PARAS PROGRAM FOR APPLIED RESEARCH IN AIRPORT SECURITY

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# Mental Health and Airport Security

**National Safe Skies Alliance, Inc.**

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## PARAS ACRONYMS

| | |
|---|---|
| **ACRP** | Airport Cooperative Research Project |
| **AIP** | Airport Improvement Program |
| **AOA** | Air Operations Area |
| **ARFF** | Aircraft Rescue & Firefighting |
| **CCTV** | Closed Circuit Television |
| **CEO** | Chief Executive Officer |
| **CFR** | Code of Federal Regulations |
| **COO** | Chief Operating Officer |
| **DHS** | Department of Homeland Security |
| **DOT** | Department of Transportation |
| **FAA** | Federal Aviation Administration |
| **FBI** | Federal Bureau of Investigation |
| **FEMA** | Federal Emergency Management Agency |
| **FSD** | Federal Security Director |
| **GPS** | Global Positioning System |
| **IED** | Improvised Explosive Device |
| **IP** | Internet Protocol |
| **IT** | Information Technology |
| **MOU** | Memorandum of Understanding |
| **RFP** | Request for Proposals |
| **ROI** | Return on Investment |
| **SIDA** | Security Identification Display Area |
| **SOP** | Standard Operating Procedure |
| **SSI** | Sensitive Security Information |
| **TSA** | Transportation Security Administration |

# ABBREVIATIONS, ACRONYMS, INITIALISMS, AND SYMBOLS

| | |
|---|---|
| **BPFA** | Basic Psychological First Aid |
| **BJA** | Bureau of Justice Assistance |
| **BOS** | Boston Logan International Airport |
| **CBP** | Customs and Border Protection |
| **CDC** | Centers for Disease Control and Prevention |
| **CIT** | Crisis Intervention Team |
| **COVID-19** | Coronavirus Disease 2019 |
| **CSG** | Council of State Governments |
| **C-SSRS** | Columbia-Suicide Severity Rating Scale |
| **EAP** | Employee Assistance Program |
| **EMS** | Emergency Medical Services |
| **IACP** | International Association of Chiefs of Police |
| **JACA** | Justification, Alternatives, Consequences, Ability |
| **LAPD** | Los Angeles Police Department |
| **LAX** | Los Angeles International Airport |
| **LAXPD** | Los Angeles Airport Police Division |
| **LEARN** | Listen, Empathize, Apologize, Resolve, Notify |
| **MHFA** | Mental Health First Aid |
| **NAMI** | National Alliance on Mental Health |
| **PERF** | Police Executive Research Forum |
| **PFA** | Psychological First Aid |
| **PMHC** | Police-Mental Health Collaboration |
| **PTSD** | Post-Traumatic Stress Disorder |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |

# SECTION 1: INTRODUCTION

This guidebook was developed to provide airports with information about managing issues related to mental health that have the potential to affect airport security. It provides airports with knowledge and strategies to:

- Manage mental health incidents as quickly as possible and with the fewest resources
- Identify the differences between normal stress, elevated stress, and major stress
- Identify stressors, assess individual situations, and determine an appropriate response
- Build response teams for various levels of crisis
- Acquire training that is appropriate for various responders
- Manage and assist individuals experiencing homelessness

Mental health is a broad term that includes a spectrum of healthy states of being as well as varying degrees of illness. There are many factors that can affect an individual's mental health, including everyday stress, crisis situations, and mental illnesses. In an airport environment, it is important to understand how these factors can compound to create complicated situations that can escalate into security threats. De-escalating conflict and relieving stress is key to managing mental health events.

This guidebook provides approaches for identifying and responding to incidents that involve stress or mental health concerns that can affect airport security. It recommends a stepped-response strategy, which uses the least intrusive but most effective techniques to respond to incidents. The guidebook also recommends which personnel should respond to each type of incident, with the understanding that each airport must design its own system of response, scaled to its size and available budget.

# SECTION 2: UNDERSTANDING THE IMPACT OF MENTAL HEALTH ISSUES

Addressing the effects of mental health on airport security requires an adequate understanding of the issue. In this section, we discuss the following topics:

- Recognizing a mental health incident or crisis
- Identifying situations that might trigger an incident or crisis
- Understanding how incidents impact airport personnel and operations

According to the US Department of Health and Human Services *Healthy People 2020* strategy, mental illnesses are among the most common health issues in the United States. Approximately one in four adults and one in five children in the US have a mental health disorder at any given time. These individuals are also at high risk for alcohol or drug use, violent or self-destructive behavior, and suicidal spectrum behavior. All these conditions increase an individual's propensity for complex mental health crisis and psychiatric emergency.

The COVID-19 pandemic resulted in unparalleled additional global mental health burden, with approximately 40% of the US adult population experiencing anxiety or a depressive state by the end of 2020.[1] For essential workers, including airport personnel, estimates indicate that 25% have developed a new mental health disorder since the pandemic began.[2]

Due to the continuous flow of people through an airport and the stressors inherent in air travel, airport personnel are likely to encounter individuals who are experiencing mental health challenges. The airport environment can aggravate any number of mental health conditions, which can result in passengers engaging in disruptive behavior, and in airport staff exhibiting chronic stress, burnout, and depression.

## 2.1 The Role of Stress in Mental Health

Stress is the body's response to challenges, unexpected or new experiences, and harmful situations. Stress can be acute, in response to short-term events or situations; chronic, in response to ongoing and long-term conditions; or a combination of these. When stressed, the body releases hormones that trigger a fight-or-flight response and activate the immune system. This can increase a person's heart rate and make them feel nauseous and sweaty, among other physical symptoms. These hormones also affect the part of the brain responsible for memory and regulating emotions.

Each person's ability to manage stress depends on a number of different factors, including genetics, personality, personal history, and mental health. It also depends on the number of stressors the person is dealing with at a given moment. When a person's stress level exceeds their capacity to cope, a mental health incident or crisis can result.

## 2.2 Stages of a Mental Health Crisis

There are escalating levels leading to a mental health crisis. The Centers for Disease Control and Prevention (CDC) describes four stages in the crisis continuum that each require a different level of attention and care.[3] Appropriate intervention at each stage can prevent further escalation or harm.

[1] **CDC.gov:** https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm
[2] **APA.gov:** https://www.apa.org/news/press/releases/stress/2021/one-year-pandemic-stress-essential
[3] **CDC.gov:** https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit7_5

At the lowest level of the spectrum, a person may feel stressed or frustrated, but they remain in control of their emotions and behavior. A person may enter this stage in response to typical airport annoyances (e.g., flight delays, missed connections, gate changes) or workplace stressors. Though a person in this frame of mind may not need additional support, it is important to recognize that continued or additional stressors may elevate their condition.

At the second level, a person's anxiety rises and they may start to become emotional. This can manifest in behaviors such as crying, accelerated or quavering speech, and nervous habits like foot tapping. The person may also appear confused about how to resolve their problem. At this level, a person can usually be de-escalated by customer service or a manager. See Section 3.4.2 for information on de-escalation strategies.

In some circumstances, however, an incident can continue escalating. As a person's anxiety and stress levels increase, they can become less rational and more disruptive. The person may begin pace and sweat, as well as shout, argue, and threaten staff or passengers. At this stage, the person may need to be removed to another area where more de-escalation techniques can be attempted and additional specialized support can be made available.

A situation that continues to worsen despite intensive de-escalation efforts can become a mental health crisis. A crisis occurs when a person becomes erratic, and their behavior begins to pose a potential risk to their own safety or the safety of others around them. This stage requires intervention by mental health professionals and law enforcement. Section 2.4 describes factors that increase the likelihood that an incident may reach the crisis stage.

## 2.3 Understanding Potential Triggers

The airport experience provokes stress and anxiety in many people. The constrained and crowded environment alone or combined with other triggering incidents can prompt emotional and behavioral reactions in both passengers and airport workers.

### 2.3.1 Passengers

The airport experience is inherently stressful, even for seasoned travelers. The following list provides examples of situations that may trigger a mental health incident in some passengers:

- Flight delays and cancellations
- Lost baggage
- Misplaced or forgotten travel documents
- Customer service issues
- Lack of accommodations for people with disabilities
- Prolonged wait times
- Crowds or lack of personal space
- Odors and sounds
- Misunderstanding complex airport procedures
- Feeling of confinement

Other factors that may contribute to an incident include availability of alcohol and restrictions on smoking.

Disruptive behaviors that may result from a triggering incident may include refusing to comply with instructions, verbal or physical abuse directed toward other passengers and employees, and damage to property.

### 2.3.2 Airport Workers

For airport workers, potential triggers may be work-related or personal, including but not limited to:

- Poor workplace culture
- Work-related injuries
- Excessive work load due to staffing shortages
- Lack of sleep due to unpredictable shift changes
- Aircraft disaster or other life-threatening event
- Death of a loved one
- Financial hardship
- Lack of access to adequate care

In recent years, the aviation industry has begun to provide support for employees experiencing issues that may affect their mental health, as discussed in Section 4.2.

