

# Roger Williams University

SCHOOL OF JUSTICE STUDIES



## ***Mental Health First Aid for Public Safety***

Sponsored by the  
Roger Williams University Justice System Training & Research Institute  
in partnership with the New England Association of Chiefs of Police, Inc.

**Monday, November 18, 2019**

Registration 8:00am-8:30am

Presentation 8:30 am - 4:00 pm

**Roger Williams University Baypoint Residence & Conference Center  
144 Anthony Road, Portsmouth, RI 02871**

*Mental Health First Aid USA* is an 8-hour interactive course that teaches a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, and self-help care. Participants learn the unique risk factors and warning signs of mental health problems, builds understanding of the importance of early intervention, and, most importantly, teaches individuals how to help someone in crisis or experiencing a mental health challenge.

This course is designed to provide officers with more response options to help them de-escalate incidents and better understand mental illnesses so that they can respond to mental health related calls appropriately and without compromising safety. Topics to be covered: defusing crises, promoting mental health literacy, combating stigma of mental illness, enabling early intervention through recognition of signs and symptoms, and connecting people to care.

The cost for the seminar is \$185.00, which includes materials, continental breakfast, breaks and lunch. Checks should be made payable to the *Roger Williams University, Justice System Training & Research Institute, 144 Anthony Road, Portsmouth, RI 02871*.

Telephone inquiries should be made to Liz Campo, Administrative Assistant to the School of Justice Studies at (401) 254-3731.

**\*\*We require 72 hours cancellation prior to the seminar or you will be charged the required fee.\*\***

***MENTAL HEALTH FIRST AID FOR PUBLIC SAFETY – NOVEMBER 18, 2019- REGISTRATION FORM*** (please type or print)

**NAME & RANK:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**METHOD OF PAYMENT:** Check \_\_\_\_\_ P.O. No. \_\_\_\_\_ Credit Card \_\_\_\_\_

(Form may be duplicated for multiple registrations.)