SLIDE 4.1

TITLE SLIDE

UNDERSTANDING MENTAL HEALTH CONDITIONS & MENTAL ILLNESSES

Time: 160 minutes

Slides: 30

Purpose: This module introduces participants to information on mental health conditions and mental illnesses and increases participants' understanding of mood disorders, psychotic disorders, and anxiety disorders, as well as their signs and symptoms. Mental health disorders specific to children and youth and their associated symptoms and behaviors are also presented in this module. The role of medication in the treatment of people living with mental illnesses is discussed.

Instructor:

This module should be taught by a mental health subject matter expert from your community, with the presence of law enforcement as a co-trainer. If questions arise that should be answered by law enforcement, particularly questions on how the information presented relates to law enforcement roles and responsibilities in your community, it will be important that a law enforcement co-trainer is there. For the section focused on children and youth, it is helpful to have a trainer with expertise in this area to be present.

Learning Objectives:

Upon completing this module, participants should be able to:

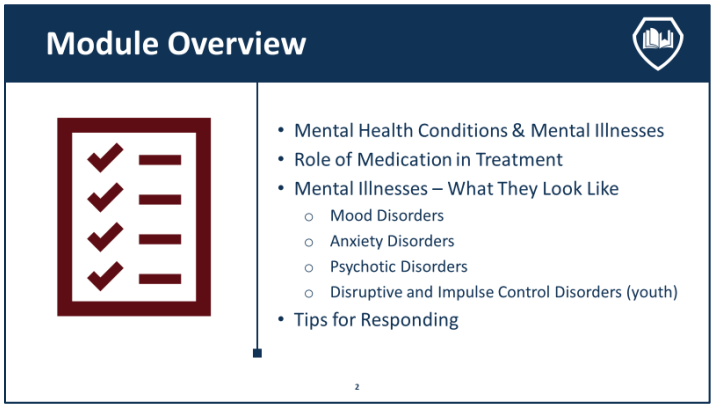
1. Define mood disorders, psychotic disorders, and anxiety disorders in adults, and impulse control and disruptive disorders in children and youth;
2. Describe some signs, symptoms, and behaviors you may see in people living with the above disorders;
3. Identify some strategies to use when responding to a person living with these disorders; and
4. Describe the role of medication in the treatment of mental illnesses and medication-related considerations for law enforcement.

Activities:

- Hearing Voices Activity
- Video Activity: “Schizophrenia” (10:18) https://youtu.be/rCbf-pKtkhU
- Case Scenarios & Discussion

Additional Materials:

Instructions for the Hearing Voices Activity and Case Scenarios can be found at the end of this guide as well as with the additional Trainer’s Materials for this module.



SLIDE 4.2
MODULE OVERVIEW

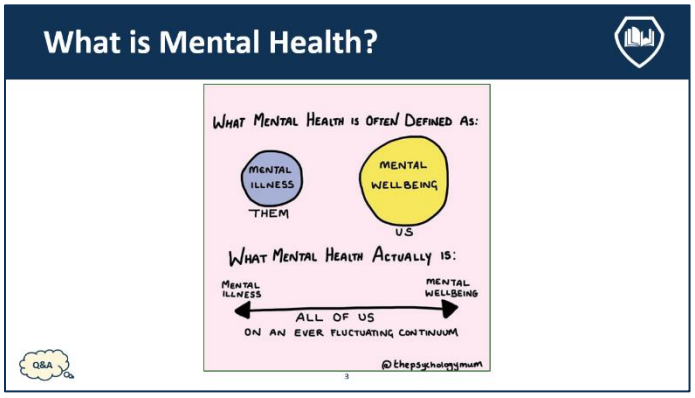
TN **Trainer Note:** Before beginning this module, explain the role and importance of having a co-trainer with law enforcement experience present. Although a mental health subject matter expert will lead the clinical modules within the CRIT, an officer trained in crisis response and intervention can discuss the practical application of the content with participants.

Cover the points on the slide to discuss the content that this module will cover. Use the content note below to support this discussion.

Emphasize that it is not the intent of this training to make officers diagnosticians or clinicians. Officers are responding to people who may be exhibiting various signs, symptoms, and behaviors associated with mental illnesses (e.g., rapid talking, hearing voices, delusions, suicidal thoughts, hypervigilance, etc.). The more they understand this, the more effective they can be in de-escalating crisis situations.

CN **Content Note:** The purpose of this module is to provide knowledge and understanding about mental illnesses, medication, and tips for effective intervention and response. Emphasize that this training is about both officer safety and citizen safety. It is about officers being able to use their training to address situations they encounter with a person who may be experiencing a mental health-, substance use-, or developmental disability-related crisis.

This training is designed to enhance officers' understanding of the experiences of individuals in crisis. It is also designed to support safe and effective responses to crisis situations. When officers do not have to go hands-on in an encounter, it reduces the potential for injuries. Also, increasing officer knowledge and understanding of mental illnesses can help the officer divert individuals to treatment, services, or support.



SLIDE 4.3
WHAT IS MENTAL HEALTH?

T N

Trainer Note: Use this illustration to demonstrate how people tend to separate themselves from people who are living with mental illnesses. It is important to show that mental well-being is a spectrum and that everyone experiences different states of well-being, or lack thereof, across their lifespans. It is not an US vs. THEM issue.

Q&A

Ask participants to define mental health in three words. Specifically, what three elements do they believe make up mental wellness?

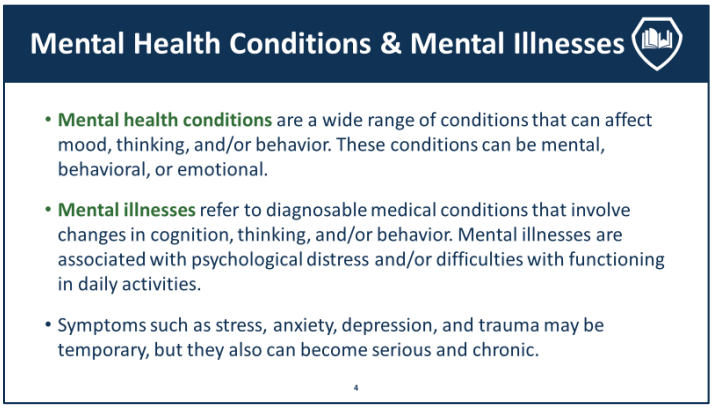
After allowing time for various answers from participants, tell them that the "ability to love, work, and play" is one easy definition of mental health. Use the content note below to support a discussion on mental health. This will lead to the next slide which talks specifically about mental health conditions and mental illnesses.

C N

One way to consider mental health is through the ability of a person to love, work, and play:

- **Love** – the ability to engage in a loving, intimate relationship with another person;
- **Work** – the ability to engage in meaningful work, education, or volunteerism in which one has purposeful activity;
- **Play** – the ability to engage in social activities and recreation with others or to have hobbies.

When these areas of our lives are affected by unmanaged stress, trauma, or other difficulties, we can slip into poor mental health. This doesn't mean it will be chronic, it's just that we are all vulnerable. People living with more serious mental illnesses have problems with these areas of their life. If time allows, instructors may provide examples from their experience to illustrate this definition. If there is a person with lived experience as part of the training team, they too can offer some examples.



SLIDE 4.4 MENTAL HEALTH CONDITIONS & MENTAL ILLNESSES

TN

Trainer Note: Lead a brief discussion to help class participants make the distinction between mental health conditions and mental illnesses. Use the content note section for reference.

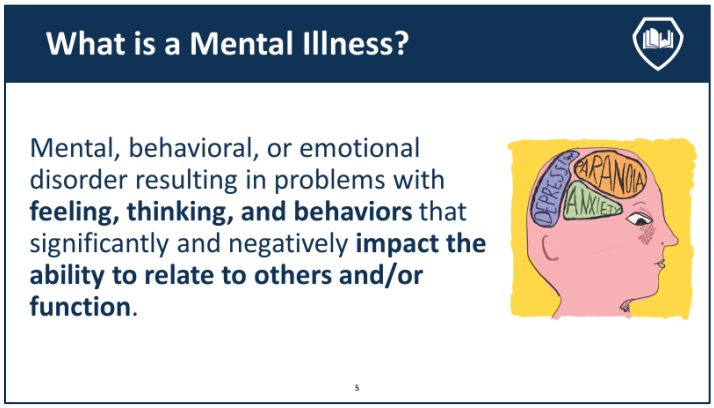
CN

Content Note: The terms "mental health condition" and "mental illness" are often used interchangeably. However, there is a distinction. "Mental health condition" is more inclusive than the term "mental illness," as individuals living with a mental health condition may not necessarily be diagnosed with a mental illness. However, these conditions do impact one's mental health and may cause some temporary impairment in daily functions. "Mental illnesses" are a range of mental health conditions that are diagnosable and often cause significant impairment in daily functioning. A person may have a mental illness but has not been formally diagnosed and yet experiences symptoms that are debilitating to their functioning, such as suicidal thoughts, hallucinations, or delusions.

When discussing specific mental illnesses (e.g., schizophrenia, major depressive disorder) and diagnosed mental illnesses, we will use the term "mental illness." When talking generally about living with mental health conditions and experiencing a mental health crisis, we will use the term "mental health conditions."

It is also important to recognize that not all presentations of mental health conditions or mental illnesses are the same and everyone experiences them differently.

Source: Bureau of Justice Assistance, August 2021, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations,* retrieved from https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf.



SLIDE 4.5
WHAT IS A MENTAL ILLNESS?

TN **Trainer Note:** Highlight the definition of a mental illness on the slide using the content note below to support this discussion.

CN **Content Note:** While there are many definitions of a mental illness, the following is useful: A mental illness refers to diagnosable medical conditions that involve changes in feelings, thinking, and/or behavior. Mental illnesses are associated with psychological distress and/or difficulties with functioning in daily activities. A mental illness is also referred to as a mental health disorder.

Mental illnesses are common. “Nearly one in five U.S. adults live with a mental illness (51.5 million in 2019)” (NIMH, n.d., para. 1). A small percentage of individuals living with mental illnesses are severely impacted and have lifelong needs. This type of mental illness is referred to as “serious mental illness (SMI)” or “severe and persistent mental illness (SPMI).”

With all mental illnesses, there is a wide range of impairment. That is, depending on the person, the phase of the illness, and their overall situation, the extent of impairment varies. A mental illness is not static; signs and symptoms fluctuate. Likewise, a mental illness may be episodic and acute, or it may be chronic. Each person will have different experiences, even people with the same diagnosis. Many people with a diagnosed mental illness live productive, contributing lives with the help of treatment, services, and/or support.

