



# Mental Health 101: A Trauma-Informed Approach Training for First Responders

*Developed by*  
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***Live Well, San Diego!***





# Learning Objectives

*By the end of this training participants will be able to...*

- Define mental illness and understand prevalence
- Identify stigma and related myths to mental health
- Recognize frequently encountered signs and symptoms of behavioral health challenges
- Understand what trauma-informed care means
- Use a trauma-informed approach to engage and de-escalate while protecting public and personal safety



# Agenda

- Building awareness of mental health challenges
- Introducing a trauma-informed approach
- Discussion of situations you may encounter
- Review of tools for your use

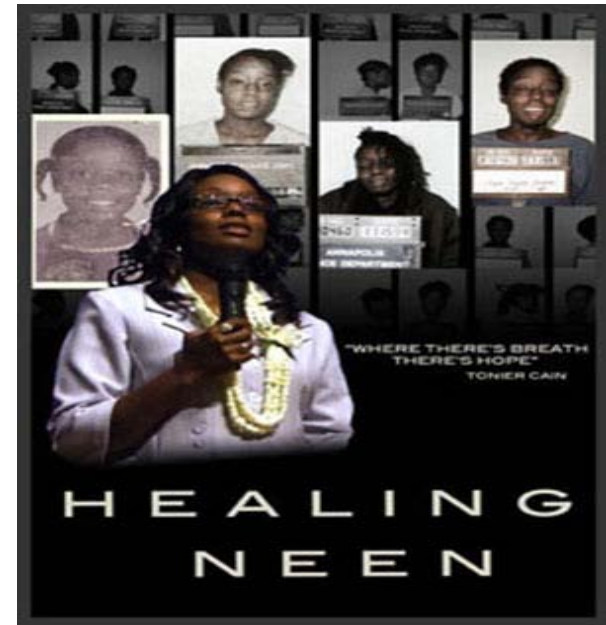
# Introductions

***Please state your...***

- Name
- Role
- Division/Department



# Healing Neen



*"After 83 arrests and 66 convictions, they told me I was going to spend the rest of my life in prison, or die on the streets. And I had become..... comfortable with that."*

-Tonier

# Mental Health 101: Building Awareness



# What is Mental Illness?

- Biological disease affecting the brain
- Biopsychosocial Context
- Symptoms and their effects on
  - Mood
  - Thinking
  - Behaviors





# Myths and Facts Surrounding Mental Illness





# The Facts

- Most major crimes are committed by people **without** mental illness
- Persons with mental illness are 2.5 times more likely to be the **victim** of crime