### 2.3.3 People Experiencing Homelessness

People experiencing homelessness present unique challenges to airports. Research shows that many of these individuals suffer from mental illness, which can affect their behavior. They are frequently victimized and may have psychiatric, substance use, and physical health conditions simultaneously.

A person experiencing homelessness may become stressed when they fear that the safety and shelter of the airport may be taken away. Long-term solutions require gaining the trust of this population. Examples of such solutions include the case management approaches and jail diversion programs discussed in Section 4.3.

## 2.4 Understanding Escalating Factors

While not everybody who feels stressed or emotional is likely to engage in violence or present a security risk, it is important to understand the factors that might make a triggering situation more likely to escalate into physical aggression for some individuals.

Frustrating and fear-inducing incidents are more likely to trigger and escalate a person's behavior. In frustrating incidents, a person may feel that their efforts or demands have been rejected or are ineffective. In fear-inducing incidents, a person may perceive that they are under threat or are going to lose something of value.

The acronym JACA (Justification, Alternatives, Consequences, Ability) is used in de-escalation training to outline reasons that a person in distress may escalate their behavior:[4]

**Justified** – Does the person feel justified in using violence?

**Alternative** – Does the person perceive that he or she has no alternatives to rectify the grievance?

[4] **DeBecker, Gavin.** ***The Gift of Fear*****:** https://www.academia.edu/31891034/The_Gift_of_Fear

**Consequences** – How great is the disregard for the consequences of an act?

**Ability** – Does the person believe they have the ability to carry out the intended violence?

## 2.5 Impact on Airport Security and Operations

Mental health incidents in the airport can affect operations in a number of ways that range from relatively minor to extensive. Incidents can delay traffic or flights, attract crowds, and create panic in passengers and employees. Serious events can require inspection of the airfield, closure of checkpoints, or a terminal evacuation. Depending on the severity of an incident, the effect on one airport can ripple through the entire national airspace system.

Dealing with stressed individuals and mental health incidents can also take its toll on airport personnel. It can contribute to staff attrition and impact employees' ability to perform their jobs. It can also lead to burnout, which affects employees wellbeing and effectiveness, and has been shown to increase the risk for developing post-traumatic stress disorder (PTSD) in those who are involved in or witness a violent or distressing event.[5]

These concerns are applicable to airport staff of all types. Personnel in customer-facing positions such as airline employees and concessionaires are often the first to encounter individuals in distress, and therefore are the first to attempt to de-escalate an incident. Even if the majority of these incidents are relatively minor, frequent encounters with stressed and angry customers can take an emotional toll on employees.

The toll can be particularly heavy for TSA and Customs and Border Protection (CBP) officers. As fast-paced and high-stress experiences, security checkpoints and customs inspection stations can be flashpoints for overwhelmed passengers. Not only does this increase the tension levels for these officers, but dealing with anxious and stressed individuals as a baseline also makes it more difficult to detect abnormal or agitated behavior that may indicate nefarious intent (i.e., terrorist or criminal activity). The stresses of working in the checkpoint and customs may also contribute to turnover rates.

Mental health incidents also impact law enforcement and first responders. As the personnel responsible for responding to advanced stages of mental health crises, they are more likely to deal with highly charged situations and to experience violence or physical harm. This puts law enforcement officers and first responders at a higher risk for post-traumatic stress symptoms and PTSD.

See Section 4.2 for information about addressing employee burnout.

[5] **NIH National Library of Medicine:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6893225/

# SECTION 3: RESPONDING TO MENTAL HEALTH INCIDENTS

When encountering someone who is experiencing a mental health incident or crisis, the responders' goal should be to defuse the situation efficiently, confidently, and with the least interruption to daily operations. Once the person in crisis has stabilized, they can be connected with services for the next level of care as needed. To manage the outcome of these incidents, airports must plan their response strategy for a broad range of situations involving people in various stages of crisis. In this section, we discuss the following topics:

- Response team types, members, and roles
- Response strategies and considerations
- Suggested training

## 3.1 Response Teams

Managing mental health incidents requires the perspective and experience of staff from all functional areas of the airport. Response teams need to be organized and trained with capabilities that correlate to the increasing needs of escalating incidents. The teams strategy is a scalable approach that can be implemented for managing normal, elevated, and major incidents.

> "Mental health is health. Period. And we must approach it with the same energy that we apply to any other health issue, with compassion and professionalism and resources."
>
> – Defense Secretary Lloyd Austin

When developing a response team, the following should be determined:

- The team's purpose and authority
- Personnel who make up the team
- Necessary resources and training

Airports should consider including the teams described below when implementing a stepped response model. It is important for responders to understand their roles when encountering an individual experiencing a mental health incident or crisis, and know when to escalate the responsibility to a team with an increased level of training and authority. Table 1, at the end of this section, summarizes the suggested members and training for each team type. Details of recommended training can be found in Section 3.3.

> "Listen, support, and help them. Call a team of better trained staff, or the professionals when necessary.
>
> Remember, you don't have to be a professional. You just need to know how and when to call one."
>
> – Captain Bradley Amstutz
> Raleigh Police Department (retired)

### AIRPORT AND STAKEHOLDER MANAGEMENT

Airport and stakeholder management teams should be prepared to respond to most incidents involving their own staff. In addition to de-escalation techniques and baseline knowledge of available internal and external resources, Mental Health First Aid (MHFA) training is recommended to prepare management to identify and assist employees as needed.

### CUSTOMER SUPPORT TEAMS

Customer support staff—sometimes referred to as customer liaison, customer experience, and customer relations—understand the airport environment, and can often identify anomalies or behaviors indicating that a person may need assistance.

Customer support personnel are easily recognized by the public and are not intimidating, as they typically dress in casual business attire without radios, badges, or weapons. Being approachable and non-threatening, they are ideal for assisting with initial de-escalation in response to a potential incident. Training needs for customer support personnel should include de-escalation techniques and Basic Psychological First Aid (BPFA).

### FIRST AID TEAMS

First aid teams are composed of existing staff within the airport who are trained to provide medical first aid and MHFA to staff and passengers. This training provides the ability to assess, triage, and de-escalate incidents. Team members typically include select management and frontline staff, and may also include law enforcement or emergency medical services (EMS) personnel.

### CASE MANAGEMENT TEAM

The case management team incorporates community agencies into the airport's response strategy. These agencies specialize in helping individuals experiencing homelessness and those with recurring mental health issues. Services provided by community agencies may include medical attention, behavioral health assistance, housing, employment assistance, social programs, and educational opportunities. The airport may have internal staff members dedicated to the case management team or may rely solely on community agencies. Training needs for team members will vary based on the requirements of their individual professions. See Section 4.3 for examples of case management strategies at various airports.

### MENTAL/MEDICAL CRISIS TEAM AND THREAT MANAGEMENT TEAM

Response to elevated or violent mental health crises requires specialized teams that may or may not be dedicated to the airport. Mental/medical crisis teams typically include trained health professionals such as nurses, social workers, and psychiatrists, and may also include law enforcement. When a threat of violence exists, a threat management team must be included in the response. Threat management teams are led by law enforcement but may include other public safety agencies and mental health professionals.

**Table 1. Team Members and Training for Response**

| Team | Members | Related Training |
|---|---|---|
| **Airport and Stakeholder Management** | Airport and Stakeholder Management Staff | De-escalation, MHFA, requesting internal and external resources |
| **Customer Support** | Airport and Stakeholder Staff and Supervisors | De-escalation, BPFA, requesting internal resources |
| **First Aid Team** | Select Airport and Stakeholder Staff | De-escalation, PFA, MHFA, Medical First Aid, requesting internal and external resources |
| **Case Management Team** | Internal/External Community Case Workers, including Social Workers and Mental Health Professionals | Professional advocacy, certifications and training based on profession, requesting internal and external resources |
| **Mental/Medical Crisis and Threat Management Teams** | Mental Health Professionals, EMS, Fire, Police | Professional certifications, advanced training |

## 3.2 Collaborative Response Models

A report by the US Government Accountability Office (GAO 18-229) entitled *Federal Law Enforcement: DHS and DOJ Are Working Together to Enhance Responses to Incidents Involving Individuals with Mental Illness* cites two leading strategies for mental health incident response: Crisis Intervention Team Model and Co-Responder Model. These are discussed below, along with Mobile Crisis Teams.

