

D·PREP

SAFETY DIVISION

A woman with long, wavy, light-colored hair is the central figure. She has a double face effect, with a second face appearing as a semi-transparent overlay on top of her main face. The background is a blurred city street at night, with warm lights from buildings and traffic creating a bokeh effect. The overall tone is somber and artistic.

Managing Mental Illness: in the BIT/CARE Process



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Resources

BIT/CARE Webinar Series

2nd Wednesday of the month, 10:00-11:30 CT/11:00-12:30 ET

Coming up:

11/5 – Mental Health and BIT/CARE

[Join the Zoom](#)

[Leave Feedback](#)

www.dprepsafety.com/ivytech
Password: ivyteams

Agenda

- ✓ Personal/Group Activity
- ✓ What is a Mental Illness?
- ✓ Mood Disorders (Depressive, Bipolar, Anxiety)
- ✓ Thought Disorders
- ✓ Personality Disorders
- ✓ BIT/CARE Concepts

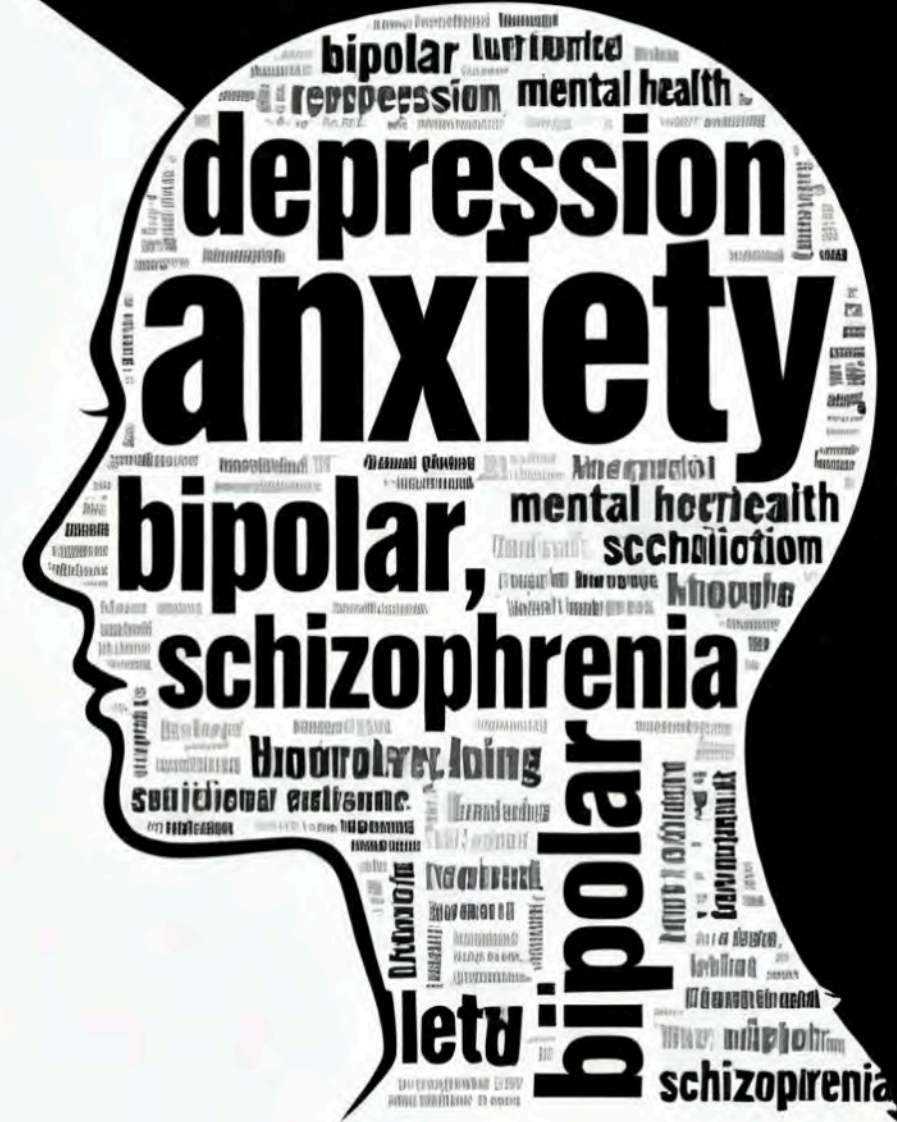


Faces of Mental Health

Think about someone you know who has experienced mental health challenges. It could be a friend, family member, or even a public figure you admire.