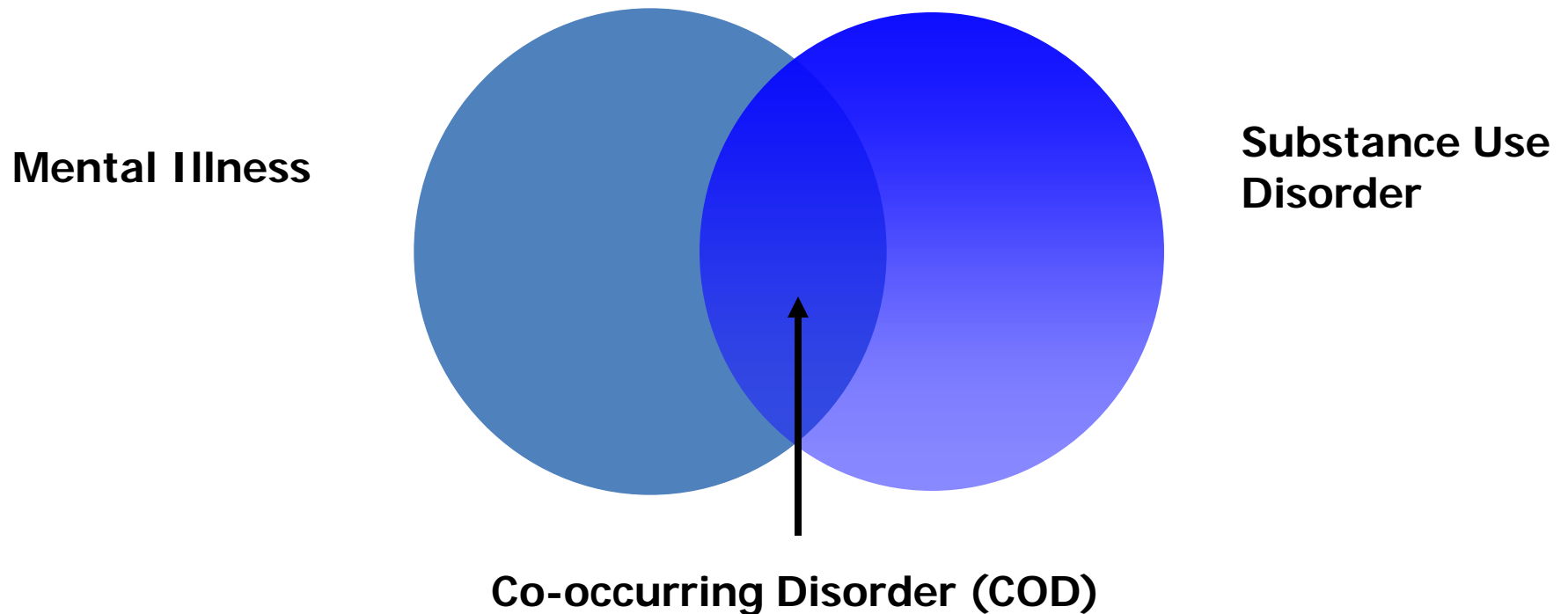


# More Facts: Increased Risk

- When drugs or alcohol co occur with mental illness
- During Encounters with First Responders

- 
- *Why do you think behavior changes when First Responders arrive?*
  - *What can you do to minimize danger and increase safety during these encounters?*

# Co-Occurring Disorders





# Why is this important to you?

- First responders do and will encounter mental illness, on the job and in their life.
- Statistics show 5-10% of all 911 calls involve direct mental health crises.
- First responders **can** and **do** make a huge difference in the way they handle these calls.



# Prevalence

Mental Illness	Prevalence in US population
Substance Abuse Disorder	24%
Major Depression	17%
Social Anxiety Disorder	13%
Post-Traumatic Stress Disorder	8%
Bipolar	2%
Schizophrenia	1%



## Signs & Symptoms

## Behavioral Health Challenges

Evident in:

- ☐ Mood
- ☐ Thinking
- ☐ Behavior





# Thought Processing Concerns

## Hallucinations

- **Auditory**
  - Hearing voices, yelling
  - Commands to hurt self
- **Visual**
  - Seeing things others do not see
- **Tactile**
  - Sense of Touch
    - Ex: Feeling bugs crawling over their body
- **Olfactory**
  - Sense of smell
    - Ex: Smelling blood

## Delusions

- **Paranoid**
  - “People are reading my thoughts”
  - “The FBI is tapping my phone.”
- **Grandiose**
  - “I am God”
  - “I can communicate with aliens, I can read your mind.”
- **Ideas of reference**
  - “Television shows are about me”
  - “Everyone is looking at me and talking about me”

# Major Mental Illnesses

## **Psychotic Disorder**

Schizophrenia

## **Mood Disorders**

Bipolar Disorder

Major Depression

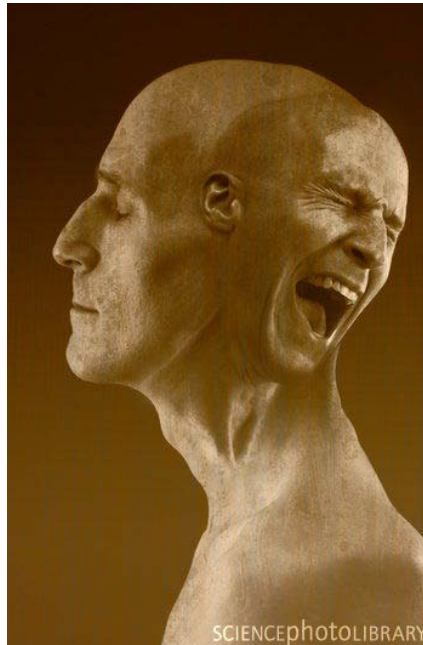




# Distinctive Signs

## Schizophrenia

- Hallucinations  
(Auditory most common)
- Delusions
- Paranoia & Suspiciousness
- Bizarre Behavior



## Drug-Induced Psychosis

- Hallucinations  
(Auditory most common)
- Delusions
- Paranoia & Suspiciousness
- Bizarre Behavior



# De Escalation Grid

Think making LEAPS:

- Listen
- Empathize
- Ask
- Paraphrase
- Summarize





# First Responder Strategies: Psychosis

- **Tell the person what you are going to do before you do it.**
  - “I’m going to check you for weapons”.
- **Offer them choices as appropriate**
  - “Which side of the car would you like to get in”
  - “Where would you like me to take you for treatment?”
- **Do not attempt to play along with delusions or hallucinations, connect to their feelings instead**
  - “That must be scary for you to see God and the devil fighting”.