The Council of State Governments (CSG), in collaboration with the Bureau of Justice Assistance (BJA), has designated police departments across the country as Law Enforcement – Mental Health Learning Sites for the strategies discussed below, among others.[6]

### 3.2.1 Crisis Intervention Team Model

A Crisis Intervention Team (CIT) is a community policing strategy where law enforcement agencies partner with other first responders, health care workers, community intervention experts, and advocacy groups to assist persons experiencing a mental health crisis. This model aims to enhance communication, identify mental health resources for assisting people in crisis, ensure that officers receive the training and support that they need, and provide individuals suffering from mental illness with resources in the health care system instead of being placed in the judicial system. Successful models have taken a five-pronged approach that includes:[7]

- Police training
- Community collaboration
- Vibrant and accessible crisis system
- Staff training in behavioral health
- Family, consumers, and advocates collaborate to educate the community and responders

The most popular form of CIT is the Memphis Model, developed in 1988 and revised in 2007. It translates the CIT objectives into ongoing, operational, and sustaining elements, which are taught in a forty-hour training curriculum.[8]

The Salt Lake City Police Department is one of the CSG-designated Mental Health Learning Sites for its implementation of the CIT Model. Salt Lake City's CIT model includes a forty-hour training curriculum, collaboration across small city and rural jurisdictions, and a CIT Investigative Unit.[9] Other designated sites include Portland Police Department, Harris County Sheriff's Department, Houston Police Department, Madison County Sheriff's Office, and Madison Police Department.

#### 3.2.1.1 CIT Case Study: Los Angeles International Airport

With an increasing number of mental health incidents, the Los Angeles Airport Police Division (LAXPD) created a CIT for responding to mental health issues and homelessness at the airport. This full-time team of approximately ten officers responds to mental health incidents and works with at-risk

[6] **CSG–BJA Mental Health Learning Sites:** https://csgjusticecenter.org/projects/law-enforcement-mental-health-learning-sites/
[7] **Police Chief Magazine – The Five-Legged Stool:** https://www.policechiefmagazine.org/the-five-legged-stool-a-model-for-cit-program-success/
[8] **CIT Memphis Model:** http://www.cit.memphis.edu/
[9] **Salt Lake City CIT Model:** https://csgjusticecenter.org/projects/law-enforcement-mental-health-learning-sites/salt-lake-city-police-department/

populations. LAXPD created this team because they found that training all officers, some of whom may not work well with this population, was less effective than concentrating training to a small group of officers who desire to focus solely on these issues.

The LAX CIT works closely with mental health professionals. Clinicians are available to conduct evaluations, and a staff social worker assists with assessments of possible mental health incidents. Social workers typically know about available resources and how to get individuals into programs for help. They can train staff to understand what programs are available and determine where individuals most benefit from resources.

While LAX does not actively track data on mental health–related incidents, they have identified some items of note. Airport stakeholders call more frequently to report mental health–related issues, presumably because they now have a dedicated response team. LAXPD also believes that their use of force has declined because of the dedicated CIT.

**Lessons Learned from LAX**

- Primary response should include a CIT that is a full-time police unit trained in mental health.
- A part-time team did not work as well as a full-time team. Having a full-time team ensures the team has the increased understanding necessary to deal with mental health issues, and an opportunity to build ongoing relationships.
- The CIT program has many benefits, including providing assistance to those who are willing to accept help and for those that are unable to care for themselves.
- Working with the county Department of Mental Health has reduced the number of use-of-force incidents. Instead, specially trained responders seek placement for the individual.
- Having a social worker who has the ability to conduct assessments on site reduces the time spent per incident for all involved.
- Though having staff readily available to handle mental health incidents has increased calls for service, airport stakeholders are more confident knowing there is a skilled team dedicated to responding to these calls.

### 3.2.2 Co-Responder Model

The co-responder model pairs specially trained police officers with mental healthcare workers to respond to calls involving individuals experiencing a mental health incident. The co-responder teams may connect those individuals with appropriate mental health services or provide other appropriate responses. This model also attempts to divert individuals with serious and persistent mental illness from the criminal justice system. Co-responder teams can be paired during a peak period or an entire shift.

The basic co-responder model has roles for the police, subject matter experts, and family members. The purpose of the model is to assist a person in crisis, not just to ensure they are following laws. This requires that team members develop a plan for rendering assistance, follow up with individuals with whom they interact, and ensure there is coordination between all agencies involved.

The Los Angeles Police Department (LAPD) is one example of a CSG-designated Mental Health Learning Site for implementation of the co-responder model. The LAPD model includes forty hours of training in mental health intervention, co-responder teams, and a crisis response advisory board.[10]

### 3.2.3 Mobile Crisis Team

Mobile crisis teams are generally composed of and operated by trained mental health professionals, not law enforcement agencies.[11] The primary objective of a mobile crisis team is to provide acute and follow-up care for the individual. By operating exclusively through mental health agencies, mobile crisis teams also aim to divert individuals with mental illness from the criminal justice system.

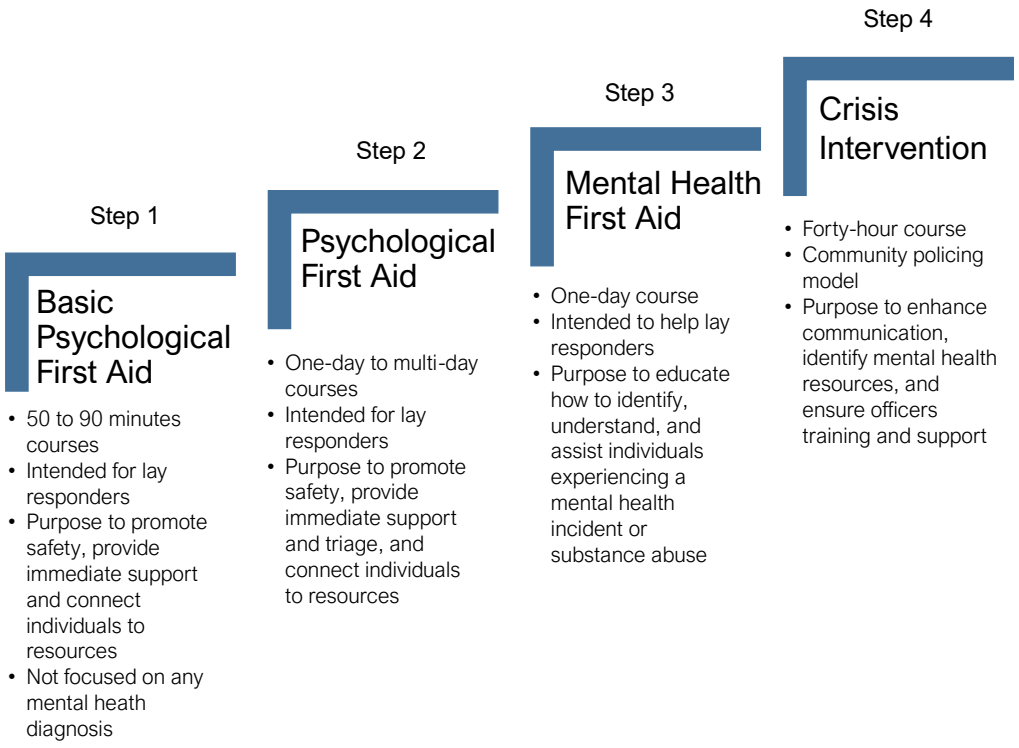
## 3.3 Training

Ideally, all airport personnel would be trained in identifying and de-escalating mental health situations. While requiring extensive response training for all employees is not likely feasible, some form of MHFA training, whether mandatory or voluntary, can be implemented at most airports.

**Video:**
Michelle Obama speaks about the importance of mental health training

After response teams are established, airports can evaluate the needs and roles of each team to determine appropriate training. Figure 1 depicts the increasing levels of training that may be considered.

**Figure 1. Training Courses to Consider**




[10] **LAPD Co-Responder Model:** https://csgjusticecenter.org/projects/law-enforcement-mental-health-learning-sites/los-angeles-police-department/
[11] **Mobile Crisis Teams:** https://csgjusticecenter.org/wp-content/uploads/2021/04/Field-Notes_Mobile-Crisis-Team_508FINAL34.pdf

Various organizations offer mental health response training, from basic sixty-minute courses to more advanced multi-day courses. Many of these are free of charge, do not require membership, and offer a certificate of completion. Table 2, at the end of this section, lists sources for each of the training examples described below.

### STEP 1: BASIC PSYCHOLOGICAL FIRST AID (BPFA)

BPFA training provides for using immediate triage to support persons who are experiencing distress.

Airports wanting to establish a mental health program should start with this level of training for their customer support team. This program focuses on the goals of promoting safety, stabilizing survivors of disasters, and connecting individuals to needed resources.

### STEP 2: PSYCHOLOGICAL FIRST AID (PFA)

Airports can introduce more advanced PFA training to selected individuals who interact with the public, with an emphasis on reducing minor, elevated, and high stress situations. First aid teams at airports are strongly encouraged to take this level of training. PFA training is adaptable and scalable based on the airport's needs and requirements.

### STEP 3: MENTAL HEALTH FIRST AID (MHFA)

The goal of MHFA is to teach participants how to recognize symptoms of mental health distress. MHFA educates people about how to identify, understand, and help a person who may be experiencing a mental health crisis. MHFA teaches participants to offer initial support until appropriate professional help is available or until the issue is resolved.

