

# SPEAKERS HANDBOOK



## **NAMI NEW JERSEY**

**An affiliate of NAMI**

*The Nation's Voice On Mental Illness*

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**ADVOCACY  
EDUCATION  
FAMILY SUPPORT**

## Some important numbers:

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## Websites:

There are many good websites with the latest information about causes and treatments of brain disorders. Two of the best are the NAMI and NIMH websites; they will also link you to others.

NAMI (National Alliance for the Mentally Ill)  
[nami.org](http://nami.org)

NIMH (National Institute of Mental Health)  
[nimh.nih.gov](http://nimh.nih.gov)

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*It is the purpose of this handbook to assist you in speaking about mental illnesses as part of the NAMI NEW JERSEY Speakers Bureau. Included is additional information for speakers who are part of the NAMI NJ Law Enforcement Education Program.*



## **Notes on using this booklet**

1. There are spaces left on pages 17, 22 and 23 for local psychiatric emergency screening center phone numbers and locations. Please fill in the appropriate information for your area so that you can share it with your audience.
2. If you are teaching law enforcement officers, distribute wallet-sized DOs and DON'Ts cards and give the officers the local screening center information. They should note the phone number on their cards with ball point pen or marker, then cover it with a piece of transparent tape to protect it. Or it can be typed on a label and affixed to the card, again, protected by tape.
3. This booklet is intended as an aid and a reference, to make your job easier. You will come across situations in which your own experience as a family member or consumer will serve you better than this booklet can. It is meant as a guide and a tool to answer a few questions, provide some general guidelines and provide some ideas that should help make your job easier.
4. The NAMI NEW JERSEY, NAMI National and NIMH websites contain current information regarding the progress of treatment, programs and legislation for those with mental illness. You should utilize this current information whenever possible in your speaking presentations.

## **Overview of your responsibilities as a speaker:**

First you must decide who in your area needs to know about mental illness. Some priority groups are: law enforcement, educators, clergy, sheltered employment and mental health providers. These groups can have a wide ranging influence on the lives of our family members. The general public also needs to know about mental illness. Offer to speak to Kiwanis, Lions, Rotary, Women's Clubs, etc.

## **How?**

- Send out a letter offering your services.
- Send a press release to your local newspaper.
- Contact a local radio or TV station and offer yourself as an interviewee.
- Ask affiliate members to seek speaking engagements for you through their local contacts (churches, schools, service groups).

## **Present appropriate material:**

When scheduling a speaking engagement, ask:

- a. What kind of audience will it be? Will they be teachers, providers, psychologists, police officers, the general public?
- b. How many people are expected to attend? You need to know this so that you can prepare enough handouts.

## **Equipment:**

If you are going to need special equipment, ask for it when scheduling the lecture. Find out what is available and alter your presentation accordingly. You may need:

- VCR
- blackboard, chalk or markers
- tape recorder

# A brief History of the Treatment of Mental Illness

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Before the 1950s people suffering with mental illness were subject to loathesome conditions. Isolated in horrific institutions, chained in cages, given hot baths, cold baths, electric shock treatments, many were forced to sleep in their own excrement. No one knew what else to do with them.

In the 1950s it was discovered that certain drugs could suppress the major symptoms of mental illness, anesthetizing patients but making them manageable. The side effects of these drugs were considerable and all of them eventually induced Parkinsonian symptoms, the trembling, tongue thrusts, sucking impulses that the general public used to associate with mental illness. Families were told that these Parkinsonian symptoms were the result of the progress of the illness; they were not. They were the direct result of nerve damage produced by the treatments. No one looked for anything better; researchers believed only medications producing Parkinsonian symptoms were effective in treating mental illness.

Through the use of medications, patients could be subdued and no longer posed a threat to the public order. During the 1960s, the number of psychiatric hospital beds was drastically reduced and many such facilities closed. Community mental health centers were supposed to fill the need for outpatient care and group homes would provide a safety net for people who no longer required hospitalization. Medication compliance was assumed. We all know that is not how it works. Many patients, experiencing moderate to severe side effects, refuse to take their medications; current New Jersey law does not allow anyone to force them.

