



What Is Mental Health? 

Mental health is a state of well-being in which the individual:

- realizes his own abilities
- can cope with the normal stresses of life
- can work productively
- can make contributions to community

What Is Mental Health? 

Mental health is a continuum ranging from having good mental health to having a mental disorder

Mental Disorder



A diagnosable illness that affects a person's:

- Thinking
- Emotional State
- Behavior

Mental Health Problem



A broad term that includes both mental disorders and symptoms of mental disorders that may not be severe enough to warrant the diagnosis of a mental disorder

How Common Are Mental Health Disorders?

Type of Mental Disorder	Adults
Anxiety Disorders	18.1%
Major Depressive Disorders	6.8%
Substance Use Disorders	8.1%
Bipolar Disorders	2.8%
Eating Disorders	5% - 10%
Schizophrenia	0.3% - 0.7%
Any Mental Disorder	18.5%

The Impact of Mental Illness

- “Disability” refers to the amount of disruption a health problem causes to a person’s ability to:
 - Work
 - Carry out daily activities
 - Engage in satisfying relationships
- Mental illnesses can be more disabling than many chronic physical illnesses.

Recovery From Mental Illness

“Recovery is the process in which people are able to live, work, learn, and participate fully in their communities.”

“For some, this is the ability to live a fulfilling and productive life despite a disability.”

“For others, recovery implies the reduction or complete remission of symptoms.”

– President’s New Freedom Commission on Mental Health

What Is Mental Health First Aid?



Mental Health First Aid is an 8-hour course that teaches a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, and self-help care

EVIDENCE-BASED



- Improves people’s mental health
- Increases understanding of mental health issues and treatments
- Connects more people with care
- Reduces Stigma

Mental Health First Aid



- Preserve life
- Provide help
- Promote recovery
- Provide comfort and support

MHFA Facts

- Included on the Substance Abuse and Mental Health Service Administration’s NREPP
- Managed, operated and disseminated by the National Council for Behavioral Health
 - MO Dept. of Mental Health

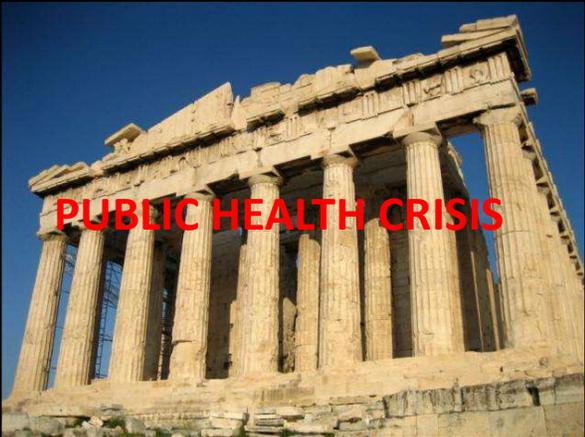




The vision is for Mental Health First Aid to become as common as CPR and for MHFA training to be available to everyone in the United States

Why Mental Health First Aid?





PUBLIC HEALTH CRISIS

Affects of Crisis on Jails

- Changes in the scope of our job
- Increased training demands
- Change in housing/structural issues
- Increased budgetary demands
- Increased liability/risk for litigation

Case-Law



Madrid v. Gomez, 889 F.Supp. 1146 (N.D.Cal 1995) (class action)

- Court held that the mental health program was totally inadequate
 - Inadequate staffing
 - Inadequate screening by people without proper training and background
 - Custody staff not trained to identify mental illness

Estelle v. Gamble, 429 U.S. 97,103 (1976)

- Jail detainees have a constitutional right to treatment for “ serious medical needs”
- Protects inmates against conditions that amount to “punishment”
- Bowring v Godwin- no distinction between serious physical needs and serious mental needs

(551 F.2d44, 4th Cir. 1977)

Inmates of Allegheny County Jail v. Pierce, 612F.2d 754 (3dCir.1979)

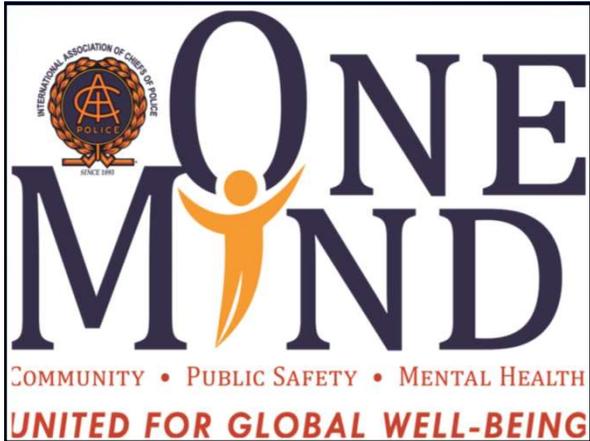
“when inmates with serious mental illness are effectively prevented from being diagnosed and treated by qualified professionals, the system of care does not meet the constitutional requirements”



Mental Health First Aid for Public Safety

- Provides officers with more response options to help de-escalate incidents and better understand mental illnesses appropriately without compromising safety





4 Promises

- Establish a clearly defined and sustainable relationship with at least one community mental health organization.

4 Promises

- Develop and implement a written policy addressing law enforcement response to persons affected by mental illness.

4 Promises

- Demonstrate that 100 percent of sworn officers are trained and certified in MHFA.

