

# **Interactive Video Simulation Training**

## **Responding To Persons in a Mental Health Crisis**



**Carlsbad Police  
Department**

# IVST...What Is It?

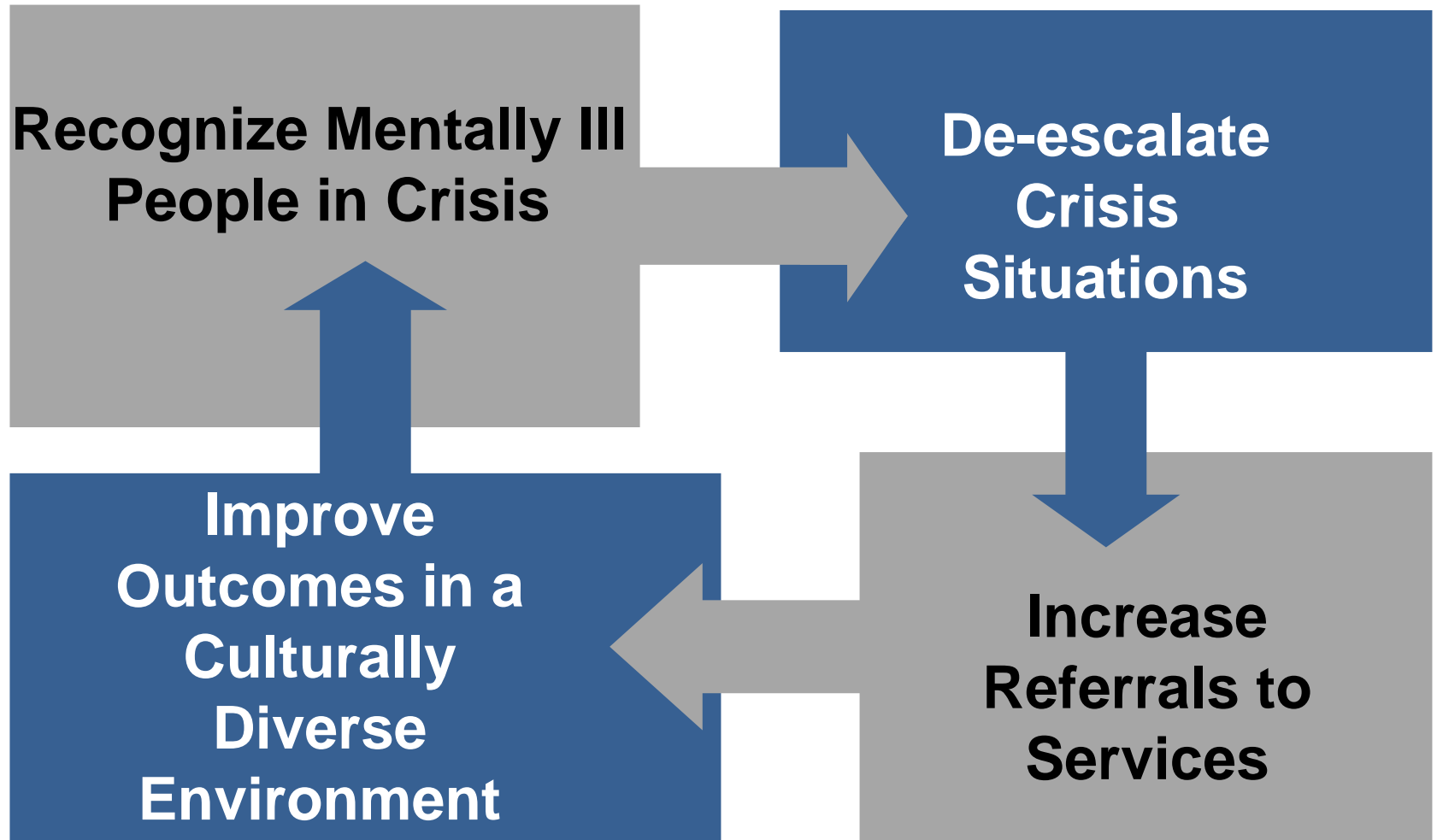
- ❑ Life sized, interactive, video projections.
- ❑ First developed for force option training.
- ❑ Video reacts to the decisions of the officer.
- ❑ Previously, no videos specifically designed to train officers how to address the needs of the mentally ill in crisis.

# Training Goals – Same As CIT

- ❖ Reduce deaths and injuries to both officers and people with mental illness.
- ❖ Reduce the need for the use of force by officers encountering a mentally ill person in crisis.
- ❖ Increase access and engagement in services for people with mental illness.
- ❖ Reduce unnecessary CFS, arrests and incarcerations that clog the CJS and create obstacles to recovery.