Many people with mental illness have fallen through the cracks into homelessness or into the criminal justice system. As this handbook is being prepared, there are three times as many people with mental illness in jail or prison in the

United States as there are in public psychiatric hospitals. It is a failure of the mental health system. Law enforcement officers are the front line in dealing with mental illness crisis. This is a role for which most officers have been ill prepared. The NAMI New Jersey Law Enforcement Education Program addresses this problem.

## **Our role in law enforcement education**

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Information for a curriculum for on-duty law enforcement officers was assembled at UMDNJ Behavioral HealthCare Institute for Quality, Research and Training in New Brunswick. This program involves an unprecedented interaction among New Jersey's psychiatric emergency / screening centers, law enforcement and NAMI families. Utilizing this program, the State of New Jersey Department of Law and Public Safety Division of Criminal Justice Police Training Commission has created a mental illness crisis curriculum that will become a permanent part of training for basic recruits in police academies throughout the state July 1, 2002. It is up to each Police Academy directors what emphasis they put on this program.

It is NAMI New Jersey's mission to see to it that all law enforcement officers understand the nature of mental illnesses and how to deal with crisis situations. Our role as NAMI liaison volunteers is to make sure that happens. We may be called upon to speak, to provide insight, or to present the family perspective. We may be asked to provide research data, updates on legislation or tell our stories. One way to make sure the training takes place is to be present when it does. With the help of your county's psychiatric emergency / screening and police academy instructors, you can define your own role according to your strengths. This booklet attempts to give you some tools. If you come up with better ideas, please share them with us so we can continue to improve the lot of our family members. You can e-mail your comments or suggestions to [NAMIlaw@aol.com](mailto:NAMIlaw@aol.com).

## Some miscellaneous information

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Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others. Just as diabetes is a disorder of the pancreas, mental illnesses are brain disorders that often result in a diminished capacity for coping with the ordinary demands of life.

Mental illnesses can affect persons of any age, race, religion, or income. Five million people in this country alone suffer from a serious chronic brain disorder. These illnesses greatly affect family members and society in general. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.

Most important, these brain disorders are treatable. As a diabetic takes insulin, most people with serious mental illness need medication to help control symptoms. Supportive counseling, self-help groups, housing, vocational rehabilitation, income assistance and other community services can also provide support and stability, leaving the focus on recovery.



# Outline of a NAMI NJ Presentation

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A possible general outline for a NAMI NJ Speakers presentation should it be appropriate for you to give one:

1. Hand out little questionnaire (page 26)
2. Go over questionnaire.
3. A brief personal introduction (optional)  
Example: my name is \_\_\_\_\_. My son/daughter/spouse/sibling/parent has been diagnosed with a major mental illness. He/she is (doing well; working; attending college; living in a group home; currently hospitalized; in prison; whatever). I am a member (or officer) of NAMI (your county).
4. Give a brief history of the treatment of people with mental illness (page 6)
5. Show the NAMI Science and Treatment video.
6. Go over the symptoms of major mental illnesses (page 21).

## **For Law Enforcement Education:**

7. Explain the DOs and DON'Ts (page 16-17; 22)
8. Review the Emergency Screening Law (page 23)  
Explain that, although an officer can be sued for false arrest when taking a suspect to jail, he can not be sued for taking a suspect, in good faith, to psychiatric emergency screening.

## **For both Law Enforcement Education and a general audience:**

9. Read one or more of the stories from *Our Stories*.

*Pages 20 through 27 are designed for photocopy reproduction. Feel free to copy them for use in your presentation or to offer to law enforcement instructors as handouts. If you have the opportunity to participate actively in police training, in some cases police academies will reproduce and store copies.*

## Presenting the Family Perspective

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*You may be called upon to give the family perspective. Here are some possible topics for your presentation:*