Reflect on how mental health impacted that person's

- Behavior
- decision-making
- interactions with others





In the chat, share a phrase
that describes their struggle

The Mental Health Continuum



EXCELLING

THRIVING

SURVIVING

STRUGGLING

IN CRISIS

How Do You Think
About Your Role
with Students and
Their Mental Health
Concerns?



Why Mental Illness Matters in BIT/CARE Work

Mental Health Concerns often present...

As behavioral or academic issues.

Understanding mood, anxiety, thought and neurodivergent patterns...

Helps contextualize behavior.

BIT/CARE teams don't diagnosis, but rather...

Recognize, coordinate, and respond

Mental health awareness improves communication...

Resources, linkage, and early intervention

WHAT IS A MENTAL ILLNESS?

Mental illness covers a range of behaviors.

These may include a lack of attention or focus, extremely happy or manic behavior, being overly dependent on others, major difficulties in forming relationships, extreme sadness, hearing voices, or engaging in repetitious activities or rituals.



It's rare that those who are mentally ill become dangerous to others.

Mental illness is more a question of management and coping with the frustrations of odd behaviors or difficult personalities.

If you are addressing a behavior, find a quiet and private room, place yourself near the exit, and have a phone to call for backup.



These problems are more commonly seen by others. They often take the form of lasting depressions, angry outbursts, emotional swings, or rapid changes in thoughts or actions.



Social isolation change in eating or sleeping



Suicidal comments/gestures, substance abuse



Seems hopeless, unsure what to do/where to turn



Emotional swings – happy one minute, sad the next



Excessive worry beyond what would be considered normal; panic attacks, fear of certain situations

