Basic Training Module Specifications

Functional Area:	II.	Patrol Procedures
Subject Area:	C.	Patrol Techniques
Module Title:	4.	THE RESPONSE TO PERSONS WITH MENTAL DISORDERS
Hours:	Not less than 3 hours	

Notes to Instructor:

MCOLES designed this training module to be administered by instructors with expertise in the law enforcement response to those with mental disorders and by practitioners or clinicians with a background in mental health services. The training can be more meaningful and contextual if administered by more than one discipline. The team-teaching approach can also demonstrate the importance of building partnerships for a community-based response to those needing services.

The generic term "mental disorders" is used in this module, which refers to a broad range of mental illnesses and developmental disabilities. Here, the term includes mental and brain disorders, developmental disabilities, severe mental illness, neurological disorders, neurological impairments, psychiatric conditions, and severe emotional disorders. The intent is to move away from strict categorizations or definitions of mental illnesses and developmental disabilities so recruit trainees can better grasp the fundamentals of an appropriate response.

The intent of this training is not to make officers diagnosticians or clinicians as inaccurate classifications of disorders at the scene can lead to inappropriate resolutions. Instead, the training should target the officer's ability to observe, and subsequently interpret, behavioral cues for an effective response and intervention.

See Pillar 5 of the *Final Report of the President's Task Force on 21st Century Policing* (2015) and Chapter 5 of the MCOLES report, *Fostering Public Trust in Law Enforcement in Michigan* (2017).

Module Objectives start on the next page:

II.C.4.1. Define Mental Illness and Developmental Disability.

a. Defines *mental illness* as a 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 conditions; and
   (5) can include symptoms such as:
      (a) social withdrawal;
      (b) depression (a syndrome of sadness or hopelessness);
      (c) delusions (false beliefs not based in reality);
      (d) inappropriate expressions of feelings;
      (e) hallucinations (hearing, seeing, or feeling imaginary things);
      (f) hyperactivity or inactivity: and
   (6) is defined in Michigan law (MCL 330.1400).

b. Identifies certain types of mental illnesses, such as
   (1) schizophrenia, which significantly affects thinking and judgment;
   (2) major depression, including suicidal thoughts;
   (3) bipolar disorder, characterized as a long-term mood disorder; and
   (4) dual diagnosis disorders, where mental illness and substance abuse co-occur.

c. Defines *developmental disability* as a condition that usually 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:
      (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) intellectual disability (MCL 330.1100b), characterized by limited mental development;
   (3) Tourette's syndrome, often accompanied by repetitive movements;
   (4) Epilepsy (seizure disorders);
   (5) Alzheimer's disease; and
   (6) deafness or hard of hearing.

II.C.4.1. Define Mental Illness and Developmental Disability. (continued)

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 at the scene.

Notes to Instructor:

The term "mental disorder" is difficult to define precisely and behaviors seldom fit into well-defined categories. Mental health professionals sometimes do not agree on exact definitions of disorders. Consider that consumers (those requiring services) may have more than one disorder, or may also have a drug dependency, making it difficult to determine which symptoms result from which underlying problems. Sometimes a person with a developmental disability may also have a mental illness.

Mental illness can be defined as a substantial disorder of thought, perception, or mood that places the individual outside the realm of reality. Mental illness may develop at any point during an individual's lifetime and may sometimes be temporary and reversible. Mental illness is not connected to an individual's level of intellectual functioning and may not necessarily impair social adaptation.

A *developmental disability* is a condition that often occurs from birth or early childhood, which prevents the individual from being fully independent. But yet the word "development" should not be confused with the word "growth." Growth refers to an increase in physical size whereas development has multiple connotations, where its rate varies from individual to individual.

Law enforcement officers are increasingly encountering those with developmental disabilities. For example, Dennis Debbaudt (researcher and consultant) and Darla Rothman (Maryland Police and Correctional Training Commission) indicate that people with developmental disabilities, particularly those with autism spectrum disorder (ASD), are seven times more likely to come in contact with law enforcement than others (*Contact with Individuals With Autism: Effective Resolutions,* by Dennis Debbaudt and Darla Rothman, Ph.D., FBI Law Enforcement Bulletin, 2001).

II.C.4.2. Identify Behaviors Associated with Mental Illness and Developmental Disability.

a. Describes behaviors 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) displaying abnormal fear, panic, apathy, or aggression; or
(2) verbal cues, such as:
(a) a rapid flow of unrelated thoughts;
(b) disorganized thinking;
(c) experiencing 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 confident 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) an extreme desire to please those in authority; or
(e) inappropriate laughing or giggling.

c. Recognizes certain medications used to manage symptoms of mental illnesses, such as:
(1) selective serotonin reuptake inhibitors (SSRIs), e.g., Zoloft or Prozac;
(2) antipsychotics, e.g., Haldol or Thorazine;
(3) antianxiety drugs, e.g., Valium or Xanax; and
(4) tricyclic antidepressants (TCAs), e.g., Lithium.

Notes to Instructor

Emphasize that most individuals with mental disorders are not dangerous or violent and that interpreting behavioral cues out of context may complicate the situation and lead to inappropriate responses.