- Introduce yourself, tell where you live, describe your family, your education.
- Discuss your ill relative (my son/ daughter/ mother/ father/ sister/ brother was diagnosed with \_\_\_\_\_ mental illness in \_\_\_\_\_(year) and has suffered symptoms since age \_\_\_\_\_. Describe any other relevant ramifications, symptoms.
- Tell about NAMI and our efforts to establish a regular program to inform the public and train law enforcement officers. Thank whoever among your hosts or in law enforcement has been cooperative in this effort.
- Mental illness, although previously thought to be an adult disorder, has now been identified in children, as young as age 3. Describe the difficulty in diagnosing and treating childhood-onset, but that treatment for adult onset appears to be much more effective.
- Emphasize the fact that these illnesses are biological brain disorders, NOT the result of bad parenting, abusive situations, or being abandoned by their families. Mention the scientific research (you can use the little questionnaire on page for this as an introduction).
- Most of those afflicted are not homeless or forgotten by their families. Most families dedicate their lives to caring for and seeking effective treatment for their loved one.
- Tell about your relative's struggle with mental illness (i.e. my daughter is a wonderful and brave little girl with a heart of gold who is very aware that she is different , who cries wishing to be "normal", and courageously struggles every day to battle an illness that is overwhelming to even the strongest adults).
- Relate successful outcomes in relation to law enforcement, i.e., mention how wonderful your local

police department had been, but that sadly, such was not the case everywhere.

- Mention an unfortunate experience (no names) and why you see the need for this worthwhile program. Encourage others to be considerate and respectful of the assistance of available family members who have insight and a perspective that they couldn't possibly have.
- The most recent U.S. Justice Department figures reveal that here are 4 times as many people with mental illness in jail or prison nationwide as there are in public psychiatric hospitals.
- Discuss the stigma that confronts those with mental illness and their families.
- Encourage the audience to learn more about mental illness as it is more prevalent than they may realize; 1 in 5 families will be affected by some form of mental illness in their lifetime (sadly many may be undiagnosed and perhaps manifest in substance abuse or other masking forms of destructive or odd behavior).
- Tell the audience to let compassion always be their guide and encourage them to contact you, their local mental health center, NAMI (national, state, or local), or any other organization for more information.
- Describe your family member's experience with psychosis.
- Give website information, distribute NAMI NJ brochures, NIMH publications, DOs and DON'Ts cards when appropriate.

## Answers to the Questionnaire on page 24.

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Schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder and panic disorder:  
(check all that apply)

- are the result of inadequate parenting  
*NO. All of these mental illnesses are biological brain disorders and have nothing to do with how a child was raised by parents.*
- can be alleviated through the use of behavior modification techniques  
*NO. Trying to get someone with a mental illness to modify behavior is like asking someone with heart disease to make his heart beat more regularly or getting someone with diabetes to regulate his blood sugar by concentrating. He can't help it.*
- can be overcome by will and determination on the part of the patient  
*NO. Asking someone to overcome mental illness by will and determination is like asking someone to snap out of a coma.*
- are the result of organic brain diseases  
*YES. All major mental illnesses are organic brain disorders.*
- may be caused by insult to the brain, perhaps via virus or allergen, in utero or shortly after birth  
*YES. It appears that certain children are susceptible to neurological damage when they are exposed to ordinary viruses or allergens, similar to the mechanism in which strep throat can cause rheumatic fever in some children while it leaves others unharmed.*
- can be treated effectively with medication that targets the correct neurotransmitters  
*YES. Psychiatric medications attempt to adjust the faulty electrochemical processes that cause psychotic symptoms. Current research attempts to alleviate the problems while reducing the unfortunate side effects of these medications.*

## **A description of psychosis**

*When a person experiences a psychotic episode, all of the senses can be affected: sight, hearing, smell, touch.*

We experience the world by how our brains interpret sensory information that comes in through our eyes, ears, nose and skin. When the part of the brain that interprets each of these kinds of information is not working properly, the information becomes distorted, often in very bizarre ways. When a person without a mental illness is intoxicated from excessive alcohol consumption, high on hallucinogenic drugs, or under general anaesthesia, he or she can experience a similar state. In deep sleep, nightmares take similar forms, too. A person with a mental illness experiences this state without taking anything to bring it on. The electrochemical system in his or her brain is misfiring. It is interpreting sensory information in a way that has nothing to do with the information itself, but everything to do with the faulty mechanism in the brain. Central control is down.

There is no one in charge to filter out extraneous noise, so that the engine noise from an airplane flying overhead becomes more important than the question asked by the psychiatrist. The path of an ant walking across a picnic table appears to be writing a message of great significance. A motor boat's engine seems to repeat, "Kill yourself. Kill yourself. Kill yourself." Birds speak English and passing strangers address you by name and know your most intimate secrets. A young man reported birds told him to eat more berries. Another heard Arnold Schwarzenegger say, "This is good yogurt, Robert." Another heard voices offering stock market tips.

