

In the ongoing wake of the COVID-19 pandemic against the backdrop of the racial and political tensions in the United States, there is a need to have an open and honest discussion regarding the best ways to respond to these events to ensure the safety, care, and dignity of all who are involved.

Mental health crises can include a wide range of behaviors. In addition to the major question related to best procedures for welfare/wellness checks requested by the BIT/CARE team, several examples of crises are provided in the left column of the table below.

	Mental Health Crisis	Collaborative Intervention
1	A student who expresses suicidal thoughts and has locked herself in a residential hall bathroom.	Police would be used to secure the scene and gain entry to the room. Counseling staff could assist in encouraging the student to open the door. Additional staff and residents should be moved away from the potential danger and have someone present who is trained to de-escalate the situation.
2	A family is concerned about their daughter with a severe eating disorder who won't go with the EMTs to the hospital.	Assuming there is not an immediate life risk with the eating disorder, counseling staff may take point on the intervention to bridge challenges between the family and their daughter.
3	A person at a sporting event with thousands of fans has an intense panic attack and begins to scream uncontrollably.	Police may be able to assist with calming the crowd and allowing a therapist to gain closer access to the student in panic. They may be able to address the escalating panic while the police keep others in the crowd from becoming overwhelmed. To avoid further escalation, administrators could share information with the announcer to reassure the crowd that medical and support staff are handling the problem.
4	A person of color who has barricaded himself in his off-campus apartment is expressing paranoid ideas and fear of being killed by the FBI and QAnon.	Police will likely take the lead in this scenario, as safety and weapons access will be critical issues to manage first. During this time, counseling and support staff could offer data and intelligence about the student and advice and guidance to help de-escalate the paranoia. Using an officer or counselor of color would also be a critical element to aid in the success of this case.
5	A student in the manic phase of bipolar yells and screams at the professor and classmates during a crisis in the classroom.	As with previous scenarios, ensuring safety for the community, student, and responders is paramount. Having a police officer trained in crisis de-escalation may be a good option for a first intervention; though considerations such as uniform vs. non-uniform, the commitment to community policing history at the school (how students see police), and the type of mental health and BIT intervention staff also comes into play.

NABITA's core teaching elements focus on the importance of working together in the assessment, intervention, and management of risk. This is based on expert research and advice from the National Threat Assessment Center, FBI, Homeland Security, and the Department of Justice. Simply put, working together brings expertise in assessment, the ability to draw on a deeper bench of intervention techniques, and ongoing management and referral processing of the incident. If we look to the right side of the table, there are some examples of how crises could be addressed by a multi-disciplinary intervention team.

In the same way one needs the right tools to build a deck, one needs the right people with the right training to successfully navigate a crisis. When a mental health crisis presents with safety concerns for those helping, suicide risk, or potential escalations related to race, gender, sexual orientation, or socio-economic status, having a team approach to addressing the various concerns is not only a best practice, but an essential one. Training in programs such as mental health first aid, suicide intervention, crisis de-escalation, and verbal judo have been useful for police. Cross training for mental health professionals on incident command system (ICS), crisis communication, and police processes would also be helpful to ensure a collaborative intervention.

On [Tuesday, February 9, 2021](#) at 2:00pm ET, Dr. Van Brunt and Brian Heider will be sharing their thoughts, advice, and experience on how to address mental health crises from a collaborative approach. They will discuss foundational concepts as well as offer practical guidance on how to put these concepts into practice.

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