MHFA training is highly encouraged for individuals on the first aid team and airport and stakeholder management

**What is the Difference Between PFA and MHFA?**

| | | |
|---|---|---|
| PFA does not focus on any specific mental health condition or attempt to diagnose a person. It is a technique for providing assistance to people in the immediate aftermath of a traumatic incident. | vs. | MHFA teaches participants how to recognize the symptoms of various mental health problems and educates them on how to help people experiencing mental health issues. |

### STEP 4: CRISIS INTERVENTION TEAM (CIT)

CIT is a community policing model where law enforcement agencies partner with mental health providers and other community stakeholders to provide crisis intervention for persons experiencing mental distress or illness. Its goals are to enhance communication, identify mental health resources for assisting people in crisis, and ensure officers receive the training and support they need.

Airport operators are encouraged to collaborate with airport police to determine the number of officers who should be trained to this level. If the airport police are from a municipality, county, or state agency, airport operators may request additional officers to become CIT trained. CIT training is a forty-hour course.

**Table 2. Sources of PFA, MHFA, and CIT Training**

| Organization | Program Description | Duration | Website |
|---|---|---|---|
| Red Cross | Basic Psychological First Aid | 60 minutes | www.redcross.org/take-a-class/coronavirus-information/psychological-first-aid-online-course |
| International Public Safety Association | Respond-Observe-Assess-React (ROAR) provides PFA for law enforcement and non-law enforcement responders | varies | www.joinipsa.org |
| Johns Hopkins University | Provides PFA through the RAPID model (Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition) | varies | www.coursera.org/learn/psychological-first-aid?action=enroll#syllabus |
| American Psychological Association | Various programs available at all levels | varies | www.apa.org/practice/programs/dmhi/psychological-first-aid/training |
| Mental Health First Aid | MHFA is a skill-based training course that teaches participants about mental health and substance use | varies | www.mentalhealthfirstaid.org |
| CIT International | CIT training programs for law enforcement, other first responders aimed at promoting safe and humane responses to those experiencing a mental health crisis | 40 hours | www.citinternational.org |

## 3.4 Response Strategies and Considerations

When dealing with a person experiencing elevated stress or a mental health crisis, it is important to mitigate potential escalation and maintain a safe environment while treating the individual with care and respect.

### 3.4.1 Safety When Approaching Individuals in Crisis

Individuals experiencing a mental health incident or crisis may pose a danger to themselves or others. Although this is not typically the case, it is important to engage in safe interactions with affected individuals.

**FlyerTalk Article:**
Veteran Breakdown in Miami Ends With Gate Confrontation

If a person who is experiencing a mental health incident becomes more agitated, the attending responder should request the assistance of additional qualified personnel. The subject should not be left alone. If the responder begins to feel unsafe, they should slowly create distance between themselves and the affected person. The responder should stand far enough away to remain safe, but close enough to communicate with the individual. Having physical barriers such as chairs, luggage racks, counters, etc., can give the responder additional reaction time.

A person who appears to be suffering from delusions or hallucinations should be immediately assisted to a place of safety and connected to professional resources.

### 3.4.2 De-escalation

De-escalation uses techniques such as active listening, emotional regulation, and self-management to divert behavior. For relatively minor stressful situations, such as when addressing a customer service issue, airports can train their personnel in a de-escalation method such as LEARN, as explained below:

**L**isten – Listen to the person's concern without defensiveness or judgment; do not interrupt. Identify the fear, and ask, "how can I help you today?"

**E**mpathize – Show empathy for the situation and acknowledge the person's feelings: "I can hear how frustrating this must be for you."

**A**pologize – Apologize for the experience; we do not have to be wrong to have created a situation the person does not understand: "I'm sorry you feel that way, I'm going to do what I can to help you."

**R**esolve – Resolve the problem if possible, or offer options: "Let me see what I can do for you right now," or "I'm going to..."

**N**otify – Notify others of the situation; let the person in crisis know you are following up. Consult and share responsibility, especially with more intense encounters: "I will follow up with..."

Situations that continue to intensify despite LEARN efforts may require additional de-escalation techniques. Common guidance includes:

"Empathic, non-judgmental listening is the first step to de-escalating a person's stress."

– Dr. Richard LaBrie
Clinical Psychologist

- Reduce distractions and move to a quiet place away from onlookers, if safe to do so
- Do not restrict the person's movement
- Use clear language, and speak slowly and confidently with a gentle tone of voice
- Stay calm and avoid displaying nervous behavior
- Do not touch, shout, or make sudden movements; announce your actions beforehand
- Do not argue, threaten, or challenge irrational thinking
- Avoid intense questioning, sarcasm, or humor
- Comply with reasonable requests
- Offer solutions instead of trying to take control
- Take a break when necessary

In emotionally charged circumstances, the role of the listener may not to be solve the problem so much as to acknowledge the person's concerns and help them move through their feelings to a state where they can think more clearly about their situation. If efforts to de-escalate the person's stress are not effective, the responder should call for assistance.

It should also be noted that some individuals may be distrustful of people in uniform. Staff who are dressed in civilian clothes may find it easier to approach and build rapport with a person in distress.

### 3.4.3 Addressing Suicidal Ideation and Behavior

Most people who are experiencing mental health issues are not a danger to themselves, but it is important to know what to do if there is reason to suspect that a person is suicidal.

Signs that someone is thinking about suicide should be addressed directly. An assessment such as the Columbia-Suicide Severity Rating Scale (C-SSRS), shown in Figure 3, can be used to identify whether an individual is at risk for suicide by determining their level of intent and means to carry out self-harm.[12]

**TSA.gov Articles:**

TSA Boston team to de-escalate suicide threat

Indy TSA officer aids woman threatening to take her own life at airport

**Figure 2. C-SSRS Assessment**

| | Past 1 Month | |
|---|---|---|
| **1. Have you wished you were dead or wished you could go to sleep and not wake up?** | | |
| **2. Have you actually had any thoughts of killing yourself?** | | |
| If **YES** to 2, ask questions 3, 4, 5, and 6. If **NO** to 2, go directly to question 6. | | |
| **3. Have you thought about how you might do this** | | |
| **4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?** | **High Risk** | |
| **5. Have you started to work out worked out the details of how to kill yourself? Did you intend to carry out this plan?** | **High Risk** | |
| Always ask Question 6 | Life-time | Past 3 Months |
| **6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc. | | **High Risk** |

Source: The Columbia Lighthouse Project

Any question marked yes warrants a referral to a mental health resource. De-escalation strategies (as discussed in Section 3.4.2) should be employed until trained help, such as an MHFA team or CIT, arrives. The National Suicide Prevention Lifeline may also be contacted to assist with supporting and de-escalating the situation.

"Do they have a plan and the means, or are they just expressing feelings?

A person standing on the ledge of a parking deck has a means to carry out their plan."

– Cpt. Brad Amstutz, Raleigh Police Department (Retired)

Of course, a suicide attempt that is actively in progress warrants immediate involvement of a crisis team and emergency personnel.

The National Suicide Prevention Lifeline can be reached at 1-800-273-TALK (8255) or by dialing 988. Ensure employees and passengers are aware of this resource by posting flyers and brochures in conspicuous locations around the airport, such as restrooms and employee break rooms.[13]

[12] **The Columbia Lighthouse Project:** https://cssrs.columbia.edu/
[13] **National Suicide Prevention Lifeline – Media Resources:** https://suicidepreventionlifeline.org/media-resources/

**Action Items for Responding to Mental Health Crisis and Events**

- ✓ Train personnel in de-escalation techniques and active listening skills.
- ✓ Make it easy to determine whom to call for assistance at your airport.
- ✓ Work with law enforcement and local mental health providers to determine what response model is best for your airport.
- ✓ Coordinate with outside agencies (e.g., mental health services) and groups as needed to assist in major events.
- ✓ Post the National Suicide Prevention Lifeline (1-800-273-TALK (8255) or 988) in conspicuous locations for immediate crisis assistance.
- ✓ Train management and frontline personnel in the use of the C-SSRS to rapidly identify those at risk for suicide.
- ✓ Establish train-the-trainer programs for MHFA.
- ✓ Evaluate which type of mental health training is best for your airport and employees. Encourage airport tenants to provide BPFA training for their employees.
- ✓ Incorporate TSA, CBP, and other relevant agencies into your program as resources and to participate in training.
- ✓ Create a recognition/award program to identify and reward employees for security consciousness, successful de-escalation of incidents, and empathetic customer service. Include ways for others to nominate airport workers who exhibit a high level of empathy during the performance of their regular duties.

# SECTION 4: MITIGATION AND MANAGEMENT OF MENTAL HEALTH INCIDENTS

Mitigation and management of mental health incidents require detailed planning. In this section, we discuss the following:

- Airport amenities and programs
- Employee support strategies and program
- Community organizations and resources
- Costs and funding sources

## 4.1 Addressing Stressors in the Airport Environment

While many stressors in the air travel experience are difficult or impossible to mitigate, there are a number of environmental elements that an airport can address to help alleviate passengers' stress and tension.

### 4.1.1 Design Considerations

Airport operators can reduce stress in landside areas by using organized procedures and clear signage to guide passengers to and through airport locations and processes such as parking, drop-off and pick-up areas, flight check-in, and security checkpoints.

