

BALTIMORE POLICE DEPARTMENT – EDUCATION AND TRAINING SECTION

LESSON PLAN

COURSE TITLE: 40-Hour CIT Training

LESSON TITLE: Field Evaluation Mental Illness Emergencies & Medications
(Psychopharmacology)

PREPARED BY: Laurie Burdock, RN, LCSW-C, MBA, Karin Neufeld MD

AUTHORED DATE: 12/30/20

TIME FRAME	PARAMETERS
<p>Total Lesson Hours: 2 hours</p> <p>Day/Time: Non-Specific</p>	<p>Audience: Exp Officers / CIT Candidates</p> <p>Number: 25</p> <p>Training Space(s): UB Classroom</p>
PERFORMANCE OBJECTIVES	ASSESSMENT TECHNIQUE
<ol style="list-style-type: none">1. Through facilitated discussion, students will recognize signs and symptoms of mental health diagnoses to be treated with medication to the satisfaction of the facilitator.2. Given a case study and facilitated role play, students will identify categories of medications used to treat mental illness to the satisfaction of the facilitator.3. Through facilitated conversations regarding medications and mental illness, students will explain the obstacles to effective medication use, including stigma, misunderstanding of use, and side effects to the	<ol style="list-style-type: none">1. Facilitated discussion2. Case study and facilitated practice role play3. Facilitated discussion, case study, and Mind Mapping

<p>satisfaction of the facilitator.</p> <p>4. Given an assessment, students will identify the appropriate field evaluations regarding the use of medication information in your evaluations of people with mental illness encountered during patrol.</p>	<p>4. Pre and post assessment</p>
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<p style="text-align: center;">INSTRUCTOR MATERIALS</p> <p>Handout of psychotropic medications Future consideration: Panel Experts for Q& A: consumer, psychiatric evaluator, psychiatrist, emergency room physician, NAMI</p> <ul style="list-style-type: none"> • PowerPoint Presentation: Field Evaluation Mental Illness and Medications • Case Study/DVD: (Embedded in PowerPoint) • Chart Paper • Markers • Post-It Notes
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<p style="text-align: center;">EQUIPMENT/SUPPLIES NEEDED</p> <p>Computer Projector Speakers</p>
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<p style="text-align: center;">STUDENT HANDOUTS</p> <p>50 copies of presentation with version take notes 50 copies of Psychiatric Medications 50 copies of Pre-Test Medication Treatment Quiz (Appendix A) Email Link Sent to Stigma Videos in advance of training</p>
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<p style="text-align: center;">METHODS/TECHNIQUES</p> <p>Facilitated discussions Case studies Lecture Facilitated role play Group activities Mind Mapping</p>

REFERENCES

Mental Health Commission

Case Study: Ruby Wax What's So Funny About Mental Illness

<https://www.youtube.com/watch?v=mbbMLOZjUYI>

Case Study: Chris Hubbard Tackling Mental Health Stigma-NAMI

<https://www.youtube.com/watch?v=sm3LlQv1cHc&feature=youtu.be>

Case Study: Elyn Saks A tale of mental illness-from the inside

<https://www.youtube.com/watch?v=f6CILJA110Y&t=36s>

Case Study: Medication and Mental Illness-Mental Health Commission NSW

<https://youtu.be/KibtXL6iAOo>



GENERAL COMMENTS

This lesson plan is intended to be taught by a subject matter expert familiar with Mental Illness evaluations, emergencies, disorders, medications and side effects.

The facilitator should have the introduction slide displayed and music playing in the background. All student handouts and materials should be placed on the students' table groups prior to their arrival (chart paper, sticky notes, markers, handouts)

A t-chart should be created and displayed in the front of the room with the title "Mental Illness Treatment & Medications already written on the left column. The right column will be filled in later.

LESSON PLAN: Field Evaluation Mental Illness Emergencies & Medications
(Psychopharmacology)

PRESENTATION GUIDE	TRAINER NOTES
<p>I. ANTICIPATORY SET</p> <p>Slides 1 The facilitators should provide a brief introduction about their background, experience, and any other information regarding their profession.</p> <p>Slide 2 PERFORMANCE OBJECTIVES We are excited to be here today. As a result of our time together you will be able to:</p> <ul style="list-style-type: none">• Recognize signs and symptoms of mental illness diagnoses,• Identify categories of medications used to treat mental illness• Explain obstacles to effective treatment, use, including stigma, misunderstanding of use, and side effects	<p>Time: 15 minutes <i>Confirmed attendees will in advance training:</i></p> <ul style="list-style-type: none">• <i>receive email link prior to class with request to watch stigma case studies and</i>• <i>complete pre-test on mental illness and medications</i>• <i>receive copies of mental illness medications handout</i> <p><i>Case Study: Ruby Wax, “What’s so funny about mental illness?”</i> <i>Case Study: Chris Hubbard, “Tackling Mental Health Stigma”</i></p> <p>Slide 1:</p>  <p>Slide 2:</p> 

- Identify the appropriate field evaluations regarding the use of medication information in your evaluations of citizens with mental illness encountered during patrol

Slides 3 Stigma Impacts Medication Treatment

Jennifer Brown from the Anti-stigma Project, On Our Own of Maryland will cover stigma in depth. The fact remains, millions of people still fail to get the help they need because of the stigma around medication, that can alleviate their suffering

People taking medications is problematic with all chronic illness (50% adherent) but arguably stigma impacts mental illness medications more than other chronic illnesses due largely to interpersonal and societal stigma attached to mental illness

Typically, people need to take medications as prescribed at least 80% of the time or more to achieve an optimal therapeutic effectiveness

Everyone has a role to play (in this training) addressing the complex needs of people, family members, communities, and officers helping those impacted by mental illness.

When you walked in the room you received a packet of materials.

Ask: How many of you were able to watch the stigma case studies? If you were able to watch the Ruby Wax video “What’s so funny about mental illness” raise your hand.

