her to a psychiatrist and recommended that she see a therapist as well to help with coping strategies. The team of providers recognized that an extremely important part of the process is keeping the family educated about what their loved one is experiencing. Robyn’s psychiatrist arranged for Paul, Robyn’s husband, to be connected to educational materials, trainings, and even a support group for partners of those living with bipolar disorder.

### **How Can I Help?**

If you are concerned that someone you care about has become a danger to themselves or others there are several options.

Calling a local, non-emergency number to request a welfare check from the local police department is an option. In this case, a police officer typically goes by someone’s house and will let you know the outcome of their visit.

Calling 911 and asking for help is *always an option*. In this case, a local Crisis Intervention Team can check on the person and assess their safety. These teams are trained to interact with people who have mental health conditions.

Another option is to file a mental health warrant. If you think someone is being a

danger to themselves or others, you can go to a local police department and fill out paperwork to express your concern. The police will follow up and take the individual to get assessed. The location and procedure for this process will be specific to where you live.

## Reflection Point

Based on your knowledge of bipolar disorder, how should you respond to a friend who ran out of meds three weeks ago and didn't get a refill and claims to feel fine and don't believe they have bipolar anymore?

Correct	Choice
No	That's great! Let's celebrate tonight!
No	Whoa! If the doctor prescribed those meds, you really need to get back on them right away. I'll drive!
Yes	I'm glad you're feeling well. You should probably call your doctor to see what he says, just in case.

### ***Feedback when correct:***

Think Again. You should be supportive of your friend, but never assume a person has been “cured” of a condition like bipolar disorder. Since she's been off her medications for three weeks, it's not safe to assume that she can start taking them again because her body or rhythms may have changed. The best bet is encouraging and helping a friend talk to their doctor to evaluate her current state and to see if a change needs to be made in her medications or diagnosis. Always be prepared to call 911 if you believe a friend is a danger to herself or others.

### ***Feedback when incorrect:***

Good call. You should be supportive of your friend, but never assume a person has been “cured” of a condition like bipolar disorder. Since she's been off her medications for three weeks, it's not safe to assume that she can start taking them again because her body or rhythms may have changed. The best bet is encouraging and helping a friend talk to their doctor to evaluate her current state and to see if a change needs to be made in her medications or diagnosis. Always be prepared to call 911 if you believe a friend is a danger to herself or others.

## Quotation from BPHOPE.com

“At times, being bipolar can be an all-consuming challenge, requiring a lot of

stamina and even more courage, so if you're living with this illness and functioning at all, it's something to be proud of, not ashamed of."

## Carlos

Carlos is 24 years old. He recently graduated from business school and started his first full-time job six months ago. He works for a big accounting firm and during his first few months, he thrived, impressing the higher-ups and managers at his company. He took on lots of projects and completed them successfully, causing his manager to assign him to a high-pressure project that would require even more time and energy.

At first, Carlos seemed to manage everything on his plate - he even seemed happy about it. He would talk as if he could take on the world, getting to the office early and staying late into the evening.

With time, however, Carlos became more irritable. His thoughts also started jumping from subject to subject, and people talking with him started having a difficult time following what he was saying. He started having days when he would feel edgy and depressed. He would sleep through an entire day of work or miss important meetings because he could not get out of bed.

His roommate became very concerned. He tried to talk to Carlos, but Carlos would just get mad and yell at him. So, he called Carlos' parents and shared his concerns. They told him that Carlos' father has bipolar disorder, and that Carlos might have it, too.

His parents came straight away. They told Carlos they were concerned about him and thought he needed help. Carlos disagreed and yelled at them, saying he was thriving at work and needed to get to the office immediately. He went into his room, locked his door and turned up his music. Carlos' parents became extremely worried. They could not reason with their son. His behavior and his thoughts were not making sense. He was extremely irritable. They were concerned for his safety and possibly others' safety as well. They decided to call the police and ask for the local Crisis Intervention Team, which is a group of law officers who are specially trained to assess people with mental health conditions who are in crisis.

