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“Department Training Bulletins shall be used to advise members of current police techniques and procedures and shall constitute official policy.”

POLICE CONTACT WITH MENTALLY ILL PERSONS

Definition and Prevalence

A mental disorder is defined as “a behavioral or psychological syndrome or pattern associated with distress, or disability, or associated with increased risk of suffering death, pain, disability, or loss of freedom. The behavior or syndrome must be considered a manifestation of a psychological or biological dysfunction in the individual”.¹ The number of persons affected with mental illness or disorders is large. As many as one family in five is estimated to be affected by mental illness.

Law Enforcement Contact

Mentally ill persons have special needs; they may require assistance or become victims of crimes. They frequently come to the attention of the police. A California Little Hoover Commission report² suggests that law enforcement frequently handles mentally ill persons like it handles other special needs that lack adequate community resources.

There are special challenges associated with mentally ill persons. They may not understand or follow instruction, and they may appear to misbehave. Some mental illnesses are associated with antisocial or criminal behaviors. For each of these reasons police have frequent contact with mentally ill persons.

It is helpful to recognize when a person is suffering from a mental illness. Although it can be difficult for mental health professionals to agree on diagnoses, officers can learn to recognize the common or more disruptive signs of mental illness. Many mentally ill persons suffer breaks from reality in which they experience auditory, visual, or other hallucinations. They may hear “command voices” that give them commands or directions to do dangerous or destructive things. Other behaviors the officers may look for are:

- Confused thinking and speech where the subject has trouble in communicating in coherent sentences.
- Emotional flatness or lack of expression, where their speech is brief and lacks content.
- The subject displays a sense of heightened energy, euphoria, racing thoughts, inflated feelings of power, and /or reckless behavior.
- Profound sadness and irritability, feelings of guilt, hopelessness, changes in their sleep patterns, and a decrease in appetite.

¹American Psychiatric Association, 2000 *Diagnostic and statistical manual disorders*(4th edition, text revised), Washington, DC

² *Being There: Making a Commitment to Mental Health* (Report #157, November 2000)



Prevalence of Violence

It is a common belief that mentally ill persons are violent and threatening. A national study supported by the McArthur Foundation³ found that, in general, even seriously mentally ill persons who take their prescribed medications are not more likely to be involved in violence than the general public. There are exceptions to this finding. Mental illness together with alcohol or substance abuse is known to lead to confrontations and violence. Particular diagnoses or illness (e.g., paranoid schizophrenia) may produce delusions that make a person fearful. Their beliefs that someone or something intends to injure them may lead to suicidal or violent behavior.

Safety Concerns

Approach persons known or suspected of suffering from mental illness with the same safety concerns as any other call for service: safety of the subject, safety of the uninvolved persons, and officer safety remain important. Mentally ill persons may suffer from delusions or breaks from reality, they may be frightened by responding officers or may not comply with the officers' directions. Emergency psychiatric detentions are inherently dangerous. They require officers to evaluate persons believed to be dangerous to themselves or others, and take them into custody. The only Oakland Police Department call for service to result in the deaths of more than one responding officer involved a mentally ill person. Calls regarding persons suspected of suffering of mental illness shall not be taken without a cover officer. When information from OPD Communications indicates that a person suffering from mental illness is violent (radio code 5150B), a supervisor shall also respond to the incident.

Recently, there have been a number of cases resulting in the use of lethal force against the person who was being evaluated or detained. Case studies of detentions in California and nationwide reveal a number of calls in which officers attempted detentions or put themselves in positions that aggravated the mentally ill subjects and escalated the confrontation.⁴ The officers in the case studies often lacked adequate tactical plans or the manpower to accomplish the detention. Due to poor planning, the officers had to resort to lethal force when the subject became combative to protect themselves.