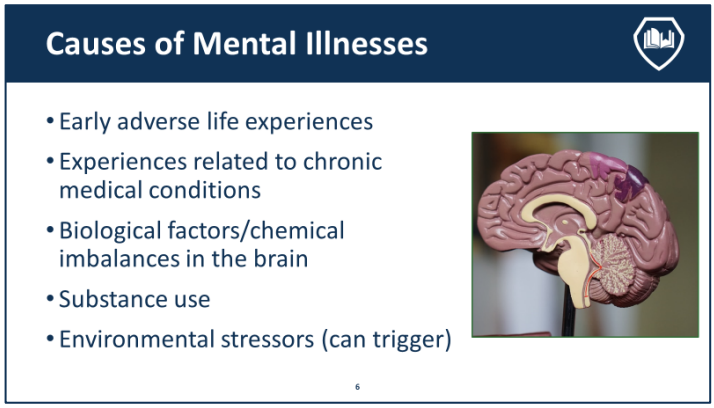
TN **Trainer Note: Optional Example:** A metaphor to help explain a mental illness is to take a moment and make a comparison between the brain (its functions) and a computer. The brain, like a computer, helps the person operate in their daily lives. The brain has many functions including processing, storing, and retrieving information, regulating emotions and behaviors, organizing, problem-solving, etc. Ask participants what

happens when their work computer malfunctions. It might shut down, make it harder to process and/or retrieve information, and become all-around more difficult to work. Think of the brain, like a computer, because it controls our ability to function in daily life. When our brain is not working well, it impacts our ability to function well. Also, note that the brain is an organ that can malfunction, just like the heart, lungs, or stomach are organs that might malfunction. A mental illness is an ILLNESS and many people living with a mental illness can develop stability and minimize symptoms.

Sources:

American Psychiatric Association, August 2018, "What is Mental Illness?" https://www.psychiatry.org/patients-families/what-is-mental-illness.

National Institute of Mental Health (NIMH), n.d., "Mental Illness," U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, accessed December 2, 2021, https://www.nimh.nih.gov/health/statistics/mental-illness.



SLIDE 4.6
CAUSES OF MENTAL ILLNESSES

Trainer Note: Briefly highlight each potential cause of mental illnesses using the information in the content note to support your discussion.

Content Note: There is no single cause for mental illnesses. A number of factors can contribute to the risk of a mental illness, including:

- **Biological factors:** Mental illnesses are more common in people whose blood relatives also have a mental illness. Certain genes may increase your risk of developing a mental illness, and your life situation may trigger it.
- **Imbalance with brain chemistry:** Neurotransmitters are naturally occurring chemicals that carry signals in your brain. When the neural networks involving these chemicals are impaired and/or there is an over- or under-production of these chemicals, a mental illness may result. More research is needed to understand the effects of brain chemistry on mental illnesses.
- **Brain injury or defects:** Defects in or injury to certain areas of the brain have also been linked to some mental illnesses.
- **Substance use:** Long-term substance use and addiction has been linked to anxiety, depression, and paranoia.
- **Psychological factors (stressors)** that may contribute to a mental illness include:
    - Severe psychological trauma suffered as a child or adult, such as emotional, physical, or sexual abuse
    - An important early loss, such as the loss of a parent
    - Neglect
- **Environmental factors** that may contribute to a mental illness include:
    - Death or divorce
    - Dysfunctional family life

- Feelings of inadequacy, low self-esteem, anxiety, anger, or loneliness
- Social or cultural expectations

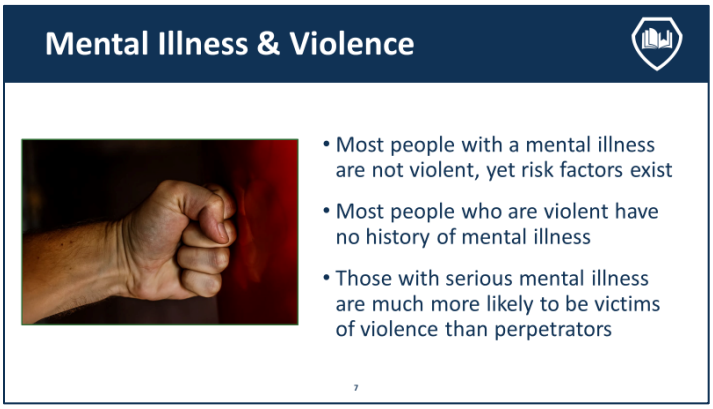
- **Other factors:** Poor nutrition and exposure to toxins (such as lead) may play a role in the development of mental illnesses.

Sources:

National Alliance on Mental Illness, n.d., "Mental Health Conditions," accessed October 26, 2022, https://www.nami.org/learn-more/mental-health-conditions.

Mayo Clinic Staff, June 8, 2019, "Mental Illness," Mayo Clinic, https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968.

Center for Disease Control and Prevention, June 28, 2021 [Last Reviewed], "About Mental Health," https://www.cdc.gov/mentalhealth/learn/index.htm.



SLIDE 4.7
MENTAL ILLNESS & VIOLENCE

Trainer Note: Discuss the misconception that people living with a mental illness are more likely to be violent than people without a mental illness. Emphasize the content on the slide using the information below as a reference point.

Content Note: The key for officers is to respond to a crisis with officer and citizen safety as a priority. Their agency's policy, tactics, and training will play a part in their response. Law enforcement officers often see people at their worst in a crisis, but they often do not see people living their everyday lives or in recovery, so it is easy for law enforcement to incorrectly think most people living with a mental illness may be prone to violence. When the officer can establish rapport with the person in crisis, there is a much better chance to gain their trust, resulting in a peaceful, helpful outcome. Some key things to remember are:

- Most people living with a mental illness are not violent.
- Most people who are violent have no history of mental illness.
- People living with serious mental illness account for only about 3–5% of all violent acts.
- For the general population, the risk of being a victim of violence is about 3%. In contrast, the risk of being a victim of violence is about 25% (8 times more) for those with a serious mental illness.
- Mental illness is not in itself a cause of violence, but when there is violence by a person living with a mental illness it may be due to certain risk factors. These include:
    - A person using drugs and/or alcohol or has a drug or alcohol dependence
    - Untreated serious mental illness
    - Lack of mental health crisis and/or treatment services
    - Lack of other quality-of-life services from the community

Sources:

Deidra Assey, 2021, *Addressing Misconceptions about Mental Health and Violence*, New York: NY, The Council of State Governments Justice Center, retrieved from https://csgjusticecenter.org/publications/addressing-misconceptions-about-mental-health-and-violence/.

Graham Thornicroft, 2020, "People with Severe Mental Illness as the Perpetrators and Victims of Violence: Time for a New Public Health Approach," *The Lancet Public Health 5*(2): E72–E73.

Heather Stuart, 2003, "Violence & Mental Illness: An Overview," *World Psychiatry 2*(2): 121–124.

Jeanne Y. Choe, Linda A. Teplin, and Karen M. Abram, 2008, "Perpetration of Violence, Violent Victimization, and Severe Mental Illness: Balancing Public Health Concerns," *Psychiatric Services 59*(2): 153–164.

Kimberlie Dean, Thomas M. Laursen, Carsten B. Pederson, Roger T. Webb, Preben B. Mortensen, and Esben Agerbo, 2018, "Risk of Being Subjected to Crime, Including Violent Crime, After Onset of Mental Illness: A Danish National Registry Study Using Police Data," *JAMA Psychiatry 75*(7): 689–696.

Mohit Varshney, Ananya Mahapatra, Vijay Krishnan, Rishab Gupta, and Koushik Sinha Deb, 2016, "Violence and Mental Illness: What is the True Story?" *Journal of Epidemiology & Community Health 70*(3): 223–225.

Tori DeAngelis, July 11, 2022 [Last Updated], "Mental Illness and Violence: Debunking Myths, Addressing Realities," *Monitor on Psychology 52*(3): 31, retrieved from https://www.apa.org/monitor/2021/04/ce-mental-illness.

Treatment Advocacy Center, June 2016, "Risk Factors for Violence in Serious Mental Illness," https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3633-risk-factors-for-violence-in-serious-mental-illness.

SLIDE 4.8
TREATMENT, SERVICES, AND SUPPORTS

TN

Trainer Note: Briefly cover the bullets on this slide. Emphasize you are covering this to inform officers that many people who experience serious mental illness or less serious mental health conditions benefit from receiving treatment, services, and support.

A key goal of a successful crisis response is the diversion of individuals living with serious mental illness and/or co-occurring conditions from the criminal justice system, when possible. Connecting people with mental health conditions to treatment, services, and supports should be a central part of their response when responding to a person experiencing a crisis. Over the course of this week, participants will learn about several of the community resources that can be accessed when a person is experiencing a crisis.

But first, you are going to talk briefly about medication as this is relevant information to help officers when assessing a crisis situation.

SLIDE 4.9

MEDICATION

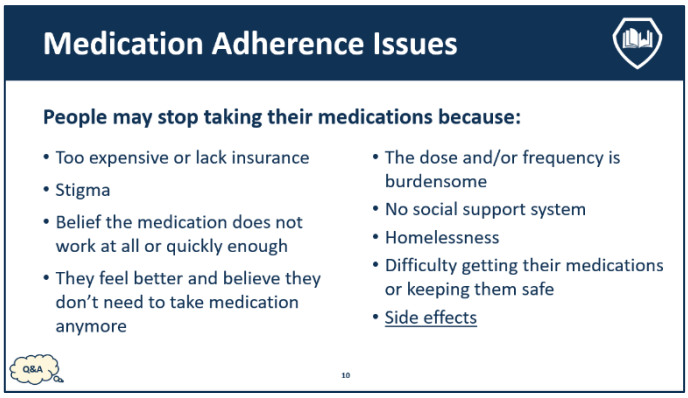
Trainer Note: Use the **Q&A** below to prompt a discussion on the value of understanding the use of medication for mental illnesses.

Q&A

Ask how knowledge about medications can benefit officers who respond to a crisis situation.

After eliciting responses from participants, make note of how medication impacts the chemicals in the brain, which can improve mood and behavior. Not everyone with a mental health condition takes medications or needs to take medications. However, for those with serious mental illness, medication is often a part of their treatment, along with other services, such as counseling or therapy.