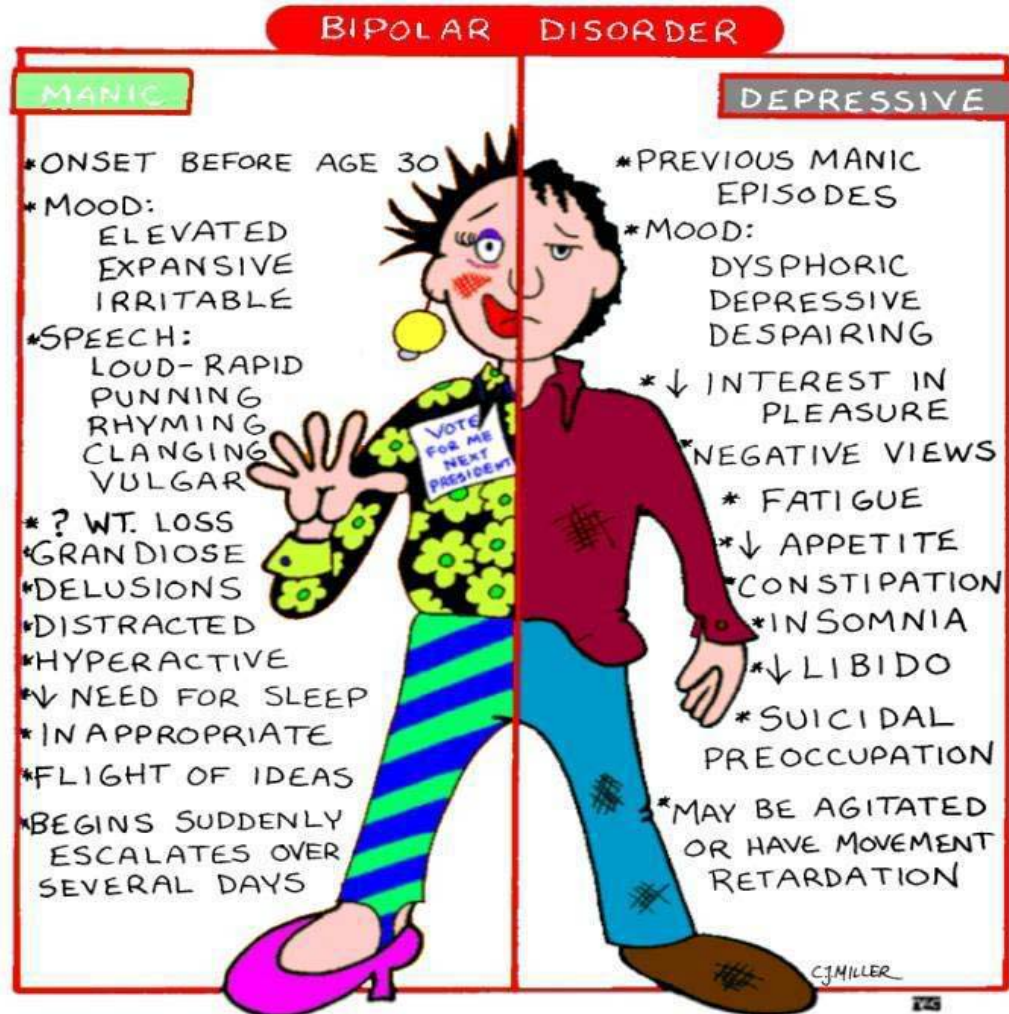
# Bipolar Disorder



- **Mood disorder**
  - Characterized by extreme mood swings
    - The highs: Mania
    - The lows: Depression
  - Moods can cycle up and down
    - every day or every 3 months depending on the person
    - Cycles may not follow a pattern or typical “trigger”
  - Can also be marked with symptoms of psychosis
- ***First responders are likely to encounter while manic, or severely depressed and suicidal***

# Bipolar Disorder

## What is it?



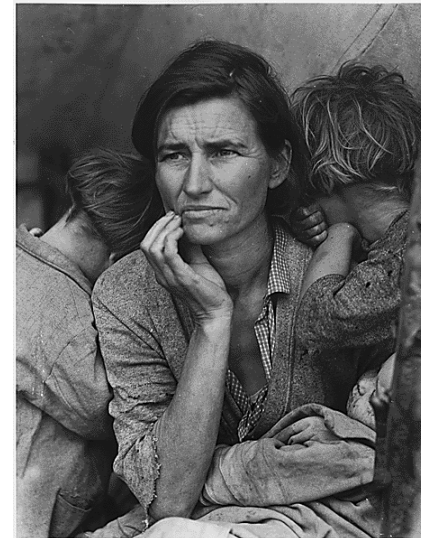


# First Responder Strategies: Bipolar

- Remain calm
- Ask closed ended questions-contain the conversation, if possible
- Remain neutral and resist the temptation to argue
- Remember your presence can be very calming and re-assuring to someone feeling out of control
- Try to focus on one issue at a time, provide a sense of safety and structure