You each have been given a number between 1 and 4.

Ask: For those of you who watched the case studies, what does the 1 in 4 signify?

Slide 3:



Stigma Impacts Medication Treatment for Mental Illness

Ruby Wax- Advocate, Author
 “What’s so Funny About Mental Illness”
https://www.youtube.com/watch?v=rmbbML_OZjUY

Chris Hubbard
 “Tackling Mental Health Stigma”
<https://www.youtube.com/watch?v=9d8m3b2p4h8&list=PL1MCC3BMM137321E35C03846E30738eev-deta18f0b6-v06>

Desired Response:

Survey of the room should show that all hands are raised. If there are any officers who did NOT view the case studies, a recap of them MUST be provided.

Desired Response:

It signifies that 1 in 4 people are impacted by mental illness

Absolutely, it signifies the 1 in 4 people impacted by mental illness.

Ask: Those of you having a number between 1 and 3 what are your thoughts about your number?

Ask: For those of you who answered with number fours, please share your thoughts about being a person impacted by mental illness.

Slide 4: T-Charting Stigma

Now, using the chart paper and markers in front of you, I want you to create a T-Chart to write down your answers to the following 2 question in column one:

- 1) What is stigma?

Desired Response:

Call on a few volunteers to share their thoughts

How does it feel to not be a person impacted by mental illness?

You might feel relieved.

Desired Response:

Call on a few volunteers to share their thoughts

You might worry about what people may think about you now.

You might wonder if it will impact your work.

You might want to seek spouse or family support

You may feel a need for more information

You could even think it is the wrong diagnosis

You didn't choose to be impacted (random)

You seemed similar to everyone else in the room

Object of attention through no fault of their own

Slide 4:

2) How does stigma impact mental health medications?

In column two jot down some of your possible responses to address these issues you listed in column one

Label each heading of the 2 columns appropriately, and jot down your group's thoughts answers when you encounter these issues in the field. You will have about 5 minutes to complete this group activity.

Ok, everyone should have been able to add some information to their charts. Please hang them up on the wall closest to your table group and choose a guest speaker for your group to share.

Ask: How did your group define stigma?

I appreciate your thoughtful and honest responses. To clarify, stigma is when someone views you in a negative way and when you may even judge yourself negatively.

Now, let's take a look at how your group responded to how stigma impacts mental health medications

T-CHARTING STIGMA

Work with your table groups to create a T-Chart that answers the following 2 question:

- 1) What is stigma?
- 2) How does stigma impact mental health medications?

As students are working in groups, the facilitator should utilize the Management by Walking Around (MBWA) strategy to check-in with groups, answer any questions, and provide prompts to help guide their thinking.

Call on volunteers from a few groups and allow them to share their responses. Provide clarification for any responses that may not be accurate

Desired Responses:

- When someone views you in a negative way because you have a distinguishing characteristic or personal trait that is thought to be, or actually is, a disadvantage
- Harmful stereotypes of people with mental illness.

Treating mental health issues as if they are something people can overcome if they just "try harder" or "snap out of it"

Tell me what your group thought about how stigma impacts mental health medications.

Ask: How does stigma impact mental health medications?

All your responses really hit the nail on the head. Because of stigma, people are often reluctant to take medications, get help or ask for help, practice power when communicating, and/or seek support.

We understand we all have a different level of understanding and exposure to recognizing mental illness

Call on volunteers from a few groups and allow them to share their responses. Provide clarification for any responses that may not be accurate

Desired Responses:

- People may not want to take medication
- Stigma may prevent people from getting the help they need
- People may be ashamed to talk about their mental health issues in order to get the medication they need
- They are just not trying hard enough to overcome their condition
- Perhaps all they need is diet exercise program or meditation
- People internalize stigmas prevent them from seeking treatment
- Taking psychiatric medications means your weak or a failure

and navigating the roads to effective and safe treatment of mental illness.

We applaud your investment in better understanding mental illness and medication treatment.

Slide 5:

The reality is people may not want to take medications because:

- Accepting a mental may cause shame
- Lack understanding of symptoms and treatments
- Feel weak for not having control of symptoms and impacts of the disease
- Feel coerced to take medications and may not be given a choice in treatment
- Have difficulty accessing medication

What can you do?

- Talk about life aspirations often helps focus on their goals for treatment
- Understand in your role your interactions will either reinforce internal stigma or help dispute the critical voices of the people you encounter
- Recognize people need a sense of belonging (“a tribe”)
- Stigma internal and external impacts people’s recovery

Slide 5: Stigma and Mental Health Medications



II. INSTRUCTIONAL INPUT (CONTENT)

Slide 6 Mental Health Medication:

- Help to control the symptoms but do not cure the disease
- Selected based on symptoms most troubling to the person
- Requires regular communication with prescriber about response to medication and side effects
- Does not work instantly and may take weeks to months to work
- Finding right medication may be trial-and-error with failed medications discouraging continued

Time: 75 minutes

Slide 6: Mental Health Medications



treatment

- Stopping or missing medications may not result in instant worsening of symptoms
- Recognize some people stop taking medications when they feel better only to have re-occurrence of symptoms

Ask: When you encounter people that take mental health medications, what do you need to understand?

Slide 7: Mental Health Medications Target Neurotransmitters in the Brain Responsible for Symptoms

Medications may be prescribed by mouth or Intra-muscular injection:

Medications taken by mouth are:

- taken daily,
- may take longer to work, and
- require remembering to take daily

Injections:

- May be given weekly or monthly depending on medication type,
- Usually require office visit for injection
- Work quicker,
- When newly started have more side effects until the body adjusts to the medications

Desired Responses:

How someone may be struggling depending on their experience with medications

Why they may have gone off their medications

When to consider using the person support network because you recognize they can't do it alone.