It is important for officers to be informed about psychotropic medications so that they can ask questions about medication in crisis situations and other medical emergencies.



SLIDE 4.10
MEDICATION ADHERENCE ISSUES

T N

Trainer Note: This should be an animated slide. The title and first sentence will be the first elements to appear. Use the **Q&A** to prompt a discussion on reasons why someone may stop taking medications prescribed to them to help manage the symptoms of their mental illness.

Q&A

Ask participants what they believe (or have heard from people) are reasons that people stop taking their medications or have trouble adhering to a medication regime.

After participants have provided some responses, click on the slide to show the list of reasons. Reinforce those that the class identified and highlight the other points on the slide about why people may stop taking their medications. If there is a person with lived experience as part of the training team, they can offer some examples or insights about difficulties with medication that they may have experienced. Use the content note below to support this discussion, as needed.

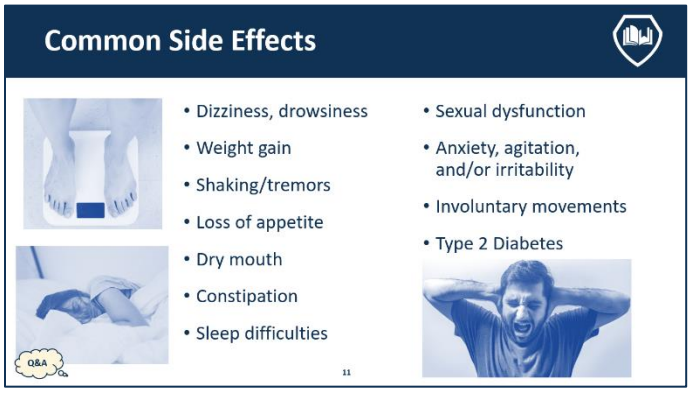
C N

Content Note: There are many reasons a person may stop taking the medication prescribed to them to help manage their mental illness. In some cases, stopping their medication regimen may not be an intentional or conscious decision. For example, sometimes people do not have access to or cannot afford their medications. Sometimes medications make people feel extremely ill and may perceive the side effects of their medication disrupt their lives more than their mental illness. Many psychotropic medications come with serious and significant side effects, including facial tics and paralysis.

In other instances, situational stressors may occur that disorganize the person, causing them to forget to take their medication. Additionally, many people start feeling better when taking

their medication and may think that because they are feeling better, they can stop taking their medication.

If a person is experiencing homelessness, they may not have enough money to buy their medication or do not have a safe place to keep their medications. If the medication requires a rigorous schedule, it is also easy to forget. Cultural considerations should also be taken into consideration. Some cultures do not support the use of medications, and some religions forbid their believers from taking them as well.



SLIDE 4.11
COMMON SIDE EFFECTS

TN

Trainer Note: This should be an animated slide. The title will be the first element to appear. Use the **Q&A** to prompt a discussion on the side effects of medication prescribed to people living with a mental illness.

Q&A

Ask participants if they can identify some of the common side effects of psychotropic medications.

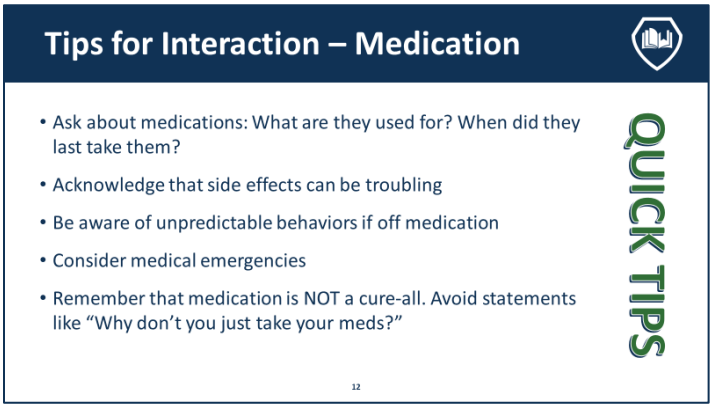
After participants have provided some responses, prompt the slide for the list of common side effects to appear. Briefly highlight the side effects on the slide, referencing the below information as needed. Emphasize to participants that medications are designed to control symptoms; they are not a cure. Use the content note below to support this discussion.

CN

Content Note: Even when they are effective in controlling symptoms, there can be side effects. Some of the side effects are listed here and include:

- Sedation
- Dry mouth
- Constipation
- Rapid weight gain
- Sexual dysfunction
- Involuntary movements (tardive dyskinesia)

By law (FDA regulations), medications need to list every side effect experienced during clinical trials. Many side effects do not occur, but if they do, they need to be disclosed. Constipation comes from opiates in medication. Sexual functioning can be affected by some medications, most notably anti-psychotics and anti-depressants. Medication can be adjusted for side effects such as weight gain or loss of appetite, but there are some, such as shaking and tremors, that cannot be adjusted. Some individuals would rather have the effects of the mental health condition than the side effects of the medication.



SLIDE 4.12
TIPS FOR INTERACTION – MEDICATION

TN **Trainer Note:** Briefly highlight the applications of understanding medications to law enforcement response and why knowing medications, their side effects, and adherence issues can assist officers in both de-escalation and helping direct the person to treatment when possible. If there is a person with lived experience as part of the training team, they can offer insight here, as well. Use the content note below to support this discussion.

Let the officers know that, if they wish to learn more about psychotropic medications, there are several mobile apps that can help officers identify medications. These apps include Mobile PDR, BH Meds, and Drugs.com Medication Guide.

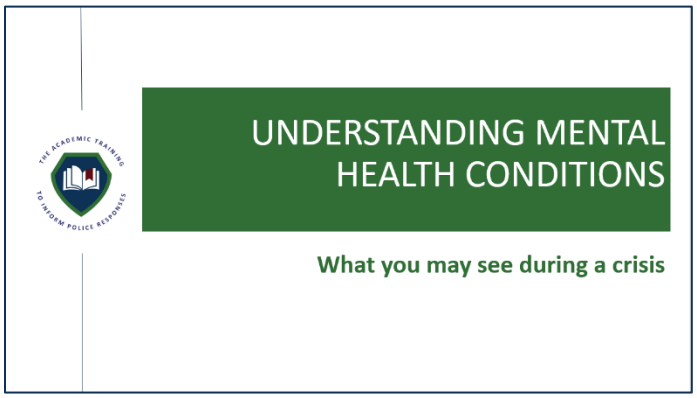
CN **Content Note:** Communicating around medication is important. Asking questions about medication can show interest and demonstrate a willingness to listen to the person's experience.

There are different types of medications for different types of mental health disorders and there are many medications within each of these medication types. This can make it difficult for officers to keep track of what each medication does. In terms of crisis response, one approach officers may use to understand the individual's experience with taking medication is to simply ask the person, "What is the medication for?" or "What does it help you with?" If an officer engages with a person and the subject of medication seems relevant, the officer might say to the person: "I have heard that some medications people take have some uncomfortable or harsh side effects, is that true?"

Although this is a closed-ended question (i.e., yes/no), it is a "soft" approach to have individuals share their feelings about medication. The question demonstrates the officer's concern for the

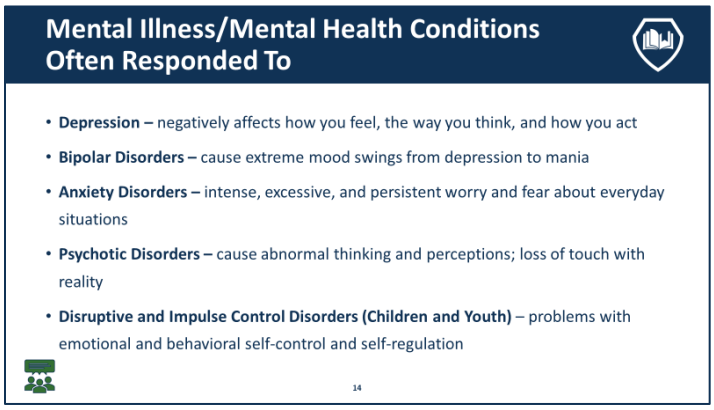
individual and allows the officer to learn from a real expert on these medications: the people who are directed to take them. This connection may help de-escalate the encounter.

Officers should avoid judgmental statements such as “if you would just take your meds” because there are many reasons people stop taking medication.



SLIDE 4.13 UNDERSTANDING MENTAL HEALTH CONDITIONS

Trainer Note: This is a transition slide to set the stage for discussing the signs, symptoms, and characteristics first responders may see when assisting a person in a mental health crisis.



SLIDE 4.14 MENTAL ILLNESS/MENTAL HEALTH CONDITIONS OFTEN RESPONDED TO

TN

Trainer Note: Review each of the mental illnesses listed on the slides so the class participants are aware of the more common mental illnesses that come to the attention of law enforcement and other first responders. Facilitate the group activity below to support a discussion on the signs and symptoms of these disorders. Use the content note to expand on this discussion.

Group Activity: Break the class into five groups. Have five easel sheets (or sufficient space allotted on whiteboards around the room if available) hanging on the wall and have each group assigned to an easel sheet. Give each group a mental health disorder that is on the slide. Ask each group to think of as many signs or symptoms related to that mental health disorder. After about 5–7 minutes, ask each group to report out on their responses. Ask the class if there are any other signs or symptoms they may add to the list.

CN

Content Note:

MAJOR DEPRESSION – Signs and Symptoms

- Depressed mood
- Diminished pleasure/interest in activities
- Changes in appetite
- Agitation or slow movements
- Sleep disruptions
- Fatigue/loss of energy
- Feelings of Hopeless/Helpless/Worthless
- Diminished ability to think or concentrate
- Suicidal thoughts and/or attempts

Often people with serious depression will feel hopeless, helpless, and/or worthless. Any one or all such feelings are often linked or associated to the onset of depression and/or suicidal ideation.

- The symptoms cause clinically significant distress or impairment in social or occupational functioning.
- Insomnia or fatigue are often the main complaints.
  - Explore issues of poor sleep and lack of sleep. Lack of sleep for a period of time can become a medical emergency.
  - People with serious mental illness will experience an increase in their symptoms when they are not sleeping. Inquiring about sleep shows sensitivity and interest by the officer and may provide information that could help resolve the incident.
- The possibility of suicidal behavior exists throughout major mood disorder episodes.
  - The biggest risk factor is a history of suicide attempts. It is important to ask if an individual has ever thought of or attempted suicide in the past.
  - There is an increased risk of suicide in youth living with mood disorders. There is some evidence that suicide attempts in childhood are often more impulsive than in adults. While adults tend to plan their suicide attempt, youth may more often try to kill themselves impulsively.