# Purpose of IVST

*Provide law enforcement officers with practical decision-making skills they need to:*



# Statistics You Probably Know...

- 45 million** Number of US adults who reported some type of serious mental illness in 2012. National estimates indicate 1 in 5 adults.
- 10-15%** CA POST estimates of police contacts with someone who is mentally or developmentally disabled
- 4,000** Number of mental health call-for service law enforcement officers in SCC respond to each year. Of those, 2,000 are generated by SJPD.
- 10 (41%)** Number (%) of mentally ill persons who died in officer involved shootings in SCC over a five-year period (*TTL = 22*)

# Mental Health Today – The New “Normal”

## *The shift to community based programs and treatment*

**Deinstitutionalization** – In 1955, there were 339 state psychiatric beds for every 100,000 people in the population. By 2005, this number had dropped to 17 per 100,000.


**AB 109 (The Public Safety Realignment Bill)** – affects low level offenders, community correction partnerships, parole revocation and juvenile offenders

**What it means** - Increases the possibility and likelihood that officers will be contacting persons with mental health issues

# The Fact and Fiction of Mental Illness

## *What Some Believe...*

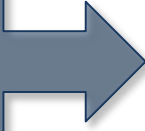
They must be cared for; can't make their own decisions



They are less intelligent



They are resistant to treatment and difficult to engage



## *The Fact is...*

They are capable and have a right to make their own decisions

No, it is the symptoms of mental illness

No, the needs of the mentally ill are just more complex

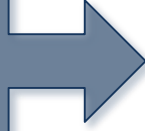
# The Fact and Fiction of Mental Illness

## *What Some Believe...*

Mental illness is a life-long disease with no cure



People with mental illness are more prone to violent acts



## *The Fact is...*

Recovery possible; they can and do lead productive lives

Studies have shown only a weak association between mental illness and violence

However there is an increased risk when alcohol or drug use is involved



# The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- A major goal of the Privacy Rule is to strike a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.
- The general rule is that if state law is more protective of the patient, then it takes precedence over the federal guidelines of HIPAA.
- California law is more restrictive, so it is important that law enforcement agencies and those in the mental health care system have a good understanding of when and on what basis certain protected health information may/will be disclosed.

***How police respond to mentally ill individuals can have a tremendous impact on how these encounters will be resolved and what future these individuals can expect***

## **The Bottom Line...**

**The basic philosophy of any law enforcement officer should be to provide treatment that is:**



***Humane***

***Compassionate***

***Treat People with Dignity***

*Officers responding to the scene are not expected to diagnose any specific mental illness but are expected to recognize symptoms that may indicate that mental illness is a factor in the incident*



**Is It a Mental Health Issue...**

# Major Depression

✓ *Leading cause of disability in the United States*

✓ *No single cause – may be both biological and environmental*

## Symptoms...

- ✦ Difficulty thinking, concentrating and remembering
- ✦ Persistently sad, irritable mood
- ✦ Lack of pleasure from activities that were once enjoyed
- ✦ Feelings of guilt, hopelessness and emptiness
- ✦ Chronic pain, headaches, digestive disorders
- ✦ Recurrent thoughts of death or suicide

# **Bipolar Disorder (“Manic Depression”)**

## **MANIA**



**Elated-happy/angry-irritable**



**Decreased sleep w/o fatigue**



**Racing thoughts and ideas**



**Increased physical/mental activity**



**Impulsive activity**



**Risk taking**

# Bipolar Disorder (*“Manic Depression”*)

## ***DEPRESSION***

**Feelings of guilt/hopelessness** ←

**Thoughts of suicide** ←

**Prolonged sadness** ←

**Increased worry/anxiety** ←

**Change in sleep patterns** ←

**Loss of energy/decreased activity** ←

# Schizophrenia

- Impairs the ability to relate to others, manage emotions, think clearly, and make decisions

**Leads a person to be fearful and withdrawn**

**Most are NOT violent**

- Erratic behavior caused by delusions and hallucinations

- Suicide is a serious risk

**The majority do not believe they are ill**

# What is Autism

- **Autism is a pervasive, complex developmental disability and neurological condition.**
- **A spectrum disorder that can range from low to higher functioning levels.**
- **It knows no racial, ethnic, or social boundaries.**
- **1 to 1.5 million Americans live with Autism.**
- **Fastest growing developmental disability, with a prevalent diagnosis estimated at 1 in 88 births.**



# Characteristics of Autism

**Not responsive to the uniform, badge, or other symbols.** *(Pointing out these items to allow the person to focus can be helpful).*