Slide 7



Slide 8: Legal Principles and Roles:

The legal principle, Paren's patriae:

- in Latin is parent of the nation,
- in law it refers to the public policy power of the state to intervene for people in need of protection

Advocates such as Elyn Saks, Chaired Professor of Law, Psychology and Psychiatry at USC Gould School of Law say:

“The better we understand these illnesses, the better the treatments we can provide, the more we can offer people care, and not have to use force. We must stop criminalizing mental illness. It is a national tragedy and scandal that the L.A County jails is the biggest psychiatric facility in the United States. Americans prisons and jails are filled with people who suffer from severe mental illness, and many of them are there because they never received adequate treatment.”

Your role whether you feel prepared or not is:

- Street corner psychiatrist by default
- Resource and referral expert
- Gatekeeper to treatment or criminal justice system
- Expedited mental health assessments via transporting to emergency department

Ask: How do you feel about the situations you are put in?

Ask: Do you honestly feel that these are appropriate roles for law enforcement?

Ask: Are you familiar with the Behavior Health Projects in the City of Baltimore?

The City and local behavioral health system are in the midst of a years long effort to stand up comprehensive behavioral health services. What this means is that crisis services, case management, and other supports will be better resourced and organized in coming years, thus reducing the reliance on law enforcement and the criminal justice system. That's not meant to diminish your importance as CIT officers, just to inform you that a lot of the issues you see in your daily work around behavioral health issues and the system at large are being addressed.

Slide 8:

Mental Health
Emergency
Petitions
Require Documentation
Medications:

Legal Principles and Your Role

Legal principles applied:

- Power and authority to protect the safety and welfare of the community
- Paren's patriae: obligation to protect individuals with disabilities
- Determine if a person has a mental disorder and poses a threat of danger to the community and/or to themselves

Your Roles:

- "Street corner psychiatrist" by default
- Resource and referral expert
- Gatekeepers: person with mental illness enters mental health or criminal justice systems
- Expedite emergency mental health evaluation - transport to ED

Call on volunteers to share their responses. Provide introduction to parking lot issues to track issues you need additional follow up:

Desired Response: *Many officers may discuss how they're naturally empathetic or good conversationally, but that's not necessarily true for all officers much like how that's not necessarily true for all people. CIT training will self-select proactive, empathetic, extrovert officers. While they may be comfortable with these outsized roles, overall it isn't appropriate*

for law enforcement to take these roles. Reinforce from Policy and Course Intro how the dynamic is changing.

The emergency petition process (and consequences) can itself be traumatic for individuals and may escalate an encounter.

The decision to execute the emergency petition requires your careful consideration and judgement with a legal basis.

Ask: What is the basis for executing an emergency petition?

The Emergency Petition Evaluation Process requires that you must be able to (1) recognize symptoms of a mental disorder, (2) efficiently gather information to support danger to life of the person or others met or not met, and (3) recognize that the healthcare system is fragmented. You must be able to document contact information for physicians, family members, medications, and as much medical history information necessary to properly complete an Emergency Petition.

We will be discussing the types of information that can help you:

- Gather information
- Describe behaviors (signs) and things the person is complaining of (symptoms) and
- Other information such as medications the person is taking or supposed to be taking

Slide 9: Recognizing Signs, Symptoms, Diagnoses

Symptoms may overlap in medical, substance use and mental health disorders

Ask: What do you think it takes to provide successful treatment and support of mental health?

Desired Response:

1. Individual has symptoms of mental disorder
2. Demonstrates a threat of danger to self or others

Slide 9



Desired Response:

- Talking with the individual and their

Providing successful treating and support of mental health requires several things. Specifically, it requires:

- effective communication
- information gathering
- observation skills listening to what the individual complains of and family members report
- enhancing a person's ability to make choices and be an active partner in treatment.

It is general practice in medicine and psychiatry to

- Get a history from the patient and from others (collateral sources)
- Examine the patient before making a diagnosis or recommending treatment
- Invite support system into information gathering and treatment recommendations, if possible, while still observing a person's right to privacy.
- Signs-what you observe
- Symptoms what the person complains of

Some psychiatric acute illnesses impair the person's ability to accurately describe history, follow a command, and process communication.

- Making it critical important to contacting others to gather the history of the illness and confirm the level of danger involved

Slide 10: Medications and Mental Illness Treatment Alliances

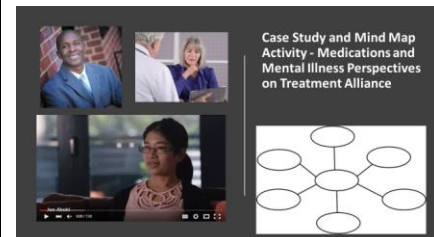
We are going to watch a case study, published by the Mental Health Commission NSW, titled: Medications and Mental Illness.

The case study is approximately 8 minutes long. As you watch this case study, pay close attention to what challenges people who take medication face each day, as well as what benefits are discussed.

family

- Asking questions in order to obtain as much information as possible
- Observing people
- Listening skills

Slide 10:



Show case study

We are giving you a medications and mental illness treatment quiz following the case study.

Mind Map

Now, we are going to take a few moments to work in groups in order to digest the information from this case study. Using the chart paper and markers in front of you, I want you to talk with your table groups about how mental illness treatment and medication impacts an individual with a mental illness. In the center write a topic the group may encounter on a call and use the outer circles to write possible strategies.

A mind map is like a web diagram where you put the main topic in the center of the circle and write or draw your ideas on branching circles out from it.

You will have about 5 minutes to work together to create a mind map that answers the question: *How does medication impact an individual with a mental illness?*

Ok, time is up. Please hang your charts on the wall closest to you and select a speaker for your group to provide feedback.

Pass out quiz (Appendix A)

The facilitator should utilize the Management by Walking Around Strategy (MBWA) to check in on groups, facilitate conversations, and answer any questions posed.