4 Promises

- Demonstrate that 20 percent of sworn officers are trained and certified on the Crisis Intervention Team (CIT) training.

Mental Health First Aid for Public Safety

- Defuses Crises
- Promotes mental health literacy
- Combats stigma of mental illness
- Enables early intervention through recognition of signs and symptoms
- Connects people to care

Important Safety Considerations

- SAFETY OF ALL INVOLVED IS PARAMOUNT
- Assess and intervene in a manner that enhances safety and effective resolution
- People with mental health problems are more likely to harm themselves than someone else
- How officers initially react to persons with mental health problems can have a tremendous impact on the safety of all involved

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Officer Wellness

Why Discuss Officer Wellness? (Corrections)

2009 New Jersey State Police Task Force Study

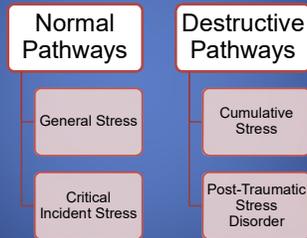
- Corrections Officers have higher divorce and substance abuse rates than the general population
- 33.5% of all assaults in prisons and jails are committed by inmates against staff and a Corrections Officer will be seriously assaulted at least twice in a 20-year career
- On average, a Corrections Officer will live only 18 months after retirement
- A Corrections Officer's 58th birthday, on average, is their last
- The rate of suicide for Corrections Officers is 2x that of police
- Corrections Officers have a 39% higher suicide rate than any other occupation

Sources: "Stress Management for the Professional Correctional Officer", Donald Steele, Ph.D., Steele Publishing 2001
 "Corrections Yearbook 2000, 2002", Criminal Justice Institute, Middletown, CT "Sourcebook of Criminal Justice Statistics 2003",
 Bureau of Justice Statistics, 31st edition, NCJ 209750 "Suicide Risk Among Correctional Officers", Archives of Suicide Research,
 Beck, S.J., & Toews, D., 1997 Metropolitan Life Actuarial Statistics, 1998 Society of Actuaries, 1994

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Stress Pathways

Law Enforcement Officers face four main pathways of stress. Two of them are normal and two of them are abnormal and destructive.



Stress Paths courtesy of Quick Series: Stress Management for Emergency Personnel, QuickSeries Publishing

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Normal Pathways

General Stress- Normal

- Normal routine stress of everyday life and work
- Some negative, some positive, but all manageable
- People deal with general stress, recover from it, stay healthy and often grow from it
- Some people do not appropriately deal with general stress, which can in turn develop into Cumulative Stress

Stress Paths courtesy of Quick Series: Stress Management for Emergency Personnel, QuickSeries Publishing

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Normal Pathways

Critical Incident Stress- Normal

- Sometimes called 'traumatic stress'
- Caused by exposure to severe, overwhelming, frightening or threatening situations that are beyond ordinary human experience
- A normal but often painful, response of healthy people to an abnormal event
- When properly dealt with, most people recover from critical incident stress and remain healthy and productive

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Destructive Pathways

Cumulative Stress

- Common for people who work in chronically stressful situations
- Accumulation of various stress factors (heavy workload, poor communications, feeling powerless, inability to rest or relax)
- Symptoms include overtiredness, headaches, abdominal and back pains and sleeping disorders

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Destructive Pathways

• Post-Traumatic Stress Disorder (PTSD)

- PTSD is the emotional, cognitive, behavioral and psychological experience of individuals who are exposed to, or who witness, events that overwhelm their coping and problem-solving abilities
- PTSD symptoms usually start to occur directly after a traumatic event, but sometimes it may take months or years for them to show up. They may also come and go over the course of many years.

Resiliency

- Some members of law enforcement go through their careers with seemingly less difficulty despite all the challenges the profession exposes them to
- When difficulties are encountered, some law enforcement officers tend to be quite resilient:
 - Thrive
 - Mature
 - Increase their competence

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Program Overview: Session 1 (Four Hours)

- What is Mental Health First Aid? Why Mental Health First Aid for Public Safety?
- Mental Health Problems in the United States
- Why Discuss Officer Wellness?
- Understanding Depression and Anxiety
- Mental Health First Aid Action Plan for **Depression** (ALGEE)
 - Suicidal Behavior
 - Depressive Symptoms
 - Nonsuicidal Self-Injury
- Mental Health First Aid Action Plan (ALGEE) for **Anxiety**
 - Panic Attacks
 - Anxiety Symptoms
 - Cumulative Stress
 - Post-Traumatic Stress

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Session 2

- Stress Pathways
 - Traumatic Events
 - Anxiety Symptoms
 - Cumulative Stress
 - Post-traumatic Stress
- Understanding Psychosis
- Mental Health First Aid Action Plan
 - Acute Psychosis
 - Disruptive or Aggressive Behavior
- Understanding Substance Use Disorders
- Mental Health First Aid Action Plan
 - Overdose
 - Withdrawal
 - Substance Use Disorders
 - Officer Wellness
- Using your Mental Health First Aid Training

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Mental Health First Aid Action Plan

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

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Mental Health First Aid

Join the movement.

- The Law requires us to effectively manage inmates suffering from mental illness
- MHFA gives our officers/deputies the opportunity to avoid costly mistakes when managing these inmates
- MHFA is a good compliment to CIT training
 - Not every dept. has resources to train all staff in CIT
 - MHFA is a one-day course; 100% can be trained
- Your knowledge of MHFA may help you saved a loved one