# Major Depression

- More common in women
  - Women 20%
  - Men 12%
- Can occur at any age
  - First episodes likely in 30's or 40's.
- Episodic- lasting weeks to months
- New mothers at risk of post-partum depression
  - The “baby blues”
- Responds well to therapy and medication





# First Responder Strategies: Depression

- Assess for suicidal intent, plans, means
  - Ask direct, specific questions
    - “Do you feel safe right now?”
    - “Are you thinking about hurting yourself or ending your life?”
- Be aware of slowed psychomotor responses
  - i.e. slow movements and/or slow to speak
  - This may look like disrespect or lack of cooperation
- Understand that the person may not be able to articulate a clear reason for depressive feelings
- You are not expected to “solve” their depression
  - Being understanding and supportive will go a long way





# 5150

- **WELFARE AND INSTITUTIONS CODE  
SECTION 5150-5157**

- 5150. When any person, as a result of mental disorder, is a **danger to others, or to himself or herself, or gravely disabled**, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation.



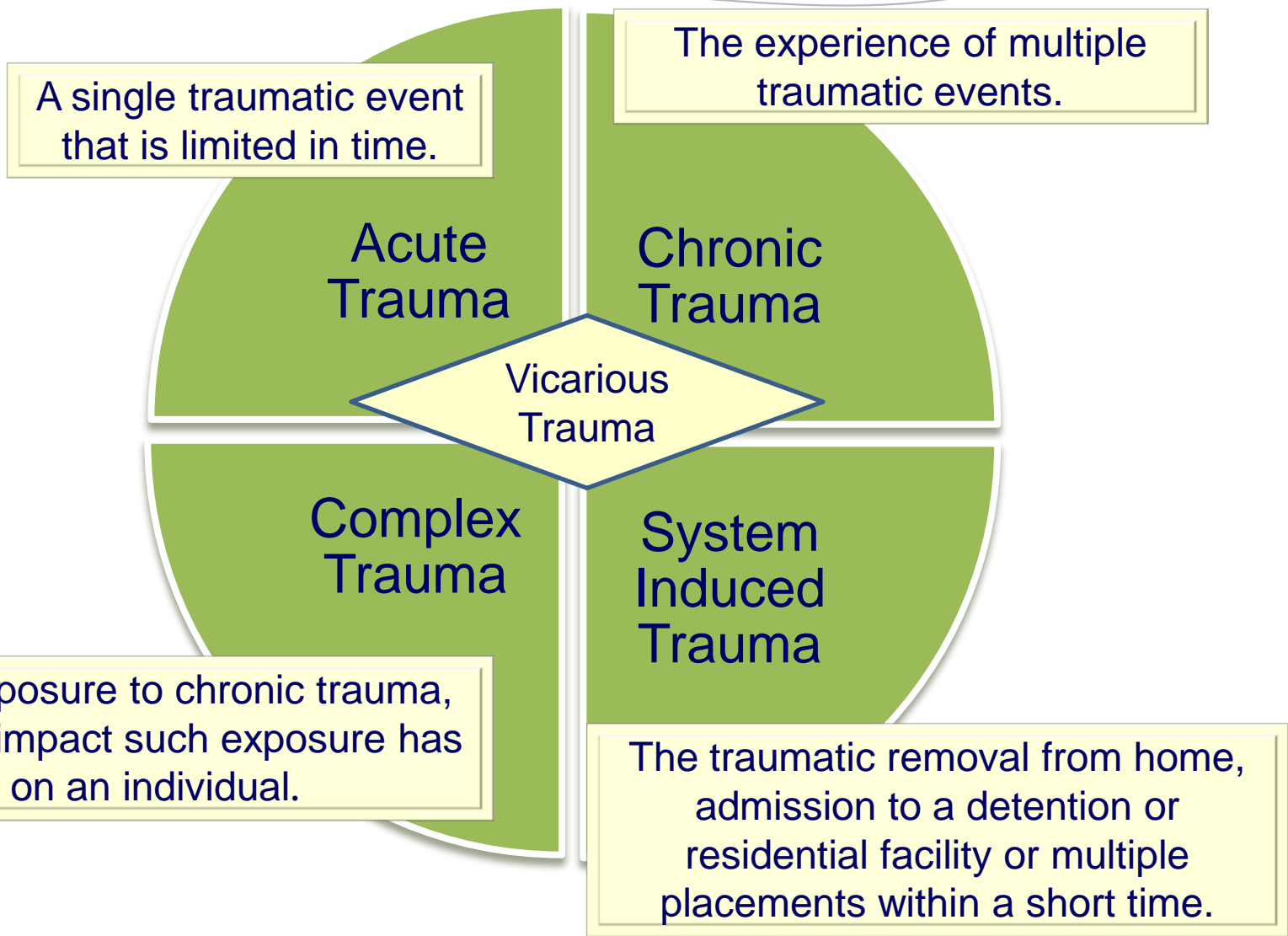
# Jail or Hospital?