Allow each group to share out 3 or 4 key points from their mindmap

Desired Response:

- People discussed how they felt ashamed for having to take the medication
- When people taking medication received empathy and understanding from those around them, they felt better about themselves
- How much of a team-effort it is when supporting someone who takes medication?
- Individuals want to have a say in their treatment plan

Everyone brought up some important points highlighted in this case study. Supporting individuals with mental illness is crucial to their success in life and their treatment.

Slide 11: Facilitated Discussion Medications and Mental Illness

I am now going to provide you with a handout titled Medications and Mental Illness Treatment Quiz.

Slides 12 and 13: Opening Dialogue to Effective Medication Discussions

- We will collect your additions to slide 12 at the end of our session
- What medications are you taking?
- Were you ever or are you currently on mental health medications?
- Do you have any side effects from these medications?
- Have you taken meds in the past that you found particularly helpful or unhelpful?
- Who prescribed your mental health medications?
- Which pharmacy do you fill your medications?
- Do you take these meds on your own?
- Are there any problems in following the schedule of taking them?
- Demonstrating a genuine positive regard will get you through almost any conversation

Slide 14 Symptoms of Psychosis Hallucinations:

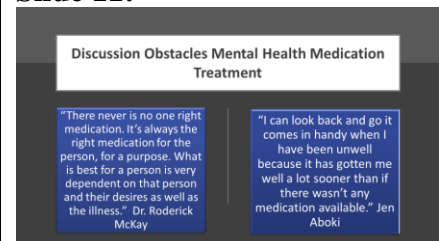
It may seem awkward to assess symptoms of psychosis or hallucinations from mental illness versus drugs/alcohol.

You may be tempted to document the evidence of danger to self or others only.


Hallucinations and delusions may occur across many medical, mental health or substance use disorders

- Medication has risks and benefits


Slide 11:



Slide 12 and 13:




Slide 14:



Symptoms of Psychosis Hallucinations

- Perception in any of the 5 senses
- Without an actual stimulus (drugs, alcohol, etc)
- Does the person appear to be listening to someone when no one is speaking or talking to themselves as if answering someone or a question?

documenting

In hallucinations, individuals can have a perception involving any of the 5 senses. They might smell something that is not in the air (flowers), Keep in mind, that these hallucinations occur without an actual stimulus.

Additionally, the individual may appear to be listening to someone when no one is speaking or talking to themselves as if answering questions or answering back to a conversation with someone. For example, a person may hear someone talking to them -they hear it just as they would hear you speaking to them, from outside their head.

All this information must be documented in detail on the EP. The more details you include on the EP, the easier it will be for the doctors to provide the appropriate care.

Slide 15 Symptoms of Psychosis Delusions:

With delusions, the individual is fixed on that delusion, and no matter what you try to do or say, you cannot argue or reason someone out of it. These delusions are always false. **Sometimes, these delusions can be idiosyncratic beliefs. This is a delusion that** is not part of an accepted subculture or religion. Usually delusional beliefs are important to the person; they will likely tell you about it if you engage them.

It is important to remember that delusions alone are not a basis for an emergency petition. The legal standard of danger to self or others must be met.

Remember, just like hallucinations, it is important to document any beliefs that you learn about from talking with the person. Again, all this information must be documented in detail on the EP when the legal criteria for an EP are met. The more details you include on the EP, the easier it will be for the doctors to provide the appropriate care.

Slide 15:



Symptoms of Psychosis Delusions

- Fixed (can't argue or reason someone out of it)
- False (doesn't appear to be true)
- Idiosyncratic belief (isn't part of an accepted subculture or religion)
- Usually delusional beliefs are very important to the person- they will likely tell you about it if you engage them

Slide 16 Mental Health Disorders and Medication Treatment Categories:

We do not have time to cover all these review mental illness diagnoses. You will have a dedicated session on mental illnesses. Mental illness medications are used to treat the symptoms of a mental health diagnosis.

The broad categories of medication pertain roughly to the diagnostic group of the same color coding.

- Neurocognitive disorders delirium
- Bipolar Disorders=Mood Stabilizers
- Chronic psychotic disorders Schizophrenia=Antipsychotics
- Anxiety Disorders=Anxiolytics
- Depressive Disorders=Antidepressants

The first disorder we will focus on is neurocognitive disorder. Look at the different disorders that are all part of Neurocognitive Disorders.

Ask: Which one of these disorders do law enforcement officers come into contact with the most?

That is right! Delirium is a syndrome that is caused by an underlying medical problem.

Slide 17 Delirium:

Look at the detailed chart on this slide. This chart provides you with a better understanding of the many possible causes of Delirium.

Many things including intoxication, withdrawal from substances (such as Delirium Tremens from alcohol withdrawal) infections, low blood sugar, brain dysfunction caused by high blood pressure, lack of oxygen, brain bleeds and tumors can cause someone to become delirious.

It is a true medical emergency akin to heart failure but instead it should be thought of as “brain failure”. Delirium is a medical emergency-medical work up to determine the underlying cause

Slide 16:



Desired Response:
Delirium

Slide 17: Neurocognitive Causes, Symptoms, Management



Symptoms of delirium include sudden onset, no prior psychiatric illness history, inability to think, new memory problem, perceptual disturbance (hallucinations) misinterpretations, and delusions, disordered to time and place, rambling and incoherent speech.

Slide 18: Delirium Treatment

When delirium occurs in a person, they have difficulty explaining what is going on with them. Family member or other friends around an individual going through a delirious state are often at a loss for what to do.

First and foremost, it is important to recognize that delirium is a medical emergency. That means, if you are the responding officer, you need to get the person to the hospital immediately. Request a medic to respond.

You must remember to document names and telephone numbers of family members, neighbors, and friends and include it on the EP,

You should also identify what medications this person may be taking, names physicians, and even what pharmacy the use to get their medication.