Like garbage floating on a lake, memories from kindergarten, snippets of music, chili recipes and appliance assembly instructions get all mixed up and assume equal importance in the mind of a person experiencing psychosis. The confusion can be terrifying while the ill person tries to sort through the stimuli to find what is real and what is phantom.

# Law Enforcement Education

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*This section of the speakers handbook is designed to assist NAMI NEW JERSEY Law Enforcement Education Program volunteers in their role as liaison between Law Enforcement Educators and county Psychiatric Emergency Screening Centers throughout New Jersey.*

## **Our mission:**

It is the mission of the Law Enforcement Education Program to ensure the implementation of law enforcement education in mental illness awareness in each county in New Jersey. It is the role of each NAMI volunteer liaison to monitor the progress of this program and make certain it continues to take place in each county.

If you have a problem with your role as county liaison, or any suggestions for improving the program, please contact:

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856/464-0223 • fax 856/464-9522  
E-mail: [NAMIlaw@aol.com](mailto:NAMIlaw@aol.com)

## **A possible general outline for a NAMI Law Enforcement Education presentation should it be appropriate for you to give one:**

1. Hand out little questionnaire (page 26)
2. Go over questionnaire (use page 12 as reference)
3. A brief personal introduction (optional)

Example: my name is \_\_\_\_\_. My son/daughter/spouse/sibling/parent has been diagnosed with a major mental illness. He/she is (doing well; working; attending college; living in a group home; currently hospitalized; in prison; whatever). I am a member (or officer) of NAMI (your county).

4. Give a brief history of the treatment of people with mental illness (page 6)
5. Show the NAMI Science and Treatment video.
6. Go over symptoms of major mental illnesses (page 21).
7. Explain the DOs and DON'Ts (guide on pages 16-17)
8. Review the Emergency Screening Law (page 23)

Explain that, although an officer can be sued for false arrest when taking a suspect to jail, he can not be sued for taking a suspect, in good faith, to psychiatric emergency screening.

9. Read one or more of the stories from *Our Stories*.

***Be sure to distribute DOs and DON'Ts cards and appropriate handouts.***

## Guide to teaching the DOs and DON'Ts

*Italicized segments include additional comments you can utilize to clarify the DOs and DON'Ts.*

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### Interacting with people with mental illnesses in crisis situations

*Note: studies have shown that when law enforcement officers have received mental illness training , officer injuries decrease 60%.*

#### **DO:**

1. Remember that a person with mental illness has the SAME RIGHTS to fair treatment and police protection as anyone else.
2. Continually ASSESS THE SITUATION for dangerousness.
3. MAINTAIN ADEQUATE SPACE between you and the subject.  
*Note: A person in a psychotic state can have a totally distorted concept of space. If you are standing across the room, it may feel to him as if you are too close. Keep watching him for his reaction to your approach. He may stand too close to YOU, talking an inch from your face, and not realize HE has invaded YOUR space. If you recognize that his concept of space is distorted, it will help you understand his reaction.*
4. BE CALM
5. BE HELPFUL. In most cases people with mental illnesses will respond to questions concerning their basic needs. Ask "What would make you feel safer / calmer, etc.?"
6. GIVE FIRM, CLEAR DIRECTIONS. The subject is probably already confused and may have trouble making even the simplest decision. If possible, only one person should talk to the subject.
7. RESPOND TO APPARENT FEELINGS, rather than content (i.e. "You look / sound scared.")
8. Respond to DELUSIONS AND HALLUCINATIONS BY TALKING ABOUT THE PERSON'S FEELINGS RATHER THAN WHAT HE OR SHE IS SAYING (e.g. "That sounds frightening." "I can see why you are angry.")

#### **DON'T**

1. ARREST an individual for behavioral manifestations of mental illness that are not criminal in nature.  
*Arresting a person with a mental illness for behavior that is a result of his illness is like arresting a person for obstructing traffic when he has had a heart attack in the street. It is not his fault. He needs medical attention. He belongs in a hospital.*
2. JOIN into behavior related to the person's mental illness (e.g., agreeing / disagreeing with delusions / hallucinations).



