

## **Peace Officer and Part Time Peace Officer In-Service Learning Objectives for Crisis Intervention and Mental Illness Crises Training**

In 2017 the Minnesota legislature passed statute 626.8469 TRAINING IN CRISIS RESPONSE, CONFLICT MANAGEMENT, AND CULTURAL DIVERSITY. One component of this statute requires the chief law enforcement officer of every state and local law enforcement agency to provide in-service training in crisis intervention and mental illness crises to officers beginning July 1, 2018.

This training must comply with learning objectives approved by the Minnesota Board of Peace Officer Standards and Training (POST Board) and be provided through courses approved for continuing education by the board. These objectives are intended to provide officers with training that promotes the safety of all those involved and positive crisis resolution. To be effective training should increase knowledge in the subject area and develop skills and abilities through active participation.

### **Learning Objectives**

1. Demonstrate understanding of the challenges of mental illnesses to include:
  - A. Describe the major and serious forms of mental illnesses and how to recognize associated symptoms and behaviors including substance use disorders and signs of suicidality.
  - B. Discuss how psychiatric medications work, some of their possible side effects and why people don't always take their medications.
  - C. Explain how some behaviors associated with mental illnesses may overlap with commonly observed criminal behavior.
  - D. Discuss bias, fear, and misinformation that come from the stigma surrounding mental illnesses, and the importance of informed, fair, and impartial responses.
  
2. Demonstrate understanding of mental illness concerns specific to special populations to include:
  - A. Discuss special considerations officers should be aware of and strategies that can be appropriate in mental health crisis situations involving veterans.
  - B. Discuss how trauma can impact a person's mental health. Recognize signs and symptoms of trauma, and explain or model approaches for interacting with someone who has experienced trauma.
  - C. Discuss special considerations for recognizing and managing people experiencing a mental illness crisis with co-occurring substance use or abuse.
  - D. Discuss how culture affects views and reactions to signs/behaviors associated with mental illnesses. Identify the benefits of culturally knowledgeable/sensitive responses including strategies for culturally responsive mental health crisis intervention.

3. Demonstrate understanding of mental health concerns of peace officers to include:
  - A. Discuss how trauma exposure and stress may influence officer mental/physical health, decisions and behavior.
  - B. Discuss or model strategies that support good mental health.
  - C. Discuss how to recognize when help is needed, barriers to seeking help, and how to access help.
  
4. Discuss practical strategies for managing situations involving a mental health crisis to include:
  - A. Discuss and/or model verbal and non-verbal intervention techniques that officers can use to diffuse tension and reduce emotional intensity in situations involving someone experiencing a mental health crisis (i.e. rapport building, active listening, body language, voice).
  - B. Identify and/or model effective suicide intervention strategies.
  - C. Discuss peace officer duties to protect individuals in custody, warning signs of suicidality in custody, and practices for preventing suicide of individuals in custody.
  - D. Explain how and when to take someone into custody including:
    - the statutory elements for taking someone into custody for reasons of mental illness or developmental disability, chemical dependence, or “intoxication in public”,
    - the information needed to determine if a peace officer hold is necessary and
    - the criteria for a 72 hour hold.
  - E. Identify local resources officers can use during or after a mental health crises (e.g., mobile crisis teams, veterans services, outpatient services, homeless shelters, detox facilities, social services) and understand when and how to connect people with them.