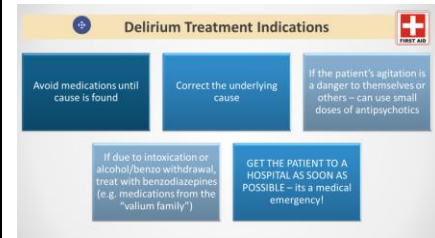
Before medics arrive, you should also check for adequate intake hydration and nutrition, confirm whether the person needs/has hearing aids and eyeglasses, and most importantly provide gentle calming reassurance and repeated orientation.

We will watch a case study during which you will hear about the symptoms of schizophrenia, positive and negative aspects of emergency care and treatment. The case study is 14 minutes.

Slide 19 Case Study: Elyn Saks, A Tale of Mental Illness from the Inside:

Before we dive into information regarding schizophrenia, we are going to view a case study about Elyn Saks. She is the speaker in the case study shares her story of living with the disorder. As you watch the case study, listen closely to

Slide 18: Delirium Treatment



Slide 19: Case Study Example Schizophrenia Elyn Saks

her discussion regarding medication and how her views were at the beginning of her illness and later in her life.

Ask: What did you learn about Mrs. Saks' opinion regarding medication?

The single most significant reason why individuals with schizophrenia fail to take their medication is because of their lack of awareness of their illness. If you recall from the case study, Elyn said that she failed to believe she had schizophrenia for many years. And because of this, she did not believe she needed medication.

Slide 20 Psychotic Disorders – Chronic Psychotic Illness:

The information is intended to be a review for you of diagnosis information from Mental Illness Overview sessions. We will not review.

When you are responding to a call for someone displaying schizophrenic behaviors, it is important to immediately assess the risk of harm to self or others including their ability to care for themselves. Keep in mind that their beliefs are real to them, but they need to be encouraged to get and stay in treatment.

As always, be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior. Encourage them to use of National Suicide Lifeline if they are discussing suicide or self-harm, and make sure that there are no weapons that they can access.

Slide 21: Antipsychotic Medications Schizophrenia

Next, we will focus our attention on medication treatment for chronic psychotic illnesses such as schizophrenia. When a person has schizophrenia, they or a close family

CASE STUDY: Elyn Saks, A Tale of Mental Illness from the Inside



Desired Response:

At first, she was anti-medication, but as she continued to have episodes of delusions and listened to her doctors, family and friends, she realized that medication is what would be best for her treatment.

Slide 20 Review Symptoms and Management Strategies Chronic Schizophrenia

Psychotic Disorders- Chronic Schizophrenia

• Onset: often in late teens for males, early 20's for females;

Symptoms	Hallucinations (perceptions without stimulus)	Delusions (fixed, false, idiosyncratic beliefs, which are resistant to the individual)	Disordered thought (loosening of associations, illogical behavior, erratic reactions)	Flat or blunted affect (expression)	Disorganized behavior (disorder of thought, organization and social movements, and thought, speech and emotional responses)	Some violence and legal problems (Can self-harm, threat with others)
	How to respond (psychotic symptoms with risk of harm to self or others, including safety, can be life threatening)	Delusional and hallucinations are real to the person. Do not argue or debate. Call for assistance. Ask you can "help" or "change"	Encourage them to get and stay in treatment. Call a helpline or crisis line. Encourage them to get or contact their psychiatrist, nurse or prescriber and pharmacy	Be respectful, empathetic, and avoid labeling. Respond in a non-judgmental, behavior	Patients with schizophrenia are at high risk of suicide. Encourage use of National Suicide Prevention Helpline: 1-800-273-8255. Text: 7542. Call: 911 or 988.	Local Helpline: 800-368-6768. 24 hours. www.suiceline.org
Management						

Slide 21: Antipsychotic Medication Treatment

member/friend may advise you that “this behavior is due to their psychiatric illness”, or they inform you they stopped taking medications.

Remember, hallucinations occur when a person is hearing things (auditory) more common than seeing things, delusions are beliefs that can sometimes be related to being spied on or hurt in some way, but can be bizarre (I am killing people with my thoughts) and difficult logic to understand, and communication issues that may make it difficult to talk to the person because they will often seem confused slow to answer

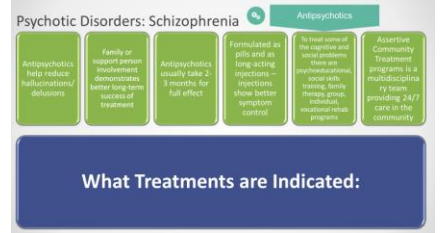
There are several treatments, both medicinal and supportive that can help minimize the hallucinations and delusions that schizophrenics experiences. Normally, people with schizophrenia are prescribed antipsychotics to help reduce hallucinations and delusions. These antipsychotics usually take 2-3 months for the full effect and are formulated as pills they take daily or long acting injections, they take every 2-4 weeks depending on the medication prescribed. Injections show better symptom control, and oftentimes, Assertive Community Treatment Programs have the best success at helping the person maintain community tenure.

Antipsychotics Medications:

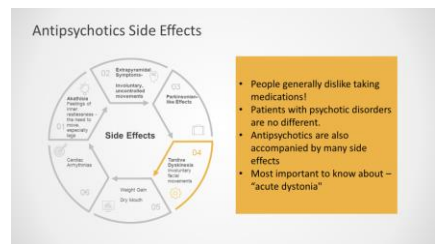
- help reduce hallucinations/delusions
- Take 2-3 months for full effect
- Come in pill or injection forms
- Injections show better symptom control
- Assertive Community Treatment with medications demonstrate better treatment outcomes

Slide 22: Antipsychotic Side Effects

Involuntary uncontrolled movements
 Parkinson like effects-stiffness, slow movements
 Feelings of inner restlessness especially legs
 Abnormal heart rhythms
 Weight gain
 Dry mouth
 Involuntary facial movements
 Most important muscle rigidity in neck, face, shoulders



Slide 22: Antipsychotic Side Effects



accompanied by muscle spasms

Ask: Does anyone know what is dangerous about muscle rigidity and muscle spasms in the face and neck (medical term: acute dystonia is)?

