Michigan Commission on Law Enforcement Standards

ADVISORY IN-SERVICE TRAINING STANDARD

THE RESPONSE TO PERSONS WITH MENTAL DISORDERS

INSTRUCTOR GUIDE

Active Duty Standard
- The Response to Persons with Mental Disorders -

Introduction

There are no recommended time frames attached to the objectives. Instructors can determine how much time to devote to each topic and how best to administer the training, based on agency needs. The agency instructor should partner with a local mental health professional to teach this standard.

The term *consumer* refers to a person with a mental disorder who comes in contact with the criminal justice or mental health system, typically through an initial encounter with a responding law enforcement officer.

MCOLES empaneled a mental health work group to provide input, support, and direction during the development of the training specifications. We would like to acknowledge the time and effort volunteered by all group members and to express our appreciation for their valuable assistance.

Performance Standards:

Upon completion of this module, the officer will be able to:

- Participate in a classroom facilitated discussion of a situation involving mental disorders.
- Define mental illness and developmental disability.
- Identify behaviors associated with mental illness and developmental disability.
- Respond appropriately to situations involving those with mental disorders.
- Demonstrate an understanding of the legal authority to act.
- Demonstrate an understanding of appropriate interventions and services at the scene.
- Comply with organizational policies in situations involving mental disorders.
- Demonstrate an understanding of the community coordinated response.

Introduction to Standard 1

The purpose of an incident de-brief is to give officers an opportunity to call upon prior experiences to analyze a real life encounter. Placing this exercise first is intentional as it provides real-world context and lays the foundation for the subsequent training objectives.

Performance Standard #1:

Participate in a Classroom Facilitated Discussion of a Situation Involving Mental Disorders.

a. Using a table-top scenario or a video clip that depicts a response to a person with a mental disorder, analyzes the situation by discussing:
   (1) behavioral cues observed at the scene;
   (2) the skills needed to handle the situation;
   (3) safety considerations; and
   (4) issues, concerns, or problems unique to the situation.

b. Explains the goals of mental health awareness training for law enforcement and mental health services, including:
   (1) ensuring the safety of the officers, consumer, and bystanders;
   (2) improving the ability of officers to act appropriately;
   (3) identifying appropriate options for those with mental disorders; and
   (4) reducing the stigma associated with mental disorders.

Commentary

Over time, seasoned officers learn what works and what doesn't work when responding to those with mental disorders. Experience eventually shapes an officer's underlying belief system, or worldview, which in turn influences the decisions they make.

Be sure to provide meaningful feedback during the scenario de-brief so an officer's prior work experiences can be interpreted in the right way. The idea is to distinguish the right choices from the bad ones so future decision making can be effective. In policing, experience eventually becomes judgment.

De-briefing a real situation requires an officer to consider new resolutions and to weigh alternative approaches. If possible, use a local incident, one familiar to all department members.

Introduction to Standard 2

Consumers can be of any race, age, socioeconomic class, or occupation. They may be victims of a crime or an accident, may call for law enforcement assistance, or be the subject of a police emergency response.

Performance Standard #2:

Define Mental Illness and Developmental Disability.

a. Defines *mental illness* as a substantial disorder of thought, perception or mood, that:
   (1) significantly impairs judgment or the capacity to recognize reality;
   (2) impairs the ability to cope with the ordinary demands of life;
   (3) causes great distress to the individual affected;
   (4) covers a range of behaviors and conditions; and
   (5) includes symptoms and behaviors such as:
      (a) social withdrawal;
      (b) depression (including extreme sadness or hopelessness);
      (c) delusions (false beliefs not based in reality);
      (d) inappropriate expression of feelings;
      (e) hallucinations (hearing, seeing, or feeling imaginary things); and
      (f) hyperactivity or inactivity.

b. Identifies certain types of mental illnesses, including:
   (1) schizophrenia, which significantly affects thinking and judgment;
   (2) major depression, including suicidal thoughts;
   (3) bipolar disorder, characterized as a long term mood disorder;
   (4) post traumatic stress disorder (PTSD), which may occur following a traumatic event or life-threatening event;
   (5) dual diagnosis disorders, where mental illness and substance abuse co-occur; and
   (6) other disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM)—categorizations based on thought, mood, and behavior.