Soon after they called, the local Crisis Intervention Team came out to speak with Carlos. They discovered that Carlos was extremely irritable, his thoughts were illogical, and that he might be a danger to himself and even others. They took him to the nearest emergency room to be evaluated by a physician. The physician evaluated Carlos and agreed. She recommended that Carlos be admitted to the

nearest psychiatric inpatient unit for additional evaluation and treatment.

Carlos stayed in the inpatient unit for a little over a week. Afterwards, he decided to take some time off work and live with his parents for a while so he could learn about how to manage his bipolar disorder.

One year later, Carlos was back at his job. His bosses considered him a model employee. He was able to handle stressful projects, as long as he made sure to take his medication and take care of himself in the ways he needed to in order to keep his mood stable. He did not work late hours any more or come in early. He would let his supervisors know when he could take on more work and when his plate was full. His supervisors appreciated his ability to set healthy boundaries and were more than happy to accommodate his needs.

## Understanding Co-occurring Disorders

When we talk about co-occurring disorders, we simply mean the person has another condition in addition to their bipolar disorder. The presence of a co-occurring disorder is a factor for a lot of people living with bipolar disorder. With persistence and commitment, all conditions can be effectively managed through treatment.

Click each tab to learn more about some of the conditions that commonly co-occur with bipolar disorder.

### ***ADHD***

Between 10-20% of people with bipolar disorder also have ADHD. Some symptoms of ADHD like difficulty concentrating, restlessness, and talkativeness overlap with the manic behaviors of bipolar disorder.

### ***Anxiety***

Anxiety disorders, and specifically panic disorder, PTSD, and generalized anxiety disorder, are highly associated with bipolar disorder.

### ***Substance Use Disorders***

About 60% of people with bipolar disorder will also have issues with substance use. Some people find that using substances helps them to manage their mood or symptoms, but self-medicating can lead to further problems, impulsive decisions,

and risky behaviors.

## How Bipolar Disorder Affects Others

People living with bipolar disorder continually experience a roller coaster of mood symptoms. They may sometimes feel helpless and unable to control their emotions which can add to their frustration. Their symptoms can interfere with their ability to maintain relationships and keep jobs. Their impulsivity and irritability during times of mania, and decisions they might make during these periods, can be damaging to their relationships as well. Times of withdrawal and isolation during depression can interfere with someone's ability to engage fully with the people who are important to them. Friends, family members, and partners can be deeply affected.

## Robyn's Temporary Setback

After starting to feel better, Robyn decided she did not need to take her medication as often anymore. She began to have more severe manic episodes where she had a tendency to overspend money and view her life in a grandiose way. This got her and her family into some financial trouble. The impulsive decisions she made while in this state could have had long-term consequences for her family. On the other hand, during her more depressive moods, Robyn often withdrew and isolated from her family, spent less time with her kids, and was uninterested in their activities. This led to her young boys sometimes feeling like she did not love or care about them, even though the exact opposite was true.

## Reflection Point

Marisol has been managing her bipolar disorder for a few years, and sometimes she has a really hard time with crowds. This is possible evidence of which co-occurring disorder?

Correct	Choice
No	ADHD
Yes	Anxiety
No	Substance Use Disorder

### ***Feedback when correct:***

That's Right. Only a trained person with mental health expertise is qualified to make a diagnosis, but fear of crowds is associated with anxiety more than ADHD or substance use disorder. You should encourage your friend to mention this to her doctor.

### ***Feedback when incorrect:***

Not quite. Only a trained person with mental health expertise is qualified to make a diagnosis, but fear of crowds is associated with anxiety more than ADHD or substance use disorder. You should encourage your friend to mention this to her doctor.

## **Quotation from Carrie Fisher**

"Bipolar disorder can be a great teacher. It's a challenge, but it can set you up to be able to do almost anything else in your life."

## **Finding Hope**

The most important element to a person moving forward with the condition is hope. Hope is the feeling that there is an attainable future and that it's possible to achieve it. Some days, a person with bipolar disorder may be able to feel hopeful on their own. Others, they may need the support or help of a loved one or someone who cares about them to remind them that this hope is possible. Hope helps us to believe that change is possible and that we are strong enough to keep going.

