



TRAINING BULLETIN

Los Angeles Police Department

Bernard C. Parks, Chief of Police

Volume XXXII, Issue 9

December 2000

EFFECTIVE ENCOUNTERS WITH MENTALLY ILL PERSONS

Adapted from MENTAL ILLNESS: POLICE RESPONSE, published by Police Executive Research Forum (PERF) and the National Alliance for Mental Illness (NAMI), 1997.

PROTECTING CIVIL RIGHTS

Calls to the police requesting help with people exhibiting abnormal behavior may be the result of a mental illness, but not necessarily criminal acts. It is important to recognize that mental illness is a disability and therefore the police response must comply with the conditions of the Americans with Disabilities Act (ADA). Specifically, Title II of the ADA requires police departments to extend to individuals with disabilities the rights, protections and services that are extended to all other people. For example, if a police officer encounters someone who is exhibiting abnormal behavior and requires assistance, that officer must respond to this person, just as they would to anyone else. If the abnormal behavior is not criminal in nature, the person cannot be arrested for that behavior. If the person is engaged in criminal activity, the officer must select the disposition appropriate to that situation, just as he or she would do in any other case.

...The manager of a garden center calls the police because a woman has torn off most of her clothes and is spraying herself with cans of insect spray. She's rubbing the spray into her skin because, she says bugs are crawling all over her. There are no bugs, and nothing else she says makes any sense to the observer.

Essentially, the ADA requires fair and equal treatment for people with disabilities, including people with mental illness. Many incidents involving police calls for help regarding people with mental illness can be defused if officers are aware of the characteristics of mental illnesses and know how to respond appropriately to these situations.

ABOUT MENTAL ILLNESS

Most mental illnesses are biologically based brain disorders. They are physical disorders just as rheumatism, asthma or heart disease are. They are not willful misconduct or the result of bad parenting, laziness, or lack of intelligence. Mental

illnesses are the result of physical abnormalities in the brain that can cause extreme disturbances in thinking, feeling, and relating to others or the environment. These symptoms can cause ill people great anxiety, an inability to correctly assess the world around them, and extreme fear, often that people intend to harm them.

Mental illness can strike people of any age, any socioeconomic level, any level of intelligence or education, any race or religion. Many mental disorders are episodic; even the most severe illness usually ebbs and flows. Because the brain is affected, many who are severely ill do not realize that anything is wrong with them.

...An apartment complex resident calls the police when a man she saw at the children's pool last evening is still there in the late morning. He seems to have stood in the same spot all night, and, even though it's August, he's wearing a shirt, several sweaters, two coats, and a wool hat and scarf, all dirty and tattered. She tried to talk to him, but he didn't respond to her.

The serious and chronic mental illnesses that police most often encounter are **schizophrenia, bipolar disorder** (or manic depression), and **severe clinical depression**. These are disorders that may cause psychosis, a disturbance in the way an ill person perceives the world.

Less often, police may encounter people with anxiety disorders, personality disorders or other mental disorders that cause abnormal behaviors. Officers should be aware that these disorders can be disabling, and as such, are covered by the ADA.

Homelessness and Mental Illness

Some people with mental illness live in houses, apartments or group homes, while others who have no other options live on the streets of our communities. These are the people most obvious to law enforcement. Estimates indicate that about one-third of the Americans who are currently homeless have severe mental illness (mostly schizophrenia) and may not realize they are sick. When encountering homeless people, officers should recognize that untreated mental illness may be at the root of their difficult situations.

Treatment For Mental Illness

Although treatment in the form of medication does not cure mental illness, it can successfully control symptoms of the most common mental illnesses, including schizophrenia, depression, and most anxiety disorders. However, because individuals with these mental illnesses frequently do not recognize that they are ill, they may stop taking their medicine, causing their symptoms to reappear. They may also stop their medication treatment because the side effects (such as tremors, nausea, extreme lethargy, confusion, dry mouth, constipation or diarrhea) seem intolerable to them.

Public Safety

Most individuals with mental illness are no more violent or dangerous than people in the general population. In fact, many individuals with mental illness are withdrawn and uncomfortable dealing with the outside world. If they become aggressive, it's usually because they feel threatened and are frightened or confused.

Most calls to the police that relate to people with mental illness concern behavior that is abnormal but not dangerous. However, officers do need to be able to recognize the difference between abnormal behavior that is not dangerous and abnormal behavior that has the potential for posing a threat to personal safety. In general, those people who are not receiving treatment, or those with “dual disorders” (mental illness, developmental disabilities, and alcohol or substance abuse), or those with a history of violence should be approached with caution to avoid exacerbating the crisis.