Officers must never diagnose a mental disorder, but it is important to be able to identify the predominant symptoms, based on observed behavioral cues, that may indicate an underlying mental disorder. The better a practitioner is able to appropriately interpret the behaviors he or she observes at the scene, the better the response will be to meet the needs of the consumer. A more universal understanding of mental disorders may lead to alternative, and perhaps more appropriate, methods of intervention or referral.

The professional research, including research from the American Psychiatric Association, demonstrates that, in general, "violent and criminal acts directly attributable to mental illness account for a very small proportion of all such acts in the United States. Most persons with mental disorders are not criminals, and of those who are, most are not violent" (Marzuk, *Archives of General Psychiatry,* 1996). In fact, many such encounters are often more violent for the consumer than for the responding officers.

Responding officers must treat persons with mental disorders with dignity, respect, and as valued members of society. They must maintain constitutional protections and recognize that irrational behaviors are often due to society's marginalization of consumers. The stigma of mental disorder can manifest itself as extreme shame, guilt, or low self-esteem. Law enforcement officers can help reduce this stigma by understanding the nature of mental disorders, learning how to respond appropriately, and knowing which partnerships in the community can help.

II.C.4.3. Appropriately Respond to Situations Involving Those with Mental Disorders.

a. Recognizes that fear may be the predominate emotion at the scene and that consumers may be confused, may not hear what the officer is saying, or may misinterpret what the officer is saying.

b. Assesses the situation cautiously and safely, by:
   (1) obtaining relevant information from dispatch;
   (2) determining the nature of the call (criminal, mental disorder, both);
   (3) evaluating environmental cues (phone numbers, medications, etc.);
   (4) determining if alcohol or substance abuse is involved;
   (5) determining if assistance is needed for physical injury; and
   (6) recognizing dangerous behaviors or potentially dangerous behaviors.

II.C.4.3. Appropriately Respond to Situations Involving Those with Mental Disorders (continued).

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 questions in a respectful manner;
(5) maintaining personal space; and
(6) understanding the importance of conducting a thorough investigation.

d. Stabilizes the scene by stopping any dangerous activity.

e. Uses proper communication techniques, including:
(1) maintaining honesty, patience, and understanding;
(2) not arguing, but asking questions more than once;
(3) treating the consumer with respect and dignity;
(4) asking about medications or prior hospitalizations;
(5) maintaining a calm tone and low voice;
(6) offering simple choices and asking direct questions;
(7) officers should:
(a) *avoid* making continuous direct eye contact;
(b) *not* touch the consumer (unless safety requires it); or
(c) *not* challenge hallucinatory or delusional statements; and
(8) asking direct questions of family members or friends about:
(a) threatened suicide;
(b) medications or drugs; or
(c) any history of hospitalizations or mental disorders.

Notes to Instructor:

Officer safety is an essential component of any encounter. What may be missing from most safety training, however, is the concept that using proper safety tactics can also *slow* a rapidly evolving situation, which may allow for improved decision making at the scene. Better decisions emerge when officers have the time to think through situations deliberatively. The idea is to emphasize what the officer can do to gain and maintain a reasonable advantage *before* and *during* such encounters.

Inviting a consumer to become part of the training cadre is an excellent way to prepare practitioners for an improved response. Consumers can provide personal insight and bring perspective to what is happening as a police-citizen encounter unfolds.

II.C.4.4. Demonstrate an Understanding of Legal Authority to Act.

a. Describes 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 cause serious physical injury intentionally or unintentionally to 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 determined necessary;
   (2) the authority to take a person with a mental disorder into custody or protective custody, provided:
      (a) the person has committed a criminal offense;
      (b) the person 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); and
   (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. Recognizes that the relevant provisions of the Americans with Disabilities Act (ADA), 42 USC 12010, et. seq. provide that no individual will be denied the benefits of public services, programs, or activities because of the disability.

c. Recognizes that the relevant provisions of Michigan's Persons with Disabilities Act (MCL 37.1101, et. seq.) prohibit discriminatory practices, policies, and customs in the exercise of rights.

d. Considers 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 (MCL 330.1427a).

Notes to Instructor:

An individual whose mental processes have been weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependence is not a person requiring treatment, unless the individual also meets the criteria specified in II.C.4.4., section a (1) above.

Notes to Instructor (continued):

Handling calls involving those with mental disorders can be complex and problematic for responding officers, calling on their ability to make appropriate decisions and to properly solve problems at the scene. A thorough knowledge of the legal authority surrounding such incidents is essential. Moreover, those with mental disorders deserve to be treated with dignity and officers must not act outside the bounds of their legal authority simply because it is easier or more convenient to do so at the time of the incident.

In real life situations, officers will be called upon to make important decisions based upon an understanding of mental disorders and the authority to act. Recognizing the elements of the law forms the foundation upon which the proper handling of such calls can be structured.

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

II.C.4.5. Transport People with Mental Disorders Using Proper Procedures.

a. Transports with at least two (2) officers.

b. Uses the most secure vehicle and seating arrangement to transport safely. (see objective I.C.4.6.).

c. Transports to the most appropriate facility depending on the nature of the situation (e.g., mental health facility, residential facility, lock-up, emergency room, etc.).

d. Recognizes the appropriate check-in procedures upon arrival.

e. Does not leave the person requiring services unattended.

Module History

Revised	May 2008
Revised	November 2014
Revised	October 2017