While there is no cure for the condition, many who live with bipolar disorder are able to pursue full, meaningful, and successful lives. Living successfully with the disorder requires a number of skills, like working on staying connected to others, remaining up to date on education regarding the condition and treatment, and establishing a healthy routine.

## **Robyn: One Year After Diagnosis**

A year after her diagnosis, Robyn has grown to see how much her medications help to stabilize her mood, and she has begun to take them consistently. She is actively working on building a community of support that includes her family, her therapist, and a peer support group she attends twice a month. She was able to watch the consequences of some of her decisions unfold and she saw how they affected her family. Despite challenges, her husband supports her and helps her remain on

track and committed to her treatment. Her family is what keeps her going. They give her hope for the future.

*"...It is a medical condition, not a personal weakness. There is a lot of hope. With the right help, surrounded by the right people, and with some dedication to self-care, you can live a full life."* Jennifer Palisoc, YourHealthMatters

## Summary

If someone you care about is living with bipolar disorder, or might be, know that you are not alone, and that there are many options to get them the help they need. The right treatment, coupled with your presence and support, can help them move toward a full, productive, and meaningful life. For more information on some of the topics visited today, please visit the Resources section of the module.

## Knowledge Check Instructions

It's time to practice what you've learned! This is a four question quiz.

### Knowledge Check Question 1

Mania is characterized by people feeling overly excited, happy, and energetic.

Correct	Choice
No	TRUE
Yes	FALSE

#### **Feedback when correct:**

Good Thinking. While mania can look like excitement and happiness, it doesn't have to. Manic episodes are periods of heightened emotion and activity -sometimes experienced as periods of euphoria but other times expressed as irritation, agitation, edginess, or anger.

#### **Feedback when incorrect:**

Let's Review. Good Thinking. While mania can look like excitement and happiness, it doesn't have to. Manic episodes are periods of heightened emotion and activity -sometimes experienced as periods of euphoria but other times expressed as irritation, agitation, edginess, or anger.

## Knowledge Check Question 2

When an individual has another disorder at the same time along with bipolar disorder, this is called a \_\_\_\_\_.

Correct	Choice
No	simultaneous disorder
Yes	co-occurring disorder
No	compounding condition
No	multiple condition diagnosis

### ***Feedback when correct:***

That's right. A co-occurring disorder refers to the presence of more than one diagnosis of a mental health or substance use condition at the same time.

### ***Feedback when incorrect:***

Let's Review. A co-occurring disorder refers to the presence of more than one diagnosis of a mental health or substance use condition at the same time.

## Knowledge Check Question 3

Select all reasons someone might stray from taking their prescribed medication.

Correct	Choice
Yes	They feel better.
Yes	They think they do not need them anymore.
Yes	They do not like the side effects.
Yes	They feel shameful about having to take medication.



### ***Feedback when correct:***

Good thinking. All of these are reasons why someone might stop taking their medication, although many others may exist. About half of people with bipolar disorder will stray from their prescribed medication plan at some point in time.

### ***Feedback when incorrect:***

Let's Review. All of these are reasons why someone might stop taking their medication, although many others may exist. About half of people with bipolar disorder will stray from their prescribed medication plan at some point in time.

## **Knowledge Check Question 4**

What should be your first step if you think someone might be a danger to themselves or others?

Correct	Choice
Yes	Call 911 and ask for a local Crisis Intervention Team.
No	Take them to a hospital, even if they do not want to go.
No	Give them a moment of space before addressing the situation.
No	Call the individual's parents, roommate, or close friends to let them know your concern.

### ***Feedback when correct:***

Good Choice. If you are concerned that someone you care about has become a danger to themselves or others, calling 911 and asking for help is always an option. A local Crisis Intervention Team can check on the person and assess their safety.

### ***Feedback when incorrect:***

Consider This. If you are concerned that someone you care about has become a danger to themselves or others, calling 911 and asking for help is always an option. A local Crisis Intervention Team can check on the person and assess their safety.