Understanding what depression looks like and its various symptoms allows officers to know what kinds of questions to ask to determine how serious the situation is and how best to respond.

BIPOLAR DISORDERS – Signs and Symptoms

- Feeling “high” or extremely happy
- Extreme irritability
- Racing thoughts
- Fast-talking
- Tangential
- Easily distracted
- Extreme restlessness
- Not tired/little need for sleep
- Increase in impulsive and high-risk behavior

Bipolar disorders include both manic and depressive symptoms, which may last days to months. Although bipolar disorder is a lifelong condition, a person can manage their mood swings and other symptoms with treatment, services, and support.

Source: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.

ANXIETY DISORDERS – Signs and Symptoms

Anxiety is a feeling of worry, nervousness, and general unease (that we all feel at times). Anxiety is a normal feeling that everyone will experience at various times in their lives. However, when feelings of anxiety become excessive, disproportionate to the situation, ongoing, and/or negatively affect daily functioning it may be diagnosed as a "disorder."

Mental symptoms: Excessive worry, agitation, restlessness, cannot think straight, sleep problems, avoidance

Physical symptoms: Rapid heartbeat, shortness of breath, chest pains, sweating, dizziness, stomach pains

"Anxiety disorder" is an umbrella term for a cluster of different disorders. Several different types of anxiety disorders affect people such as panic attacks, phobia, generalized anxiety, and obsessive-compulsive disorder.

Source: National Institute of Mental Health, April 2022 [Last Reviewed], "Anxiety Disorders," https://www.nimh.nih.gov/health/topics/anxiety-disorders.

NOTE: Children and/or youth who do not feel safe in their environments may develop anxiety disorders. Signs and symptoms include being fearful and becoming clingy. Children and/or youth who experience traumatic events such as physical or sexual abuse may experience nightmares, bedwetting, and acting out behaviors. Adults who experience mental health disorders may look back at their childhoods and begin to identify the signs and symptoms they had as a child that they did not understand at the time.

Some people are traumatized at early ages either due to abuse or living in an unstable environment where they may witness or be exposed to violence, family dysfunction, etc. When a person is traumatized at an early age, the development of the brain can be affected, which may result in the development of a mental health disorder such as anxiety, depression, and/or Post Traumatic Stress Disorder (PTSD). However, not every child who experiences trauma will end up with a diagnosable mental health disorder.

PSYCHOTIC DISORDERS – Signs and Symptoms

During a period of psychosis, a person's thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include:

- Delusions
- Hallucinations
- Confused or disorganized thinking
- Strange, possibly dangerous behaviors
- Apathy
- Lack of emotion
- Poor social functioning

A person in a psychotic episode may also experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.

Source: National Institute of Mental Health, n.d., "Understanding Psychosis," accessed October 26, 2022, https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-psychosis.

The first episode of psychosis often happens in the late teen years into the early twenties. Some early signs include:

- Withdrawal (the person spends increased time by themselves)
- A decline in personal hygiene
- Mumbling or talking to oneself (possible signs of auditory hallucinations)

NOTE: The most common psychotic disorder is schizophrenia. A hallmark symptom of schizophrenia is psychosis. We will discuss this in more detail in this module, along with schizophrenia.

DISRUPTIVE AND IMPULSE CONTROL DISORDERS (CHILDREN/YOUTH) – Signs and Symptoms

Common disruptive and impulse control disorders found in children and youth are Oppositional Defiant Disorder (ODD), Intermittent Explosive Disorder (IED), and Conduct Disorder. All three disorders are characterized by problems with emotional and behavioral self-control/self-regulation. They vary in difficulty in controlling aggressive behavior and impulses. Outbursts due to a failure to control aggressive impulses can appear as the following behaviors:

- Verbal aggression (temper tantrums, tirades, verbal arguments, or fights)
- Physical aggression – towards individuals, property, or animals (e.g., fighting)

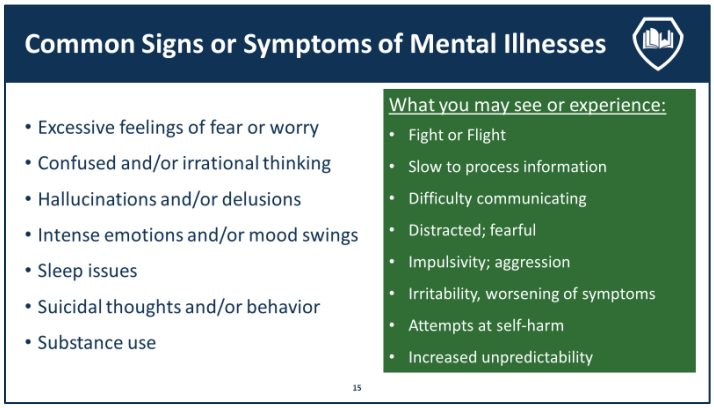
Typically, the aggressive response or outburst...

- …is much more intense (grossly out of proportion) than the situation or stressor.
- …is not planned or premeditated. They are impulse- or anger-based.

- …is not committed to achieve some tangible objective (e.g., money, power, intimidation).
- …causes distress in the individual, impairs their occupational or interpersonal functioning, or is associated with financial or legal consequences.
- …is not better explained by another mental health condition.

NOTE: Conduct disorder is a serious behavioral and emotional disorder that is often a precursor to antisocial personality disorder. A child or youth living with this disorder may display a pattern of disruptive and violent behavior and have problems following rules and violating the rights of others. Some warning signs include bullying (including social media/cyber bullying) and cruelty to animals or early sexual activity.

Source: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.



SLIDE 4.15 COMMON SIGNS OR SYMPTOMS OF MENTAL ILLNESSES

TN

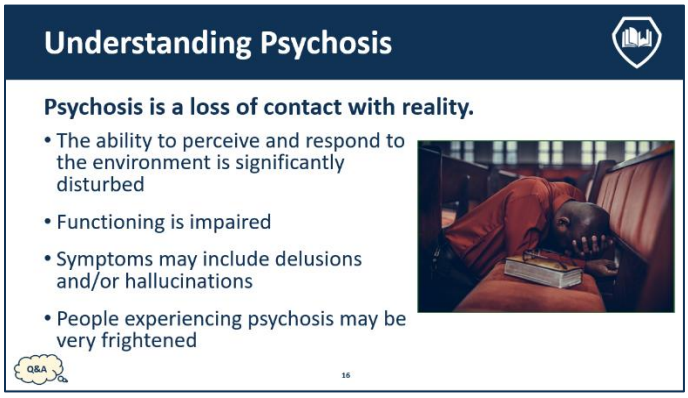
Trainer Note: Highlight each sign and symptom on the slide. When reviewing these symptoms associate how they may be experienced by a person with depression, bipolar, anxiety, and psychosis. Indicate which symptoms are more prevalent with which mental illness listed on the prior slide (slide 4.14).

When officers respond to calls, they make many of their assessments and decisions for disposition based on what they observe. Review with the class how these signs and symptoms may manifest into what an officer may see on-scene. These behaviors or actions will tie into Tips for Responding at the end of this module.

AGAIN, emphasize that it is not the intent of this training to make officers diagnosticians or clinicians. Officers are responding to the signs, symptoms, and behaviors related to mental health disorders (e.g., rapid talking, hearing voices, delusions, suicidal thoughts, hypervigilance, etc.). They need to be aware of these to effectively de-escalate or avoid escalating a crisis situation. In particular, highlight the first bullet about "fear." Feelings of fear or worry can be significant for a person experiencing a mental health crisis. This is important for officers to know. Providing the person with a sense of safety can be one way to de-escalate or avoid the escalation of a crisis situation.

CN

Content Note: It can be difficult for officers to differentiate between the normal or expected behaviors of a person and behaviors that might be signs of a mental health disorder. Each mental illness has its own signs and symptoms, but common signs of mental illnesses in adults and adolescents can include those listed on this slide. These are the types of symptoms that can cause significant impairment in one's daily functioning and may be observed by officers when responding to a crisis situation.



SLIDE 4.16
PSYCHOSIS

T N

Trainer Note: Psychosis can be a particularly noticeable symptom of a mental illness in crisis situations. Cover the material on the slide using the content note below as a reference point. Use the **Q&A** below to facilitate a discussion on how to promote feelings of safety in interactions with a person who may be experiencing psychosis.

Emphasize that a state of psychosis can be very frightening for an individual and can lead to impulsive and unpredictable reactions and behaviors. To responding officers, this behavior could be interpreted as resistance or aggression. When officers are aware the person may be experiencing some form of psychosis they should try to provide a sense of safety for the individual. This can help the person regain a sense of control. Safety could mean that the officer gives the individual more time and space. It could also mean providing verbal reassurance that the person is safe.

Q&A

Ask participants for some examples of how they can provide a sense of safety to the individual. Be prepared to give a couple of examples of how officers may provide a sense of safety to the individual.

Instruct the officers not to argue with or be dismissive of a person who experiences psychosis. This could escalate the situation. Officers should not play into the person's delusions or hallucinations but instead slow things down, listen with empathy, and acknowledge that these are very real experiences to the person.

C N

Content Note: Psychosis is a *symptom* not an illness. It is a symptom of many different mental health disorders and is more common than some may think. In the U.S., there are approximately 100,000 new cases of psychosis each year, often beginning in an individual's late teens to mid-twenties. Approximately 3 in 100 people will experience psychosis at some point in their lives.

Psychosis is described as disruptions to an individual's perceptions and thoughts that make it challenging to recognize what is real and what is not real. A person often experiences these disruptions as hearing, believing, and/or seeing things that are not real. It can also include experiencing persistent and strange emotions, behavior, and/or thoughts.

Psychosis makes it challenging for a person to effectively communicate, behave in an appropriate manner, perceive reality, think clearly, and experience and respond in emotionally appropriate ways. Most people who experience psychosis say it is confusing and frightening. Though, it is important to recognize not everyone's experiences are the same.

Psychotic Disorders

Although many individuals live and cope with some of the seemingly less severe symptoms of psychosis (due to treatment and support), psychosis can be severe and intense. When symptoms are severe, people living with psychotic disorders may have difficulty staying in touch with reality and functioning in daily life. Symptoms of psychosis can be challenging to all: the person, family members, law enforcement, mental health services, crisis response services, and the community.