**Avoiding Eye Contact.** *(Don't insist on eye contact or take it as a sign of disrespect or guilt).*

**Repetitive Motions or Sounds.** *(Likely not to indicate distress or aggression, but a means of securing comfort. Hand flapping and rocking are very common).*

**Become Upset when Touched.** *(Unless necessary avoid touching the subject. If required, explain in calm, simple terms and be as reassuring as possible).*

**Not Provide ID when Asked.** *(Be patient and speak slowly and calmly. Keep questions simple and allow time for answers. Repeat or rephrase if necessary. Check for ID necklace, bracelet, or information sewn into clothing).*

# Mental Illness & Substance Abuse

**47% are Schizophrenic**

**61% are Bipolar**

**50% of homeless are  
dual diagnosis;**

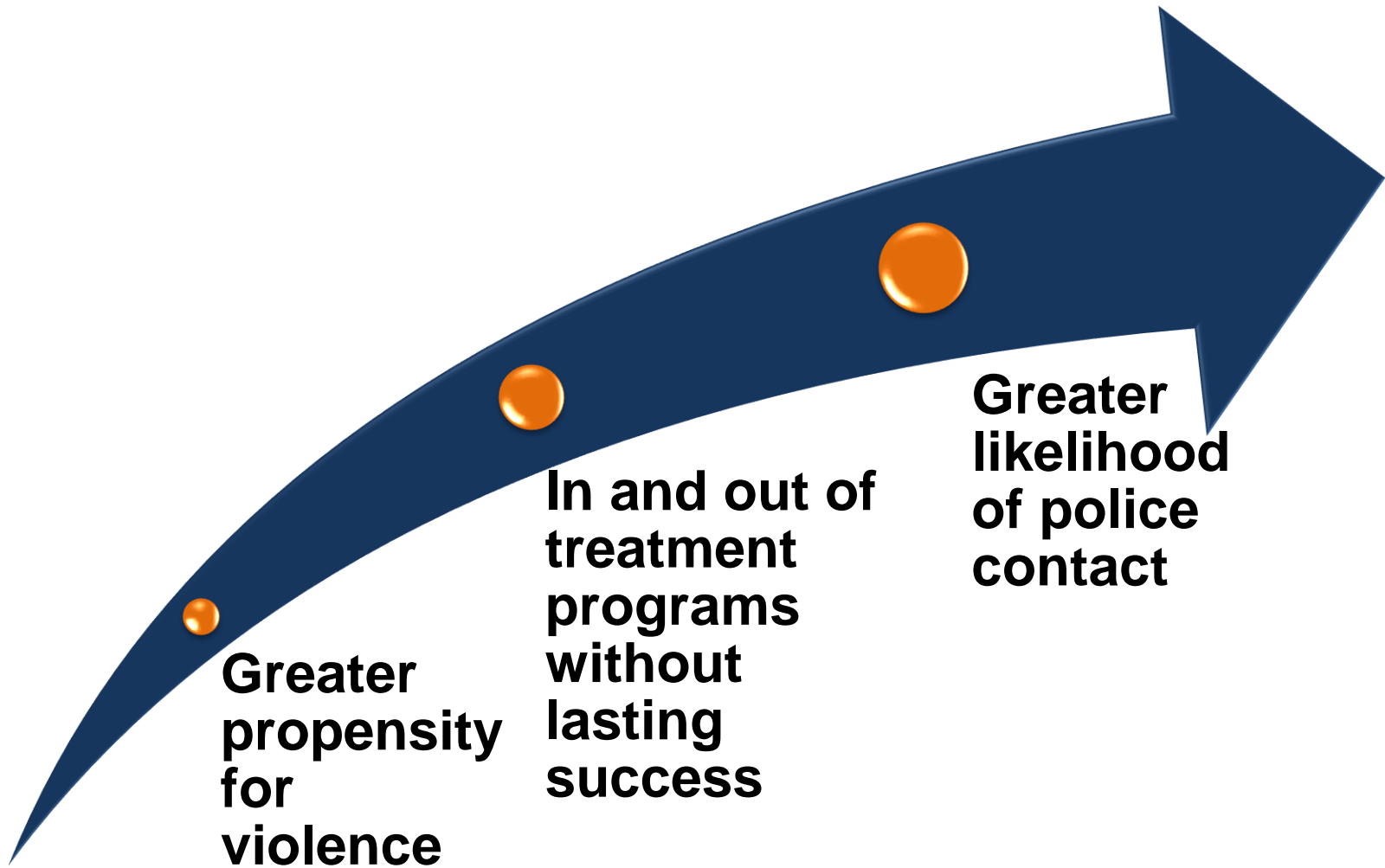
**37% of alcohol and**

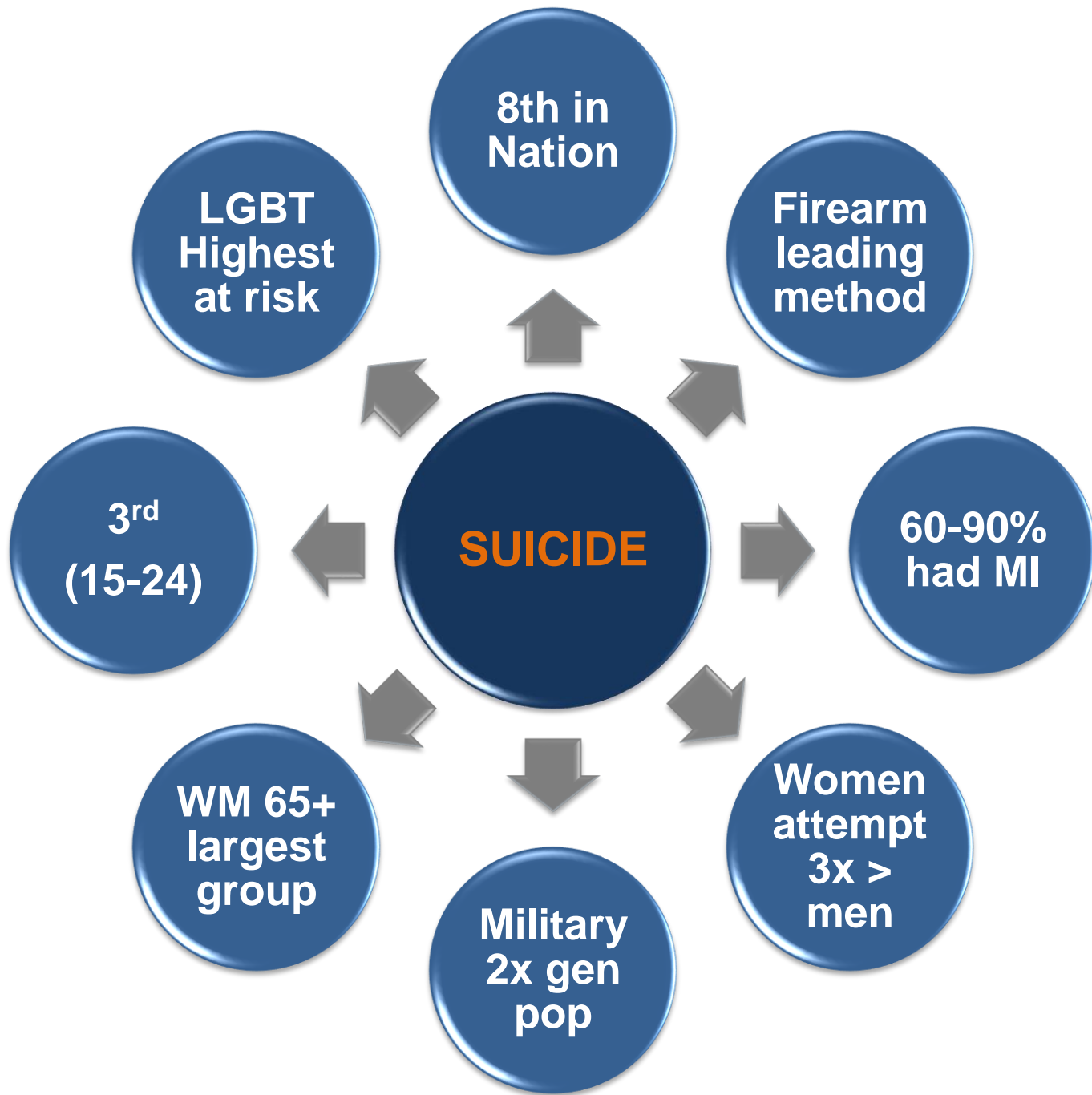
**53% of drug abusers have  
mental illness**



**Dual Diagnosis**

# Consequences of Dual Diagnosis





# Suicide Risk Factors

A combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they may or may not be direct causes.

## **Risk Factors:**

Family history of suicide

Family history of child abuse

Previous suicide attempt(s)

History of mental disorders, particularly clinical depression

History of alcohol and substance abuse

# Suicide Risk Factors (cont.)

Feelings of hopelessness

Impulsive or aggressive tendencies

Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)

Local epidemics of suicide (Suicide by train among teenagers in the North County area.

