POLICE RESPONSE TO PERSONS WITH MENTAL ILLNESS

Michelle Lyn Branch, MFT, QMHP
Kate Noveau, LCSW, QMHP

GOALS OF PRESENTATION

- To provide an overview of individuals presenting in the community with behavioral health issues in order to recognize characteristics of behavioral health symptoms (The On-Scene Assessment).
- Review what types of situations are encountered.

GOALS OF PRESENTATION (cont.)

- Review strategies for managing individuals with mental health issues in the community.
- To increase communication and understanding between behavioral health providers and local police departments (Reference Mental Health Law).

ABOUT MENTAL ILLNESS

- Mental illness can affect any sort of person. It is not a sign of weak character or lack of intelligence. Many well known people suffer with depression, bipolar disorder, or other mental health problems. Most mental illnesses are biological, caused in part by imbalanced brain chemicals. This can negatively affect behavior, judgment, perception, and other functions.

ABOUT MENTAL ILLNESS (cont.)

- Many individuals have illnesses that are episodic; meaning good days and bad days. Symptoms on good days may be so well controlled that others are unaware of the illness. However, symptoms on bad days may be impossible to control, often resulting in self imposed isolation.

ABOUT MENTAL ILLNESS (cont.)

- It is important to remember that all types of mental health needs can be diagnosed, managed and treated. In most cases, even individuals with severe symptoms improve with treatment, often dramatically. Most individuals with mental health issues lead fairly normal lives once their symptoms are controlled.

HISTORY/BACKGROUND

- Law enforcement officers throughout the country regularly respond to calls for service that involve people with mental illness-often without needed supports, resources or specialized training. These encounters can have significant consequences for the officers, people with mental illness and their loves ones, as well as the community and criminal justice system.

HISTORY/BACKGROUND (cont.)

- Although these encounters may constitute a relatively small number of an agency's total calls for service, they are among the most complex and time-consuming calls officers must address.
- At these scenes, front-line officers must stabilize a potentially volatile situation, determine whether the person poses a danger to self or others and effect appropriate disposition that may require a wide range of community supports.

HISTORY/BACKGROUND (cont.)

- In the interests of safety, officers typically take approx. 30% of people with mental illnesses they encounter into custody-either for transport to an emergency room, a mental health facility, or to jail.
- Officers resolve the remaining incidents informally, often only able to provide a short-term solution to a person's long term needs.

HISTORY/BACKGROUND (cont.)

- As a consequence, many law enforcement personnel respond to the same group of people with mental illnesses and the same locations repeatedly, straining limited resources and fostering a collective sense of frustration at the inability to prevent future encounters.
- In response, jurisdictions across the country are exploring strategies to improve the outcomes of these encounters.

HISTORY/BACKGROUND (cont.)

- As a result, efforts took root in the late 1980's, when the crisis intervention team (CIT) and police-mental health co-response models first emerged and since that time hundreds of communities have implemented these programs.
- Although some of these programs are still in their infancy, there are many indications that the level of interest in criminal justice-mental health collaborative initiatives is surging.

HOW POLICE GET INVOLVED

- Why do police become involved with people with mental illnesses?
- Who initiates encounters between the police and people with mental illness?
  - People with mental illness may be the victim or witness of a crime or accident.
  - Family, friends or other concerned individuals.

HOW POLICE GET INVOLVED (cont.)

- A citizen who feels threatened by unusual behavior or the mere presence of a person who has a mental illness may call the police.
- Mental health agencies and hospitals call the police for safety when faced with a disruptive or violent client. Agencies might call the police for help with encouraging a client to get into an ambulance when a QMHP has completed an Emergency Certification.

HOW POLICE GET INVOLVED (cont.)

- People with mental illness call the police for assistance with multiple issues (i.e. paranoid beliefs that people are out to get them or people are breaking into their homes, etc.)
- Court orders or petitions to detain, commit or transport people with mental illnesses are another way that officers encounter them.

COMMONLY ENCOUNTERED BEHAVIORAL HEALTH DISORDERS (cont.)

- Schizophrenia
- Borderline Personality Disorder (BPD)
- *Oppositional Defiant Disorder/Conduct Disorder, Attention Deficit Disorder
- Dissociative Disorders
- Cognitive Disorders

*Primarily seen in children and adolescents

COMMONLY ENCOUNTERED BEHAVORAL HEALTH DISORDERS

- The Anxiety Disorders (i.e. Panic Disorder, Phobias, Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD), Generalized Anxiety Disorder
- Bipolar Disorder
- Major Depressive Disorder

WHAT TYPES OF SITUATIONS ARE ENCOUNTERED?

- A confused, disoriented individual who does not know where he or she is or how he or she got there.
- An individual demonstrating bizarre or unusual behavior or being aggressive, destructive, assaultive, or violent.
- A homeless individual sleeping in a doorway.

WHAT TYPES OF SITUATIONS ARE ENCOUNTERED?