Slide 23 Side Effect Antipsychotic Medication: Muscle Rigidity in Neck, Shoulders, Eyes:

Acute Dystonia is an involuntary contraction of muscles of the extremities, face, neck, abdomen, pelvis, or larynx in either sustained or intermittent patterns that lead to abnormal movements or postures.

It can be deadly and compromise the airway. When someone is suffering from acute dystonia, they present with muscle rigidity, cramping that is usually located in the neck and should be accompanied by spasms. These spasms may include up-rolling eyeballs

The onset of Acute Dystonia is usually in the first few weeks of starting a new antipsychotic medication, and treatment includes taking Benadryl or Benzotropine (Cogentin)

Slide 24 Break Time:

Let us go ahead and take a 10-minute break

Desired Response:

Correct it can lead to compromised airway & death

Spasms may include up-rolling eyeballs

Slide 23 Muscle Rigidity in neck, shoulders, eyes



Slide 24 Break



Slide 25 Bipolar Disorder:

The next psychiatric disorder we are going to discuss is Bipolar disorder.

Ask: What do you already know about Bipolar Disorder?

Very good. Bipolar Disorder is a form of mood disorder with onset in late the teens or early adulthood. It is caused by genes and likely by some environmental influences as well. Individuals with Bipolar Disorder frequently experience episodes of mania and depression with inter-episode function back to baseline.

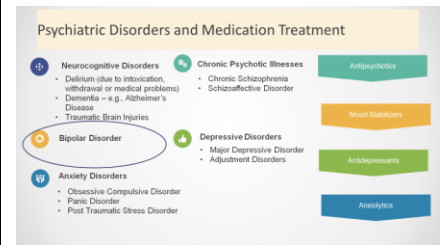
Slide 26 Bipolar Disorder Symptoms and Management:

You are likely to be the first person to intervene with a person untreated or under-treated with bipolar disorder.

The person with bipolar disorder may be unable to control their impulses, appear explosive, lose the ability to process thoughts logically and may need law enforcement or medical professionals to keep them safe and those around them safe. Ideally, a medical professional would have intervened prior to police contact. Or officers would arrive on the scene knowing the person’s history of mental illness. But often you are the first person to offer help.

You may encounter a person on a call who is unable to follow your directions and talks so fast you struggle to successfully communicate. The person may believe they are powerful and jump out a window to escape or

Slide 25 Bipolar Disorder



Desired Response:

- People who have frequent moodswings
- Frequent highs and lows of mood and/or behavior
- Manic episodes
- Depressed

Slide 26:

Bipolar Disorder

- A form of mood disorder with onset in late teens or early adulthood
- Caused by genes and likely by some environmental influences
- Course = episodes of mania and depression with inter-episode function back to baseline
- May include hallucinations and delusions but usually during manias or depressions only

Symptoms	Manic periods of irritability, increased activity, decreased need for sleep, racing thoughts	Episodes of feeling thoughts racing, racing thoughts, racing ideas	Grandiosity, decreased need for sleep, increased goal setting, decreased need for sleep	Decreased need for sleep	Repetitive behavior, lack of attention, decreased judgment	Poor judgment, decreased social skills, decreased safety, decreased insight
Management	Stabilize mood, monitor for depression and mania	Monitor patients and discuss treatment to avoid hospitalization and the need for medication	Stimulus management in critical areas, avoid alcohol and any other drugs and activities, avoid caffeine	Avoid stress, avoid alcohol, avoid caffeine, avoid other drugs, avoid other activities, avoid other people	Encourage use of medication, social support, family, friends, and community	Learn about bipolar disorder, avoid stress, avoid alcohol, avoid caffeine, avoid other drugs, avoid other activities, avoid other people

demonstrate their superpowers.

You may have asked the person; have you ever been diagnosed with bipolar? and they tell you no.

Ask: Does anyone want to take a guess at how long it takes someone with bipolar disorder to receive a correct diagnosis?

“The average length of time between a person’s first episode and getting a correct diagnosis is eight years (Kay Redfield Jamison author of book, Touched by Fire manic-depressive illness).”

Ask: Is anyone wondering how long each episode of symptoms may last?

You recall from your talk on mental illness overview bipolar disorder is:

It is characterized by cycling from depression to mania Individuals who suffer from Bipolar Disorder have symptoms that may include hallucinations and delusions but usually during manias or depressions only, and mania periods of continually elevated, irritable, expansive mood lasting a week.

They also experience three of the following: distractibility, racing thoughts, and/or rapid speech (hard to interrupt the conversation). At times, they will be demonstrated grandiosity elevated senses of themselves, delusional beliefs, decreased need for sleep, impulsive behaviors, lack of restraint in emotional expression, poor judgement

Look for a show of hands. Call on a few volunteers to share their “guesses”

Desired Response:

For Bipolar I, the median duration for any type of mood episode either mania or depression is 13 weeks. More than 75% of recover from their episodes within 1 year of onset

Recovery manic episodes and mild depression was easier to treat than severe depression

(Solomon, DA, et al (2010). Longitudinal course of bipolar I disorder: Duration of mood episode.

Arch General Psychiatry, 67, 339-347.

(spending) and increased sex drive.

Slide 27 Bipolar Disorder Treatment:

When a person has Bipolar Disorder, they or a close family member/friend may advise you that “this behavior is due to their psychiatric illness”. Make sure that when you respond to a call like this that you ask about medications prescribed and how often medications are taken as prescribed. If delusions are present, they are often of a grandiose or self-important nature (wealth, fame, connections). The individual’s speech may be fast or difficult to follow, and they may also be very strong with increased energy, so it’s important to maintain a safe distance and establish a good rapport with the person first.

A person with Bipolar disorder may be taking mood stabilizers that can help reduce manias and depressions. Unfortunately, these stabilizers usually take weeks to months for the full effect.