Civilian Mobile Crisis Team

Civilian Mobile Crisis Teams (CMCT, Radio Call Sign 37C51) have resources that are not available to law enforcement. Communications Division shall dispatch a CMCT, if available, to calls involving persons with mental illness. If mobile crisis personnel are available to respond, they may have knowledge of the subject's history, medication and usual complaints from mental health records, or from their personal experience with the subject. The CMCT can arrange appropriate referrals, aftercare, or follow up for the mentally ill subjects and their families. A history of mental health treatment or even the fact that a person had been treated for a mental illness is protected information under the federal Health Insurance Portability and Accountability Act (HIPAA). Mental health personnel may be prohibited from sharing these facts with responding officers. Officers shall defer to the mental health expertise of the CMCT and allow them to contact and evaluate the subject if it is safe to do so. Officers retain the responsibility of monitoring the contact and taking police action, if necessary.

Officers that on-view an incident involving a mentally ill person shall check with the Communications Division to ascertain if a CMCT is on duty and available to respond to assist with the call.

³ Steadman, H. J., Mulvey, E.P., Monahan, J., et al. (1998) Violence by people discharged from acute psychiatric inpatient facilities and by other in the same neighborhoods, *Archives of General Psychiatry* 55: 393-401

⁴ Protection and Advocacy, Inc. (2000) Report of an investigation into the Deaths of Charles Vaughn, Sr., on May 19, 1998 and Marvin Noble on July 16, 1998



Useful Techniques for Approaching Mentally Ill Persons

The CMCT has limited duty hours, so officers are responsible for a large portion of contacts without their assistance. Approaching in a cautious and patient way can be less disturbing and less confrontational to a potentially mentally ill person. A number of techniques can slow the course of events and calm the subject down:

- Identify and contact family, friends or the reporting party to obtain updated details since initial call to the dispatcher and, if known, historical information.
- Move slowly and assure the person that you are there to help them.
- Turn down the volume on your radio when possible to lower the amount of outside stimuli which could add to the subject's confusion. If outside, turn off emergency lights and sirens.
- Ask the subject to turn off stereos, televisions, or other distractions under their control.
- Avoid giving the commands or orders traditionally used to control a crime scene or dispute. Permit one officer to communicate with the subject; and avoid multiple conversations.
- Simplify directions and conversations. Recognize that an anxious or confused subject may only understand a few words.
- Attempt to determine what the immediate problem is and relate concerns for their feelings.
- Be truthful with the subject and try to develop a rapport.
- Allowing extra distance between the officer(s) and a mentally ill subject affords more time for the officer(s) to react and may be less likely to disturb the subject.

Emergency Psychiatric Detentions

Police officers may be called to execute emergency psychiatric detentions or to serve legal process on individuals believed to be incapacitated by mental illness. Refer to Department General Order (DGO) O-1, Mentally Disordered Persons, for the procedures to be followed during these detentions. Officers have historically been limited to behavior they actually observe in making the decision to detain a person for psychiatric evaluation. Recent legislation added section 5150.05 Welfare & Institution Code (W/I). This section requires police officers to **consider** the experience and advice of family members or others in evaluating the subject's potential dangerousness to himself or others. Family members or associates may be a valuable source of advice on the subject's fears and supply helpful hints on how to approach.

Officers should be aware that an emergency psychiatric detention is the most invasive police action against a person not suspected of a crime. A supervisor shall be advised, and respond if available, on all involuntary psychiatric detentions.

5150.05 W/I Code

In January 2002, AB 1424 modified the Lanterman-Petris-Short (LPS) Act which governs involuntary treatment of individuals with mental illness in California. The bill was due to the efforts of the families of these individuals who found it difficult to access the system and that the system was not supportive of the family's interaction with enforcement and treatment. Section 5150.05 W/I was added to the LPS Act which states:



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- (a) When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section **shall** consider available information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, danger to himself or herself, or is gravely disabled as a result of the mental disorder.
- (b) For the purpose of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to the determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.

Subsection (b) requires that the person authorized to place the individual into emergency custody under 5150 W/I must also consider information provided by the family or a treating professional regarding mental illness history when deciding whether there is probable cause for hospitalization.

Alameda County Behavioral Health Care Services has developed a "Historical Information" form which might be provided to responding officers by family members or other interested parties to assist the officers in determining whether the subject meets the criteria to be detained under 5150 W/I. The Historical Information Form is a complex form that attempts to capture information that family members or others may have about the subject's history and symptoms. It is primarily intended to communicate this information to mental health professionals who will evaluate and treat the subject. If this form is provided, the information on this form shall be considered when making the determination and the form shall accompany the individual if they are detained and transported to a treatment facility.