Providing natural elements and a calming physical environment can also help to relieve passenger stress. Suggestions include:

- Natural areas with plants
- Soothing sounds or calming music
- Noise abatement
- Relaxing visual imagery and art
- Customer lines that are organized but not confining

### 4.1.2 Sensory-Friendly Environments

For many people, especially young children and individuals with certain types of cognitive disorders and mental health issues, airport noise, lights, moving objects, and crowds can be highly stressful. Some airports have developed areas to improve the experience of these customers.

For example, at Hartsfield-Jackson Atlanta International Airport, Delta Air Lines has a multisensory room that includes calming and tactile activities for children with autism and sensory sensitivities.[14] Other airports have implemented quiet rooms, or reduced noise throughout the terminal by limiting the number of announcements on loudspeakers.

**Figure 3. Sensory Bag, PNC Arena, Raleigh, North Carolina**


[14] **ATL Delta Calming Room:** https://news.delta.com/delta-launches-calming-room-customers-autism-spectrum

Another idea used by some sporting venues and entertainment arenas is to provide sensory bags that contain objects for distracting and calming individuals (Figure 3).

By adopting such creative ideas, airports help ensure that individuals with sensory processing issues have access to areas in which they feel safe, making it easier for them and their families to travel.

### 4.1.3 Chapels and Spiritual Spaces

For many people, religion and spirituality play a major role in managing anxiety and stress. A number of airports have designated spaces for worship, prayer, and quiet contemplation to serve this need. However, passengers are often unaware of these facilities, and they tend to only be located in the largest US airports.

Of the chapels currently present in large hub airports, the majority are interfaith spaces.[15] Others are specific to a religious group or are non-religious spiritual centers. These facilities may be used by both passengers and staff for scheduled worship services and meditation sessions or private prayer and reflection.

Many airports also have dedicated chaplains who serve in the chapel as well as engage people throughout the terminal. According to the International Association of Civil Aviation Chaplains, an airport chaplain's role is to "offer mental, spiritual and social assistance to people who are going through a personal crisis, who are having problems at work or who just need somebody to talk to."[16]

Gallup polling in 2021 showed that more than 75% of adults in the US identify with a religious faith, and that religion is an important aspect of their lives.[17] These statistics suggest that working to advertise the presence of chaplains, chapels, and spiritual spaces, and expanding their services, may benefit a great number of travelers and airport workers.

### 4.1.4 Support for Neurodiverse Populations

Though not technically mental health issues, intellectual and development disabilities (IDD), such as autism spectrum disorder, can cause communication and sensory challenges that can make air travel and the airport experience particularly stressful. Many airports have implemented programs to help reduce stress for these individuals as they navigate the airport and its processes.

The Arc, an advocacy group for people with IDDs, runs the Wings for Autism and Wings for All initiatives,[18] which aim to alleviate the barriers to air travel that many people with IDDs experience. These programs give individuals and their families the opportunity to conduct "rehearsals" of travel-related tasks (check-in, TSA security checkpoint, etc.) in order to enable individuals to become familiar with airport processes and identify potentially triggering stimuli.

Vancouver International Airport provides expedited airport processes for families traveling with an autistic family member.[19] Shannon Airport in Ireland conducts an awareness program that provides orange hats and wrist bands to passengers with autism and similar conditions, allowing staff to easily

[15] **Pew Research – Airport Chapels:** https://www.pewresearch.org/fact-tank/2015/07/06/most-of-the-busiest-u-s-airports-have-dedicated-chapels/
[16] **International Association of Civil Aviation Chaplains:** https://www.iacac.aero/
[17] **Gallup Poll – How Religious Are Americans?:** https://news.gallup.com/poll/358364/religious-americans.aspx
[18] **The Arc – Wings for Autism & Wings for All:** https://thearc.org/our-initiatives/travel/#overview
[19] **YVR Autism Resources:** https://www.yvr.ca/en/passengers/navigate-yvr/accessibility-at-yvr/autism-travel-resources

identify passengers who may need extra guidance, and provides access to a soothing sensory room.[20] Pittsburgh International Airport created Presley's Place, which has a replica plane cabin and jetway to help prepare kids and parents for their flight.[21]

The airport's website and social media accounts can be used to inform travelers of any available special assistance programs. Efforts should also be made to connect travelers with information about TSA Cares, which provides eligible people with additional assistance during the screening process. Passengers may request support in advance via the TSA website or TSA Cares helpline, or at the checkpoint by asking for a passenger support specialist.[22]

## 4.2 Supporting Employee Mental Health

Employee resources should include mental health training or services to address the effects of daily stress. These can include stress reduction activities, employee assistance programs (EAP), on-site mental health personnel, and events such as wellness fairs. Management training is also important to reduce job stress caused by management-worker and peer conflicts.

### 4.2.1 Preventing Employee Burnout

Employee burnout results from chronic stress. A person experiencing burnout may report increased mental distance from their job or feelings of negativism or cynicism related to their job, which can reduce professional effectiveness. Compassion fatigue, which has similar symptoms to burnout, results from absorbing the emotional stress of others, which produces secondary traumatic stress in a person assisting.

Teaching employees about healthy ways to address stress enables them to respond to issues—such as unmanageable workloads, stressful situations, or stressful events—before they start to affect their mental health. Effective approaches to reduce burnout and improve resilience include individual strategies such as managing stress and developing coping skills, as well as system-wide strategies such as instituting wellness programs (e.g., mindfulness training, etc.).

Many airports have initiated programs that aim to reduce employee stress by addressing employee well-being comprehensively. Program offerings include classes aimed at improving physical health (e.g., fitness, nutrition), financial health (e.g., retirement planning, financial literacy classes), and emotional health (e.g., wellness workshops), among others. ACRP Synthesis 113 *Airport Workforce Programs Supporting Employee Well-Being* provides detailed information on the use and benefits of employee well-being programs at airports, and discusses implementation strategies.[23]

[20] **Shannon Airport – Autism & Special Needs:** https://www.shannonairport.ie/passengers/at-the-airport/flying-out/passenger-assistance/autism-special-needs/
[21] **PIT Presley's Place:** https://flypittsburgh.com/pittsburgh-international-airport/terminal-information/traveling-families/
[22] **TSA Cares:** https://www.tsa.gov/travel/passenger-support
[23] **ACRP Synthesis 113:** https://nap.nationalacademies.org/catalog/25919/airport-workforce-programs-supporting-employee-well-being

### 4.2.2 Facilitating Supportive Management

Improving management styles can also reduce work-related stress.

A good way for management to learn about workplace issues and ideas for improvement is from employees themselves. To support this, leadership will need to establish an inclusive work environment and actively promote the employee voice. This can be accomplished by requesting feedback from employees, acknowledging their ideas, and implementing their suggestions where appropriate. Issues that are identified should be elevated through official channels for resolution.

> "Let staff know you are going to try and solve their problem or find someone who can. Their tension will usually decline if they hear and understand this. Communicate!"
>
> – Dr. Jennifer Cohen
> Clinical Psychologist

Management may also consider instituting or enhancing their processes for feedback, rewards, and recognition. These are not only incentives for good work, but they can also be emotionally supportive.

As discussed in Section 3, airport and stakeholder management should also be trained and prepared to recognize and respond to mental health incidents in their staff. MHFA training is recommended to best prepare management to identify issues and assist employees as needed.

## 4.3 Leveraging Community Partnerships and Resources

Airports can engage community organizations and resources to help respond to mental health incidents. This is particularly true for managing incidents involving individuals experiencing homelessness who are looking for shelter at the airport. Local organizations willing to assist these individuals can be a valuable resource to airport operators.

Airport law enforcement may enter memorandums of understanding (MOU) with community mental health agencies to expand the ability of the MOU parties to work together to respond to mental health incidents. Types of services covered can include transport and care of patients, and serving involuntary commitment papers. A sample MOU between The National Alliance on Mental Illness (NAMI) and law enforcement agencies in North Carolina can be found in Appendix C.

Most repeat incidents at airports involve those experiencing homelessness. The two most prevalent practices for managing repeat incidents are jail diversion and case management.

#### JAIL DIVERSION PROGRAMS

Jail diversion programs direct individuals with mental health and/or substance use disorders to community-based behavioral health treatment centers instead of into the criminal justice system. Diversion programs typically focus on individuals who have committed minor crimes, such as trespassing or panhandling, and are not threats to public safety. Trained officers can identify eligible individuals through a variety of risk assessment tools.[24]

> "Every single airport police department should have a jail diversion program. These people need help with their problems, not more problems piled onto them."
>
> – Danielle Pires, BOS Homeless Liaison Officer (retired)

Depending on the outcome of the risk assessment, an individual will be either taken into protective custody or given a mandatory mental health evaluation to enter the diversion program.

[24] For more information on assessment tools and their effectiveness, refer to *Principles and Practices of Risk Assessment in Mental Health Jail Diversion Programs*, by Sarah L. Desmarais and Evan M. Lowder, Cambridge University Press, 2019.