MOOD DISORDERS

Depressive Disorder

Therapist Aid 🧠

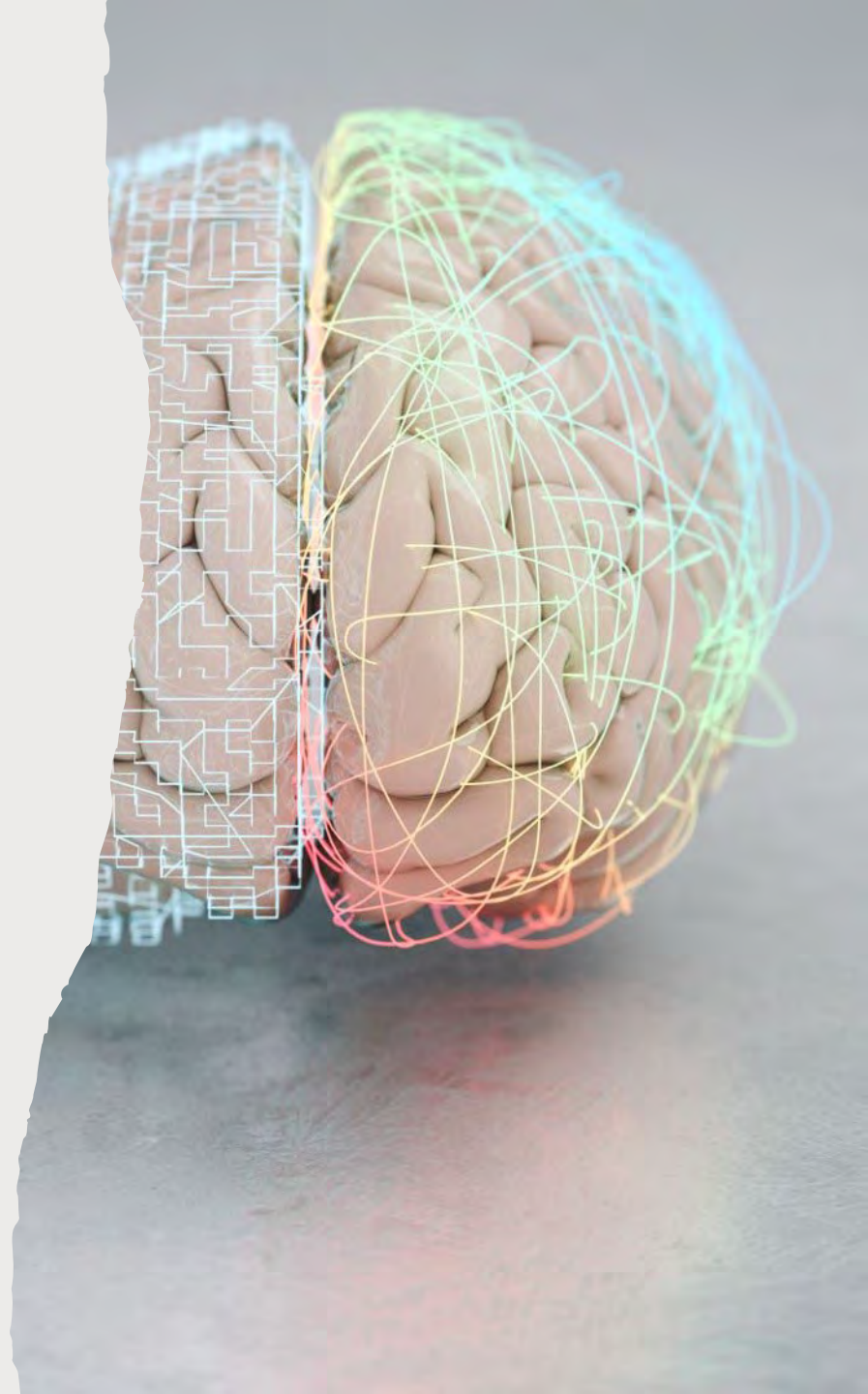


Bipolar Disorder

Bipolar Disorder

What Is Bipolar Disorder?

- Bipolar disorder, previously known as manic depression, is a serious mental illness that can lead to risky behavior, damaged relationships and careers, and even suicidal tendencies if it's not treated.
- It is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.





MANIA

- Feel very “up,” “high,” or elated
- Have a lot of energy
- Have increased activity levels
- Feel “jumpy” or “wired”
- Have trouble sleeping
- Become more active than usual
- Talk fast about a lot of different things
- Be agitated, irritable, or “touchy”
- Their thoughts are going very fast
- They can do a lot of things at once
- Engage in risky behaviors, like spend a lot of money or have reckless sex



DEPRESSION

- Feel very sad, down, empty or hopeless
- Have very little energy
- Have decreased activity levels
- Have trouble sleeping; may sleep too little or too much
- Feel like they can't enjoy anything
- Feel worried and empty
- Have trouble concentrating
- Forget things a lot
- Eat too much or too little
- Feel tired or “slowed down”
- Think about death or suicide