If the family or reporting party does not have a Historical Information Form, the officer shall attempt to obtain background information on the subject from them. The questions to be asked shall minimally include, but are not limited to:

- Name, address, date of birth of the subject;
- What specifically occurred to request police assistance;
- Historical information regarding diagnosis, length of illness, and the date of their most recent episode or incident;
- Names of hospitals, clinics, or doctors who are treating the subject;
- Medications and last time taken by the subject; and
- Past incidents of violent behavior.

If officers incorporate relevant information from credible sources, along with personal observations, in making their determination to detain a person pursuant to 5150 W/I, the officer shall document the information in the Application for an Emergency Psychiatric Evaluation (Green Sheet). Officers shall also include who they obtained the information from and the relationship of that person to the detainee

Suicidal or Violent Subjects

Although not all suicidal persons are mentally ill, particular diagnoses may engage in destructive behaviors including cutting, injuring themselves, or engaging in other suicidal and life threatening acts. These persons must be approached with care and caution.



Some persons have developed plans to enlist police use of force to take their own lives. These calls are referred to as “the boomerang bullet” or “suicide by cop.” In any case where there is evidence or a claim of suicidal intent, officers shall exercise caution. Officers often feel rushed when dealing with violent or suicidal subjects, often by friends or family members and sometimes by their own desire to help. Officers shall take their time, gather information, and plan for resolution of the incident in a manner that considers the safety of the officers, the subject, and others. Barring exigent circumstances, and dependent on the particular specifics of the situation, officers faced with violent or suicidal subjects shall consider the following tasks:

- Contain the Incident/Isolate the Subject;

Barring exigent circumstances, the first officers on the scene shall focus on containing or isolating the subject in an environment that offers the most safety for the officer(s), the subject, and any others. This may include preventing associates or crowds from agitating the suspect. If the subject is armed, but presenting a danger only to him or herself, (e.g., alone in a room or residence), officers shall leave the subject in isolation while requesting additional resources and developing emergency contingency plans.

- Request Additional Units

Suicidal subjects often use or intend to use drugs or other non-violent means. Methodology expressed by the subject, either verbally or by actions, will determine the appropriate number of cover units needed for a particular incident. If a CMCT is available, they shall be summoned to the scene, if not already enroute. If the subject has demonstrated violence or has made a credible threat of violence, a supervisor shall respond to the scene and ensure that additional units and resources are summoned, as needed.

- Stage Medical

If there is a clear indication that the subject has or may harm him or herself, officers shall have medical units staged near the scene. If enough information is provided from Communications Division, officers shall consider having medical staged while enroute to the call.

- Develop a Detention or Arrest Plan

If the subject has been isolated and no persons are at risk other than the subject, time is on the side of members to develop contingencies to resolve the incident. Although there may not be an arrestable offense involved, a Dedicated Arrest Team (DAT), if resources are available, shall be deployed with clear, singular roles communicated to the individual members along with the contingency plans. Officers shall avoid forcing a confrontation, but be prepared to respond to an exigent circumstance if they or others are endangered by the actions of the subject. The DAT shall remain flexible and responsive to changes in the situation based on fresh information.

- Information Gathering

Information obtained from family and close friends can often provide valuable information to aid in risk assessment and developing rapport with the suspect to get the subject to submit to a psychiatric detention or arrest. Persons close to the subject may be able to provide historical and additional information such as:

- Statements made by the person that suggests the subject is prepared to commit a violent felony or dangerous act;
- Whether or not a crime has occurred;
- Prior military experience or specialized training; and
- The availability and type of weapons.



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Police information databases may also contain important information that must be considered in trying to resolve the incident. Types of records that might be accessed are:

- Computer Aided Dispatch (CAD) incidents;
 - Law Records Management System (LRMS);
 - Criminal Oriented Records Production Unified System (CORPUS); and
 - California Interstate Index (CII).
- Communicating With the Subject

If the CMCT is available they shall be utilized for contacting the subject. An officer shall accompany the CMCT and relay information to the DAT and advise the CMCT how to direct the subject to submit to the detention or arrest. If a CMCT is not available, the supervisor shall request an on-duty member of the Tactical Negotiation Team, if available, to communicate with the subject. If neither of these options is available, the supervisor shall assign another member.