Define Mental Illness and Developmental Disability. (continued)

c. Defines *developmental disability* as a condition that manifests itself in childhood and is characterized by:
   (1) sub-average intellectual development and functioning;
   (2) substantial physical or mental impairment (or a combination); and
   (3) substantial functional limitation in three or more of the following areas:
      (a) self-care;
      (b) receptive and expressive language;
      (c) learning;
      (d) mobility;
      (e) self-direction;
      (f) independent living; and
      (g) economic self-sufficiency.

d. Identifies certain types of developmental disabilities, including:
   (1) autism, characterized by impaired social connections;
   (2) mental disabilities, characterized by limited mental development;
   (3) Tourette's syndrome (repetitive multiple movements);
   (4) epilepsy (seizure disorders);
   (5) Alzheimer's disease; and
   (6) deafness and hard of hearing.

e. Recognizes that mental disorders may be accompanied by substance abuse, known as dual diagnosis or co-occurring disorders, which may mask the true underlying condition, causing difficulty in knowing which response is most appropriate.

Commentary

Consumers may have more than one disorder, or may also have a drug dependency, making it difficult to determine which observed behaviors result from which underlying problems. Sometimes a person with a developmental disability may also have a mental illness.

Mental illnesses may occur at any time during a person's lifetime and are diagnosable. Symptoms include social withdrawal, severe depression, delusions, hallucinations, hyperactivity, or inactivity.

Developmental disabilities are also called intellectual disabilities and they usually develop early in life. Symptoms include sub-average intellectual development and functioning, substantial physical or mental impairment, or other substantial functional limitations.

Also, see MCL 330.1400.

Introduction to Standard 3

Standard 3 is not intended to turn patrol officers into mental health diagnosticians or clinicians. But a basic understanding of the behavioral manifestations of mental disorders is crucial for a safe and appropriate response.

Performance Standard #3

Identify Behaviors Associated with Mental Illness and Developmental Disability.

a. Recognizes behaviors or appearances associated with *mental illness*, including:
   (1) behavioral cues, such as:
      (a) sitting and doing nothing;
      (b) having endless energy or grandiose plans;
      (c) hearing voices;
      (d) experiencing profound confusion;
      (e) wearing clothes inappropriate to the weather; or
      (f) displaying abnormal fear, panic, apathy, or aggression; or
   (2) verbal cues, such as:
      (a) a rapid flow of unrelated thoughts;
      (b) disorganized thinking (expressing loose associations);
      (c) talking about delusions or hallucinations; or
      (d) speaking extremely slowly or repeating words.

b. Describes behaviors associated with *developmental disabilities*, including:
   (1) behavioral cues, such as:
      (a) inattention or inactivity (or both);
      (b) social withdrawal;
      (c) unexpected behavioral outbursts, such as screaming or laughing;
      (d) trying to appear more competent than they are;
      (e) anxiety or worry out of proportion to the feared event; or
   (2) verbal cues, such as:
      (a) slurred speech
      (b) invented speech;
      (c) inability to express thoughts clearly;
      (d) expressing an extreme desire to please those in authority; or
      (e) inappropriate laughing or giggling.

c. Recognizes that certain medications, although not a cure, can be used to manage or control the symptoms of mental illnesses, including:
   (1) selective serotonin reuptake inhibitors (SSRIs), such as Zoloft and Prozac;
   (2) antipsychotics, such as Mellaril, Haldol, Stelazine, or Thorazine;
   (3) antianxiety drugs, such as Valium, Xanax, or Ativan; or
   (4) tricyclic antidepressants (TCAs), such as Lithium and Elavil.

Identify Behaviors Associated with Mental Illness and Developmental Disability. (continued)

d. Considers that individuals may stop taking their medications for a variety of reasons, due to:
   (1) real or imagined serious side effects;
   (2) an inability to obtain prescriptions or medications; or
   (3) the belief that the medications are harmful.

e. Recognizes that only a very few individuals with mental disorder are actually dangerous or violent and that interpreting behavioral cues out of context may complicate the situation and lead to an inappropriate response or incomplete investigation.

Commentary

Officers must never diagnose a mental disorder, but it's important to recognize the symptoms encountered at the scene. Such observations may help identify an underlying mental health issue. The better an officer is at interpreting behaviors the better the response will be to meet the needs of the consumer. Understanding behaviors may lead to alternative, and perhaps more appropriate, methods of intervention or referral, not only at the scene, but as the consumer moves through other components of the system.

The professional research, including research from the American Psychiatric Association, shows that violent acts linked to mental disorders account for a very small proportion of all violent acts across the country. Most persons with mental disorders are not criminals, and of those who are, most are not violent.