*Never say, "Oh yes. I see the elephant behind the sofa." He knows there is something wrong with how he perceives the world and agreeing with his hallucinations makes him more confused. Also, he will remember it later and lose any trust he may have had in you as a police officer.*

3. **STARE** at the subject. This may be interpreted as a threat.  
*It is standard police procedure to look a subject in the eye. Remember that a person experiencing a psychotic state is not perceiving the world as you are. Staring at him or her might be asking for trouble.*
4. **CONFUSE** the subject. One person should interact with the subject. If a direction or command is given, follow through.  
*Anyone in a psychotic state is already extremely confused.*
5. **TOUCH** the subject. Although touching can be helpful to some people who are upset, for disturbed people with mental illnesses it may cause more fear and can lead to violence.  
*Here again, it is standard to touch the subject. An example of why you shouldn't: a young man experiencing his first psychotic episode refused to allow a nurse to take a blood sample in the hospital emergency ward. He later said he thought his body was electrified and the nurse would be electrocuted if she touched him with a needle. If you had attempted to touch this young man, he would have pulled away from you, perhaps hit you to prevent electrocuting you. Then he could be charged for assaulting an officer. Remember that his brain is not working properly. He may be interpreting sensory information in a very distorted way. It is not his fault.*
6. **GIVE MULTIPLE CHOICES.** Giving multiple choices increases the subject's confusion.  
*Keep it as simple as you can. Trust me. The person is already very, very confused.*
7. **WHISPER, JOKE OR LAUGH.** This increases the subject's suspiciousness and increases the potential for violence.  
*People with untreated mental illnesses sometimes do things that are funny. Please resist the temptation to laugh. Remember that the person is very ill, suffering and in need of medical attention. You would not laugh at the baldness of a person who is receiving cancer treatment.*
8. **DECEIVE** the subject. Being dishonest increases fear and suspicion; the subject will likely discover the dishonesty and remember it in any subsequent contacts.  
*A person suffering psychotic symptoms may remember everything that happens to him in great detail later. Dishonesty in this situation will make your job more difficult in any future similar encounters.*

## **24 hour CRISIS HOTLINE:**

### **Psychiatric Emergency/Screening**

*As a NAMI NJ Law Enforcement Education Liaison, you may be occasionally called upon when there is a problem with law enforcement. Here are some suggestions that you can give to the persons affected or that may help you deal with the situation directly yourself if you feel it appropriate and choose to do so.*

## **What to do when there is a problem with the police in your community:**

1. Get the facts. Learn as much as you can about the situation: who was involved, when it happened, what exactly took place.
2. Write everything down. Take care to document what happened clearly and accurately.
3. Contact the chief of police or the person directly responsible for the behavior of the officers involved.
4. Work with the chief or administrator to try to find a solution to the problem and to prevent its happening again. Give him or her a copy of the 1989 Psychiatric Emergency Screening Law and the DOs and DON'Ts poster.
5. Alert the administrator that NAMI members can offer law enforcement education and that each county police academy has a mental illness awareness education package.
6. Offer your local NAMI law enforcement education program liaison as a resource in mental illness crisis situations.

## **What NOT to do when there is a problem with the police in your community.**

1. Until you have exhausted all other resources, do not contact the press. If you want to improve the quality of treatment for people with mental illness by law enforcement, you need to establish understanding, trust and a spirit of cooperation.

## **Designated County Screening Centers**

*Screening Centers are designated by the State of New Jersey and are subject to change. Please check with your local mental health board or NAMI NEW JERSEY for location and telephone numbers.*

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## **Recommended videotapes:**

### **NAMI Science and Treatment Video**

Each county has a copy of this video. It is excellent, though dated. In about 12 minutes, it tells the story of the biological basis of mental illnesses.

### **60 Minutes All in the Family aired on CBS 3/31/02**

This tape documents the town of Geel, Belgium, which for 600 years has taken care of people with mental illness and accepted them as part of the community. Inspiring.

