



*San Diego County*

**SHERIFF**

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## TRAINING BULLETIN

### Recognizing Behavioral vs. Medical vs. Mental Health Concerns

The purpose of this training bulletin is to remind staff that some medical emergencies can mimic the appearance of mental health conditions or general non-compliance. This can result in the incarcerated person appearing to be under the influence or uncooperative. As deputies, we are responsible for ensuring the care and custody of the incarcerated population. If you suspect an incarcerated person is experiencing symptoms that appear beyond those of being under the influence, Medical Staff should always be notified immediately.

#### **Is the incarcerated person under the influence or is it a diabetic emergency?**

Incarcerated people may appear to be under the influence of drugs or alcohol when experiencing a diabetic emergency. If unsure of the subject's symptoms or behaviors, remember the medical condition is priority.

*Hypoglycemia* (Low blood sugar) symptoms can appear as follows:

Unsteady gait, slurred speech, confusion, poor concentration, bizarre behavior/mood swings, combative/uncooperative, paleness, excessive sweating, and trembling. If left untreated, someone experiencing extremely low blood sugar may become unconscious or have seizures.

*Hyperglycemia* (High blood sugar/Diabetic coma) symptoms can appear as follows:

Fruity breath odor, drowsiness, confusion, extreme thirst, frequent urination, flushed skin and vomiting. Someone experiencing extremely high blood sugar may become unconscious.

#### **Here are four examples of medical conditions that may appear as psychiatric/behavioral disorders:**

*Delirium*: Has several causes, such as infection or metabolic changes and can appear as schizophrenia or mania.

*Dementia*: A group of conditions that impair brain function and can appear as psychosis and agitation.

*Epilepsy*: Epileptic seizures can present with changes in mood, behavior and thought processes.

*Traumatic Brain Injury*: Some symptoms of TBI can appear as depression, fatigue, agitation, and aggression.

It is important to understand that the decline in the health of an incarcerated person with psychiatric history is not always psychiatric related. Those with a psychiatric diagnosis may experience a change or decline in their behavior or physical condition due to underlying medical complications. If you notice these changes, notify Medical and Mental Health staff. Swift and proper notification is key for an incarcerated person potentially experiencing a medical emergency to receive appropriate care without delay.

For more information, refer to Sheriff's Department Detentions Services Bureau Policy and Procedure [M.5 – Medical Emergencies](#).

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This Training Bulletin was prepared by the Detention In-Service Training Unit. If you have expertise in a particular subject and would like to write a training bulletin, please contact the Detention In Service Training unit at [REDACTED]