NAMI's series on jail-diversion strategies, entitled "Help Not Handcuffs," may be applicable to airports seeking assistance from professional organizations other than police and EMS.[25]

### CASE MANAGEMENT

A case management approach involves community-based mental health facilities working with airport staff to provide a wide range of services, such as medical attention, behavioral health assistance, housing, employment, social programs, and educational opportunities.

One example case management strategy is Chicago O'Hare International Airport's O'Hare Outreach of Haymarket Center, which is funded by the Chicago Department of Aviation in cooperation with the Department of Family Support Services. This program addresses alcohol and substance use, housing, medical needs, and establishing an income. The center also helps passengers resolve immediate crises and access appropriate shelter if stranded at the airport.[26]

Figure 4. O'Hare Outreach of Haymarket Center


Another example is Seattle-Tacoma International Airport's SEA Cares program. This initiative was developed to address the increasing number of individuals in the airport who are experiencing homelessness and seeking shelter at the airport or who are experiencing mental health crises. The program includes a close partnership with the King County Mobile Crisis Team and a full-time, dedicated Crisis Coordinator to assist people in distress and connect them with community organizations that can provide additional assistance.[27]

## 4.4 Tracking and Categorizing Incidents

Collecting information about mental health incidents helps an airport understand the extent to which these types of situations are impacting their operations, personnel, and resources, and provides data for making program decisions about staffing and funding. The metrics can be used to provide justification for funding requests (see Section 4.5).

Airport operators can update dispatch call classifications to generate reports or develop their own internal reporting system. Such reports allow for data from the field to be compiled, reviewed, and shared with other airports, federal agencies, or mental health clinicians, as appropriate. Examples in Appendix C may be used to draft a simple one-page form.

Categorizing and tracking incidents that involve mental health factors also assists the airport in evaluating their training programs and response techniques. Categorizing incidents helps provide information for an initial assessment of behaviors, follow-up care, and improvement of the airport's mental health program.

Airports should work with local resources to learn what mental health categories they are already using and incorporate those categories into the dispatch and response platform. Descriptions of categories should be as simple as possible for responders to document. The simplest method uses two categories:

[25] **NAMI Help Not Handcuffs:** https://www.nami.org/Blogs/NAMI-s-Ask-the-Expert/2021/NAMI-Ask-the-Expert-Help-Not-Handcuffs
[26] **O'Hare Outreach:** https://www.hcenter.org/ohare-outreach/
[27] **SEA Cares:** https://www.portseattle.org/programs/sea-cares

mental health incidents and all other incidents (such as customer service issues). Incidents in each category can be further explained with additional information as needed. Using this basic approach captures specific, usable information without requiring a responder to diagnose an incident.

## 4.5 Funding Sources and Cost-Sharing Opportunities

There are federal and state agencies and advocacy groups that provide funding for mental health programs and services. For example, in 2021 the Substance Abuse and Mental Health Services Administration (SAMHSA) provided more than $17.7 million in grants for mental health awareness training. These grants are typically available to government entities, community and faith-based organizations, and universities and colleges.

Since airports themselves may not be directly eligible for the funding, it is crucial to identify and form partnerships with eligible entities in the community. The airport's local Department of Health and Human Services is a good starting point for information on the organizations that provide mental health services. When potential partners are identified, airports can begin to explore the services that are already available and gain a better understanding of opportunities to procure services specific to the airport.

Demonstrating a need for services is an important step in this collaboration process. If not already doing so, start collecting applicable data to support the request. Be able to clearly identify the following:

- Population: Who is the request serving and what are their needs?
- Background: What is the history of the issue/problem?
- Occurrences: How is the airport tracking and categorizing this issue?
- Outcome: How will the intended population benefit from the requested services?

Do not be afraid to expand on other areas to make your case stand out (i.e., present multiple issues—not just one—that might be affecting your population).

Even if not directly submitting a grant request, the following list provides resources for writing grants that may help airports identify critical factors for a successful application:

- Grant Writing for Beginners: Fundamentals to Get Started Finding Grants: http://www.nonprofitcopywriter.com/grant-writing-for-beginners.html
- Writing a Successful Grant Proposal: https://www.extension.purdue.edu/extmedia/EC/EC-737.pdf
- Grant Writing For Dummies Cheat Sheet: https://www.dummies.com/business/nonprofits/grants/grant-writing-for-dummies-cheat-sheet/

**Action Items for Mitigation and Management of Mental Health Incidents**

- ✓ Develop calming areas in the airport. Examples include areas with natural lighting, noise reduction, calming music, and plants to create a soothing environment.
- ✓ Remind employees about EAPs and coping resources.
- ✓ Develop partnerships between first responders, mental healthcare professionals, and advocacy groups who may provide resources, support, and training.

- ✓ Develop and update MOUs between agencies to clearly define roles, resources, and response protocols.
- ✓ Create a welcoming environment at your airport for agencies that provide assistance to individuals experiencing homelessness. Provide them with office space if necessary.
- ✓ Develop relationships with community stakeholders for long-term care referrals.
- ✓ For mental health calls, work with local resources to learn what mental health categories they are already using and incorporate those categories into your program.
- ✓ Incorporate these mental health categories into your dispatch and response database platform. Allow for ways to differentiate between psychiatric emergencies and psychiatric transports from the airport to hospitals and other mental health providers.
- ✓ Identify sources of funding and community resources that may partner with the airport for crisis-related services.
- ✓ Develop and maintain methods for collecting important data needed for funding, such as:
  - — Response times to crisis calls
  - — Number of crises managed without calls for service
  - — Disposition of each call
  - — Effectiveness of the services provided by your community partners
  - — Percentage of individuals diverted from the criminal justice system

# APPENDIX A: RELEVANT REFERENCE MATERIALS

### NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

NAMI is an alliance of over 600 local affiliates and 49 state organizations that work in communities to raise awareness and provide support and education regarding mental health and illnesses. Various resources that may be relevant to airports are linked below:

- NAMI HelpLine: https://nami.org/help
- Publications and Reports: https://nami.org/Support-Education/Publications-Reports
- Justice Library: https://nami.org/Support-Education/Justice-Library

### SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

SAMHSA is the agency within the US Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA provides grants and programs that may benefit airports' mental health awareness and training efforts:

- Grants: https://www.samhsa.gov/grants
- Programs: https://www.samhsa.gov/programs
- Publications and Digital Products: https://store.samhsa.gov/
- Data: https://www.samhsa.gov/data/

### NATIONAL SUICIDE PREVENTION LIFELINE

The National Suicide Prevention Lifeline is a national network of over 200 local crisis centers that combine local crisis care and resources with national standards and best practices.

- Lifeline: https://suicidepreventionlifeline.org/
- Crisis Centers: https://suicidepreventionlifeline.org/our-crisis-centers/
- Media Resources: https://suicidepreventionlifeline.org/media-resources/

### COLUMBIA LIGHTHOUSE PROJECT

The Columbia Lighthouse Project was formed via Columbia University to prevent suicide through dissemination of the Columbia Protocol, or Columbia-Suicide Severity Rating Scale (C-SSRS).

- About the C-SSRS: https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/
- C-SSRS Training: https://cssrs.columbia.edu/training/training-options/

### INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE (IACP)

The IACP is a professional association for police leaders that offers various resources to help law enforcement implement effective responses to individuals in mental health crisis:

- One Mind Campaign: https://www.theiacp.org/projects/one-mind-campaign
  The One Mind Campaign was initiated in October 2016 to promote successful interactions between police officers and persons affected by mental illness.
- *Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities* (report)
  https://www.theiacp.org/projects/academic-training-to-inform-police-responses
- "Responding to Incidents Involving Vulnerable Persons with Diverse Special Needs" (article)
  https://www.policechiefmagazine.org/responding-to-persons-special-needs/
- "Proactively Serving High-Risk Populations" (article)
  https://www.policechiefmagazine.org/proactively-serving-high-risk-populations/

- "A Look Ahead at Mental Health Response" (article)
  https://www.policechiefmagazine.org/great-ideas-2020-mental-health-response/

### BUREAU OF JUSTICE ASSISTANCE (BJA)

The BJA offers an extensive collection of resources that specifically address MHFA.

- Police-Mental Health Collaboration (PMHC) toolkit: https://bja.ojp.gov/program/pmhc
  The toolkit provides resources to assist law enforcement agencies in establishing partnerships with mental health providers to effectively respond to calls for service and improve outcomes for people with mental illness. Resources in the toolkit include:
  - MHFA for public safety
  - Mental health collaboration programs
  - Peers and families in training
  - CIT training

### POLICE EXECUTIVE RESEARCH FORUM (PERF)

PERF is an independent research organization that works to advance professionalism in policing and improve delivery of police services:

- PERF Training Guide: https://www.policeforum.org/trainingguide
  *Integrating Communications, Assessment, and Tactics Training Guide* was developed in October 2016 to help officers assess situations, make safe and effective decisions, and learn from their actions. The training guide aims to provide police officers with additional tools, skills, and options for handling different types of critical incidents, especially those that involve subjects who act erratically due to a mental illness and who are unarmed or armed with a weapon other than a firearm.

