When to Escalate: A Clinician's Reference

Seven common signals and reasonable next steps for primary care, therapists, coaches, and school staff. Educational decision aid.

An educational reference for primary care, therapy, coaching, and school staff on when a mental health concern likely warrants escalation to psychiatric evaluation, urgent care, or emergency response. This is a decision aid, not a protocol. Use clinical judgment, follow local guidelines, and document your reasoning.

Signal	What it may indicate	Reasonable next step
Active suicidal thoughts with plan or intent	Elevated risk requiring immediate assessment.	Do not leave the person alone. Warm handoff to crisis services, emergency department, or 988. Follow local mandatory-reporting rules where relevant.
Homicidal ideation with identifiable target	Risk to a third party. Duty to protect may apply.	Emergency assessment. Consult on Tarasoff or state equivalent. Do not attempt to manage in outpatient setting alone.
New psychotic symptoms	Possible first-episode psychosis or medical cause.	Same-day psychiatric evaluation. Rule out medical causes (substances, delirium, thyroid, others). Coordinated specialty care improves outcomes.
Manic episode	Elevated mood plus reduced sleep, grandiosity, risky behavior. Impaired judgment.	Psychiatric evaluation, often urgent. Assess safety, driving, financial risk. Family support usually needed.
Severe depression with functional collapse	Impaired self-care, not eating, unable to work or care for others.	Psychiatric evaluation. Consider higher level of care if outpatient support insufficient. Screen for suicide risk explicitly.
Severe eating disorder with medical signs	Bradycardia, hypotension, electrolyte disturbance, rapid weight loss.	Medical stabilization first. Coordinate eating disorder specialist team. This is medical, not motivational.
Substance-related medical emergency	Overdose risk, severe withdrawal (alcohol, benzo), unable to protect airway.	Emergency care. Alcohol and benzo withdrawal can be fatal. Do not attempt outpatient taper without appropriate expertise.

Educational only, not a substitute for clinical judgment or a protocol. Local statutes, standards of care, and organizational policies vary. When in doubt, escalate.

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