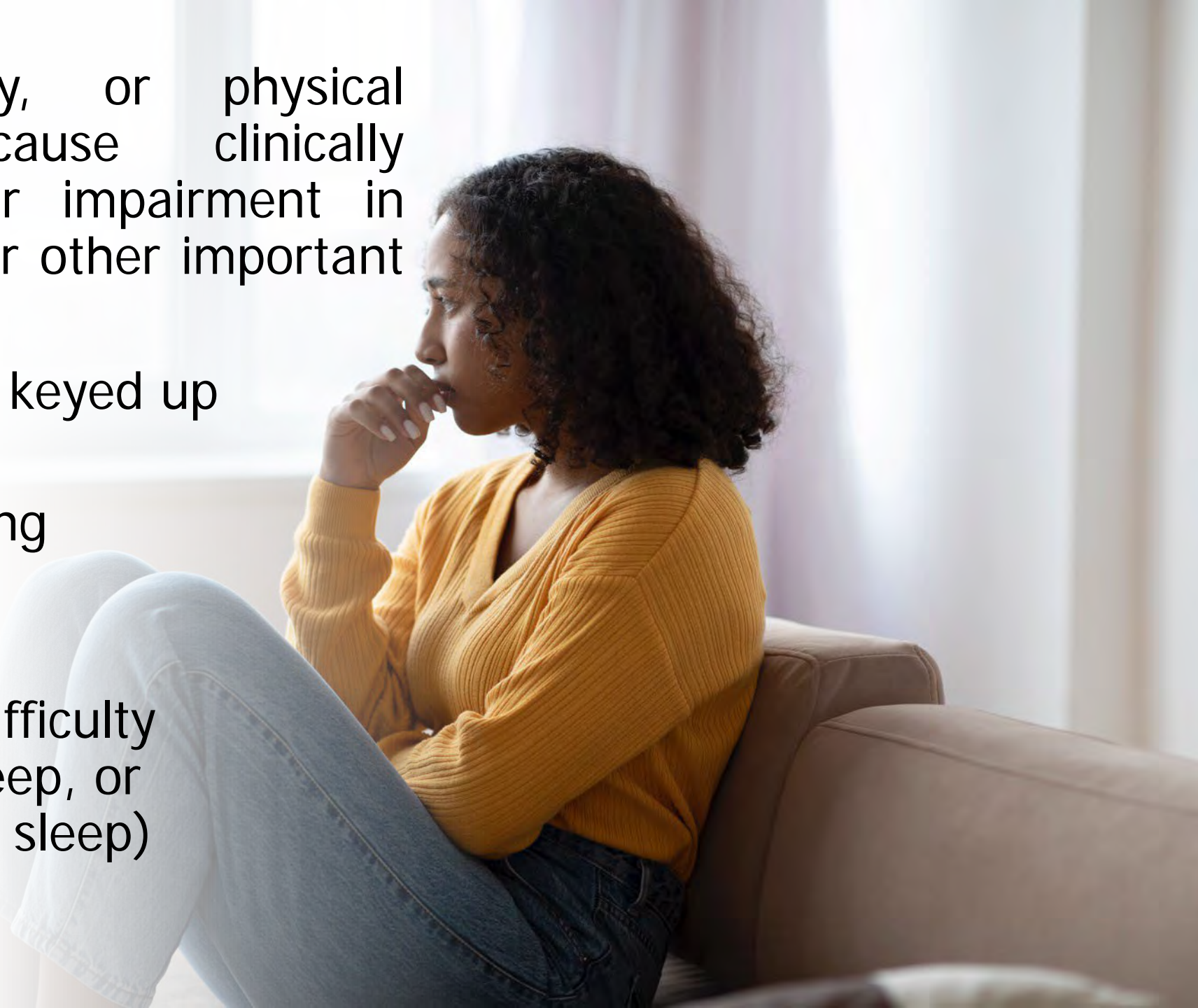


The background is a dark, textured blue-grey. In the upper-left corner, there is a bright yellow starburst or explosion of light rays. In the center, there are faint, concentric circles that resemble ripples in water or a target. The overall texture is grainy and slightly distressed.

Anxiety Disorders

The anxiety, worry, or physical symptoms can cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Restlessness, feeling keyed up
- Being easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)



**An anxiety disorder differs from
normal stress and anxiety**

What is Anxiety?

**Worry and fear are
constant and
overwhelming and
can be crippling**

**It is more severe, lasts
longer, and interferes with
work and relationships**



The infographic features a large, stylized circular graphic on the left side, composed of multiple concentric rings in shades of blue, grey, and orange. To the right of this graphic, five rounded rectangular boxes are arranged in a semi-circular pattern, each containing the name of a different anxiety disorder. The boxes are color-coded: orange for Generalized Anxiety Disorder (GAD) and Post-Traumatic Stress Disorder (PTSD), grey for Social Anxiety and Obsessive-Compulsive Disorder (OCD), and brown for Panic Attacks.

Different Kinds of Anxiety

**Generalized
Anxiety Disorder
(GAD)**

**Social
Anxiety**

**Panic
Attacks**

**Post-Traumatic Stress
Disorder (PTSD)**

**Obsessive-Compulsive
Disorder (OCD)**



Physical Ailments

- Headaches
- Nausea
- Heartburn
- Difficulty breathing
- Dizziness
- Insomnia or fatigue



Emotional Issues

- Feeling tense
- Short tempered
- Overwhelmed
- Sense of dread
- Feeling on edge
- Excessive worry



Unhelpful Thoughts

- “But what if...”
- “It shouldn’t be this hard....”
- “I really should...”
- “What if this never ends...”
- “I can’t handle this...”



Behaviors

- Trying to control details
- Obsessing
- Procrastinating
- Thinking about the same subject over and over

Case Study

Jordan is a second-year Biology major who was actively involved on campus last semester. This term, professors report Jordan has missed multiple classes, appears withdrawn when present, and has submitted assignments late or not at all.

A roommate filed a concern after Jordan spent several days in bed, left food uneaten, and ignored texts. When an RA knocked on the door, Jordan said, "I'm fine. Just tired of everything."

Jordan has no known disciplinary history, but did meet with counseling last year after a breakup.

Quick Tips for Helping with Mood Disorders

Look for patterns of behavior...

Withdrawal, missed classes, mood swings, or low motivation.

Don't assume laziness...

Energy and executive function can be deeply impacted.

Frame outreach with empathy...

"We noticed you haven't been yourself. Can I help?"

Document behaviors...

Not mood (e.g., "appears disengaged," not "was depressed").

Quick Tips for Helping with Mood Disorders

Coordinate with other departments such as...

Counseling, case management, and disability services...

Consider both risk (e.g., suicidal language)...

And needs (e.g., food, sleep, support).

The background is a dark, textured surface with a complex pattern of overlapping, translucent geometric shapes in shades of blue, teal, and brown. In the center, there are faint, overlapping silhouettes of three people's heads and shoulders, suggesting a group of people in conversation or a shared experience. The overall mood is contemplative and abstract.