Ask: Who has ever heard of a medicine called “Lithium”?

Ask: For those of you that have heard of it, is anyone here willing to share a story of someone they know who has Bipolar disorder and has taken this medication?

Lithium was first mood stabilizer discovered. Lithium is a highly reactive, light metal found naturally in very low levels throughout the body. It is commonly found in drinking water and many foods. When Lithium is taken as a medication to treat Bipolar Disorder, the amount of it in the blood system can increase to dangerous levels when a person becomes dehydrated, and as a result, lithium blood levels are drawn regularly until therapeutic blood levels are obtained.

Lamotrigine (Lamictal) is another effective medication to treat depression in Bipolar patients. It is important to understand that when prescribe, doctors often start them on low does and increase it slowly due to side effects.

Slide 27:

The infographic is titled "Bipolar Disorder (Mania)" and "Mood Stabilizers". It features a grid of six teal boxes with white text. The first box states "Mood stabilizers can help reduce manias and depressions". The second box says "Usually take weeks to months for full effect". The third box notes "Lithium was the first mood stabilizer discovered and can still be effective". The fourth box warns "People can become toxic (delirious) if levels are not carefully monitored". The fifth box mentions "Some antipsychotics are used as mood stabilizers". The sixth box concludes "Hard to get people with mania to take medicines because it often feels great!". Below the grid is a large teal box with the text "What Treatments are Indicated:".

Look for a show of hands

Look for a show of hands. Allow a few volunteers to share their personal stories.

Slide 28 Depressive Disorder Medication Treatment:

When responding to a call for an individual possibly suffering a depressive disorder, it is important to identify whether or not that person has suffered any hallucinations or delusions, and if present, are they of a negative/depressed content. Keep in mind that when speaking to a person like this, their thinking may be somewhat slowed, but most of the time, it is usually normal. Additionally, be sure to identify what specific functions are present that leads one to believe this is a Depressive Disorder. For example, has the person not gone grocery shopping because they could not get out of bed? Or maybe, the person has not been to work or school for days for the same reason. These are all behaviors that would indicate that a person needs treatment.

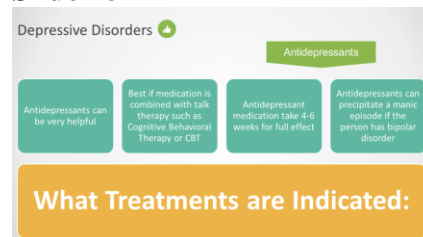
When a person needs treatment, oftentimes, talk therapy such as Cognitive Behavioral Therapy (CBT) that is accompanied with medication is what is best. Keep in mind that antidepressant medications can take 4-6 weeks for the full effect. It is important to understand that antidepressant medications can sometimes cause a manic episode if a person has bipolar disorder. Therefore, gathering as much information as possible is what is best.

Slide 29 Pathways to Treatment Response:

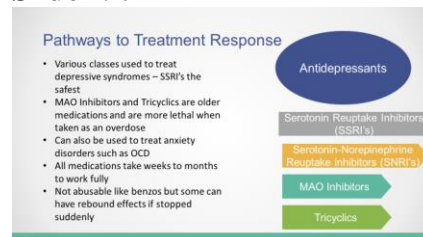
There are various classes of medications used to treat depressive syndromes. Serotonin Reuptake Inhibitors (SSRI's) are the safest. Antidepressant medications are selected after the physician selects class with best response for the patient's symptoms.

SSRI's such as Fluoxetine (Prozac), Paroxetine (Paxil) sertraline (Zoloft), citalopram and escitalopram, fluvoxamine all work by inhibiting the reuptake of serotonin. This increases the amount of serotonin available in the body. The average time for SSRI's to take effect is 4-6 weeks.

Slide 28



Slide 29:



MAO Inhibitors and Tricyclics are older medications and are more lethal when taken as an overdose, but they can also be used to treat anxiety disorders such as OCD

Remember, all medications take weeks to months to work fully and they are not abusable like benzos, but some can have rebound effects if stopped suddenly. So, it is important that a person suffering from a Depressive Disorder takes their medication on a regular basis.

Another type of medication used to treat Depressive Disorders are Serotonin-Norepinephrine Reuptake Inhibitors (SNRI's). These medications include Venlafaxine (Effexor) and Duloxetine (Cymbalta). They work by inhibiting monoamine reuptake inhibitors specifically inhibiting reuptake of serotonin and norepinephrine. Venlafaxine (Effexor) is a medication that requires consistent monitoring of hypertension.

Tricyclic antidepressants such as Imipramine, Clomipramine, Amitriptyline, and Nortriptyline are medications that work by inhibiting reuptake of both

serotonin and norepinephrine antagonize acetylcholine and histamine. By inhibiting acetylcholine, you get classic side effects dry mouth, itchy eyes, blurry vision, constipation, urinary retention, memory impairment, increased body temperature.

These types of medications are known work on sodium and calcium channel inhibitors accounting for toxicity in overdosing. It is important to note that slowed ion channels impact both cardiac and neuronal conduction leading to arrhythmias, altered mental status or coma, widening QRS complex is sign TCA overdose.

MAO Inhibitors include the medications Nardil, Parnate, and Emsam. These medications work by increasing synaptic levels of all three catecholamines (serotonin, norepinephrine, and dopamine). MAO Inhibitors are best

at treating A Typical Depression. Food consumption is important to monitor because MAO Inhibitors can cause hypertensive crisis when combined with tyramine (aged cheeses, wine) leading to vasoconstriction and incredibly high blood pressure resulting in a medical emergency. Risk for serotonin syndrome increases in presence of MAO's. To prevent this from happening, an individual should allow a 2-week washout before switching from an SSRI or SNRI to an MAOI.