Psychosis occurs in many different mental health diagnoses, including but not limited to, schizophrenia, schizoaffective disorder, drug-induced psychotic disorder, major depression with psychotic features, or bipolar disorder. It is not uncommon for a person with severe major depression or severe bipolar disorder to experience episodes of psychosis.

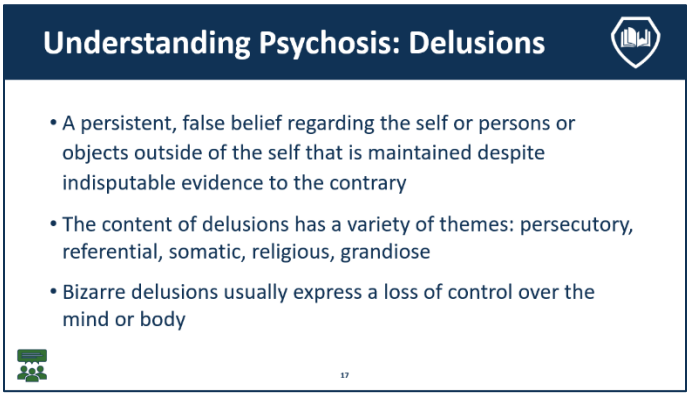
Doctors and researchers do not know the exact cause(s) of psychotic disorders, and many believe various factors can influence the development of psychotic disorders. Psychosis may be experienced for various reasons, such as a physiological condition, a psychological condition, head injury, drug or alcohol withdrawal, or fluid and electrolyte imbalances. Some psychotic disorders tend to run in families, suggesting genetics may contribute to the development of a psychotic disorder. Other things may also influence their development, including stress, trauma, substance use, and major life changes.

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, D.C: American Psychiatric Association.

National Alliance on Mental Illness, n.d., "Psychosis," accessed October 26, 2022, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis.

National Institute of Mental Health, n.d., "Understanding Psychosis," accessed October 26, 2022, https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-psychosis.



SLIDE 4.17 UNDERSTANDING PSYCHOSIS: DELUSIONS

TN

Trainer Note: Delusions can be a symptom of psychosis. Cover the material on the slide using the content below as a reference point. If time allows, consider facilitating the optional roleplay scenario to demonstrate what it may be like to interact with a person experiencing a delusion.

Emphasize that officers will not be able to convince the person experiencing delusions that what they are seeing, hearing, smelling, or feeling is not real. Officers should acknowledge they believe the individual is telling the truth about what they are experiencing, but do not feed into or dispute their delusion. An officer can gather more information as to what the person believes in, determining the level of distress and/or fear experienced by the person. This can help the officer approach the situation with empathy and begin to problem-solve a disposition for connection to mental health services.

For additional information, please consult: https://www.samhsa.gov/find-help/disorders

CN

Content Note: Delusions are fixed, firmly held false beliefs, not supported by objective facts. The content of delusions can include a variety of themes, such as persecutory, referential, somatic (i.e., pertaining to the body), religious, and grandiose. Delusions can seem bizarre because they often do not reflect ordinary life experiences. Bizarre delusions often express feelings of a loss of control over the mind or body, including:

- Thoughts being removed from an outside force (i.e., thought withdrawal)
- Thoughts being put into one's mind (i.e., thought insertion)
- Thoughts that one's body or actions are being controlled by some outside force (i.e., delusions of control)

Other examples of delusions that seem irrational to others include:

- Believing external forces are controlling thoughts, feelings, and behaviors

- Believing that someone is spying on you or trying to harm you
- Believing that trivial remarks, events, or objects have personal meaning or significance
- Thinking you have special powers or talents, are on a special mission, or even that you are God
- Believing that a famous person is in love with you
- Thinking that you have a medical condition that you do not actually have

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, D.C: American Psychiatric Association.

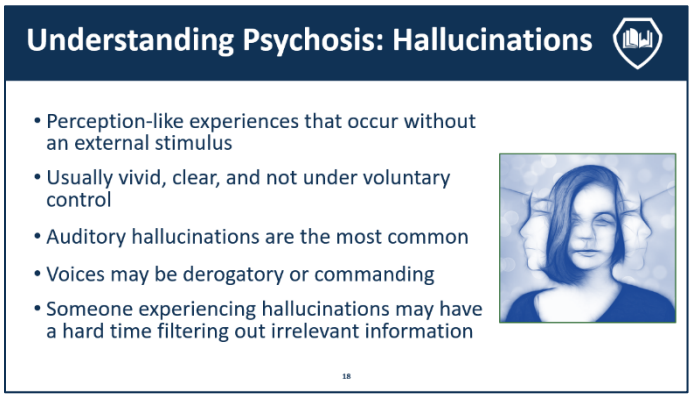
National Alliance on Mental Illness, n.d., "Psychosis," accessed October 26, 2022, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis.

OPTIONAL Roleplay Example: This is an optional roleplay example to illustrate delusions. Feel free to develop your own example to illustrate delusions. Work with your co-instructor to demonstrate what it is like to interact with a person having a delusion. Either co-instructor can demonstrate symptoms of delusions and get frustrated at their partner when the partner argues with them.

One example may be to have one instructor accuse the other of stealing their thoughts with the "thought stealer" they have in their hand. The other instructor can show their empty hands and say they don't have anything like that…Then say they are using a cloaking device…then say that they hid it...go back and forth for a minute or two—before asking the officers—**do you think they will ever convince me that I'm mistaken?**

After this demonstration, engage the class in a discussion about what they saw and how they might approach the situation. Repeat the demonstration to illustrate how to appropriately respond to the individual. Emphasize the importance of not arguing with the person. Instead, officers should acknowledge the individual's concerns and move forward. Focus on the person's level of distress or fear due to the delusion, rather than the content of the delusion. This can help provide a sense of safety for the person and establish some rapport so you can gather information in order to assess the situation.

It is important to let officers know they can ask questions about a delusion if there is concern the delusion may lead to harm or violence. This may help the officers know how they may be able to de-escalate the situation, or whether they should get help from a mental health professional or other community resources, particularly if the delusion presents an imminent risk to self or others.



SLIDE 4.18
HALLUCINATIONS

TN

Trainer Note: Hallucinations can be another symptom of psychosis. Cover the material on the slide using the content below for reference.

Provide examples of what the officers can say when they encounter someone experiencing hallucinations. Use the co-instructor to demonstrate, if necessary. Some examples include asking the person if they are hearing things that others may not, acknowledge they are hearing things, even if you are not, asking the person to focus on you and your voice, ask them to tell you about themself, their hobbies or interests—this can provide a distraction from the voices, ask them to tell you what is happening today—focus on the here and now, let the person know you are there to help and will keep them safe.

CN

Content Note: Hallucinations are perception-like experiences that occur without an external stimulus. Hallucinations are usually vivid, clear, and not under voluntary control. Hallucinations are tied to a person's senses. These include auditory (hearing), visual (sight), tactile (touch), olfactory (smell), and gustatory (taste).

Auditory hallucinations are the most common type of hallucination. Auditory hallucinations are usually experienced as voices (familiar or unfamiliar) and are perceived as distinct from the individual's thoughts. Often, auditory hallucinations can be unpleasant and derogatory. Auditory hallucinations can also be commanding, directing the person to do something. Command hallucinations are more serious as the person may act upon them. Although not all hallucinations are disturbing or distressing, when a person is experiencing distressing hallucinations, it can be very difficult for them to function in daily life.

NOTE: Emphasize safety issues around command hallucinations, especially those that the person may act on. Encourage officers to ask questions like "Are you hearing voices? Can you tell me more about what they are saying?"

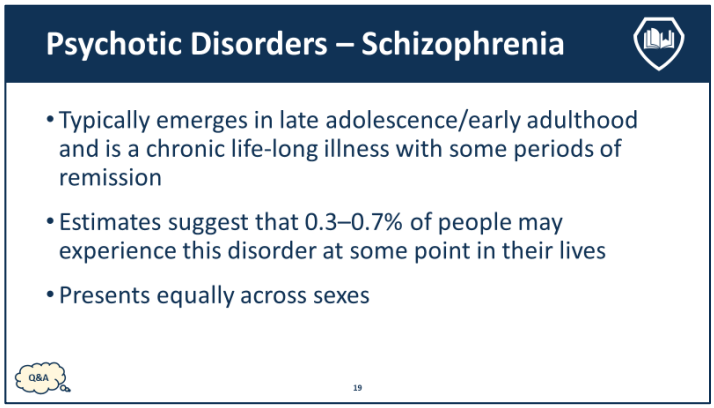
It is important to keep cultural, religious, and spiritual considerations in mind, as cultural differences are likely to be represented in hallucinations. For example, in one study, researchers found that people in Africa heard voices of their God reinforcing negative thoughts, people in India heard voices of relatives telling them to do chores, and people in the United States heard voices from strangers telling them they were horrible and should die.

Sources:

National Public Radio, June 21, 2015, "Auditory Hallucinations May Vary Across Cultures," All Things Considered, https://www.npr.org/2015/06/21/416272772/auditory-hallucinations-may-vary-across-cultures.

Tanya M. Luhrmann, R. Padmavati, H. Tharoor, and A. Osei, 2015, "Differences in Voice-Hearing Experiences of People with Psychosis in the USA, India, and Ghana: Interview-Based Study," *The British Journal of Psychiatry 206*: 41–44.

For additional information, see: https://www.samhsa.gov/find-help/disorders.



SLIDE 4.19
PSYCHOTIC DISORDERS – SCHIZOPHRENIA

T N

Trainer Note: Schizophrenia is one example of a psychotic disorder. Cover the material on the slide using the content note as a reference. Based on the first bullet point, prompt the **Q&A** below. Then go into more information about the reasons psychosis typically emerges during late adolescence and early adulthood.

Q&A

Ask participants what typically takes place in people between the ages of 16–24. *Potential answers include puberty, hormones, high school peer pressure, leaving home for college, and gaining independence.*

We know that teenagers and young adults are at increased risk of experiencing an episode of psychosis because of hormonal changes in their brain during puberty. The ages of 16–24 is a critical time of development for people, and when they develop schizophrenia during this time, their abilities to further develop emotionally, occupationally, and socially may be greatly impaired.