Isolation, a feeling of being cut off from other people

Barriers to accessing mental health treatment

# Suicide Risk Factors (cont.)

Loss (relational, social, work, or financial)

Physical illness

Easy access to lethal methods

Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

# Understanding Suicide in Older Adults

- Common challenges include:
- Family loss.
- Social isolation.
- Transition to a new home or environment.
- Perceived loss of status, sense of purpose.
- Illness and physical disabilities.
- Financial problems.



# Senior Suicide Statistically

- In San Diego Co. from 2000-2009, the most frequent and statistically successful suicide victims were males, 85 years and over.
- Suicide methods used include 40% firearms, 22% hang/asphyxia, 21% OD/Poison, 11% other, 7% jump.

# The Military and Mental Illness

In 2011 mental disorders accounted for more hospitalizations of U.S. service members than any other major category of diagnoses.

As of 2013, the VA and DOD estimate that **18 to 22** veterans commit suicide each day. Of those, the majority, approximately 53%, are Vietnam War era veterans.

Of those who committed or attempted suicide, more than half had been diagnosed with a mental illness in the past year.

# The Military and Mental Illness (cont.)

The increase reflects the effects of many factors including:

- ★ Repeated deployments/prolonged exposures to combat stresses 1<sup>st</sup> (1 in 10); 2<sup>nd</sup> (1 in 5); 3<sup>rd</sup> (1 in 3)
- ★ Increased awareness and concern regarding threats to mental health among unit commanders/other front line supervisors, service members and their families, and medical care providers.
- ★ Increased screening for and detection of mental disorders after combat-related service.
- ★ Decreasing stigmas and removal of barriers to seeking and receiving mental disorder diagnoses and care.

# Post Traumatic Stress Disorder (PTSD)

## What is it?

Any anxiety that can develop after exposure to a traumatic event in which grave physical harm occurred or was threatened

## Research suggests:

- 35% of current era, OEF/OIF troops are likely to have PTSD or suffer from major depression.
- Represents approximately 300,000 of 1.64 million deployed as of 2008.

## PTSD (cont.)

### **Veterans and the criminal justice system...**

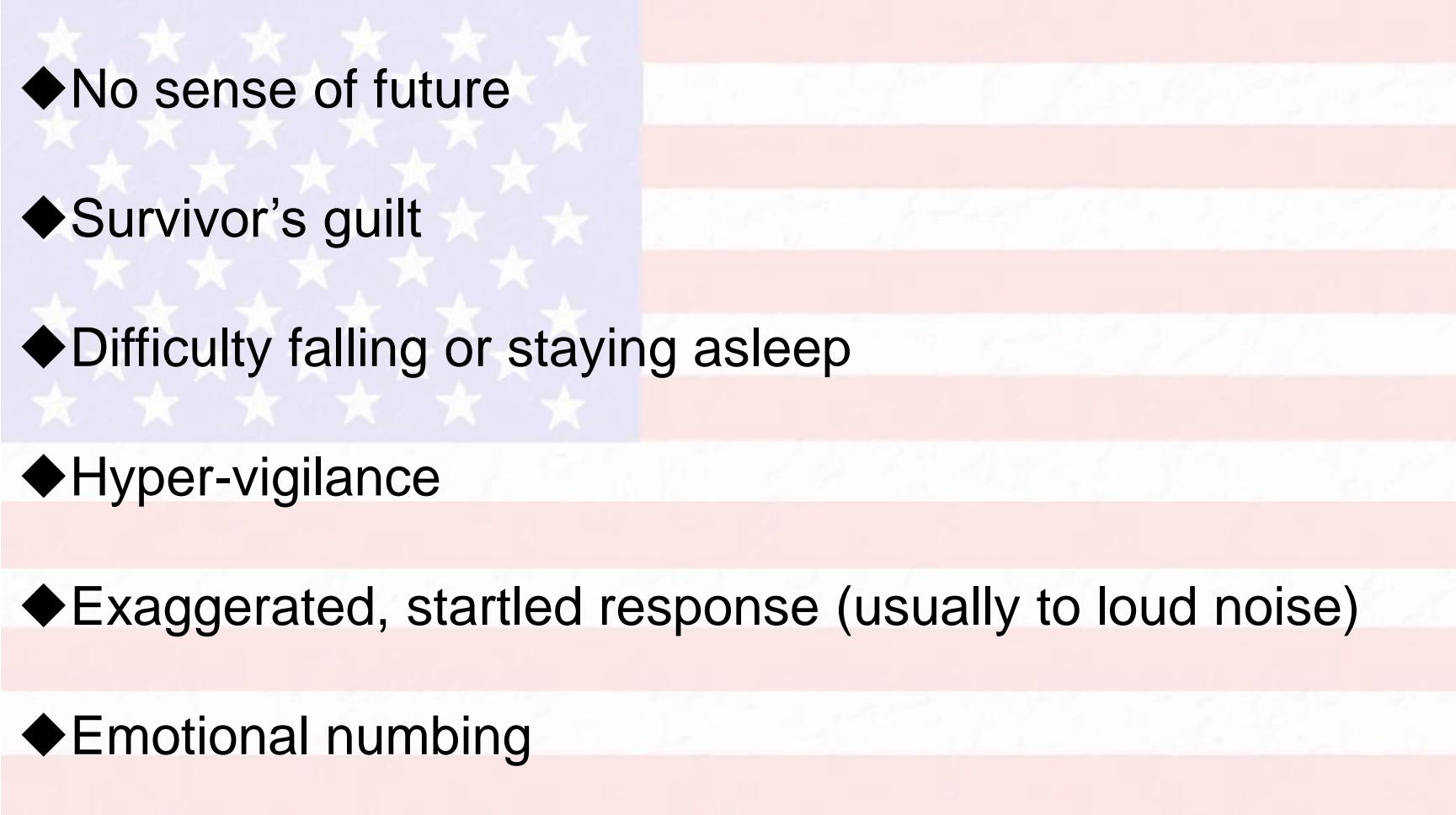
- On any given day, 250,000 to 275,000 of the inmates in the country's prison and jails are veterans.
- The National Vietnam Veterans Readjustment Study found that among male combat veterans with PTSD, nearly half had been arrested one or more times.