### **Mental Illness Police Response**

NAMI tape made in cooperation with the Police Executive Research Forum

## **Recommended Reading:**

### **The Police Response to People with Mental Illness**

can be ordered toll free from Police Executive Forum  
(888)202-4563

### **Surviving Schizophrenia**

by E. Fuller Torrey

There are many, many good books and videos on the subject. These are just two that may be particularly helpful to you as a speaker.

## People with mental illness offer some suggestions

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Mike Ashworth, the director of a rehabilitation program for those with chronic mental illness in Arlington, Texas, asked a group of patients to provide suggestions on how to treat a person who has a mental illness. One of the foremost issues facing this group is the negative prejudice society holds against them. Some of their ideas:

- Don't be afraid of us. Despite what you see on TV and in the movies, studies have shown the mentally ill population does not have a greater propensity toward violence than anyone else.
- Please avoid negative stereotypical words such as "psycho," "nuts," "schizo," "loonies," etc. The emotional pain these dehumanizing words inflict upon us hurts worse than our illness does.
- Give us a job opportunity. Abraham Lincoln and Winston Churchill, both of whom experienced mental illness held two of the most important jobs in history. Many of us are intelligent and long for the chance to be productive members of society.
- Please don't tell us if we just tried harder we could "snap out of it." This insults our intelligence and implies we are lazy. There is nothing fun or positive about having a mental illness and none of us choose to have it.
- Be patient when you notice we are having a difficult time. It is OK to ask us if we need help.
- Don't ask if we have taken our medication when we are angry, sad or irritable. These questions make us feel like we don't have the right to experience normal human emotions without being viewed as having an "episode."
- Treat us like you would treat anyone else. We have a need for acceptance, just as you do. Most of us lead normal lives with families, children, employment and financial responsibilities.

With the help of recent medications and psychotherapy interventions, the treatment of mental illness has made tremendous strides in the last 10 years. Unfortunately, the prejudice against this group remains one of the most painful aspects of the disease.

*Reprinted in the public interest by NAMI New Jersey*

**More than 5 million Americans suffer annually from an acute episode of mental illness. Left untreated, disorders of the brain can profoundly disrupt a person's ability to think, feel, and relate to others and to his or her environment. One out of five families in Gloucester County will be directly affected by a severe mental illness in their lifetime.**

*Open Your Mind*



*Mental illnesses  
are brain disorders*

## **Symptoms of major mental illnesses:**

**Schizophrenia:** disordered thinking. Positive symptoms: confusion about what is real or imaginary; preoccupation with religion; belief in clairvoyance; paranoia; unrealistic sense of superiority; hallucinations; heightened or dulled perceptions; odd thinking and speaking processes; racing thoughts or slowed-down thoughts. Negative symptoms: lack of friends; passivity, interacting in a mechanical way; flat emotions; decrease in facial expressions; monotone speech; lack of spontaneity; difficulty in abstract thinking

**Bipolar Disorder:** dramatic mood swings. Manic phase: increased energy, decreased need for sleep, increased risk taking, unrealistic beliefs in abilities; increased talking and physical, social and sexual activity; feelings of great pleasure or irritability; aggressive response to frustration; racing, disconnected thoughts. The depressed phase is similar to that of major depression

**Major depression:** persistent sad, anxious or empty mood; decreased energy, fatigue, being slowed down; loss of interest in usual activities, including work and sex; sleep disturbances (insomnia, early-morning waking or oversleeping); appetite and weight changes; hopelessness, pessimism, guilt, helplessness; thoughts of death, suicide; suicide attempts; difficulty concentrating, making decisions; hypochondria

**Obsessive-Compulsive Disorder (OCD):** like a hiccup of the brain. Can't stop repeating some kind of behavior, like handwashing, bathing, checking locks on doors. People with OCD repeat these behaviors dozens of times in a day.

**Panic Disorder:** Severe anxiety or panic makes it impossible to act. Anxiety is blown out of proportion to the situation; fear of doing routine tasks, like going to the supermarket or riding a bicycle.