III. EVALUATION/CLOSURE

Slides 30 Demonstrate Use of Information

Role Play:

- Four small groups,
- People assigned the number 4 will be the people with mental illness
- Hand out case scenarios
- Trained facilitator assigned to each small group

Purpose:

- Practice asking questions determine mental health emergency exist
- Describe behaviors statements made consistent with mental health disorder
- Describe behaviors consist with danger to life and safety
- Solicit contact information, list of medications, names physicians or therapist

You have been an amazing team. Thank you for your participation.

Slide 31 Questions:

Your feedback is important to improving future trainings.

We placed poster around the room to record important topics for follow up. Please use the sticky-notes on your desk to write anything down that you would like more

Time 30 minutes

Slide 30:

Demonstrate Use of Information Related to Mental Health Calls

Based on the following scenarios that we will act out:

- Ask questions that will help you decide about whether there is a mental health emergency
- Describe behaviors, statements made that you believe are associated with mental disorder
- Describes behaviors consistent with danger to life and safety of the evaluatee or others
- Document contact information of parties to petition (family members giving history used in the petition), list of medications, names physicians or therapists

At the end of each scenario let's come together to discuss


Role Play & Wrap Up Activities

5 minutes role enactment scenario
10 minutes process activity in small groups

Slide 31:

Questions?

Thank you for your time and thank you for all you do to serve our community!



information on or about.

Please complete the training evaluation form and return.

I would be interested in your thoughts on the topics we covered today.

- Do you believe the topics discussed today equip you with the tools you need to address emergency mental illness successfully in the community?
 - If not, what can be better meet your need
- What would you recommend we change or enhance about the training in the future?
- What would you like to spend more time learning in future trainings?

Ask: What questions do you have for me?

Allow time for questions to be asked and answered

APPENDIX A

Medications & Mental Illness Treatment Quiz: True or False:

1. Mental health medications are all you need to be well. **True/False**
2. If I do not take my medications, I will have to stay in the hospital. **True/False**
3. People may not be right in the head space to remember to take their medications. **True/False**
4. Some people feel like medication dulls their spark. **True/False**
5. Medication should rarely be the first line of treatment for mild to moderate illness. **True/False**
6. First line options should be looking at lifestyle, things you are doing or not doing. **True/False**
7. Evidenced based guidelines suggest psychological therapies should be first line treatment. **True/False**
8. People with more severe symptoms use pharmacotherapy-both medications and talk therapy. **True/False**
9. Taking medication every day may feel like you are giving away your personal power to be well. **True/False**
10. The impact of knowing you need to take something forever or indefinitely is scary. **True/False**
11. It is possible some medications have toxic levels and severe side effects. **True/False**
12. It is true non-mental health medications have side effects and toxic effects. **True/False**
13. Some side effects of mental health medications include weight gain, breast milk production, and require periodic lab test. **True/False**
14. It is important to have conversations up front about the fact there are risks, benefits and discuss with the person which risks they are prepared to take. **True/False**

15.It is important for the person prescribing to be aware of the range of physical health, social and mental health problems to allow collaborative treatment because the systems of care are fragmented. **True/False**

16.How to communicate with your physician is not necessary because care in mental health system is well-coordinated. **True/False**

17.The consumers goals of therapy and their intention of treatment must be communicated to enable optimal care. **True/False**

18.People should understand they have a voice and choice in treatment even if it means sharing what is not working about their treatment. **True/False**

19.When it is a team approach, everyone is equal, there is open dialogue, and clear role in decision making, and empowering consumers allows them to be more likely to recover. **True/False**

APPENDIX B

Medications & Mental Illness Treatment Quiz: True or False: Answers

1. Mental health medications are all you need to be well. **False**
2. If I do not take my medications, I will have to stay in the hospital. **False**
3. People may not be right in the head space to remember to take their medications. **True**
4. Some people feel like medication dulls their spark. **True**
5. Medication should rarely be the first line of treatment for mild to moderate illness. **True**
6. First line options should be looking at lifestyle, things you are doing or not doing. **True**
7. Evidenced based guidelines suggest psychological therapies should be first line treatment. **True**
8. People with more severe symptoms use pharmacotherapy-both medications and talk therapy. **True**
9. Taking medication every day may feel like you are giving away your personal power to be well. **True**
10. The impact of knowing you need to take something forever or indefinitely is scary. **True**
11. It is possible some medications have toxic levels and severe side effects. **True**
12. It is true non-mental health medications have side effects and toxic effects. **True**
13. Some side effects of mental health medications include weight gain, breast milk production, and require periodic lab test. **True**
14. It is important to have conversations up front about the fact there are risks, benefits and discuss with the person which risks they are prepared to take. **True**
15. It is important for the person prescribing to be aware of the range of physical health, social and mental health problems to allow collaborative treatment because the systems of care are fragmented. **True**
16. How to communicate with your physician is not necessary because care in mental health system is well-coordinated. **False**
17. The consumers goals of therapy and their intention of treatment must be communicated to enable optimal care. **True**
18. People should understand they have a voice and choice in treatment even if it means sharing what is not working about their treatment. **True**
19. When it is a team approach, everyone is equal, there is open dialogue, and clear role in decision making, and empowering consumers allows them to be more likely to recover. **True**

APPENDIX C

Evaluation: Addressing Mental Illness & Medications

1. How would you rate this workshop overall? Excellent Good Fair Poor

2. What did you like best?

3. How would you make this workshop better?

4. How would you rate the workshop leaders? Excellent Good Fair Poor

Comments on the workshop leaders:

5. How safe did you feel participating in the group?

Very safe Somewhat safe Neutral Somewhat unsafe Very unsafe

What made you feel this way?

6. List three things you learned about yourself in today's workshop:

- a. _____
- b. _____
- c. _____

7. What will you do differently after attending this workshop?

8. Do you think you will share this information with other people (coworkers, family, friends)? Yes No If so, approximately how many? _____

9. Would you recommend this workshop to someone else? Yes No