# PTSD (cont.)

## Symptoms

- ◆ Recurrent, intrusive and distressing thoughts about the event
- ◆ Recurrent dreams and nightmares about the incident
- ◆ Flashbacks
- ◆ Feeling keyed up (hyper-arousal)
- ◆ Distress caused by reminders of the event

# PTSD (cont.)

- 
- The background of the slide is a stylized American flag with a blue field of white stars on the left and horizontal stripes of red and white on the right.
- ◆ No sense of future
  - ◆ Survivor's guilt
  - ◆ Difficulty falling or staying asleep
  - ◆ Hyper-vigilance
  - ◆ Exaggerated, startled response (usually to loud noise)
  - ◆ Emotional numbing

# Who's In Charge?

## ***Gaining Control*** ***vs.*** ***Taking Control***



- Your confidence
- Your ability to remain calm
- Speaking slowly, gently and clearly
- Lowering your voice
- Indicating a willingness to help and understand



# De-escalation Techniques...Do This

## *Other helpful tips (once the scene is stabilized)*

- Recognize the person may be overwhelmed by thoughts, beliefs, sounds (voices)
- Remember, a person's delusions or hallucinations are real to them
- Understand that a rational discussion may not take place
- Speak simply; move slowly
- Announce actions before taking them
- Attempt to gain voluntary compliance

# De-escalation Techniques...Do This

*...and a few more helpful tips to remember (once the scene is stabilized)*

- Remove distractions and disruptive people
- Be friendly, patient, accepting and encouraging but remain professional
- Be aware that a uniform and gun may frighten a person with mental illness
- Reassure the person that no harm is intended
- Get immediate emergency aid when needed

# Interactions & Problem Solving

## *Symptoms/ Behavior*

## *What Might Help*

## **Anxiety/ Agitation**

- Ask the person to slow down
- Don't demand answers
- Give the person enough personal space
- Reassure person there is time to sort the situation out
- Can you remove the source of agitation/anxiety?

## **Aggressive Behavior**

- Set limits on behavior
- Be aware of threatening statements and take them seriously

# Interactions & Problem Solving

## *Symptoms/ Behavior*

## *What Might Help*

### **Hallucinations Delusions**

- Do not argue with hallucinations or delusions
- Accept that this is what the person believes or perceives

### **Loss of Contact w/Reality**

- Support reality based statements
- Do not encourage statements that are not real
- Be careful with use of touch

### **Slow Response**

- Allow person to formulate a response
- Be patient

# Interactions & Problem Solving

## *Symptoms/ Behavior*

### *What Might Help*

**Difficulty  
Establishing  
Directed  
Activity**

- **Make expectations clear and concise**
- **Help person identify meaningful tasks and break these down into doable tasks**

**Difficulty  
Making  
Decisions**

- **Limit number of decisions to be made**
- **Take a directive stance that relate to a person's safety**