## **Interacting with people with mental illnesses in crisis situations**

**courtesy of NAMI New Jersey**

### **DO:**

1. Remember that a person with mental illness has the **SAME RIGHTS** to fair treatment and police protection as anyone else.
2. Continually **ASSESS THE SITUATION** for dangerousness
3. **MAINTAIN ADEQUATE SPACE** between you and the subject
4. **BE CALM**
5. **BE HELPFUL.** In most cases people with mental illnesses will respond to questions concerning their basic needs. Ask "What would make you feel safer / calmer, etc.?"
6. **GIVE FIRM, CLEAR DIRECTIONS.** The subject is probably already confused and may have trouble making even the simplest decision. If possible, only one person should talk to the subject.
7. **RESPOND TO APPARENT FEELINGS,** rather than content (i.e. "You look / sound scared.")
8. Respond to **DELUSIONS AND HALLUCINATIONS BY TALKING ABOUT THE PERSON'S FEELINGS RATHER THAN WHAT HE OR SHE IS SAYING** (e.g. "That sounds frightening," "I can see why you are angry.")

### **DON'T**

1. **ARREST** an individual for behavioral manifestations of mental illness that are not criminal in nature.
2. **JOIN** into behavior related to the person's mental illness (e.g., agreeing / disagreeing with delusions / hallucinations).
3. **STARE** at the subject. This may be interpreted as a threat.
4. **CONFUSE** the subject. One person should interact with the subject. If a direction or command is given, follow through.
5. **TOUCH** the subject. Although touching can be helpful to some people who are upset, for disturbed people with mental illnesses it may cause more fear and can lead to violence.
6. **GIVE MULTIPLE CHOICES.** Giving multiple choices increases the subject's confusion.
7. **WHISPER, JOKE OR LAUGH.** This increases the subject's suspiciousness and increases the potential for violence.
8. **DECEIVE** the subject. Being dishonest increases fear and suspicion; the subject will likely discover the dishonesty and remember it in any subsequent contacts.

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**24 hour CRISIS HOTLINE:**

**Psychiatric Emergency/Screening**

# THE 1989 MENTAL HEALTH SCREENING LAW

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30:4-27.6 A State or local law enforcement officer shall take custody of a person and take the person immediately to a Screening service if on the basis of personal observation, the law enforcement officer has reasonable cause to believe that the person is in need of involuntary commitment.

The involvement of the law enforcement authority shall continue at the Screening Center as long as necessary to protect the safety of the person in custody and the safety of the community from which the person was taken.

30:4-27.7 A law enforcement officer . . . acting in good faith pursuant to this act who takes reasonable steps to assess, take custody of, detain or transport an individual for the purpose of mental health assessment or treatment is immune from civil and criminal liability.

**Important questions to ask:**

- Do you take any medications?
- Have you taken your medication?
- Do you want to hurt yourself?
- Do you want to commit suicide?
- Do you want to hurt someone?

**24 hour CRISIS HOTLINE:**

**Psychiatric Emergency/Screening**

## Early Warning Signs of Mental Illness

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- Confusion about what is real or imaginary; déjà vu; preoccupation with religion, meditation, superstitiousness, belief in clairvoyance or sixth sense;
- Suspiciousness or paranoid thinking;
- Exaggerated self-opinion and unrealistic sense of superiority;
- Heightened or dulled perceptions, hallucinations;
- Odd thinking and speaking process; racing thoughts or slowed-down thoughts; talking about things irrelevant to context or going off the track;
- Lack of close friends or confidants other than immediate relatives;
- Passively going along with most social activities but in a disinterested or mechanical way;
- Flat emotions; decrease in facial expressions, monotone speech; lack of spontaneity and flow of conversation; poor rapport;
- Difficulty in abstract thinking;
- Difficulty performing functions at work or school.



Source: Yale Psychiatric Institute's  
PRIME research clinic



Abraham Lincoln • Virginia Woolf • LioneAldridge

Eugene O'Neill • Ludwig von Beethoven • Gaetano Donizetti

Robert Schumann • Leo Tlstoy • Vaslov Nijinsky • John Keats

Tennessee Williams • Vincent Van Gogh • Isaac Newton

Ernest Hemingway • Sylvia Plath • Michelangelo

Winston Churchill • Vivien Leigh • Emperor Norton I

Jimmy Piersall • Patty Duke • Charles Dickens

## PEOPLE WITH MENTAL ILLNESS ENRICH OUR LIVES



These people have experienced one of the major mental illnesses: schizophrenia, bipolar disorder (manic depression) and/or major depression