Sometimes, a person with a mental disorder may refuse to accept the condition or even deny the condition. And, others may lack insight of their illness entirely. These conditions may be the reasons some consumers do not take their medication.

In training, do not overestimate the risk for violence, but officer safety and the safety of the public should never be jeopardized or compromised. The challenge is to maintain the best balance between officer safety and meeting the needs of the consumer, without sacrificing community expectations.

Introduction to Standard 4

Consumers must be held accountable for their criminal actions. But officers must also recognize that arrest, incarceration or getting them "out of sight", are not always the answers. Consumers must not be arrested for "being mentally ill." Officers should consider diversion programs such as voluntary hospitalization, outpatient treatment, residential programs, or counsel and release, when feasible and safe.

Performance Standard #4

Respond Appropriately to Situations Involving Those with Mental Disorders.

a. Responds immediately to the scene.

b. Assesses the situation cautiously and safely by:
   (1) determining its nature before deciding which response will be the most effective (e.g., criminal act, mental disorder, alcohol, co-occurring, etc.);
   (2) obtaining relevant information from dispatchers;
   (3) recognizing dangerous behaviors or potentially dangerous behaviors;
   (4) obtaining relevant information (e.g., phone numbers, hearing aids, etc.);
   (5) determining if alcohol or substance abuse is involved; and
   (6) determining if medical assistance is needed for physical injuries.

c. Approaches the scene by:
   (1) maintaining safety through proper positioning and tactical approach;
   (2) maintaining a calm demeanor and not overreacting;
   (3) looking for weapons;
   (4) asking relevant questions in a respectful manner;
   (5) maintaining personal space: and
   (6) listening carefully and evaluating relevant information.

d. Stabilizes the scene by stopping any dangerous activity.

Respond Appropriately to Situations Involving Those with Mental Disorders. (continued)

e. Communicates appropriately and effectively, by
   (1) being honest, patient, and understanding;
   (2) not arguing, but asking questions more than once;
   (3) treating the consumer with respect and dignity;
   (4) spending extra time to open the lines of communication;
   (5) asking about medications or prior hospitalizations;
   (6) maintaining a calm tone, low voice and speaking briefly;
   (7) asking direct questions and offering simple choices, but:
      (a) *avoid* making continuous direct eye contact;
      (b) *not* touching the consumer (unless officer safety requires it);
      (c) *not* challenging hallucinatory or delusional statements; or
      (d) *not* moving suddenly or giving rapid orders; and
   (8) asking direct questions of family members or friends, such as, "has the person…
      (a) threatened suicide;
      (b) taken any medication or drugs;
      (c) had a history of mental disorder; or
      (d) had any history of treatment or hospitalization.

f. Determines that those with mental disorders may ignore the officer's commands or requests and that such behavior is not a challenge to the officer's authority, but rather might be a symptom of the underlying disability or instability.

g. Recognizes that fear and apprehension may be the predominate emotions of those on the scene and that consumers may be confused, may not hear what the officer is saying, or may misinterpret what the officer is saying.

Commentary

The stigma of mental disorder can follow an individual throughout his or her life, which may intensify social isolation. Such stigma can result in shame, guilt, or low self esteem. Law enforcement officers can help reduce this stigma by learning about the nature of mental disorders, developing the right mindset, and responding appropriately.

Officer safety is addressed in this objective. In real life, events unfold rapidly so officers often make intuitive decisions "on the fly." But by using proper officer safety tactics the situation can slow down and appear to take place one step at time. This gives officers time to think more deliberatively. Emphasize that time and distance are important considerations. Maintaining some physical distance may avoid making the encounter worse.

Sometimes, having a consumer as part of the instructional team or as a guest speaker can be an excellent approach to training. Consumers can share personal experiences from their perspectives. And, officers get to see consumers in an environment other than one requiring a police response or arrest. It is a way to personalizing the training. Contact the Michigan chapter of the National Alliance on Mental Illness (NAMI) at www.namimi.org for resources.

Consumers must be afforded the same dignity and respect as any other citizen requiring law enforcement services. The stigma of mental disorder can manifest itself as extreme shame, guilt, or low self-esteem, due in part to the way society often isolates those with intellectual disabilities. A proper law enforcement response can have a positive effect.

Officers must treat consumers with dignity and as valued members of society. Communicating with a consumer in crisis requires honesty, patience, and understanding. Extra care should be taken to open individualized lines of communication.