**Exaggerated  
Response**

- **Use clear concise questions and statements**

# Interactions & Problem Solving

## *Symptoms/ Behavior*

## *What Might Help*

**Depression  
Frustration  
Loneliness  
Guilt**

- Allow person to vent
- Allow person to cry
- Help in problem solving and making changes in behavior that will have an impact on feelings
- Help person set realistic goals

**Disorganized  
Illogical  
Thinking**

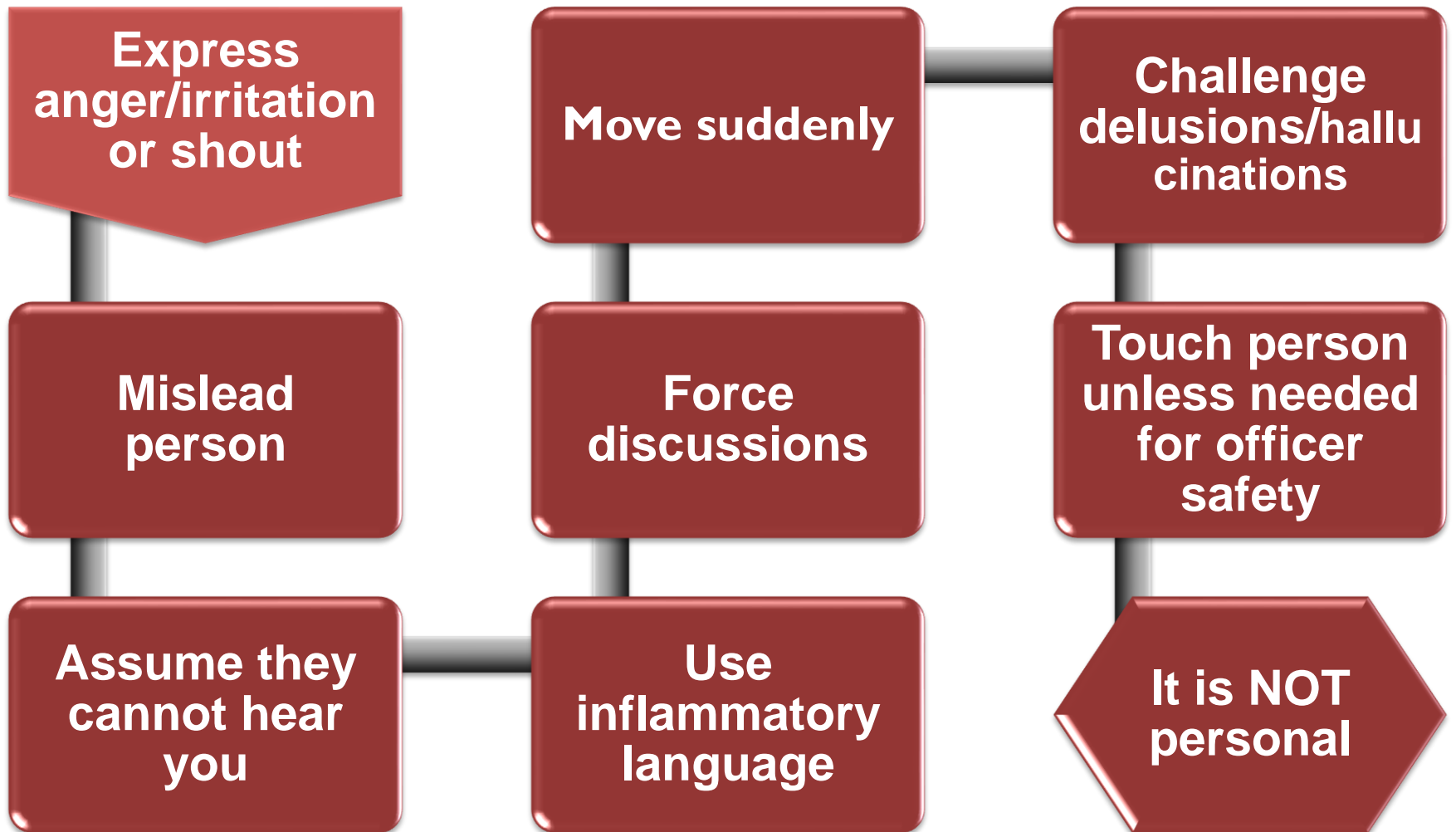
- Word sentences in simple terms
- Ask one question at a time
- Allow person time to form an answer/response

# Interactions & Problem Solving

## *Final Thoughts and Suggestions...*

- ❖ Never promise anything you cannot do
- ❖ Develop a strategy
- ❖ Keep your options open
- ❖ Deal with me now...deal with me later!

# De-escalation Techniques...Don't Do This





# IVST Introduction

***Officer safety is always your top priority!***

***Always follow your department's policies and training guidelines.***

None of the scenarios that follow are designed to demonstrate officer safety or force options.