...The mother of a twenty-four-year-old woman calls because she saw her daughter take a gun from her room, get in her car, and drive away. The daughter said voices were telling her that she was evil and would have to die, and, because the voices wouldn't stop, she said she had to listen to them. The mother wants the police to find her daughter.

The first concern of law enforcement officers is safety for themselves, the community, potential victims, and potential perpetrators. However, if an individual with mental illness is attacking another person, including police officers, force may be necessary to control the situation. If an individual is not posing a threat to anyone, officers should assume a nonthreatening, noncombative stance.

ON-SCENE ASSESSMENT

Initially, it's not always easy to distinguish between behavior caused by mental illness and behavior resulting from alcohol or drug abuse, mental retardation, or other medical conditions. Some people with mental illness use drugs/alcohol in an attempt to alleviate their symptoms. In fact, a number of people with mental illness use drugs or alcohol to self-medicate, which can make it harder to evaluate and properly respond to the conduct of someone in a crisis.

The following information can be gathered from observations at the scene, bystanders, or family members, as clues that a person who is exhibiting abnormal behavior may have a mental illness:

- bizarre appearance, movements, or behavior;
- inability to pay attention or concentrate;
- incoherent thoughts or speech;
- unresponsiveness, lack of emotion;
- delusions of grandiose or exaggerated ideas;
- hallucinations or perceptions unrelated to reality;
- agitation, often without clear reason;
- pronounced feelings of hopelessness, sadness, guilt;
- exaggerated self-confidence; and
- a history of mental illness and/or use of medications for mental illness.

Although symptoms of mental illness are worsened by substance abuse, this does not change the involuntary nature of the behavior or the need for an informed, compassionate response.

POLICE RESPONSE

It is best to handle an encounter with someone exhibiting these behaviors or thoughts as if he or she were mentally ill until evidence indicates otherwise. The following are suggestions for how to respond to people with mental illness. Use as many of the recommendations as possible while protecting the safety of yourself, the person with mental illness, and anyone else at the scene.

What To Do	What To Avoid
<ul style="list-style-type: none">• Stay calm and don't overreact.• Be helpful and professional.• Be friendly, patient, accepting and encouraging, but remain firm and professional.• Announce your actions before initiating them.• Gather information from family or bystanders.• Indicate that you are trying to understand and help.• Speak simply and briefly and move slowly.• Remove distractions, upsetting influences, and disruptive people from the scene.• Be aware that your police uniform, gun, handcuffs and baton may frighten the person. Reassure him or her that you don't intend harm.• Understand that you may not have a rational discussion.• Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds ("voices"), or the environment.• Recognize and acknowledge that the person's delusional or hallucinatory experience is real to him or her.	<ul style="list-style-type: none">• Moving suddenly, giving orders rapidly or shouting.• Forcing discussion.• Using direct, continuous eye contact.• "Crowding" the person or moving into his or her "buffer zone" of comfort.• Expressing anger, impatience or irritation.• Assuming that a person who doesn't respond to you cannot hear you. Mental illness does not cause deafness.• Using inflammatory language, such as "wacko," "psycho" or "loony."• Using jokes & ridiculing comments.• Arguing with delusional or hallucinatory statements, or misleading the person to think that you feel or think the same way.• Touching the person, if possible.

Remember that people with mental illness who are aggressive or who make violent threats often feel threatened themselves and can actually become violent when they feel they are cornered. Offer an exit (if safety isn't compromised). The police may defuse a potentially dangerous situation by being patient.

DISPOSITION

Many of the non-dangerous calls the police receive involving people with mental illness are best handled by referring them to the local community programs and agencies that serve this population. Identify what community services are available in the area, their times of operation, how to contact local community response teams, and the procedures they follow.

In those situations where a person is suspected of being mentally ill, officers shall without delay contact the Mental Evaluation Unit (MEU), Detective Headquarters Division, at (213) 485-4188, for advice on handling, placement, transportation or arrest of the individual. To help determine the appropriate disposition, officers should evaluate the following about the individual:

- whether a crime was committed; and
 - the seriousness of the crime, if one was committed.
 - present and past behavior;
 - dangerousness to self;
 - dangerousness to others;
 - ability to take care of self;
 - availability of family or caregiver;
 - community support network.

The decision about the disposition of an incident involving a person with mental illness should be appropriate to the situation and his/her condition. MEU will recommend one of the following options:

- Dispatch a Systemwide Mental Assessment Response Team (SMART) to the field location. This team will assume responsibility for the mentally disordered person. The patrol unit will be allowed to clear from the scene and resume patrol functions.
- Transport the individual to the MEU for evaluation/placement of the person by MEU staff. This evaluation will be pursuant to 5150 WIC. MEU will conduct an investigation of persons suspected of being mentally ill and when appropriate, document the episode in a detailed report.
- Detain the individual for an involuntary psychiatric examination pursuant to 5150 WIC. These involuntary placements will be directed to designated contract psychiatric facilities only.
- Release to caregiver or responsible family member.

