


Law Enforcement Response to Individuals with Mental Illness
 POSTC 410



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TRAINING OBJECTIVES

KNOWLEDGE IS POWER

- How to Protect Yourself and Your Agency?
 - This presentation will examine and identify **common police practices**
 - Inconsistency** – Limit Inconsistent Practices
 - Identify **why** we do certain things
- Look outside our own operations



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Mental Health Response Policy

- What does your policy say?
- Accreditation standards
 - CALEA 41.2.7: Mental Health Issues
 - CLESP 1.1

41.2.7 (LE1) Print

(M M M M) (LE1) Mental Health Issues

The agency has a **written directive** regarding the interaction of agency personnel with persons suspected of suffering from mental health issues that addresses:

- guidelines for the recognition of persons suffering from mental health issues;
- procedures for accessing available community mental health resources;
- specific guidelines for personnel to follow in dealing with persons they suspect suffer from mental health issues during contacts on the street, as well as during interviews and interrogations;
- documented entry level training of agency personnel; and
- documented annual refresher training.

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Mentally Ill Individual

- A person who has a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgement, behavior, or capacity to recognize reality, or ability to meet the ordinary demands of life.

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Mentally Ill Individual

- Severe mental illness is chronic
- Requires treatment/medication – but treatment/medication often expensive with limited effectiveness
- Burden for the person
 - Impact on daily life
 - Limits social interaction / activities
 - Increases fear and isolation
- Burden for family – cost, need for supervision, frustration

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Effects of Mental Illness

- Perception of reality is disrupted
 - Loss of ability to tell difference between reality and thought
 - Loss of trust, safety, and security
- Impaired judgment
 - Feelings of invincibility
 - Feelings of threat, damnation, rejection
- Loss of connection with others

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Mental Illness is a Brain Disorder

- Makes the behavior of a person with psychosis hard to predict
 - Person acts irrationally
 - Communication jumbled and disorganized
 - Judgment is poor
 - Behavior disorganized

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Mental Illness or Drug Related?

- Increased agitation
- Frustration
- Bad judgment
- Risk taking
- Violence
- Impulsive behavior
- Irritability
- Disruptive behavior

*All can lead to a possibility of disruptive behavior

*All can lead to a possibility of violence

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Responses to Fear

- Fight
- Flight
- Freeze
 - Appease - cooperate with direction
 - Panic leads to fight / flight choice
 - Person prefers other choices but cannot think of them

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Recognizing Characteristics

- Memory Loss
- Delusions
- Depression
- Hallucinations
- Manic behavior
- Confusion
- Incoherence
- Paranoia
- Withdrawal
- Not “themselves”
- Fear / Anxiety
- Danger to themselves or others

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Response to Mental Illness Calls for Service

- Remain Calm / Avoid Overreacting
- Be professional / helpful
- Speak simply and briefly
- Move slowly
- Remove distractions / upsetting influence/people
- Understand that a rational discussion may not occur
- Be friendly, patient and helpful
- Recognize that a person's delusion is real to them
- Announce actions (where safe to do so) narrate activity
- Seek mental health resources
- Ignore verbal abuse

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Approach Calls in the Same Manner

Manage all disruptive behavior the same

- Protect
 - Calm, redirect, control, restrain (if necessary)
- De-escalation techniques can be used on persons with mental illness, persons on drugs, persons in crises

In all cases, safety first

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DeEscalating Behavior

- Time
 - Allow discharge of behavior
 - Brain tires out – stages of crisis
- Distance
- Distraction
 - Change topic / Redirect attention
 - Pick up on leads
- Show of strength

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DeEscalation - Communication

- Talk down
 - Show interest
 - Ask for information, direction
 - Tell us what you need.
 - What can we help you with?
- Express understanding
 - Yeah, we've been there. We know what that's like.
- BUT be sincere.
- Pay attention to different responses. / Active listening

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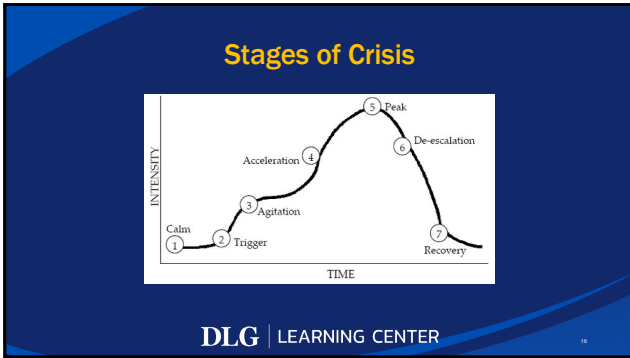
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DeEscalation – Communication

- Alliance
 - Agree with reason for distress
 - Unreasonable partner, unfair world, etc
- Offer solutions
 - Offer police support, protection, escort
- Align with person against mental health, court, society, etc.

