



# Top Ten Indicators to Refer a Client to a Mental Health Professional

- 1. Your client is exhibiting a decline in his/her ability to experience pleasure and/or an increase in being sad, hopeless and helpless.**
  - As a coach you may notice that your client is not as upbeat as usual.
  - He/she may talk much more frequently about how awful life/the world is and that nothing can be done about it.
  - The client may make comments about “why bother” or “what’s the use.”
  - There will be a decline in talking about things that are enjoyable.
  - He/she may stop doing things they like to do (examples: going to the movies, visiting with friends, participating in athletic events or being a spectator of sporting events).
  - The client begins to talk about being unable to do anything that forwards their dreams or desires.
  
- 2. Your client has intrusive thoughts or is unable to concentrate or focus.**
  - As a coach you may notice that your client is not able to focus on their goals or the topic of conversation.
  - The client is unable to complete their action steps and isn’t aware of what got in the way.
  - You notice that your client begins talking about unpleasant events during the course of talking about themselves and their goals.
  - The client tells you that unpleasant thoughts keep popping into their minds at inopportune moments or when they are thinking about or doing other things and that they can’t seem to get away from these thoughts.
  - Your client tells you about recurring scary dreams that they didn’t have before.
  - Your client reports that they have so many thoughts swirling in their heads and that they can’t get them to slow down.
  
- 3. Your client is unable to get to sleep or awakens during the night and is unable to get back to sleep or sleeps excessively.**
  - Your client comes to his/her coaching sessions tired and exhausted.
  - Your client begins talking about not being able to get to sleep or how he/she just wants to sleep all the time.
  - Your client may report to you how he/she gets to sleep and then wakes up and can’t get back to sleep.
  - Your client tells you how he/she needs to take naps during the day, something they have not done before.
  - Your client reports that they fell asleep at an inopportune time or place.
  
- 4. Your client has a change in appetite: decrease in appetite or increase in appetite.**
  - Your client reports that he/she isn’t hungry and just doesn’t want to eat.
  - Your client reports that he/she is eating all the time, usually sweets or junk food, whether or not they are hungry.
  - Your client says he/she doesn’t get any enjoyment from eating when they did in the past.
  - Your client reports that he/she is not sitting down to eat with friends or family when he/she did in the past.
  
- 5. Your client is feeling guilty because others have suffered or died.**
  - Your client reports that he/she feels guilty because they are alive or have not been injured.
  - Your client states that he/she doesn’t understand why he/she is still here/alive when others have had to suffer/die.
  - Your client doesn’t want to move forward with his/her goals because he/she doesn’t deserve to have the life he/she chose, especially when other people have had to suffer/die.
  - Your client questions his/her right to have a fulfilling life/career in the face of all that has happened.
  - Your client expresses the belief that he/she is unworthy of having a satisfying life.

## **6. Your client has feelings of despair or hopelessness.**

- According to your client nothing in life is OK.
- Your client misses session times or says he/she wants to quit coaching because life is not worth living or he/she doesn't deserve to get what they want.
- Your client moves into excessive negative thinking.
- Your client says that he/she can't make a difference or that whatever he/she does doesn't matter.
- Your client has the attitude of "Why bother?"

## **7. Your client is being hyper alert and/or excessively tired.**

- Your client reports that he/she can't relax.
- Your client states that he/she is jumping at the slightest noise.
- Your client reports that it feels like she/he always has to be on guard.
- Your client states that they are listening for any little sound that is out of the ordinary.
- Your client reports that he/she has no energy.
- Your client states that he/she can't do their usual chores because he/she is so tired.
- Your client states that it takes too much energy to do things he/she normally did in the past.

## **8. Your client has increased irritability or outbursts of anger.**

- Your client becomes increasingly belligerent or argumentative with you or other people.
- Your client reports that everyone or everything annoys them.
- Your client starts making comments about how miserable everyone and everything is.
- Your client reports that other people in their life are telling them how miserable/angry they have become.
- Your client reports getting into arguments with people.
- Your client states that they get so upset they don't know what to do with themselves.
- Your client reports that they feel like a "pressure cooker" or are "ready to burst."
- Your client increasingly tells you about wanting to do or doing things that would harm themselves or others (examples: wanting to put their fist through a window; wanting to punch someone; wanting to hit someone/something with their car).

## **9. Your client has impulsive and risk-taking behavior.**

- Your client reports doing things, such as going on a buying spree, without thinking about the consequences of their behavior.
- Your client tells you that something came to their mind so they went and did it without thinking about the outcome.
- Your client reports an increase in doing things that could be detrimental to themselves or others (examples: increase in promiscuous sexual behavior; increase in alcohol/drug consumption; deciding to get married after knowing someone an unusually short period of time).

## **10. Your client has thoughts of death and/or suicide.**

- Your client begins talking a lot about death, not just a fear of dying.
- Your client alludes to the fact that dying would be appropriate for them.
- Your client makes comments that to die right now would be OK with them.
- Your client becomes fascinated with what dying would be like.
- Your client talks about ways to die.
- Your client talks about going to a better place and how wonderful it would be and seems to be carried away by the thought.
- Your client tells you they know how they would kill themselves if they wanted to/had the chance.

- Your client alludes to having a plan or way they would die/go to a better place/leave the planet/leave the situation/get out of here.
- Whereas previously your client was engaging, personable and warm and now they present to you as cold, distant and aloof tell them what you are observing and ask them what has changed for them. This is often a signal that they have disengaged from living and are silently thinking or planning to suicide.
- Some questions you might ask your client if you are unclear about what is going on with them or their intentions: "Are you wanting to die?" "How would you die if you decided to?" "Are you planning on dying?" "When are you planning on dying?"
- If you have any inclination or indication that your client is planning on dying or committing suicide immediately refer them to an emergency room or call 911.
- Tell your client that you care about them, are concerned for them, that you are taking what they say seriously and that they must get help immediately.
- If the client balks at what you are saying, gets belligerent or even more distant AND you become even more concerned about them, you may need to tell them you will break confidentiality because of your concern for their well-being and that you will call 911 (You can call your local 911 and give them the address and phone number of your client, even if it is in another state, and they can contact the client's local 911 dispatcher).

It is important to note that the appearance of any one of these indicators, except for #10 which must be referred and followed up on immediately, does not indicate the immediate need for a referral to a psychotherapist or community mental health agency; everyone can experience a very brief episode of any of the indicators. However, if you see that several indicators are emerging and that the client is not presenting as whole, competent and capable then it is time for a referral to a mental health professional.

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