If first responders are assisting a young person experiencing psychosis and there is no reason to take immediate action, they may encourage family members or other responsible adults to seek a mental health evaluation as soon as possible, and if available, contact a crisis center or mobile crisis team to assist with stabilizing the person and help them connect with additional support and linkage to services. Research shows that the sooner someone gets evaluated and receives treatment or services, the better their outcomes will be. The importance of early evaluation, screening, and linkage to services should be stressed to participants.

Source: Philip S. Wang, Patricia A. Berglund, Mark Olfson, and Ronald C. Kessler, 2004, "Delays in Initial Treatment Contact after First Onset of a Mental Disorder," *Health Services Research 39*(2): 393–415.

NOTE: For law enforcement agencies in areas with a high concentration of young adults going to college, many students may live off campus and the agency may see higher numbers of crisis

calls in these areas. It is encouraged to be mindful of this and work closely with the colleges to learn what services might be available to students and refer them as needed.

C N

Content Note: Schizophrenia is the most common psychotic disorder. Schizophrenia is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. It is a complex, long-term condition. Although schizophrenia can occur at any age, the average age of onset tends to be in the late teens to the early 20s for men and the late 20s to early 30s for women. It is uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40.

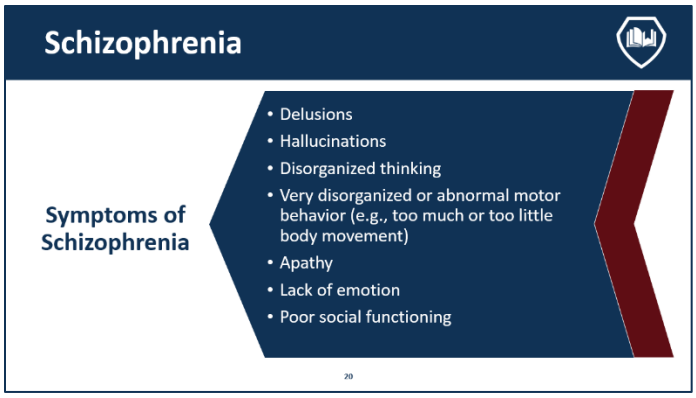
People living with schizophrenia often don't believe that they have a mental illness. They can go in and out of treatment for a long period of time, and their condition may get worse without treatment or services. This can result in a lack of crucial life skills (e.g., monetary, social, work, transportation, cooking, cleaning, etc.). The earlier that people can get treatment, services, and support, the better the outcomes for the individual living with schizophrenia. *It is possible to live well with schizophrenia.*

Due to the cognitive deficits associated with schizophrenia, a person may be slower to respond to questions or commands. To a first responder, this may appear as if the person is being resistant or difficult. It's important for first responders to remain calm and patient to allow time for responding. Often repeating the question or command in a calm voice can be helpful.

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.

National Alliance on Mental Illness, n.d., "Schizophrenia," accessed October 26, 2022, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia.



SLIDE 4.20
SCHIZOPHRENIA

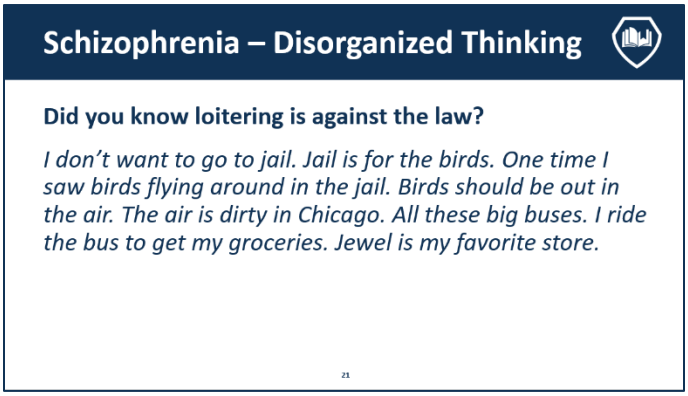
TN **Trainer Note:** Let participants know these are the common symptoms of schizophrenia. Take a few minutes to describe the symptoms that have not been covered on earlier slides, such as apathy, lack of emotion, and poor social functioning. This is important to challenge a possible belief that people with schizophrenia are lazy or unmotivated.

CN **Content Note:** Schizophrenia is a chronic and severe mental illness that affects how a person thinks, feels, and behaves. People living with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental health disorders, the symptoms can be very disabling. Also, severe symptoms of schizophrenia can be challenging for officers trying to resolve a crisis. Officers encountering an individual living with schizophrenia should slow their encounter down to help the person feel safe, build rapport, and gather information.

Disorganized thinking is what is a formal thought disorder. It may involve switching from one topic to another (derailment or loose associations) or completely unrelated answers to questions (tangentially). It also can involve the inappropriate use of words and/or sentences. This could also be called "word salad"—a lot of words and sentences that don't sound right when they are put together. This is a sign that the brain may not be processing thoughts clearly. We will give an example of disorganized thoughts on the next slide.

Disorganized or abnormal motor behavior can involve unpredictable agitation, "silliness," and daily living difficulties. It can also involve involuntary movements such as jerky motions or "catatonia" which involves a marked decrease in reactions to others and the environment.

Source: National Alliance on Mental Illness, n.d., "Schizophrenia," accessed October 26, 2022, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia.



SLIDE 4.21 SCHIZOPHRENIA – DISORGANIZED THINKING

TN

Trainer Note: This slide provides an example of disorganized thinking, a common symptom of schizophrenia. Ask a participant to read the example out loud.

Did you know loitering is against the law?

I don't want to go to jail. Jail is for the birds. One time I saw birds flying around in the jail. Birds should be out in the air. The air is dirty in Chicago. All of these big buses. I ride the bus to get my groceries. Jewel is my favorite store.

SLIDE 4.22
VIDEO ACTIVITY – SCHIZOPHRENIA PART 1

Trainer Note: Show the video "Schizophrenia Part 1." Use the video description to brief the participants on what they will see before playing it. Ask participants to write down the symptoms of schizophrenia that they observe while watching the video. Use the **Q&A** to prompt a discussion on the symptoms of schizophrenia and participants' experiences in responding to individuals who are living with schizophrenia.

Video Activity: "Schizophrenia Part 1" (10:19) https://youtu.be/rCbf-pKtkhU

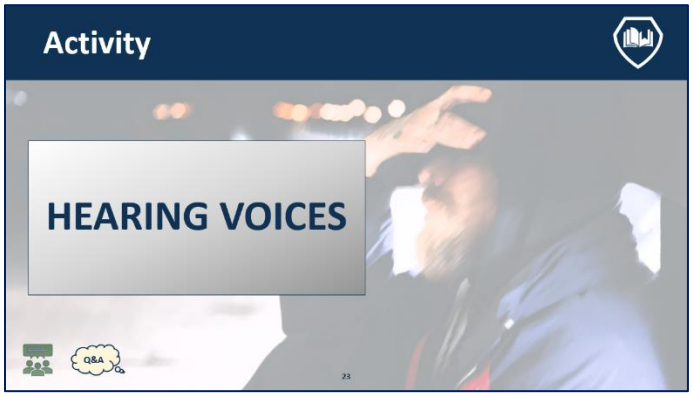
This video shows the experiences of John "Lone Star Swan" Ratliff, a man with schizophrenia who lives on the streets of San Francisco. Lone Star Swan talks about his life, including his feelings and beliefs. The video provides a background on Lone Star Swan's life, presenting interviews with his family and their experiences with his mental illness. John "Lone Star Swan" Ratliff passed away in February 2022 at the age of 81.

https://missionlocal.org/2022/02/swan-song-john-ratliff-lone-star-swan-dies-at-81/

NOTE: This video was produced several years ago and uses dated language to discuss mental illness and homelessness. As discussed in the module on perceptions and attitudes on behavioral health and developmental disabilities, participants are encouraged to use person-first language.

Q&A

After you show the video, engage the class in a discussion about what they saw. **What symptoms did they notice? Ask participants to share experiences they have had with someone living with schizophrenia. What was the encounter like? How did they manage the interaction? What approaches seemed to work best?** Remind the officers that one of the best strategies is to slow things down to provide time for listening, building rapport, gathering information, and keeping everyone safe.



SLIDE 4.23
ACTIVITY:
HEARING VOICES

Trainer Note: Introduce the Hearing Voices Activity. This activity is designed to give participants the experience of auditory hallucinations and the impact of those hallucinations on their ability to complete different tasks. There are two options for completing this activity. Select the option that you are able to support with the training space and resources available to you.

Hearing Voices Activity OPTION #1: This activity simulates what it's like to hear auditory hallucinations and how it can complicate a person's ability to follow instructions and complete everyday tasks.

1. Divide the class into two groups (Group 1 and Group 2).
2. Have Group 1 go out in the hall with one instructor (Instructor 1). Hand the group members a blank piece of paper. Tell them that when they re-enter the training room, they should stand behind one of the Group 2 participants who remained seated.

   When the instructors tell them to do so, they should roll up the paper they were given into a megaphone-type device to project the sound of their voice into the Group 2 participant's ear. They should lean close and begin to whisper things to them. They should whisper derogatory statements in various volumes, as well as general statements like, "don't listen to him"; "he does not like you"; "you are not worth liking"; "you are no good"; "you smell"; "he wants to hurt you"; "let's get out of here"; etc.
3. Have Group 2 stay seated in the training room. The instructor in the room (Instructor 2) should provide the participants with a piece of paper and a writing utensil and tell them that they will need to follow a set of instructions that will be read aloud to them to draw a specific design. The instructions for the drawing are available at the end of this guide as well as with the additional Trainer's Materials for this module. You may also create a different design for this activity. The idea is to make the design somewhat complex and detailed, so the person must try and concentrate on completing the drawing as instructed.

4. Once both groups have received their instructions, allow Group 1 to re-enter the room and stand behind their respective Group 2 participants. Instructor 2 should begin to read the instructions for drawing the design. As the instructions progress, Group 1 should whisper into the ears of Group 2. Instructor 2 should continue to provide the drawing instructions at a normal speed and in a normal volume.

At the conclusion of this activity, skip to the next slide to show the design they were meant to draw and how it should have looked. **Debrief with the participants:**

1. What did you notice?
2. What was the experience like for you?
3. What did you find challenging?
4. If you encounter someone who is hearing voices, how might you respond?

Hearing Voices Activity OPTION #2: This version of the activity uses the Hearing Distressing Voices simulation toolkit created by Dr. Pat Deegan. If you or your community does not have this toolkit to use and would like to obtain it, it can be purchased at: https://www.commongroundprogram.com/hearing-voices. If you use the Hearing Distressing Voices recording, explain this exercise was developed by a woman living with schizophrenia, Dr. Pat Deegan. Provide instructions on how to operate the audio devices, as needed.

