ILLINOIS YOUTH MENTAL HEALTH CRISIS RESPONSE

A QUICK-REFERENCE GUIDE FOR NON-MENTAL-HEALTH STAFF WORKING WITH CHILDREN, YOUTH & FAMILIES

KNOW THE LEVEL. KNOW THE RESPONSE.

■ LEVEL 1 — IMMEDIATE DANGER

CALL 911 / SEEK EMERGENCY CARE
Active suicide attempt • Immediate threat of serious harm • Serious injury • Immediate access to lethal means
Do not leave the youth alone. Activate emergency procedures immediately.

■ LEVEL 2 — SUICIDAL THOUGHTS / SEVERE DISTRESS

CALL OR TEXT 988
Suicidal thoughts • Statements of hopelessness • Severe emotional distress • Self-harm concerns
Stay connected, assess immediate safety, notify appropriate personnel, and connect to crisis support.

■ LEVEL 3 — MENTAL HEALTH CRISIS / NEED GUIDANCE

ILLINOIS CARES: 1-800-345-9049
Significant emotional/behavioral escalation • Panic • Extreme anxiety • Concerning behavioral changes • Need for crisis consultation
Maintain safety, reduce stimulation, notify appropriate personnel, and seek professional guidance.

■ WHEN IN DOUBT ABOUT SAFETY, TAKE THE CONCERN SERIOUSLY AND SEEK ADDITIONAL HELP.

YOUR ROLE: YOU DON'T HAVE TO FIX THE CRISIS

Non-mental-health staff are not expected to diagnose, provide therapy, or resolve a mental-health crisis.

RECOGNIZE — Notice concerning statements, behaviors, emotional changes, or warning signs.

RESPOND — Remain calm, establish safety, listen, and reduce stimulation.

REPORT — Notify the appropriate supervisor, administrator, school support, or crisis responder.

REFER — Connect the youth and family with appropriate professional or emergency support.

TRAUMA-INFORMED COMMUNICATION

✓ SAY
“I'm here with you.”
“You don't have to handle this alone.”
“I can see that you're having a difficult time.”
“Let's take this one step at a time.”
“Your safety is important to me.”

✕ AVOID
“Calm down.” • “You're overreacting.” • “This isn't a big deal.”
Lecturing • Threatening • Shaming • Power struggles • Promising secrecy

6 STEPS FOR RESPONDING TO A CRISIS

1. CHECK SAFETY	Is the youth in immediate danger? Are they threatening to hurt themselves or someone else? Are they actively attempting to harm themselves? Do they have access to something that could cause serious harm? **Immediate danger → Call 911.**
2. STAY CALM	Use a calm voice, simple language, and non-threatening body language. Reduce noise, stimulation, and the number of people involved when possible.
3. LISTEN	You do not need the perfect answer. Try: **"I'm glad you told me." "I'm here with you." "Let's focus on keeping you safe."**
4. ASK DIRECTLY	When appropriate: **"Are you thinking about hurting yourself?" "Are you thinking about killing yourself?" "Do you have a plan?" "Do you have access to what you would use?" "Are you thinking about hurting someone else?"**
5. DON'T PROMISE CONFIDENTIALITY	Try: **"I appreciate that you trusted me. Because I'm concerned about your safety, I need to get someone who can help."**
6. CONNECT & NOTIFY	Follow your organization's procedures and notify the appropriate people. **Never assume someone else has already been told.**

WARNING SIGNS BY DEVELOPMENTAL LEVEL

AGE	POSSIBLE WARNING SIGNS
0–5	Regression • Significant sleep changes • Extreme clinginess • Aggression • Inconsolable behavior
Elementary	School refusal • Excessive worry • Frequent physical complaints • Tantrums • Withdrawal • Significant behavior changes
Middle / High School	Self-harm • Isolation • Hopelessness • Substance use • Unsafe behavior • Suicidal statements • Major mood changes
18–21	Academic decline • Severe withdrawal • Impaired functioning • Substance misuse • Hopelessness • Suicidal thinking

REMEMBER: Behavior is communication. Look beyond the behavior and consider what the young person may be communicating or experiencing.

WHO SHOULD BE NOTIFIED?

- School Social Worker
- School Psychologist
- IEP/504 Case Manager, when appropriate
- Program Supervisor / Director
- Parent/Guardian, consistent with policy
- School Counselor
- School Nurse
- Administrator / Dean / Principal
- Crisis Response Team
- Emergency Services, when necessary

AFTER THE CRISIS: SUPPORTING RE-ENTRY & RECOVERY

- Re-entry meeting
- Increased adult support
- Attendance support
- IEP/504 review when educational impact is suspected
- Connection to community mental-health services
- Check-in/check-out
- Counseling access
- Flexible deadlines when appropriate
- Family-school communication
- Ongoing monitoring and follow-up

CRISIS RESPONSE QUICK CHECKLIST

■ IMMEDIATE DANGER

- ■ Stay with youth
- ■ Call 911
- ■ Follow emergency procedures
- ■ Maintain safety
- ■ Notify supervisor/administrator
- ■ Provide emergency responders with objective information

■ SUICIDAL THOUGHTS / SEVERE DISTRESS

- ■ Listen
- ■ Ask direct safety questions
- ■ Stay with youth when safety is a concern
- ■ Contact 988 / appropriate crisis support
- ■ Notify designated personnel
- ■ Follow organizational procedures

■ NEED GUIDANCE / MENTAL-HEALTH CONCERN

- ■ Remain calm
- ■ Reduce stimulation
- ■ Check immediate safety
- ■ Notify appropriate personnel
- ■ Contact Illinois CARES when appropriate
- ■ Document objective observations
- ■ Follow up

ILLINOIS CRISIS RESOURCES

ILLINOIS CARES	**1-800-345-9049** Crisis support, consultation, and connection to services for children and youth experiencing behavioral or mental-health concerns.
988 SUICIDE & CRISIS LIFELINE	**Call or Text 988** For suicidal thoughts, emotional distress, mental-health crises, or concerns about someone else.
EMERGENCY	**911** For immediate danger, active suicide attempts, serious injury, or situations requiring an immediate emergency response.

THE BOTTOM LINE

SEE IT. • TAKE IT SERIOUSLY. • KEEP THEM SAFE. • GET HELP.

RECOGNIZE → RESPOND → REPORT → REFER

You don't have to be a mental-health professional to make a difference. You may be the person who noticed the warning sign, listened without judgment, stayed calm, and connected a young person to the help they needed.

Professional training resource for non-mental-health staff. Follow your organization's crisis response, mandated reporting, emergency, and safety policies. This handout is an educational resource and does not replace professional assessment or organizational protocols.