### COUNCIL OF STATE GOVERNMENTS (CSG) JUSTICE CENTER

The CSG Justice Center is a non-profit, non-partisan organization that works to break the cycle of incarceration; advance health, opportunity, and equity; and use data to improve safety and justice.

- Law Enforcement Responses to People with Mental Illness:
  https://csgjusticecenter.org/publications/law-enforcement-responses-to-people-with-mental-illnesses-a-guide-to-research-informed-policy-and-practice/#mental-health

  Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice (2009) summarizes available research on law enforcement encounters with people with mental illness and describes strategies to improve these interactions.
- Mental health programs and resources: https://csgjusticecenter.org/topics/mental-health/

### FEDERAL AGENCIES

Table 3 outlines various federal agencies' policies and guidance on mental health that airports may consider when developing their own mental health plans.

**Table 3. Federal Agencies' Policies and Guidance Related to Mental Health**

| Policy/Guidance | Name | General Description |
|---|---|---|
| Federal Protective Service | Incidents Involving Mentally Ill Persons | This policy provides official guidance on responding to incidents involving individuals with mental illness. It covers communication, use-of-force, interviews, excited delirium syndrome, voluntary and individual mental health evaluations, as well as suicide prevention. https://www.gao.gov/assets/690/689997.pdf |

| Policy/Guidance | Name | General Description |
|---|---|---|
| US Customs and Border Patrol | National Standards on Transport, Escort, Detention, and Search | Prior to transporting or escorting an individual, officers and agents are to assess the individual's safety and known or reported medical or mental health issues, among other things, and provide reasonable accommodations for such issues. https://www.cbp.gov/sites/default/files/assets/documents/2020-Feb/cbp-teds-policy-october2015.pdf |
| US Immigration and Customs Enforcement (ICE) – Enforcement and Removal Operations | Identification of Detainees with Serious Mental Disorders or Conditions | This policy memo assists ICE and detention facility personnel in identifying detainees with serious mental disorders or conditions in order to assess appropriate facility placement and treatment. https://www.gao.gov/assets/gao-20-36.pdf |
| US Secret Service | Use of Force Policy | This policy mentions that officers and agents may consider the mental health history of the subjects to determine a reasonable level of force necessary to control them. https://www.dhs.gov/sites/default/files/publications/mgmt/law-enforcement/mgmt-dir_044-05-department-policy-on-the-use-of-force.pdf |
| Alcohol, Tobacco, Firearms, and Explosives | Memo on Resources for Dealing with Persons in Crisis | Instructs all special agents in charge to identify and be familiar with local resources (e.g., CITs) that can help when they encounter a member of the public who may suffer from mental illness or may be in crisis. https://www.gao.gov/products/gao-18-229 |

# APPENDIX B: SAMPLE OF A MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT is made and entered into this ___day of ___, 2008, between the National Alliance for the Mentally Ill-Wake County, Wake Country Sherriff's Office, Raleigh Police Department, Cary Police Department, North Carolina Department of Mental Health/Developmental Disabilities/Substance Abuse Services, Wake County Human Services, and Wake County General Services Administration and Wendell Police Department, Graner Police Department, Zebulon Police Department, Apex Police Department, Morrisville Police Department, Fuquay-Varina Police Department, RDU Airport Police Department, Knightdale Police Department, Holly Springs Police Department, NC General Assembly Police Department, Wake Forest Police Department, North Carolina State Highway Patrol, and the State Capitol Police Department (the Parties)

WHEREAS the above-named Parties endeavor and agree to prevent the arrest and incarceration of people with mental illness and effectively link these individuals to appropriate mental health treatment in the community through a Wake Crisis Intervention Team (CIT) Model of services,

NOW, THEREFORE, it is agreed for and in consideration of the mutual promises set forth herein that:

The Wake CIT will emphasize the training of specially selected law enforcement officers with skills and knowledge about mental illness to respond to crisis situations involving people with mental illness.

The Wake County Human Services Crisis and Assessment Services will provide rapid assessment and referral to appropriate mental health community services and support for people with mental illness requiring law enforcement involvement.

Law enforcement agencies will designate a CIT coordinator within their department, with the rank of Sgt (or higher)

Law enforcement agencies will actively participate in the CIT program to ensure that it remains a healthy, evolving program

In Addition, the Parties agree to work cooperatively to:

1. Emphasize treatment rather than incarceration of people with mental illness.
2. Decrease the proportion of people with mental illness in the Wake County jail.
3. Prevent the inappropriate incarceration and /or criminalization of people with mental illness.
4. Improve the turnaround time for law enforcement officers at Wake County Human Services CAS.
5. Decrease officer injury rates.
6. Decrease injury rates to persons experiencing a mental health crisis requiring law enforcement involvement.
7. Increase laws enforcement officers' knowledge about mental illness and increase skills in their interactions with people with mental illness.
8. Provide training to selected law enforcement officers.
9. Improve the relationships between law enforcement departments and Mental Health providers.
10. Participate in evaluation of the Wake CIT goals and outcome measures.

This Agreement shall continue in effect from the date entered into for a period of (1) year. Upon the expiration of said period, this Agreement shall be automatically renewed for additional one (1) year terms(s) unless notice of termination is received by any party within thirty (30) days prior to the expiration of any term.

Signature lines for participants

_____ Date _____

# APPENDIX C: EXAMPLE CRISIS INTERVENTION REPORTS

**CIT Report for a Veteran**

**OCA#** ***(INTERNAL ONLY)***

| **Date:** | **Arrival Time:** | **End Time:** | **Consumer name: Last, first, Middle- Nickname:** | **Area:** |
|---|---|---|---|---|
| | | | | |

Location of Incident:

| **Age:** | **Gender:** ☐ M ☐ F | **Race/ Ethnicity:** | **English Speaking:** ☐ Yes ☐ No | **DOB:** | **Height:** | **Weight:** |
|---|---|---|---|---|---|---|
| | | | | | | |

**Name of Consumer's Family / Legal Guardian:**
**Phone number of Family / Legal Guardian:**
**MH/DD/SA Provider:** **Provider Phone Number:**

**Reason for Call:**

☐ **911 Call**
☐ **Involuntary Pick up**
☐ **Wellness Check – Follow up**
☐ **Other**

**Was Force Used?** ☐ **Yes** ☐ **No** *(if yes, explain in the narrative)*

**Consumer Injuries**

☐ **None**
☐ **Prior to Law Enforcement Arrival**
☐ **During Law Enforcement Encounter**

**Officer Injuries**

☐ **None**
☐ **Slight**
☐ **Severe**

In your opinion, should a CIT officer be dispatched for this call? ☐ **Yes** ☐ **No** *(If no, explain in the narrative)*

**Consumer's Status:** **[***Check all that apply***]**

☐ **Current Mental Health Consumer**
☐ **New Mental Health Consumer**
☐ **Consumer is on Probation**
☐ **Consumer has outstanding warrant**
☐ **Unknown or Other**

Medication Compliance: **[***Check all that apply***]**

Is consumer prescribed psychiatric meds? ☐ **Yes** ☐ **No** ☐ **U/K**
If yes, is consumer compliant with meds? ☐ **Yes** ☐ **No** ☐ **U/K**

Substance Abuse: **[***Check all that apply***]**

Drug use Suspected? ☐ **Yes** ☐ **No** Alcohol use Suspected? ☐ **Yes** ☐ **No**

Disposition of the CIT Call:

1. ☐ **Consumer unable to be located**
2. ☐ **Complaint unfounded**
3. ☐ **Situation resolved on scene, consumer not taken into custody or transported**
4. ☐ **Consumer transported to crisis unit – voluntary**
5. ☐ **Consumer transported to crisis unit – with involuntary commitment petition**
6. ☐ **Consumer transported to crisis unit – on emergency commitment basis**
7. ☐ **Consumer transported to medical hospital – Hospital Name: _____**
8. ☐ **Consumer transported to psychiatric hospital – with involuntary commitment petition**
9. ☐ **Consumer transported to psychiatric hospital – on emergency commitment basis**
10. ☐ **Consumer transported to other location (home, shelter, bus depot etc.)** *(explain in narrative section)*
11. ☐ **Consumer arrested and transported to jail. List the charges: _____**

Prior to CIT: Could you have taken this consumer to jail? ☐ **Yes** ☐ **No**
**If yes, what would have been the charges?**

**Officer Observations:** [*Check all that apply and complete narrative on back of form*]

| | | |
|---|---|---|
| ☐ **Violent- Assaulted someone** | ☐ **Appears anxious or fearful** | ☐ **Visual hallucinations** |
| ☐ **Physically threatened others** | ☐ **Sad expression or crying** | ☐ **Talks to self/ auditory hallucinations** |
| ☐ **Verbally threatening to others** | ☐ **Speaks very rapidly or uncontrollably** | ☐ **Appears to have delusions** |
| ☐ **Hostile, belligerent or argumentative** | ☐ **Incoherent or illogical speech** | ☐ **Seems confused or disoriented** |
| ☐ **Attempted to kill or harm self** | ☐ **Restless/hyperactive/ agitated** | ☐ **Unsteady gait/ difficulty walking** |
| ☐ **Threatened to hurt or kill self** | ☐ **Sexually inappropriate behavior** | ☐ **Inappropriate attire for the weather** |
| ☐ **Doesn't answer questions or mute** | ☐ **Expresses inflated self importance** | ☐ **Poor personal hygiene** |
| ☐ **Overly suspicious/ paranoid** | ☐ **Mental retardation suspected** | ☐ **Presence of urine or feces** |
| | | ☐ **Other** |