Performance Standard #5:

Demonstrate an Understanding of the Legal Authority to Act.

a. Defines the relevant provisions of the Michigan Mental Health Code, including:
   (1) a "person requiring treatment" (PRT) (MCL 330.1401) as a person who is mentally ill and who:
      (a) can reasonably be expected to intentionally or unintentionally seriously physically injure himself or others and has engaged in acts or made threats to support the expectation;
      (b) is unable to attend to basic physical needs;
      (c) has judgment that is so impaired that he or she is unable to understand the need for treatment and whose behavior will cause significant physical harm; or
      (d) has judgment so impaired that he or she is unlikely to voluntarily participate in treatment that has been deemed necessary;
   (2) the authority to take a person with mental disorders into custody or protective custody provided:
      (a) the person has committed a criminal offense;
      (b) the individual reasonably appears to be a person requiring treatment (MCL 330.1427); or
      (c) the person is in non-compliance with a court order (MCL 330.1475).
   (3) the requirement to use that kind and level of force that would be lawful if the officer were affecting an arrest for a misdemeanor without a warrant (MCL 330.1427a).

b. Describes the relevant provisions of the Americans with Disability Act (ADA), 42 USC 12010, et. seq., including the provisions that:
   (1) no qualified individual will be denied benefits of the services and programs of a public entity;
   (2) public entity means any state or local government, including law enforcement; and
   (3) no qualified person shall be subjected to discrimination by the public entity because of the disability.

c. Considers the relevant provisions of:
   (1) Federal statute 42 USC 1983, which provides redress for civil rights violations;
   (2) Michigan's Persons with Disabilities Act, MCL 37.1101, et. seq., which prohibits discriminatory practices, policies, and customs in the exercise of rights; and
   (3) Michigan Attorney General Opinion, No. 7127 (2003), which addresses signing applications for hospitalization of certain persons with mental disorders.

d. Recognizes that protective custody is civil in nature and is not considered an arrest, but officers may take reasonable steps for self-protection, including a pat-down for weapons, based on reasonable suspicion (MCL 330.1427a).

Commentary

Handling calls involving persons with mental disorders can be complex. A thorough understanding of the legal authority to act is essential. Officers must not act outside the bounds of their legal authority.

Provide officers with the text of the statutes listed in this objective. In real life situations officers will be making intuitive decisions based on their underlying worldview of mental disorders. Knowing the law helps form a mental framework from which to make the right choices for the right reasons.

Michigan's mental health statutes offer law enforcement officers additional options in making appropriate decisions and referrals at the scene.

Performance Standard #6

Demonstrate an Understanding of Appropriate Interventions and Services at the Scene.

a. Decides on appropriate intervention strategies by properly and accurately evaluating:
   (1) the nature and seriousness of the situation, including physical injury;
   (2) whether the officer's decision is justified, based on:
      (a) totality of circumstances;
      (b) legal authority, including the 4th amendment; or
      (c) an objective reasonableness;
   (3) the consumer's behavioral cues;
   (4) the environment; and
   (5) officer safety, consumer safety, and the safety of others.

b. Determines custody and transport, based on:
   (1) a serious violation of the criminal statutes;
   (2) a reasonable belief that the person is a person requiring treatment;
   (3) a violation of a court order; or
   (4) the presence of an outstanding warrant.

c. Identifies alternatives to incarceration, in the absence of a serious offense or PRT, including:
   (1) voluntary hospitalization;
   (2) outpatient treatment; or
   (3) counsel and release.

d. Considers appropriate referrals, where available, including referrals to:
   (1) local community-based mental health facilities;
   (2) local mental health practitioners, clinicians, or service providers;
   (3) community social workers;
   (4) family members or peer support groups; or
   (5) a safe residence or stable housing.

e. Describes programs and services in the community that are designed to divert persons with serious mental disorders from potential incarceration, including:
   (1) mental health courts;
   (2) crisis intervention teams (CIT);
   (3) advanced training for all patrol officers in mental health issues;
   (4) responding to the scene with mental health professionals or practitioners; and
   (5) jail diversion programs.

Demonstrate an Understanding of Appropriate Interventions and Services at the Scene. (continued).

f. Recognizes that appropriate interventions are intended to lessen the need for the use of force, but that existing legal standards apply, including:
   (1) the legal authority for the use of deadly force:
      (a) in defense of self;
      (b) in defense of another; or
      (c) in pursuit of certain fleeing felons (*Tennessee v. Garner*, 471 US 1 (1985));
   (2) the criteria for the use of non-deadly force, based on:
      (a) a reasonable standard (*Graham v. Connor*, 490 US 386 (1989)); and
      (b) the totality of circumstances.