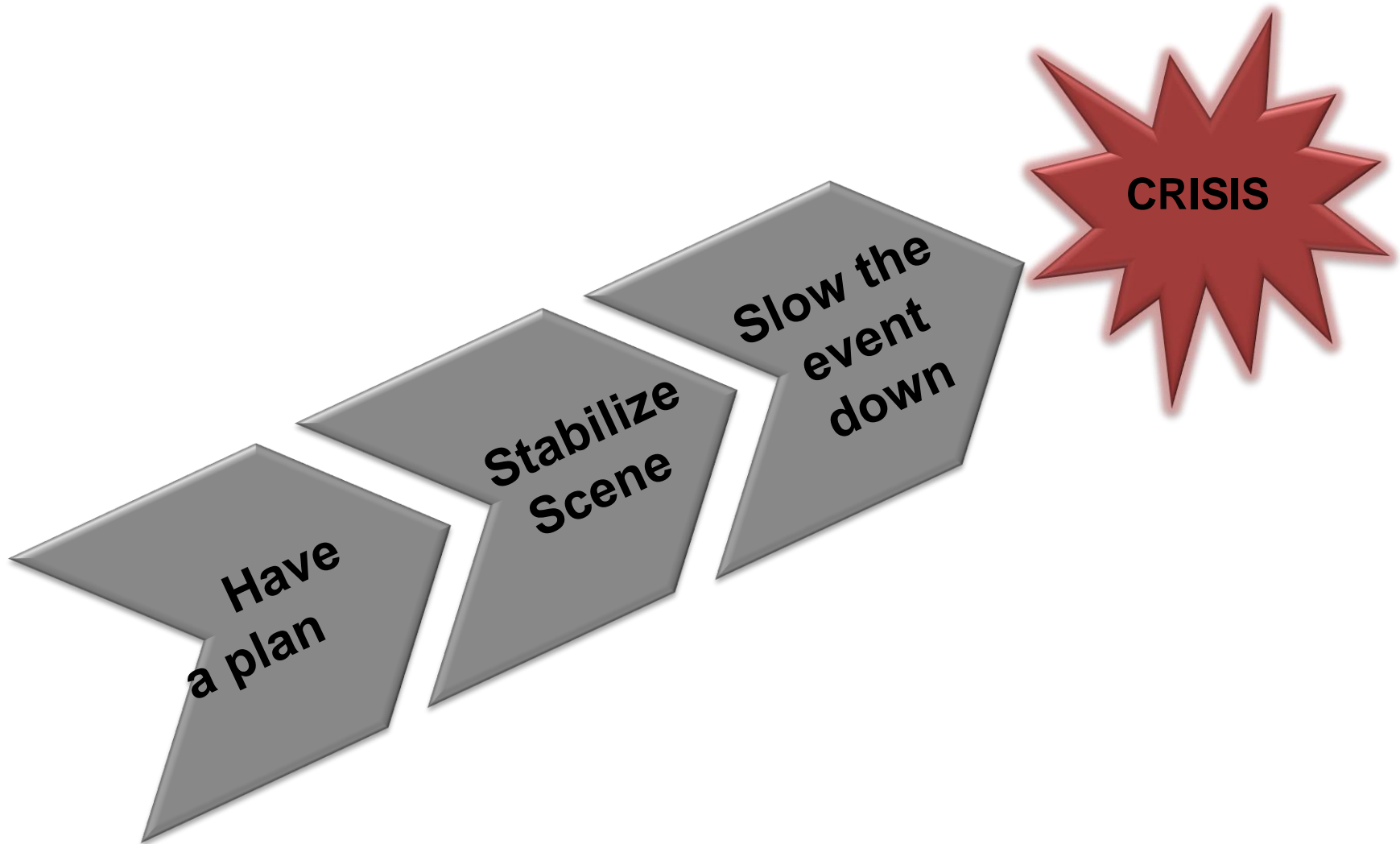
None of the scenarios include an assault on a peace officer or a resisting arrest situation.

These scenarios are designed to enhance your tactical communication and de-escalation skills.

# Mental Health Problem Solving

- Can you tell us what's going on here?
- How can we help you today?
- Are you a veteran?
- Are you under the care of a doctor or case worker?
- Are you taking meds? What meds? For what?
- Are you thinking of hurting yourself or someone else?
- Do you know where you are? What day is it?
- How do you get clothing, food and shelter?
- Are you hearing voices? What are they saying?
- Will you come with me to see someone who can help you?

# Remember...Three Critical First Steps



Q

&

A