- First Responders do not determine a diagnosis or utilize clinical skills
- Their role is to assess whether psychiatric intervention is warranted, if so, take to identified hospital
- Consider a drug and alcohol treatment program (rehab) or detox center over jail
  - or other alternatives to incarceration or psychiatric hospital

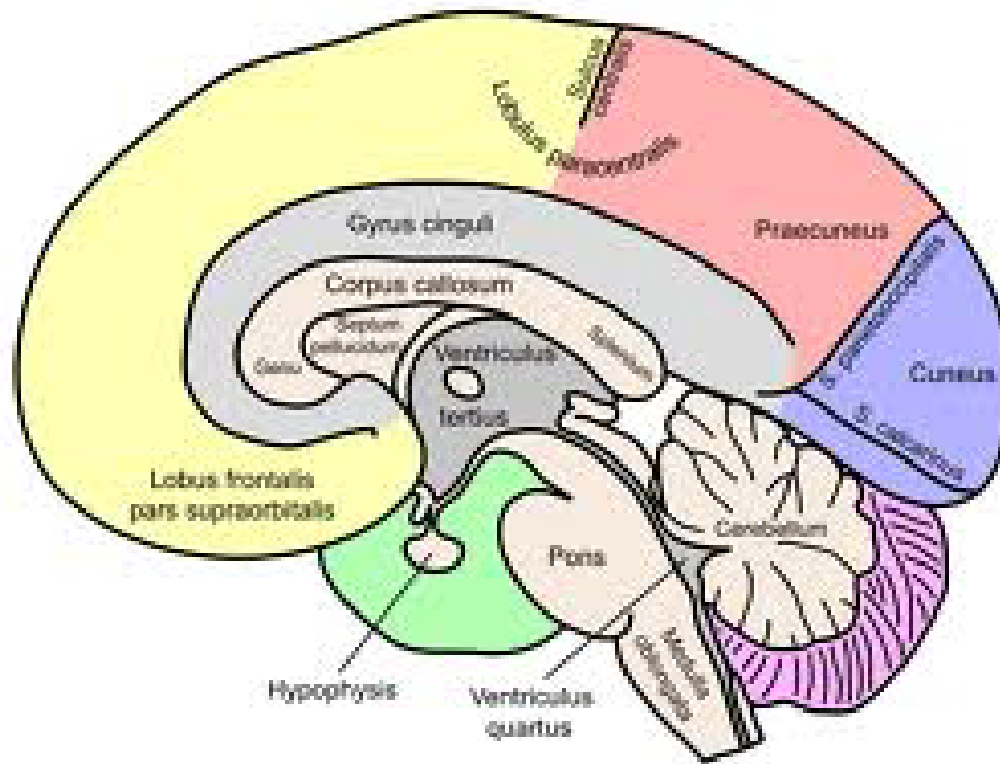


# **Trauma Informed Care: A New Lens**



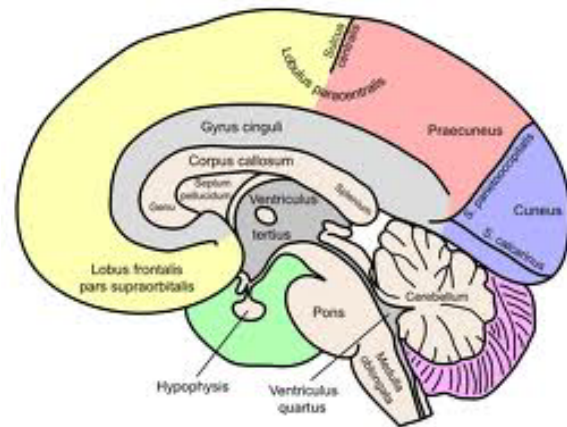


# Trauma and the Brain



# Trauma and the Brain

- People who are exposed to severe and chronic trauma are often unable to “shut down” their emergency response system.
- Executive functioning and Limbic system shut down
- Results in:
  - Hyperaroused state
    - Aggression
    - Violent/Volatile
  - Triggers
  - Body prepares for injury
  - Body prepares to fight or flee





*Our experience.*

*A trauma survivor's  
experience.*






# Adverse Childhood Experiences the “ACE” Study

- **Adverse** Childhood Experiences are the most **BASIC** cause of most health risk behaviors, morbidity, disability, mortality, and health and behavioral health care costs.
- Which means trauma is a **crucial public health issue** – at the **ROOT** of and **CENTRAL** to development of health and mental health problems – and to recovery.