26 Schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder and panic disorder:  
(check all that apply)

- are the result of inadequate parenting
- can be alleviated through the use of behavior modification techniques
- can be overcome by will and determination on the part of the patient
- are the result of organic brain diseases
- may be caused by insult to the brain, perhaps via virus or allergen, in utero or shortly after birth
- can be treated effectively with medication that targets the correct neuro-transmitter(s)

Schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder and panic disorder:  
(check all that apply)

- are the result of inadequate parenting
- can be alleviated through the use of behavior modification techniques
- can be overcome by will and determination on the part of the patient
- are the result of organic brain diseases
- may be caused by insult to the brain, perhaps via virus or allergen, in utero or shortly after birth
- can be treated effectively with medication that targets the correct neuro-transmitter(s)

### **Survey/Evaluation • Mental Illness Awareness**

1. As a law enforcement officer or administrator, what training or information do you need to work safely and effectively with persons with mental illness?
2. A County Mental Health Critical Incident Team comprised of law enforcement and mental health personnel is under discussion. List ways such a team might make your job safer and easier.
3. List some of the major problems you encounter when dealing with persons with mental illness in crisis situations.

# Tips on Responding to Crime Victims Who Have Mental Illness

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- Approach victims in a calm, nonthreatening, and reassuring manner. Victims may be overwhelmed by delusions, paranoia, or hallucinations and may feel threatened by you or afraid of you. Introduce yourself personally by name first, then your rank and agency. Make victims feel they are in control of the situation.
- Determine whether victims have a family member, guardian, or mental health service provider who helps them with daily living. Contact that person immediately.
- Contact the local mental health crisis center immediately if victims are extremely agitated, distracted, uncommunicative, or displaying inappropriate emotional responses. Victims may be experiencing a psychiatric crisis.
- Ask victims if they are taking any medications and, if so, the types prescribed. Make sure victims have access to water, food, and toilet facilities because side effects of the medications may include thirst, urinary frequency, nausea, constipation, and diarrhea.
- Conduct your interview in a setting free of people or distractions upsetting to victims. If possible, only one officer should interview victims.
- Keep your interview simple and brief. Be friendly and patient and offer encouragement when speaking to victims. Understand that rational discussion may not be possible on some or all topics.
- Be aware that victims experiencing delusions, paranoia, or hallucinations may still be able to accurately provide information outside their false system of thoughts, including details related to their victimization and informed consent to medical treatment and forensic exams.
- Back off and allow victims time to calm down before intervening if they are acting excitedly or dangerously and there is no immediate threat to anyone's safety. Outbursts are usually of short duration.
- Break the speech pattern of victims who talk nonstop by interrupting them with simple questions, such as their birth

- date or full name, to bring compulsive talking under control.
- Do not assume that victims who are unresponsive to your statements cannot hear you. Do not act as if they are not present. Be sensitive to all types of response, including a victim's body language.
  - Understand that hallucinations are frighteningly real to victims. Never try to convince victims that their hallucinations do not exist. Rather, reassure victims that the hallucinations will not harm them and may disappear as their stress lessens.
  - Acknowledge paranoia and delusions by empathizing with victims' feelings but neither agree nor agitate victims by disagreeing with their statements. For example, if victims state that someone wants to harm them, reply with: "I can see that you're afraid. What can I do to make you feel safer?" Recognize also that victims who state that others are trying to harm them may be the victims of stalking or other crimes.
  - Continually assess victims' emotional state for any indications that they may be a danger to themselves or others.
  - Be honest with victims. Getting caught by victims in your well-intentioned deception will only increase their fear and suspicion of you.
  - Provide for victims' care by a family member, guardian, or mental health service provider before leaving them.
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## **Avoid the following conduct in your actions and behavior with victims:**

- Circling, surrounding, closing in on, or standing too close.
  - Sudden movements or rapid instructions and questioning.
  - Whispering, joking, or laughing in their presence.
  - Direct continuous eye contact, forced conversation, or signs of impatience.
  - Any touching.
  - Challenges to or agreement with their delusions, paranoia, or hallucinations.
  - Inappropriate language, such as "crazy," "psycho," and "nuts."
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