If it becomes clear that an armed subject has become barricaded and has no intention of submitting to a detention or arrest, a full Tactical Operations Team call-out shall be made.

Responding to a Request for a “Self-Committal”

Officers are often dispatched to calls for service that involve an evaluation of a person that is making a request to “self-commit” or voluntarily seek assistance at a psychiatric detention facility. Officers that respond shall evaluate whether the subject fulfills the criteria for a detention under 5150 W/I. If the individual meets the criteria, the officers shall complete an Application for an Emergency Psychiatric Evaluation and have the subject transported to John George Pavilion in accordance with the provisions of DGO O-1.

If the subject does not meet the criteria for an emergency detention but is still requesting to “self-commit”, the officer may assist in arranging transportation. The individual is not detained and is free to leave at any time. The officer shall document the incident on an Assignment Report.

Alternative Self-Committal Plan

In 2000, Sausal Creek Outpatient Stabilization Services opened as an alternative to the self-committal to John George Psychiatric Pavilion. Sausal Creek is a “voluntary drop-in” facility that is open 24 hours a day, seven days a week and accepts individuals who are in need of assistance but do not meet the criteria for a detention under 5150 W/I. The facility is located at 2620 26th Avenue, Oakland, CA. (510) 437-2363.

Officers contacting a subject who is requesting to go to John George Psychiatric Pavilion shall offer Sausal Creek as an alternative treatment. Subjects may stay at the facility up to 23 ½ hours to receive psychiatric counseling services and necessary medications. If it is determined that the subject needs further services, Sausal Creek staff will arrange transportation to the appropriate facility.

Officers shall contact Sausal Creek via telephone and advise that the subject is requesting a self-committal. The staff will request identifying information regarding the individual and will arrange for transportation to their facility by taxi voucher. If a taxi is to be sent, Sausal Creek staff should be provided with a description of the subject including name, clothing that they are wearing, and the location where they will wait.

Sausal Creek is a psychiatric treatment facility and does not provide medical services. Individuals who have any visible injury or medical problems would not be candidates for this service and shall be transported by ambulance to a medical facility to be treated for their injuries, if appropriate.



Police Transportation of the Mentally III

Officers can request supervisor approval to transport a subject to Sausal Creek in a police vehicle. Officers shall consider the subject's condition, the safety of the location of their contact, the availability of other responsible persons who can transport the subject, the number of calls for service, and Patrol Division staffing.

The Department's preferred method of transporting subjects under involuntary psychiatric detention is by ambulance. However, circumstances may occur that require transportation to a treatment facility in a police vehicle. Prior to transporting in a police vehicle, officers shall obtain permission from a supervisor. The transporting officer shall have a cover officer until the subject is transferred to the receiving facility.

Officers transporting any subject in a police vehicle shall notify the Communications Division of the transport in accordance with Department policy.

Conclusion

Safety is the ultimate concern when interacting with a subject who is suffering from a mental illness. Safety of the subject, safety of other involved parties, and the safety of the officers who have responded to the call are of equal importance. Barring exigent circumstances, officers who respond to a call for service which involves a subject who is thought to be suffering from a mental illness, shall proceed slowly and cautiously.

When available, a CMCT shall be dispatched to any call involving a mentally ill person or requested by officers on any on-view. The CMCT is a valuable resource to officers, mentally ill subjects, and their families. CMCT members have specialized mental health training and may have access to information that would not be available to officers. When an involuntary committal is not appropriate, a CMCT can arrange appropriate referrals, aftercare, or follow up for the mentally ill subjects.

When possible, the responding officers shall gather available information and facts from family, friends, and other witnesses that might assist in understanding what has occurred. The officers shall request additional officers, including a supervisor if one is not already en-route, and resources when dealing with violent or armed suicidal subjects to form a plan to assist in bringing the incident to a peaceful resolution.

Approved by Chief Tucker