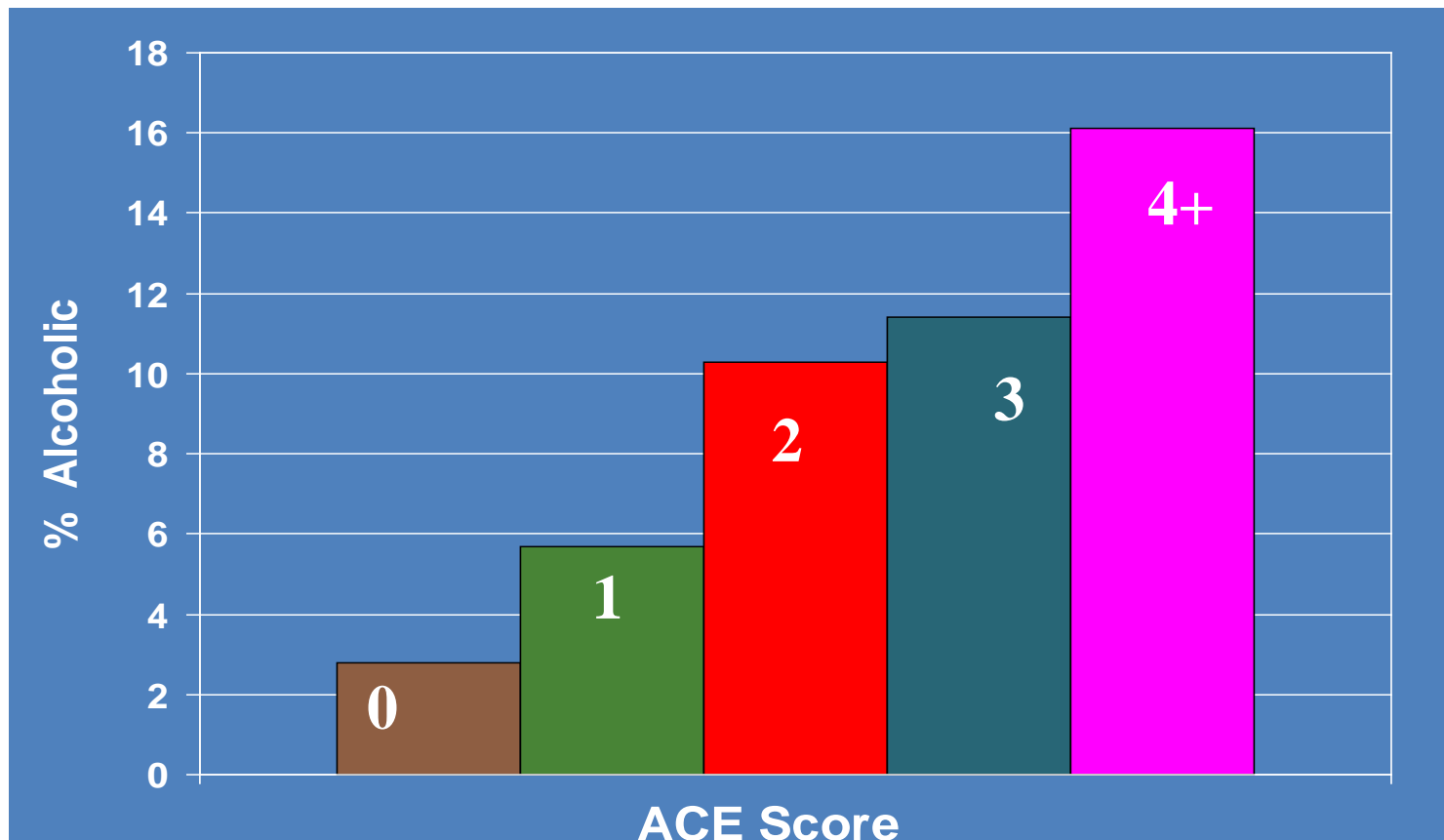


# The ACE Study

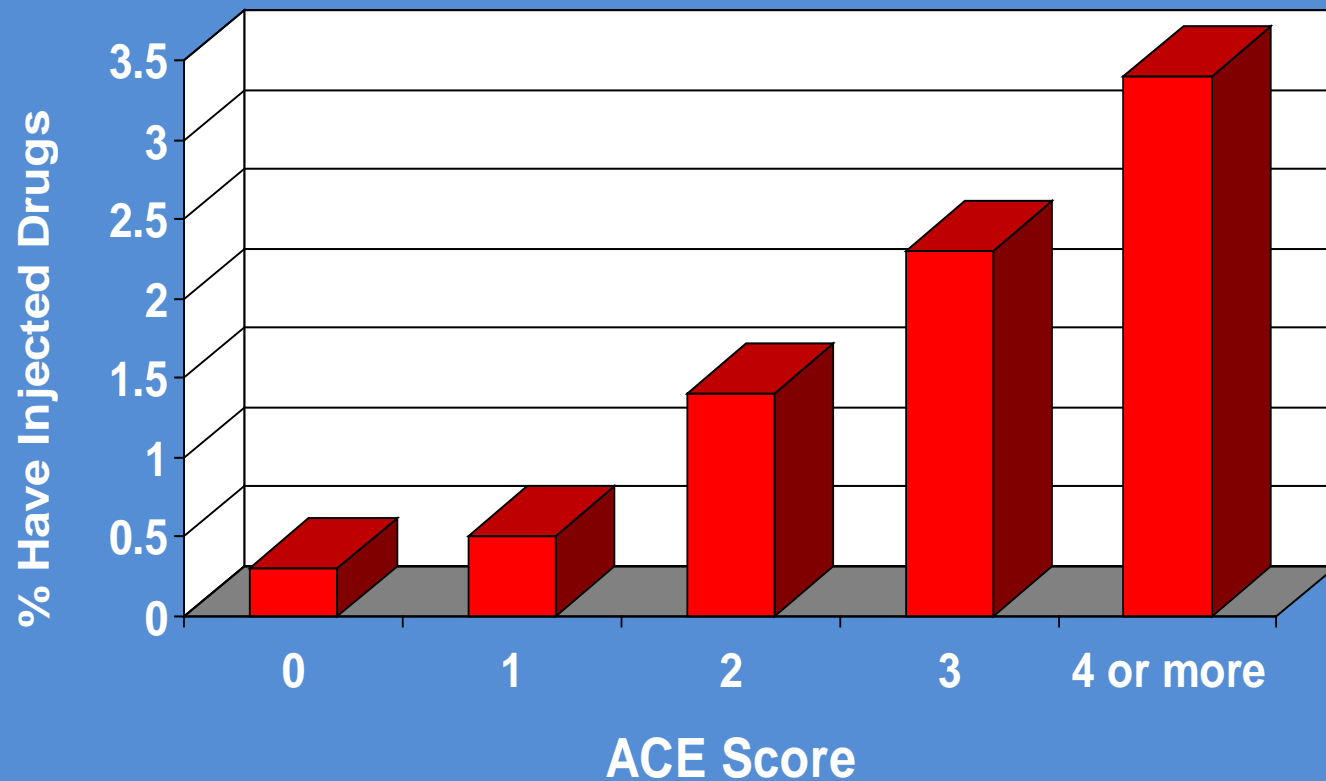


 <b>Adverse Childhood Experiences*</b>	<b>Impact of Trauma and Health Risk Behaviors to Ease the Pain</b>	<b>Long-Term Consequences of Unaddressed Trauma (ACEs)</b>
<p><b><i>Abuse of Child</i></b></p> <ul style="list-style-type: none"> <li>■ Recurrent Severe Emotional abuse</li> <li>■ Recurrent Physical abuse</li> <li>■ Contact Sexual abuse</li> </ul> <p><b><i>Trauma in Child's Household Environment</i></b></p> <ul style="list-style-type: none"> <li>■ Substance abuse</li> <li>■ Parental separation or divorce -</li> <li>■ Chronically depressed, emotionally disturbed or suicidal household member</li> <li>■ Mother treated violently</li> <li>■ Imprisoned household member</li> <li>■ Loss of parent - (best by death, unless suicide, - worst by abandonment)</li> </ul> <p><b><i>Neglect of Child</i></b></p> <ul style="list-style-type: none"> <li>■ Abandonment</li> <li>■ Child's basic physical and/or emotional needs unmet</li> </ul> <p>* Above types of ACEs are the "heavy end" of abuse.</p>	<p><b><i>Neurobiologic Effects of Trauma</i></b></p> <ul style="list-style-type: none"> <li>■ Disrupted neuro-development</li> <li>■ Difficulty controlling anger-rage</li> <li>■ Hallucinations</li> <li>■ Depression</li> <li>■ Panic reactions</li> <li>■ Anxiety</li> <li>■ Multiple (6+) somatic problems</li> <li>■ Sleep problems</li> <li>■ Impaired memory</li> <li>■ Flashbacks</li> <li>■ Dissociation</li> </ul> <p><b><i>Health Risk Behaviors</i></b></p> <ul style="list-style-type: none"> <li>■ Smoking</li> <li>■ Severe obesity</li> <li>■ Physical inactivity</li> <li>■ Suicide attempts</li> <li>■ Alcoholism</li> <li>■ Drug abuse</li> <li>■ 50+ sex partners</li> <li>■ Repetition of original trauma</li> <li>■ Self Injury</li> <li>■ Eating disorders</li> <li>■ Perpetrate interpersonal violence</li> </ul>	<p><b><i>Disease and Disability</i></b></p> <ul style="list-style-type: none"> <li>■ Ischemic heart disease</li> <li>■ Cancer</li> <li>■ Chronic lung disease</li> <li>■ Chronic emphysema</li> <li>■ Asthma</li> <li>■ Liver disease</li> <li>■ Skeletal fractures</li> <li>■ Poor self rated health</li> <li>■ Sexually transmitted disease</li> <li>■ HIV/AIDS</li> </ul> <p><b><i>Social Problems</i></b></p> <ul style="list-style-type: none"> <li>■ Homelessness</li> <li>■ Prostitution</li> <li>■ Delinquency, violence, criminal behavior</li> <li>■ Inability to sustain employment</li> <li>■ Re-victimization: rape, DV</li> <li>■ compromised ability to parent</li> <li>■ Intergenerational transmission of abuse</li> <li>■ Long-term use of health, behavioral health, correctional, and social services</li> </ul>