- Advise release if the criteria for 5150 WIC is not met. In this instance the person will be released.
- Discuss the available options in the event the person has committed a crime:
 - Referral to a SMART unit
 - Involuntary hospitalization
 - Booking and immediate release
 - Arrest

MEU may offer an alternative to arrest, diverting the mentally ill person out of the criminal justice system and into a more appropriate setting. If an officer takes an individual into custody for any length of time and that individual is taking medication for his or her illness, the officer must advise personnel at the jail of that individual's need to continue medication protocols.

COMMUNITY PARTNERSHIPS

Sometimes the lack of available community-based services can frustrate officers when searching for a treatment or placement option for a person with mental illness. There is no question that community mental health services are being stretched, now more than ever.

Police departments can help address these inadequacies by creating partnerships with mental health programs and other community organizations. By working together through regular meetings and co-sponsored events, the agencies will better understand differing perspectives and help create opportunities to address needs. This cooperation and respect will lay the foundation for problem-solving efforts related to specific issues.

PROBLEM SOLVING

Police officers who respond to people with mental illness must often answer repeat calls for service and face recurring problems of inadequate placement sites. The problem-solving process is well suited to addressing these persistent issues. It helps officers identify and understand the causes of frequently faced problems, and select and implement solutions.

By attempting first to understand the underlying causes of the problems that they repeatedly encounter, officers increase their chances of selecting appropriate responses. This will lead to long-term solutions and reductions in future problems.

POINTS TO REMEMBER

- Mental illness and bizarre behavior are not criminal offenses. Often people with mental illness need treatment, not jail. Their illnesses often worsen when they are jailed.
- With treatment, people with mental illness are no more prone to violence than the general population. Failure to follow police directions during a psychotic episode is most likely not a deliberate act of defiance.
- Common charges against people with mental illness are mostly minor, including disorderly conduct, misdemeanor theft, traffic violations, and loitering. Charges of assault and battery are also common.
- Most people with mental illness are no longer in hospitals. Family members, neighbors and business owners are usually those who call police. They are also good sources of information to help assess the person's history and current problems.
- Police are often the first to respond to calls involving people with mental illness. They must be able to recognize symptoms and remember people with mental illness are covered by the ADA.

MENTAL ILLNESS GLOSSARY

Schizophrenia is the most severe, devastating and chronic of the mental illnesses. Schizophrenia is characterized by symptoms that often include hallucinations and delusions. Those with the disease cannot correctly sort, interpret and communicate what they experience. They may laugh and cry inappropriately, misunderstand what is said, have difficulty following instructions, or simply withdraw and not even speak. People with schizophrenia may be excessively clumsy or exhibit repetitive behavior such as walking in circles or parroting what someone is saying to them.

Clinical depression presents as deep and inescapable feelings of sadness, hopelessness, uselessness and guilt. Individuals often can't concentrate or remember things, and their response to the environment can be painfully slow. They may either cry uncontrollably or feel almost no emotion. Suicide is often a risk.

Manic depression – also referred to as bipolar disorder – involves extreme and sometimes rapid mood swings of depression alternating with periods of mania or elation. The euphoric side of the illness is the mania, while the down side is the depression. In the manic phase of this illness, symptoms can include hyperactivity, explosive temper, impaired judgment, increased spending and sex drive, accelerated thinking and speaking, aggressive behavior, grandiose notions, and often delusions. Plans and decisions are frequently out of proportion with the individual's realistic abilities and resources. During the depressed phase of this illness, individuals have symptoms like those described above for clinical depression. Again, suicide is a considerable risk.

Psychosis is a loss of contact with reality, a disturbance in the way an ill person perceives the world. It is characterized by jumbled and sometimes racing thoughts, incoherence, inappropriate emotions or lack of emotion, difficulty paying attention, inability to communicate, disorientation, and inability to function in everyday life. People in psychotic states can become agitated and aggressive, or they can completely withdraw. The behavior of those with such serious thought disorders is frequently bizarre to others, but it is prompted by what is reality to the ill person.

Hallucinations consist of sensory perception—such as hearing voices, feeling spiders on one's legs, or smelling gas—when there is nothing in reality to cause such perceptions. Voices speaking to them or about them is a common hallucination of people with mental illness. The voices are “real” and inescapable, and they may tell the ill person to do things that could harm him or her or someone else.

Delusions are firmly held false beliefs that are believed by the ill person but not by others. They cannot be changed by reason or obvious proof to the contrary. A person with delusions from a brain disease may believe that he or she is controlled by aliens, is Jesus Christ, is having his or her thoughts broadcast over television, or is the subject of a search by foreign agents intent on murder.