**Narrative:**

Please complete the following section if you are a CVIC Officer responding to a veteran services call:

**Consumer is a Veteran (Check all that Apply)**

☐ **Consumer is a Combat Veteran**

☐ **Consumer is Veteran who has not Served in Combat**

☐ **Consumer is Linked to Veteran Affairs**

**(If applicable) Contact Name: Phone Number:**

☐ **Consumer has Outstanding Warrant**

☐ **Unknown or Other**

☐ **Referral Made to Veterans Justice Outreach liaison**

☐ **Referral Made to Raleigh Vet Center**

☐ **Consumer Refused Referral to Veteran Services**

**Durham VA Medical Services (919) 286-0411**

**NC 4 VETS 844-624-9387**

***Note: This form is only for CVIC Trained CIT officer's use***

**VIC Officer's Name:** _____ **Date Completed:** _____

**CIT Supervisor:** _____ **Date Reviewed:** _____

07/20/2015

## CIT Report for a Police Department

| Date: | Arrival Time: | End Time: | Consumer name: Last, First, Middle – Nickname: | | District / Zone: |
|---|---|---|---|---|---|
| Location of incident: | | | Consumer Address and Phone Number | | |
| Age: | Gender: Male | Race / Ethnicity: | English speaking: Yes | DOB: | Height: | Weight: |
| Name of Consumer's Family / Legal Guardian: Last, First //Address // Phone | | | | | |
| Reason for call: 911 Call | | | Was force used? Yes (☐) No (☐) *If yes, explain in narrative section of this form.* Consumer Injuries: None Officer(s) Injuries: None | | |
| In your opinion, should a CIT officer have been dispatched for this call? Yes (*If no, explain in narrative)* | | | | | |

**Consumer's Status:** [*Check all that apply]*

(☐) Current mental health consumer.
(☐) New mental health consumer.
(☐) Consumer is on probation.
(☐) Consumer is homeless.
(☐) Consumer has outstanding warrant
(☐) Unknown or other

**Medication compliance:** [*Check all that apply]*

Consumer is prescribed psychiatric meds? Yes
If yes, is consumer compliant with meds? Yes

**Substance Abuse:** *[Check all that apply]*

Drug use suspected? Yes
Alcohol use suspected? Yes

**Disposition of the CIT call:** Enter as CAD Call Disposition

1 - (☐) Consumer unable to be located.
2 - (☐) Complaint unfounded.
3 - (☐) Situation resolved on scene, consumer not taken into custody or transported.
4 - (☐) Consumer transported to crisis unit - voluntary.
5 - (☐) Consumer transported to crisis unit – with involuntary commitment petition.
6 - (☐) Consumer transported to crisis unit – on emergency commitment basis.
7 - (☐) Consumer transported to medical hospital – Hospital Name: _____
8 - (☐) Consumer transported to psychiatric hospital – with involuntary commitment petition.
9 - (☐) Consumer transported to psychiatric hospital – on emergency commitment basis.
10 - (☐) Consumer transported to other location (home, shelter, bus depot, etc.) *[explain in narrative section]*
11 - (☐) Consumer arrested and transported to jail. List the charges: _____

Prior to CIT: Would you have taken this consumer to jail? Yes
If yes, what would have been the charges? _____

**Officer Observations***: [Check all that apply and complete narrative on back of form]*

| | | |
|---|---|---|
| (☐) Violent – assaulted someone | (☐) Appears very anxious or fearful | (☐) Visual hallucinations |
| (☐) Physically threatened others | (☐) Sad expression or crying | (☐) Talks to self / auditory hallucinations |
| (☐) Verbally threatening to others | (☐) Speaks very rapidly or uncontrollably | (☐) Appears to have delusions |
| (☐) Hostile, belligerent or argumentative | (☐) Incoherent or illogical speech | (☐) Seems confused or disoriented |
| (☐) Attempted to kill or harm self | (☐) Restless / hyperactive / agitated | (☐) Unsteady gait / difficulty walking |
| (☐) Threatened to hurt or kill self | (☐) Sexually inappropriate behavior | (☐) Inappropriate attire for the weather |
| (☐) Doesn't answer questions or mute | (☐) Expresses inflated self importance | (☐) Poor personal hygiene |
| (☐) Overly suspicious / paranoid | (☐) Mental retardation suspected | (☐) Presence of urine or feces |
| | | (☐) Other (Explain in Narrative) |

form #: CIT 091205

Other examples of this type of report can be found at:

http://directives.chicagopolice.org/forms/CPD-15.520.pdf
https://files.nc.gov/ncdhhs/State%20Enhanced%20Crisis%20Plan_0.pdf
http://www.cit.memphis.edu/CIT%20State%20Sheets/Central_Florida_Stat_Sheet.pdf

## Crisis Intervention Report for EMS

Advancec ___ Phone#:___

| Date: | Arrival Time: | End Time: | Patient name: Last, First, Middle – Nickname: | | | |
|---|---|---|---|---|---|---|
| Location of incident: | | | Patient Address and Phone Number | | | |
| Age: | Gender: (☐) M (☐) F | Race / Ethnicity: | English speaking: (☐) Yes (☐) No | DOB: | Height: | Weight: |
| Name of Patient's Family / Legal Guardian:<br>Phone number of Family: | | | | | | |

**Reason for call:**
- _☐_ 911 call
- _☐_ Involuntary Pick up
- _☐_ Wellness check - follow up
- _☐_ Other

**Was force used? Yes (☐) No (☐)** ***If yes, explain in narrative section of this form.***

| Patient Injuries: | Paramedic/LEO Injuries: |
|---|---|
| (☐) None | (☐) None |
| (☐) Prior to EMS arrival | (☐) Slight |
| (☐) During EMS/LEO encounter | (☐) Severe |

**Vital Signs: Time:**_____ **B/P:**_____ **Pulse:**_____ **Respirations:**_____

**BAC:**_____ **Temp:**_____ **Glucose:**_____

**Patient's Status:** ***[Check all that apply]***

- (☐) Current mental health patient.
- (☐) New mental health patient.
- (☐) Patient is homeless.
- (☐) Unknown or other

**Medication Utilization Screening**
- (☐) No medication use exceeding prescribed dose or OTC label
- (☐) Poison control center case created based on candidates med use

**Poison Control Center Information:** Time of contact:_____(24 hr)
PCC Case/Reference Number
Emergency Department Evaluation Recommended? (☐) Yes (☐) No
Poison control instructions: _____

**Medical Screening of Appropriateness for Admission:**
01 - (☐) No acute medical issues/traumatic injuries are present. (Wounds requiring closure or bleeding are not allowed)
02 - (☐) No unexplained mental status change(s) persist or intermittently recurred during encounter.
03 - (☐) BAC is less than 0.35 and candidate can tolerate oral fluids.
04 - (☐) Pulse is less than 120.
05 - (☐) Candidate compliant with medicines for chronic medical issues, or knows meds and doses and will take.
06 - (☐) Candidate has not taken medications outside normal dose *or* poison control did not recommend ED eval.
07 - (☐) No poison control consult was required *or* poison control recommendation and case info recorded above
08 - (☐) Candidate has no history of diabetes *or* BGL <300 with no evidence of ketoacidosis.
09 - (☐) Candidate performs daily living activities independently
10 - (☐) ALL Boxes (1-9) are checked *or* name of receiving facility staff member contacted who agrees to accept is recorded to right _____

**Paramedic Observations:** ***[Check all that apply, complete back of page]***

| | | |
|---|---|---|
| (☐)Violent – assaulted someone | (☐)Hostile/belligerent/arguing | (☐)Doesn't answer questions/mute |
| (☐)Appears very anxious or fearful | (☐)Incoherent or illogical speech | (☐)Expresses inflated self importance |
| (☐)Visual hallucinations | (☐)Seems confused/disoriented | (☐)Poor personal hygiene |
| (☐)Physically threatened others | (☐)Attempted to kill or harm self | (☐)Overly suspicious / paranoid |
| (☐)Sad expression or crying | (☐)Restless/hyperactive/agitated | (☐)Mental retardation suspected |
| (☐)Talks to self/auditory hallucination | (☐)Unsteady gait/difficulty walking | (☐)Presence of urine or feces |
| (☐)Verbally threatening to others | (☐) Threatened to hurt or kill self | |
| (☐)Speaks rapidly/uncontrollably | (☐) Sexually inappropriate behavior | (☐)Other (Explain in Narrative) |
| (☐)Appears to have delusions | (☐) Inappropriate attire for weather | |