# Childhood Experiences and Adult Alcoholism



# ACE Score and Intravenous Drug Use





# Case Example





- Can you share an example of a call you responded to where the person displayed symptoms of hyper arousal, a triggered anxiety response or violent behavior?
- Did you link this behavior to a possible trauma history?
- How might you respond differently now?

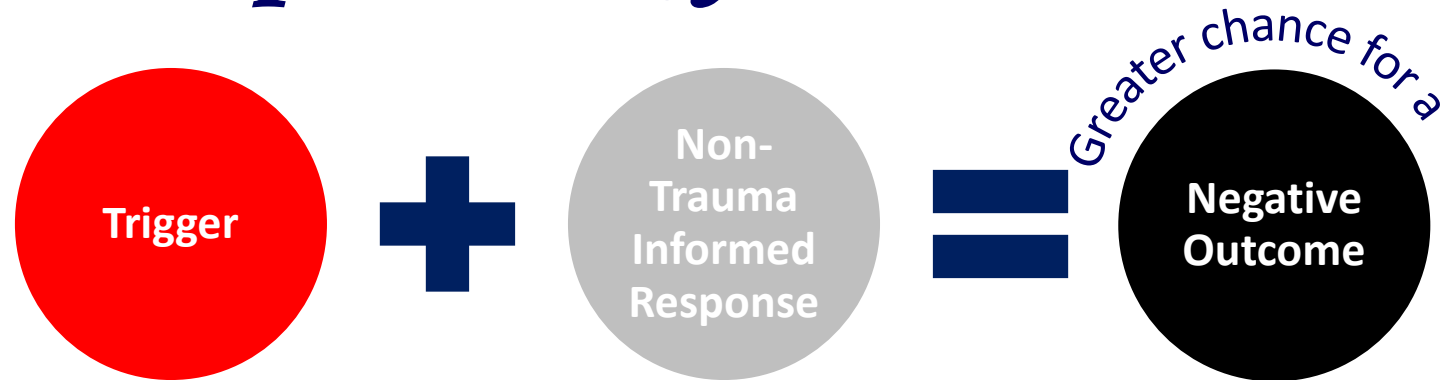




# What it means to be Trauma-Informed

- IT DOES NOT MEAN TO TREAT THE TRAUMA
- IT DOES mean to:
  - Recognize high level of trauma among those you serve
  - Practice self care
  - Look at the whole person, not just the behavior
  - Understand the role that victimization plays in the lives of trauma survivors
  - Understand that the behaviors you are observing may have protected them in the past.
  - Instead of asking, “What is **wrong** with you?”  
Ask, “What **happened** to you?”

# Your response is key-



*Which outcome do you want to have?*



# Traditional Response vs. Trauma-Informed Response

## “Held Hostage”



# Healing Neen



Neen's story illustrates the consequences that untreated trauma has on individuals and society at-large, including mental health problems, addiction, homelessness and incarceration. Today, she is a nationally renowned speaker and educator on the devastation of trauma and the hope of recovery.



Trauma  
Recovery  
is when  
people live  
with more  
hope than  
fear...

# Comments & Questions



Sponsored by the County of San Diego HHSA Behavioral Health Services through Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds and the County's *Live Well, San Diego!* Initiative.



# For further information:



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