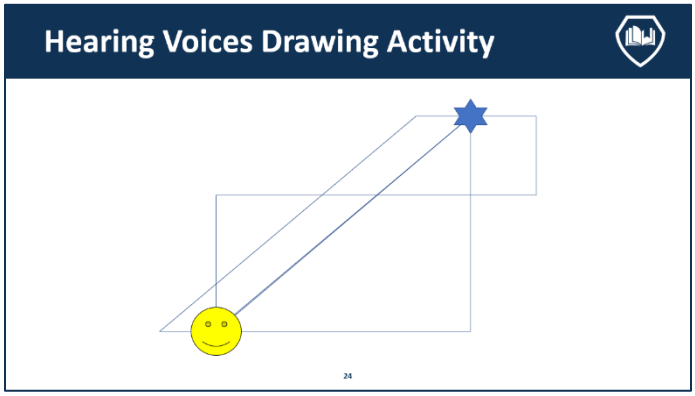
Instruct the participants to engage in an activity while listening to the voices on the audio device they have been provided. Several suggested activities can be found below. Time will not allow participants to complete all the activities. It is recommended to select one or two to illustrate the impact of auditory hallucinations on listening, communication, concentration, etc.

1. Follow instructions to draw a design. The instructions for the drawing are available at the end of this Trainer's Guide as well as with the additional Trainer's Materials for this module. You may also create a different design for this activity. The idea is to make the design somewhat complex and detailed, so the person must try and concentrate on completing the drawing as instructed. At the conclusion of this activity, skip to the next slide to show the design they were meant to draw and how it should have looked.
2. Complete a word or number find. Many puzzles like this can be found online and printed in advance to facilitate this activity.
3. Pair up and have one partner be the law enforcement officer and the other a victim of a minor crime such as someone stole your bicycle, etc. The law enforcement officer must investigate by gathering information and the victim must provide the information. After a few minutes, switch roles.

4. Interact with each other—mingle around the room talking with each other.
5. Have participants go outside of the classroom and walk around by themselves. The only people they can talk with are the people they meet. They are not to speak to each other.

At the conclusion of the exercise, debrief with the participants:

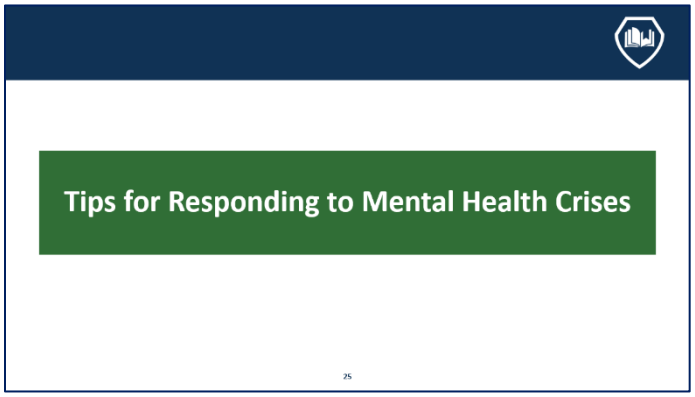
1. What did you notice?
2. What was the experience like for you?
3. What did you find challenging?
4. If you encounter someone who is hearing voices, how might you respond?



SLIDE 4.24
HEARING VOICES DRAWING ACTIVITY

T N

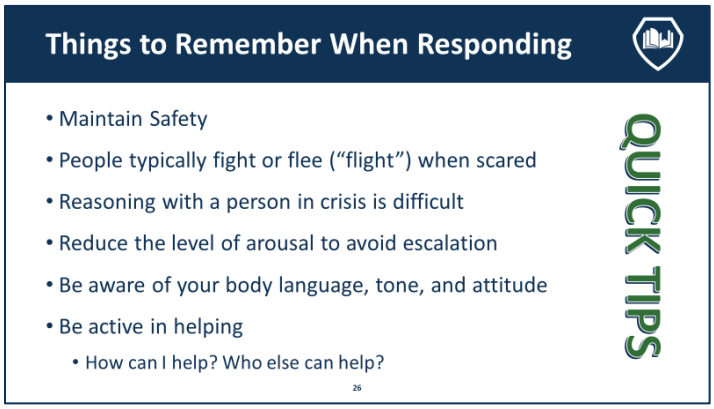
Trainer Note: Have the participants show their drawings to see how closely they followed the instructions. Display this animated slide after participants have completed the Hearing Voices Activity and shown their drawings.



SLIDE 4.25
TIPS FOR RESPONDING TO MENTAL HEALTH CRISES

TN

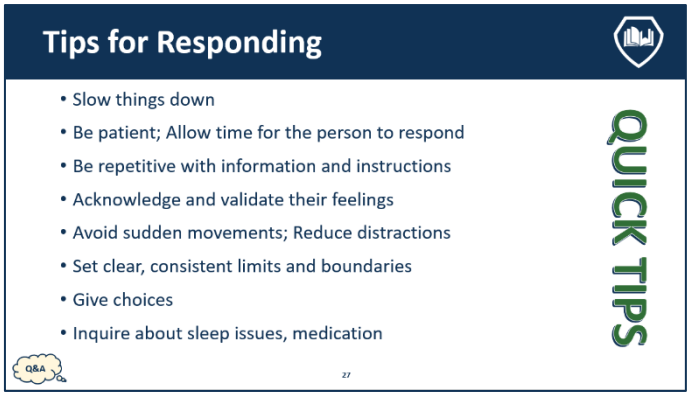
Trainer Note: This is a transition slide to focus the discussion on strategies for responding to mental health crises. Tell participants that the remainder of the module will discuss tips for responding that are informed by the content already discussed on the common symptoms and behaviors associated with different types of mental illnesses.



SLIDE 4.26
THINGS TO REMEMBER WHEN RESPONDING

TN

Trainer Note: Highlight each bullet as a reminder when responding to a person who may be in a mental health crisis. Emphasize that safety is paramount. Officers should aim to maintain the safety of everyone involved in the crisis situation.



SLIDE 4.27
TIPS FOR RESPONDING

Trainer Note: This should be an animated slide. The title will be the first element to appear. Use the **Q&A** below to prompt a discussion on tips for responding to people experiencing a mental health crisis. When participants have provided several responses, prompt the slide to show the list of quick tips for responding. Use the content note as a reference for any strategies not identified by the participants.

Point out that when officers understand what symptoms the person is exhibiting, they can adjust their response as necessary.

Q&A

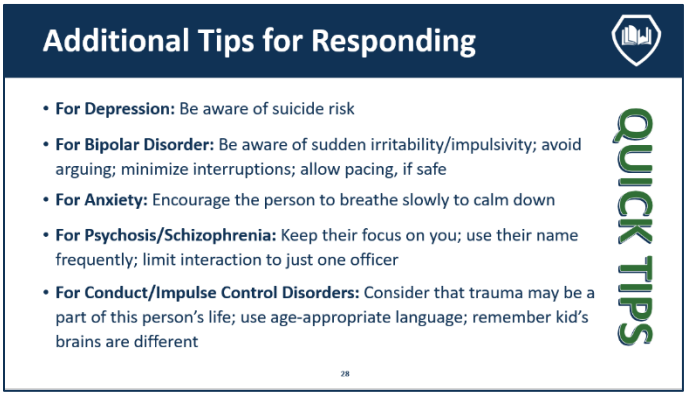
Based on what you've learned about the symptoms, behaviors, and experiences of people living with a mental illness, what would you recommend to officers who are responding to a mental health crisis?

Content Note: In general, officers should…

- Slow things down in the situation to allow the person time to respond and reduce the intensity of the interaction
- Be patient and present a calming influence
- Be repetitive (as needed) to ensure the person is understanding them
- Acknowledge and validate the feelings of the person
- Be mindful of distance and personal space (safety)
- Take their time and eliminate noise and distractions
- Set limits as necessary to ensure their safety and the safety of the individual
- Give choices whenever possible, to give the person some level of control
- Explore any sleep issues—When was the last time the person slept? How much sleep are they getting? People who are in a manic phase do not need much sleep, and the lack of sleep can be detrimental to their mental and physical health.

- Ask about any medication they may be prescribed and if they are taking their medications. Be aware that people living with a mental illness may not like taking medication. If they have stopped taking their medication, explore reasons (without being judgmental), and offer understanding of the difficulties associated with taking medication.

  Source: Christian Mason, Tod W. Burke, and Stephen S. Owen, February 4, 2014, "Responding to Persons with Mental Illness: Can Screening Checklists Aid Law Enforcement?" *FBI Law Enforcement Bulletin*, retrieved from https://leb.fbi.gov/articles/featured-articles/responding-to-persons-with-mental-illness-can-screening-checklists-aid-law-enforcement.



SLIDE 4.28
ADDITIONAL TIPS FOR RESPONDING

T N

Trainer Note: This slide is to offer specific tips for responding based on the nuances of the different mental illnesses. Cover each bullet briefly.

C N

Depression – Explore suicidal ideation or thoughts of "not being here."

Bipolar Disorder – The mania could also have intense irritability or anger. Officers should be aware of shifts in mood that include intense anger, in order to maintain safety. Assess risk and the volatility of the environment. Agitators that may affect the person or create a particularly combustible environment or incite violence should be considered and mitigated. Do not interrupt the rapid speech of the individual. If possible, speak slowly and use a low tone of voice. Relate concern for the individual's feelings and allow the individual to express feelings without judgment.

Anxiety – Present as a calming influence, slow things down, and encourage breathing to help the person become calmer. It is important for the officers to know that a person who is experiencing anxiety will not think clearly and may have difficulty answering their questions. They also may appear suspicious if they are sweating, stuttering, looking around, and fidgeting.

Psychosis/Schizophrenia – Hold a calm conversation. Ask the individual questions, and if their mind seems to be drifting, try to refocus their attention. Be patient and focus on the here and now. Be mindful of distance and personal space. Safety is important. Just have one officer interact at a time to avoid confusion and escalation. However, if the person appears to respond better to one officer over another, it is okay to hand off to another officer that can build rapport.