Thought Disorders



These issues include schizophrenia, paranoia, delusions, and altered perceptions of reality. These difficulties are usually life-long problems and often arise between the ages of 17-22 and are exacerbated by the stress of college.

The illness may include very strange and odd experiences such as hearing voices, seeing hallucinations or feeling as if they are compelled to hurt themselves or harm others.

Though the problems seems severe, they are often treated well by medication and do not often lead to violence (despite what the media may portray).



Case Study

Malik is a third-year student majoring in political science. Over the past two weeks, several faculty and staff have reported unusual behavior. One professor noted that Malik has been responding to questions that were not asked, occasionally laughing quietly during lectures, and referencing “the signal” that controls grades.

A residence life staff member shared that Malik has covered the vents in his dorm room and expressed concern that people were “listening through the wires.” He has not made any threats and remains mostly polite but distant.

There is no prior conduct history, but Malik’s roommate moved out suddenly and asked not to be reassigned with him.

Quick Tips for Helping with Thought Disorders

Watch for delusional speech...

Unusual beliefs, or reports or altered perspectives

Don't argue with delusional students...

Focus on safety, connection, and support.

Use calm tone, clear language...

Limit distractions when possible.

Document behaviors or quotes...

Avoid interpreting the meaning.

Quick Tips for Helping with Thought Disorders

Coordinate with counseling...

Case management, and public safety (as needed).

Engagement and stability matter....

More than insight or agreement.

The background is an abstract composition featuring two stylized human faces. The face on the left is rendered in warm, earthy tones of orange, yellow, and brown, while the face on the right is in cool, dark tones of teal, green, and blue. Both faces are constructed from a mosaic of irregular, overlapping geometric shapes, creating a fragmented and textured appearance. The overall effect is one of psychological complexity and emotional duality.

Personality Disorders

Personality Disorder Characteristics

- Enduring Patterns
- Deviation from Cultural Norms
- Inflexibility
- Pervasiveness
- Lack of Self-Awareness



Types of Personality Disorders



CLUSTER A:

Odd thinking and
eccentric behavior

- ✓ Paranoid personality disorder
- ✓ Schizoid personality disorder
- ✓ Schizotypal personality disorder



CLUSTER B:

Dramatic and
erratic behavior

- ✓ Antisocial personality disorder
- ✓ Borderline personality disorder
- ✓ Histrionic personality disorder
- ✓ Narcissistic personality disorder



CLUSTER C:

Severe anxiety
and fear

- ✓ Avoidant personality disorder
- ✓ Dependent personality disorder
- ✓ Obsessive-compulsive disorder

Case Study

Vanessa is a senior who has filed repeated complaints over the past year against two professors, her RA, a group project partner, and a student employee at the dining hall. Each time, she alleges bullying, targeting, or retaliation. Investigations have consistently found no violations, though all parties describe her behavior as volatile and unpredictable.

In class, Vanessa swings between overparticipating and storming out. She's been overheard saying, "Everyone is out to get me," and "This school will regret treating me like this." She has copied senior administrators on several emotionally charged emails threatening legal action, social media exposure, and complaints to outside agencies.

Peers describe her as engaging at first, but then as quickly becoming controlling and accusatory. Counseling attempted outreach after faculty expressed concern about her safety and stability. Vanessa declined the offer, stating, "You just want to say I'm crazy like everyone else."

Quick Tips for Helping with Personality Disorders

Expect emotional intensity...

Shifting perceptions and repeated complaints.

Avoid power struggles.

Remain calm, neutral, and consistent in communication.

Set and maintain clear boundaries.

Focus on process, not personal opinions.

Validate emotion without reinforcing distorted claims.

"I can see this situation is really upsetting to you."

Quick Tips for Helping with Personality Disorders

Document patterns over time.

Individual events may seem small, but the pattern is important

Coordinate with other departments...

To ensure a unified and structured response.

BIT/CARE Concepts

**Do not
diagnose**

**Mental health
issues can appear
as behavior
problems**

**Attend to
escalation,
intensity
and impact**

**Avoid
assumptions
and bias**

**Observe,
document and
coordinate**

**Focus on
patterns, not
isolated
incidents**

**Use clear,
neutral
documentation**



**Use a
team
approach**

**Coordinate
with campus
partners**

**Approach
students with
curiosity and
care**

**Connect,
stabilize and
create space
for progress**

**Early action
prevention
crisis**

**Have clear
boundaries and
consistent
follow-through**

**Don't handle
complex cases
alone**

**Use trauma
informed
approaches.**

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