A POCKET GUIDE TO AGITATION AND WHAT TO DO IN A CRISIS

For people who experience agitation, their carers, friends and family
WHY THIS GUIDE?

This pocket guide is for people who experience agitation, their carers and close friends. This brief guide compliments the full version which can be accessed via GAMIAN-Europe and EUFAMI websites.

It provides key information on how to recognise the early signs and symptoms of agitation and what to do if a crisis occurs.

There is a crisis card at the end of this guide that can be used to provide emergency contact details and preferences for treatment and care during an episode of agitation.

What is AGITATION?

Agitation is a common experience for people diagnosed with: BIPOLAR DISORDER • SCHIZOPHRENIA • DEMENTIA and can (very quickly) lead to a crisis which may require a hospital admission.

Agitation can be expressed as inner tension, restlessness, nervousness, uneasiness, fidgety, excitement, anxiety, uncooperativeness, irritability, verbal or physical aggression.

It can go from anxiety to high anxiety, or even to violence and/or aggression.

There are many possible triggers for agitation and some people with lived experience describe, for example, having too little sleep, financial worries, disagreements with others, hearing loud noises, feeling uncertain or under pressure.

Agitation can be a frightening experience.

A behavioral syndrome or set of symptoms or behaviors
What people can do who experience agitation

People who experience agitation can often recognise their triggers or symptoms and may be able to manage or control them using self-management techniques that work for them. For others this can be difficult.

There are some simple strategies that can be used such as going for a walk, meditation, distraction and having enough sleep. But if someone is very agitated they can take prescribed medication and talk to someone who knows them well to help reduce their symptoms.

Take prescribed medication – this is an important first line of action when symptoms of agitation start. Some people will know what prescribed medication they should take depending on the severity of their agitation. Your health professional should be able to advise on this.

Seek peer support – talking to someone with the same or similar experience of agitation can be helpful to provide practical, emotional or social support. It can also help people learn about their illness and identify useful ways of coping after a crisis. There may be local support groups or organisations near you or online support networks that offer peer support to help set personal goals, re-establish support networks, and identify early signs and symptoms, plan strategies to avoid any further relapses.

Contact a service for help - If you have contact with a mental health professional and they know you well they can suggest strategies to help calm you down. Access to a telephone helpline can also be useful and reassuring, especially in the early stages of agitation. It is important that the hospital or professional has access to good case notes on the person and knows in advance what strategies help them during their episode of agitation. Health and emergency services should avoid coercive practices such as seclusion and restraint and using police custody as a place of safety.

Write a crisis plan - This helps to plan ahead what to do in the event of a crisis, including an episode of agitation. This can be written jointly with a carer/family/friend and/or your health professional. These are statements which can provide details of what treatment or care a person would like when experiencing a crisis episode. Having an agreement or crisis plan with someone you trust is important. That person can let you know when you are becoming agitated and call for professional help if necessary.
Many people diagnosed with a severe mental ill-health condition such as schizophrenia or bipolar disorder often live or remain in close contact with an informal carer. This person is usually a close family relative, such as a parent, partner, sibling or child, but often this is defined by the person.

In most cases carers are able to recognise an episode of agitation and it is important to recognise the symptoms early.

Many carers will intervene when an episode of agitation is of mild or moderate intensity. The person experiencing agitation may be very scared and being in the presence of someone they trust will be very helpful.

1. If the person needs some **TIME ALONE** then that should be respected too with the carer being close by if they wish to talk or receive support. Carers often use techniques such as **verbal de-escalation** (talking to and soothing the person) and helping with supervising **rescue medication**.

2. Physically restraining the person is **not recommended** and should be avoided. Offering reassurance and **LISTENING EMPATHICALLY** are among the best approaches for carers.

3. **DISTRACTING THE PERSON**, controlling your own emotional reactions, avoiding negative comments, creating a **safe or neutral space** are also effective ways to help a person experiencing an episode of agitation.

4. **SEEKING ADVICE** and support from a health professional can also be helpful. If a person’s agitation appears severe and they require a hospital admission having someone the **person trusts** to help propose this can also be helpful.
Carers also need to look after their own physical and mental health and to find ways to cope and manage their situation well.

1. **TALK** about how you feel and find information on what can help
2. **BE REALISTIC** and try not to take on too much or do everything on your own
3. **SUPPORT** the independence of the person you care for
4. **TAKE A BREAK** and make time for yourself to do the things you enjoy
5. **LEARN A RELAXATION** technique like meditation or spend time in nature
6. **ASK FOR HELP** from friends and family
7. **STAY ORGANIZED** by keeping a plan of your daily routine
8. **FIND POSITIVE** things about your relationship with the person experiencing agitation and find ways to manage and strengthen this
9. **GET** enough **SLEEP**
10. **LOOK AFTER** your physical and mental health by eating well and taking exercise.

Seek advice and support from a professional

Create a quiet and safe space

Listen emphatically and offer reassurance

Avoid negative comments

Recognise symptoms early

Seek advice and support from a professional
**PREVENTION**

**PREVENTION AND EARLY INTERVENTION** - Using maintenance medication is a good way to prevent further episodes of agitation. But if symptoms do occur acting fast and intervening early, avoids many of the most distressing and uncomfortable feelings associated with it. More importantly it can help prevent agitation turning into a crisis and may help reduce the need for a hospital admission.

**MEDICATION AND TREATMENT** - When a person experiences a severe episode of agitation/crisis they may need an admission to hospital. In a crisis situation it is important the person is given a sense of control, where they are able to express their wishes and not feel pressured. This is more likely to create a calmer and more cooperative situation.

Guidelines for clinically managing a crisis episode have been produced and are based on de-escalation, pharmacological interventions and rapid tranquilisation, including anti-psychotic medication and benzodiazepines given orally or by injection.

**Maintenance medication** is also important and recent advancements in treating agitation include a fast acting inhaler or rescue medication.

**TALKING THERAPIES** - psychological therapies such as cognitive behaviour therapy can also be effective for treating symptoms of agitation, and usually in combination with medication.
This crisis card contains information about me and who to contact in the event of an emergency.

I may be experiencing an episode of agitation so please be patient when asking me questions and remain calm.

Fill in the crisis card below then cut it out and place in your wallet/purse

CRISIS CARD

MY DETAILS:

My name: ____________________________________________

Medical condition/diagnosis: __________________________

Current medication: _________________________________

If I need emergency treatment/care please take me to (hospital or alternative place of safety): _________________________

My preference for emergency treatment: ___________________
How professionals deal with

**AGITATION**

Protocols have been developed for healthcare professionals and for staff working with emergency services, such as the police.

- It is **important** that these professionals follow these protocols so that people experiencing an episode of agitation are diverted away from police custody and referred quickly to the right services.

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**EMERGENCY CONTACT DETAILS:** In the event of an emergency/crisis please contact my carer/relative/close friend:

- **Contact person's name:** ______________________
- **Relationship to you:** ______________________
- **Mobile number (or other contact number):** ______________________

**MY DOCTOR’S NAME AND CONTACT DETAILS ARE:**

- **Name:** ______________________
- **Telephone number (office hours):** ______________________
- **Hospital or health center:** ______________________
- **Out of hours telephone number:** ______________________

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**How professionals deal with agitation**

- **one**
  - Ensure the person's and other people's safety

- **two**
  - Help the person manage their emotions and distress or enable them to resume control of their behaviour

- **three**
  - Avoid using restraint as far as possible

- **four**
  - Avoid coercive interventions that make the person's agitation worse