- An individual who may be drinking or intoxicated or under the influence of another drug that is further complicated by a chronic mental health issue.
- *A mental health agency calling for assistance with an uncooperative client that is being certified "against their will" to a psychiatric facility.

ON-SCENE ASSESSMENT

- The following observations may signal the presence of a behavioral health need:
  - History of mental health problems, and/or possession of psychiatric medications
  - A plain, emotionless facial expression and body language
  - Incoherent thoughts or speech
  - Inability to focus or concentrate

ON-SCENE ASSESSMENT (cont.)

- Hallucinations or perceptions unrelated to reality
- Agitation, often without clear reason
- Pronounced feelings of hopelessness, sadness or guilt
- Delusions of personal importance or identify; unrealistic over-confidence

CLINICAL RECOMMENTATIONS

- The following suggestions are from mental health professionals. A strategy that includes patience is more likely to defuse a situation with an individual suffering from a behavioral health issue:
  - Stay calm and don't overreact
  - Be friendly and accepting but remain firm and professional

CLINICAL RECOMMENDATIONS (cont.)

- Gather information from family and bystanders
- Indicate that you are trying to understand and reassure them that you are there to help
- Speak simply and briefly and announce your actions before initiating them
- Do not move suddenly, yell or give rapid orders

CLINICAL RECOMMENDATIONS (cont.)

- Be aware that your police uniform and equipment may frighten the individual. Multiple police officers may increase the individual's level of agitation
- Do not express anger, impatience or irritation
- Recognize that the individual may be overwhelmed by sensations, thoughts, surroundings and sounds

CLINICAL RECOMMENDATIONS (cont.)

- Do not argue with delusional statements, or mislead the individual that you think that you feel or think in the same way
- Do not use inflammatory language, such as "wacko" or "psycho" in the individual's presence
- Avoid direct, continuous eye contact
- Remove upsetting influences, distractions, and people from the scene

MENTAL HEALTH LAW

- 40.1.5-7 RIGL – EMERGENCY CERTIFICATION
- The Rhode Island Mental Health Law allows either a physician or a qualified mental health professional (QMHP) to make an application for Emergency Certification to a psychiatric facility when he or she *"believes the person to be in need of immediate care and treatment, and one whose continued unsupervised presence in the community would create and imminent likelihood of serious harm by reason of mental disability."*

MENTAL HEALTH LAW (cont.)

- 40.1-5-7 EMERGENCY CERTIFICATION
- *"d) Custody – Upon the request of an applicant under this section, to be confirmed in writing, it shall be the duty of any peace officer of this state or of any governmental subdivision thereof to whom request has been made, to take into custody and transport the person to the facility designated, the person to be expeditiously presented for admission thereto."*

KEY POINTS

- Mental illness and bizarre behavior are not criminal.
- These individuals heal with treatment, not necessarily jail. When incarcerated their illnesses often worsen, especially if psychiatric medications are withheld.

KEY POINTS (cont.)

- Failure to follow police instructions during a psychotic episode is most likely NOT a deliberate act of defiance.
- Suicide is a serious concern. Suicide is the third leading cause of death for 15-24 year olds and the sixth leading cause of death for 5-15 year olds. Tragically, the rate of youth suicides has nearly triples since 1960.

KEY POINTS (cont.)

- A sensitive intervention by a police officer can be a reassuring and steadying influence on a struggling individual, and can encourage an individual to cooperate. Police officers have a unique and phenomenal ability to "make things better."

CHILDREN IN CRISIS

- KIDS LINK can serve as an excellent resource for referral information and how to handle children who are in crisis.
- In certain situations there may be times when children can be evaluated in places other than ER's. KIDS LINK can be called if you have questions regarding a youth in this area and we can direct you on where to go the most efficient services for the child in crisis.

CHILDREN IN CRISIS

- KIDS LINK RI – 24 HOUR HOTLINE FOR CHILDREN AND FAMILIES IN CRISIS (BEHAVIORAL, EMOTIONAL, PSYCHIATRIC)
- KIDS LINK HOTLINE: 1-866-429-3979

SUMMARY

- Many law enforcement agencies around the nation struggle to respond effectively to people with mental illnesses. Officers encounter these individuals when others call the people to "do something" about the man exhibiting unusual behavior in front of their business, the woman sleeping on a park bench, or someone who is clearly in need of mental health services-whether or not a crime has been committed.

REFERENCES

- This curriculum was developed in compliance with the Commission on Accreditation for Law Enforcement Agencies (CALEA) standard 41.2.8, titled, "Mental Illness."
- Engel RS, Silver E: Policing mentally disordered suspects; a reexamination of the criminilization hypothesis: Criminology 39:225-52, 2001

REFERENCES (cont.)

- Dupont R, Cochran S: Police response to mental health emergencies: barriers to change. J Am Acad Psychiatry Law 28:338-44, 2000
- Thomas M. Green, "Police as Frontline Mental Health Workers: The Decision to Arrest or Refer to Mental Health Agencies," International Journal of Law and Psychiatry 20 (1997): 469-86

DISCUSSION