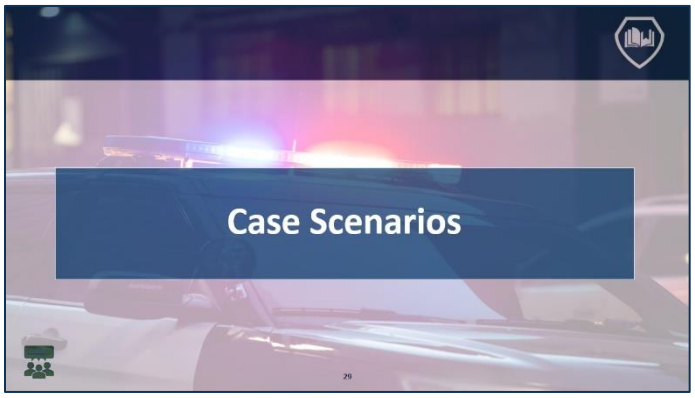
Conduct/Impulse Control Disorders – When a child or adolescent is emotionally out of control it is necessary for the responding officer to work to slow things down in order to reduce the escalation. This is done often by the officer taking their time, having a calming tone of voice, taking time to listen and show interest in order to connect. Children and adolescents who are having difficulty managing their emotions have difficulty comprehending directives and instructions. Be as clear and simple as possible and explain all the things you are or may be doing to get them help or to resolve the crisis. It is equally important to set clear expectations and firm limits as this will help them regain some control and provides for safety.

Using more affirmative language such as "I would like you to do this…" or "Please do…" again can help to diffuse the intensity of the situation as many kids experience being told what NOT to do.

Adolescents need to feel they have choice and control over their thoughts and actions. They are sensitive to external influence and likely to feel coerced, even when there is no explicit effort to coerce them. Yet, they rely on others to validate their decisions. Provide them a range of options and explain their choices in simple terms. Give them a chance to ask questions. Give them a chance to have some wins.

Good resources for additional information on responding to youth experiencing mental health crises are the following:

- International Association of Chiefs of Police (IACP), n.d., *The Effects of Adolescent Development on Policing*, Alexandria, VA: IACP, retrieved from https://www.theiacp.org/sites/default/files/2018-08/IACPBriefEffectsofAdolescentDevelopmentonPolicing.pdf.
- International Association of Chiefs of Police (IACP) and Yale Child Study Center, February 2017, *Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement*, Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, retrieved from https://www.theiacp.org/sites/default/files/2018-08/CEVToolkit.pdf.



SLIDE 4.29
CASE SCENARIOS

Trainer Note: Example case scenarios for participants to discuss and practice tips for responding to people experiencing mental health crises can be found at the end of this guide as well as in the additional Trainer's Materials for this module.

Use one or more of the case scenarios to support practice and discussion on effective responses to mental health crises. Each scenario should take approximately 15 minutes to facilitate and discuss. If time is tight, choose only one of the four scenarios to present. Lead a class discussion on the response tips that would be particularly helpful for the scenario that is presented.

Case Scenario 1: Depression
Case Scenario 2: Mania
Case Scenario 3: Psychosis

You can design this activity in a manner that fits your style of instruction or create another activity that engages participants in interactive instruction. **The goal of the activity is to provide participants the opportunity to think about and practice the various response tips discussed on slides 26–28.**

SLIDE 4.30
MODULE WRAP-UP

TN

Trainer Note: Use this as an opportunity for the participants to ask questions before moving on to the next module.

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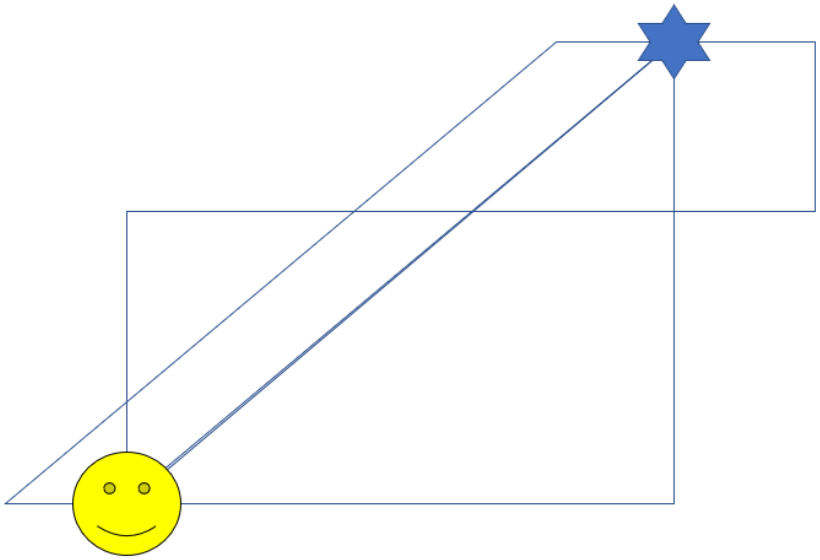
MODULE 4. UNDERSTANDING MENTAL HEALTH CONDITIONS AND MENTAL ILLNESSES

Hearing Voices Drawing Activity

Pass out blank paper to each of the class participants. While they participate in the Hearing Voices Activity (either Option #1 or Option #2) have them follow your instructions for this drawing.

1. Turn the paper horizontally.
2. Start at the bottom left corner of the paper.
3. Draw a line to the upper right-hand corner of the paper and stop about 1 inch from the top and 3 inches from the right side.
4. Draw a line straight down to the bottom of the page and stop when equal to your starting point.
5. Draw a line to your left, crossing your starting point by 1 inch.
6. Draw a line upward and across the paper to the middle of the page – have it be perpendicular to your first line and stop about 1 inch from the top.
7. Draw a line to your right – about 4 inches, crossing your first point at the top and stopping about 1 inch from the right side.
8. Draw a line downward about 2 inches.
9. Draw a line across the page to your left and stop when equal to your starting point.
10. Draw a line downward and connect it to your starting point.
11. Place a smiley face on your starting point.
12. Place a star at your second point at the top of the page.



MODULE 4. UNDERSTANDING MENTAL HEALTH CONDITIONS AND MENTAL ILLNESSES

Case Scenarios

Case Scenario 1: Depression (15-Minute Participant Discussion)

Read the following to participants:

Sarah is a 22-year-old female who lives alone. You have been called to her home for a wellness check by her parents who are concerned about her and haven't been able to contact her. Upon arriving you are met by a young lady who appears sad.

Ask participants:

- How might you respond to Sarah?
- What questions might you ask to get more information about her and her situation? (Remind participants to ask about sleep and medications.)

Once participants have provided responses, read the additional information below:

Sarah has recently become withdrawn from her family and friends. She has become less interested in her appearance. She no longer plays sports or spends time with her friends. She has lost interest in the activities she used to enjoy, like going to concerts and movies. Sarah has been calling in sick to work more often, and she is noticeably moodier and more pessimistic about her future and life, in general. She has recently reported to friends that she felt worthless and hopeless.

Sarah has recently been seen drinking excessively when she does go out with friends. Sarah also appears to be losing weight. When her family called her recently, she did not answer. They were concerned, so they called the police for a wellness check. When police arrived, they found Sarah withdrawn and could tell she had been crying. The police also noticed a couple of pill bottles nearby that appeared to still have medication in them.

Continue the discussion about the scenario, use the questions below for reference:

- What are some of Sarah's notable symptoms?
- What might you expect Sarah to be experiencing?
- What interventions might you suggest?
- If Sarah is resistant to intervention suggestions, how might you respond?
- Please give some examples of calls you have responded to that have involved a person living with depression—how did you handle it? What would have helped you with that type of call?

Case Scenario 2: Mania (15-Minute Role-Play)

For this case scenario, a co-instructor will act as a person having a manic episode. The instructions for this role can be found below. The co-instructor needs to demonstrate the characteristics of mania in a manner that provides participants the opportunity to practice the various response tips discussed in this module.

Role-Player Instructions: You are a person having a manic episode. You think your ex-spouse has taken the children and won't let you see them. Simulate that you are outside an apartment building yelling up to the window where your ex lives. You are threatening to take them back to court. When law enforcement arrives, talk very fast, explain that your ex did not return the children after the last visit and that you have court papers that say you have custody. You pace around talking quickly to the officer and periodically turn around to yell up at the window. You tell the officer you know people in high places and that if the officer doesn't help you that you will call and get them fired. You jump around topics, one minute upset with your ex and then the next talking about why you should never have married that person.

The intent of this activity is for the officers to practice slowing you down, setting boundaries, being patient, validating your feelings and situation, asking about sleep and medication, and giving you choices. We want to see if the officers can reduce the intensity of the situation to get you to cooperate and communicate more without escalating.

Identify a volunteer to respond to the scenario. Ask them to demonstrate:

(1) Slowing things down, and
(2) Being patient

Identify a second volunteer to respond to the scenario. Ask them to demonstrate:

(1) Acknowledging and validating the person's feelings, and
(2) Asking about sleep and medication

Identify a final volunteer to respond to the scenario. Ask them to demonstrate:

(1) Setting clear limits in the situation, and
(2) Giving the person choices

Case Scenario 3: Psychosis (15-Minute Role-Play)

For this case scenario, a co-instructor will act as a person having a psychotic episode. The instructions for this role can be found below. The co-instructor needs to demonstrate the characteristics of psychosis in a manner that provides participants the opportunity to practice the various response tips discussed in this module.

Role-Player Instructions: You are outside of a local business, and you think you are the owner of it (delusion). The shop owner is telling you to leave but you refuse. You accuse the shop owner of spying on you to take the business away from you. When law enforcement officers arrive, you say how the shop owner is stealing the business away from you and that he has involved the government to spy on you and to forge ownership papers. While the officer is talking to you, periodically go silent and listen as if you hear voices. You can say to the officer that the shop owner has people behind the wall talking to you telling you to go away. At times you mumble and talk to yourself, not giving eye contact, but looking around, being preoccupied. You are not necessarily acting with high energy, but a more controlled irritability and you argue with the officer, saying they are not listening to you.

The intent of this activity is for the officers to practice slowing you down, getting you to focus on them, being patient, validating your feelings and situation, not arguing with your delusions, and giving you choices. We want to see if the officers can reduce the intensity of the situation to get you to cooperate and communicate more without escalating.

Identify a volunteer to respond to the scenario. Ask them to demonstrate:

(1) Slowing things down,
(2) Keeping the person focused on the officer, and
(3) Validating and acknowledging the person's feelings

Identify a second volunteer to respond to the scenario. Ask them to demonstrate:

(1) Not buying into the delusion, and
(2) Giving the person choices