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- ### Actions to Avoid
- Sudden movements
 - Giving rapid orders or shouting
 - Trying to force a discussion
 - Direct/continuous eye contact
 - Touching the person
 - Crowding the person or getting within their comfort zone
 - Expressing anger, impatience or irritation
 - Using inflammatory language
 - Challenging the delusion / their reality
 - Assuming the person who doesn't respond cannot hear you
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- ### Possible Disposition of Mental Health Calls for Service
- Refer for Medical Attention as necessary
 - Outright Release
 - Release to care of family, care giver, mental health provider
 - Refer / transport for mental health services
 - Voluntary admission to mental health facility
 - Emergency committal (17a-503)
 - Arrest if PC exists
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Special Cases - Suicide

- Retaliation
 - Pay back for past hurt
 - Marked by anger and frustration
- “Cry for Help”
 - Expression of pain
 - Most common in adolescence
- Desperate Problem solving
 - Fear and escape (common in elderly or with abuse)
 - Chronic illness
 - Mercy killing and suicide
 - Infanticide and suicide
- (Most Lethal)
 - Attraction to death to escape pain

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Special Cases – Intellectual Disabilities

Limited learning
Limited cooperation based on frustration and fear
Easy to exploit / manipulate

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Other Special Needs to Consider

- Hearing impaired
- Visually impaired
- Intellectual disability
- Mobility impaired
- Autism Spectrum disorder
- Neurological disorders – Alzheimer’s, Parkinson’s, etc.

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Autism

- Estimated 1 in 44 children in the United States
- Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication.
- Resources
 - <https://www.autismspeaks.org/information-law-enforcement>

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Autism Response

- A person with autism might:
 - Have an impaired sense of danger.
 - Wander to bodies of water, traffic or other dangers.
 - Be overwhelmed by police presence.
 - Fear a person in uniform (ex. fire turnout gear) or exhibit curiosity and reach for objects/equipment (ex. shiny badge or handcuffs).
 - React with "fight" or "flight".
- Not respond to "stop" or other commands.
- Have delayed speech and language skills.
- Not respond to his/her name or verbal commands.
- Avoid eye contact.
- Engage in repetitive behavior (ex. rocking, stimming, hand flapping, spinning).
- Have sensory perception issues.
- Have epilepsy or seizure disorder.

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Interacting with a Person with Autism

- Be patient and give the person space.
- Use simple and concrete sentences.
- Give plenty of time for person to process and respond.
- Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate.
- Avoid quick movements and loud noises.
- Do not touch the person unless absolutely necessary.
- Use information from caregiver, if available, on how to best respond.

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Alzheimer's Response

- Alzheimer's is a type of dementia that affects memory, thinking and behavior. Symptoms eventually grow severe enough to interfere with daily tasks.
- Alzheimer's is not a normal part of aging.
- ALZ.org

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Protective Custody

- CGS Section 17a-503
 - Reasonable belief of mental disability **and**
 - Danger to self or others
- Complete emergency committal form at hospital

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Protective Custody

- CGS Section 17a-683
 - Intoxicated in a public place and in need of help
 - "incapacitated by alcohol"
- A taking into protective custody under this section is not an arrest.

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Intoxicated vs. Incapacitated

- "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs;
- "Incapacitated by alcohol" means a condition in which a person as a result of the use of alcohol has his or her judgment so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment;

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Federal Laws

- Americans with Disabilities Act
- Rehabilitation Act of 1973
- 14 CFR Sec. 382.55(a) – Federal Service Dog provisions under the ADA
 - Prohibits asking about the nature of disability
 - Emotional support animals do not need specialized training

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Connecticut General Statutes §29-38c : Seizure of firearms of person posing risk of imminent personal injury to self or others.





* Firearms, ammunition, or deadly weapons

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Community Resources


- 211
- Connecticut Department of Mental Health and Addiction Services
- Local/Community Resources?

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Project Lifesaver



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Non-Sworn Response

- Social Worker Response?
- HB 6004 (2020)
 - evaluation of the feasibility and potential impact of the use of social workers by the department for the purpose of remotely responding to calls for assistance, responding in person to such calls or accompanying a police officer on calls where the experience and training of a social worker could provide assistance.
 - Such evaluation shall consider whether responses to certain calls and community interactions could be managed entirely by a social worker or benefit from the assistance of a social worker.
 - Municipal police departments shall additionally consider whether the municipality that the police department serves would benefit from employing, contracting with or otherwise engaging social workers to assist the municipal police department.
 - Municipal police departments may consider the use of mobile crisis teams or implementing a regional approach with other municipalities as part of any process to engage or further engage social workers to assist municipal police departments.

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Mental Illness as an Affirmative Defense

- "Insanity" – mental disorder defense
- PTSD?

• This is a defense in which the defendant introduces evidence, which, if found to be credible, will negate criminal liability or civil liability, even if it is proven that the defendant committed the alleged acts.

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Connecticut 53a-13

• **Sec. 53a-13. Lack of capacity due to mental disease or defect as affirmative defense.** (a) In any prosecution for an offense, it shall be an affirmative defense that the defendant, at the time the defendant committed the proscribed act or acts, lacked substantial capacity, as a result of mental disease or defect, either to appreciate the wrongfulness of his conduct or to control his conduct within the requirements of the law.

• (b) (1) It shall not be a defense under this section if such mental disease or defect was proximately caused by the voluntary ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or any combination thereof, unless such drug was prescribed for the defendant by a prescribing practitioner, as defined in subdivision (24) of section 20-571, and was used in accordance with the directions of such prescription.

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Thank you for watching!

THANK YOU!

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