

Mental Health Crisis: Frequently Asked Questions

Most people who have little or no experience dealing with persons in mental health crisis may be fearful and uncertain as to how best to help a person in this position. Unfortunately, popular media (television, in particular) do not always present an accurate portrayal of the symptoms of mental illness and the best response to persons suffering from a mental health crisis – leading to some common misconceptions about the level of dangerousness of people in crisis and corresponding need for aggressive force in response.

The following is reprinted from a manual for front-line officers produced by the Centre for Addiction and Mental Health, Ontario Police College and St. Joseph's Health Care in Ontario, entitled *Not Just Another Call...Police response to people with mental illnesses in Ontario: A Practical Guide for the Frontline Officer*. These are real questions from front-line officers in Ontario, and the responses.

If you encounter psychotic symptoms (e.g. hallucinations) can you be certain that the person suffers from a mental illness?

There are many reasons why a person might exhibit psychotic symptoms including brain injury, substance abuse, medical conditions, response to trauma, victimization, etc.

How powerful are the drugs used to combat mental illness?

The group of drugs known as anti-psychotics, if taken as prescribed, can reduce and even eliminate, symptoms of psychosis. Note: the emphasis is on 'reduce' and 'even eliminate' the symptoms. That is, the drugs can often help make the voices stop and/or visions cease, but they cannot cure the illness.

Is it acceptable to use deception with a mentally ill person if it is not used with intent to belittle or if it aids in securing compliance?

You should avoid using deception as a means of ensuring compliance. The deception could possibly undermine trust and this could have serious consequences on the next time you or a fellow officer interacts with this individual.

What is the delusion most frequently encountered by police?

Feelings of persecution or 'paranoia,' that is, the feeling that something or someone is attempting to inflict harm on the individual.

How can you calm someone who displays signs of paranoia?

If you move too quickly, invade personal space or touch (the person), you could increase the paranoia; that is, they may think you are trying to hurt them. Invasion of personal space can escalate the situation. (Note: see the Fact Sheet "Responding to Hallucinations and Delusions" or *Not Just Another Call* section on strategies for delusions)

Is humour effective when interacting with someone who has a mental disorder?

We are talking about officer-generated humour which, generally speaking, is not an appropriate response to anyone who is experiencing pain or trauma.

Is it true that on the average, people suffering from a mental illness are less intelligent?

There is no evidence to suggest either lower or higher levels of intelligence.

www.cmha-bc.org

Is it true that attempting to commit suicide is a cry for help, that in most cases, it is just a way of drawing attention to oneself?

The police officer is not a therapist and is not in a position to comment on whether or not a person is serious about a suicide attempt. All suicide attempts or expressed ideas concerning suicide must be taken seriously.

Can hallucinations or delusions occur simultaneously?

Hallucinations and delusions often appear together. For example, the person might taste poison or smell smoke (hallucination) and think someone is trying to kill them (delusion).

What is the most frequently encountered hallucination?

Hearing voices.

Is pepper spray less effective on someone who is suffering from mental illness?

Pepper spray may be less effective on anyone who is experiencing an adrenalin pump. This is not restricted to persons diagnosed with a mental illness.

Does a person suffering from mental illness have superhuman strength?

The supposed superhuman strength comes from the adrenalin pump and you do not have to be diagnosed with a mental disorder for this to occur.

For more information on these topics and answers to more questions, check out *Not Just Another Call* at www.oacp.on.ca/uploads/news/CAMH_final.pdf

Building Capacity: Mental Health and Police Project (BC:MHAPP) is a project of the Canadian Mental Health Association's BC Division, with a goal of improving interactions between police, emergency services, and people with mental illness. This fact sheet is produced as part of the BC:MHAPP Project. These fact sheets have been supported by gaming revenue from the Province of British Columbia. This project is supported by the Vancouver Foundation and the Provincial Health Services Authority. This fact sheet is one in a series of eight:

- Police and Mental Illness: Increased Interactions
- Criminalization of Mental Illness
- Violence and Mental Illness: Unpacking the Myths
- Police and Mental Illness: Models that Work
- Mental Health Crises: Frequently Asked Questions
- Hallucinations and Delusions: How to Respond
- Mental Illness and Substance Use Disorders: Key Issues
- Suicidal Behaviour: How to Respond

For more information on this project, please contact Camia Weaver, Provincial Co-ordinator for BC:MHAPP, CMHA BC Division, at info@cmha-bc.org or 604-688-3234.