Commentary

This objective addresses the options when handling situations involving persons with mental disorders. Incarceration is one option, but officers must explore other potential resolutions that best address the needs of the consumer.

When talking about the use of force or the use of deadly force, address the use of less-lethal devices (chemical aerosol sprays, electrical devices, beanbag shotguns, etc.).

Less-lethal devices have varying risks of injury associated with them and their use should be based on the consumer's actions, the totality of circumstances, and be consistent with the objectively reasonable standard that governs the application of force.

Performance Standard #7

Comply With Organizational Policies in Situations Involving Mental Disorders.

a. Using a table-top scenario, actively participates in a discussion of the organization's policies and procedures regarding the response to those with mental disorders and how such policies may influence decision making.

b. Considers that decision-making may be influenced by the:
   (1) nature and extent of training;
   (2) officer's judgment, based on past work experiences;
   (3) totality of circumstances surrounding the incident;
   (4) an officer's underlying attitudes and beliefs (worldview);
   (5) community expectations; and
   (6) legalities, particularly organizational policies and procedures.

c. Recognizes that a departmental post-incident review may consist of:
   (1) departmental debriefings;
   (2) policy reviews; or
   (3) a review of the officer's written incident report.

d. Articulates, or documents, in an incident report the relevant facts of an encounter involving a person with a mental disorder based on behaviors, actions or speech, including:
   (1) the legal authority to investigate or detain;
   (2) a rationale for the actions taken at the scene; and
   (3) the observable facts and circumstances surrounding the incident.

e. Recognizes that officers should document behaviors based on personal observations at the scene and that officers should not make clinical diagnoses regarding a disorder.

Commentary

Law enforcement officers and mental health professionals should periodically review their organization's policy and procedures regarding the response to persons with mental disorders. This objective gives line officers an opportunity to evaluate the meaning of their policies and to discuss their implications with administrators and supervisors.

Some departments may not have a written organizational policy. If not, use a model policy from which to work (PERF, IACP, another agency, e.g.). Or, download the model policy on the response to mental disorders from the MCOLES website at www.michigan.gov/mcoles.

When teaching problem solving and critical thinking it is often useful to identify the factors that influence decision making in a given situation, whether at the scene or during subsequent mental health services. See paragraph “b” above. The professional literature suggests that decision making is, to a large extent, influenced by several interrelated factors, as outlined in this sub-objective.

Paragraph “d” above may be particularly important. For an individual officer or mental health professional, articulation and documentation help structure thinking and permanently records the incident from their perspective.

A variety of factors affect the decisions of officers. For example, perhaps local business owners want officers to remove sleeping individuals from park benches or remove an individual pacing in front of their stores. Instructors should consider these factors carefully and then identify ways to address them in training.

Performance Standard #8

Demonstrate an Understanding of a Community Coordinated Response.

a. Considers a community coordinated approach to situations that involve those with mental disorders, by
   (1) building on existing working partnerships in the community;
   (2) getting to know the families and their concerns or issues;
   (3) obtaining information regarding community resources and services;
   (4) identifying community stakeholders;
   (5) consulting with healthy consumers as active partners; and
   (6) being aware of viable treatment options.

b. Identifies stakeholder institutions, organizations, and individuals in the community who may help, such as:
   (1) public and private inpatient and outpatient mental health facilities;
   (2) residential facilities serving individuals with mental disorders;
   (3) general hospitals, counselors, and therapists;
   (4) services for the homeless;
   (5) advocacy organizations;
   (6) church-based organizations or emergency shelters; and
   (7) services for those with substance abuse problems.

c. Determines that the appropriate response depends on the nature and extent of local partnerships in the community and the extent to which needed services can be identified and are available.

d. Recognizes that mental disorders are not limited to any race, sexual orientation, age, socioeconomic class, educational level, or occupation.

Commentary

Each community or jurisdiction will be unique, depending on population demographics, the availability of services, and local protocols. Officers across the state will therefore be working in a variety of environments and with a variety of individuals.

The response to those with mental disorders will work the best if officers work in partnership with other professionals in the community. Community partnerships may have a greater impact on the law enforcement response to those with mental disorders than any other component in the system.

Instructor Resources

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