



The Role of Police in Mental Health

Lt. Cary Bryant

Norman Police Department

Crisis Intervention Team

Traditional Roles of Policing

- Traffic
 - Citations and collision investigations
- Crime Enforcement
 - Criminal Investigations and arrests
- Crime Prevention
- Stereotypes
- TV Role Models

What is Crisis?

- An event that produces emotional, mental, physical, and behavioral distress or problems. A crisis can refer to any situation in which the individual perceives a sudden loss of his or her ability to use effective problem-solving and coping skills.

Mental Health in the U.S.

- Early Treatment
- Asylum vs community treatment
- Community Mental Health Treatment Act of 1963
- Little or no training for officers
- Conflicts with police

The Problem

Persons who have a major mental illness are significantly over-represented in the population who have contact/encounters with law enforcement and the criminal justice system.

September 24, 1987, Memphis, TN

- Joseph Robinson 27 years old
- Relative called police for help stating Robinson was “trying to cut his throat acting like he’s on drugs”.
- Police responded and shot Robinson repeatedly.
- Robinson died from his injuries.

History of CIT

The first CIT was established in Memphis in 1988 after the tragic shooting by a police officer of a man with a serious mental illness. This tragedy stimulated a collaboration between the police, the Memphis chapter of the National Alliance on Mental Illness, the University of Tennessee Medical School and the University of Memphis to improve police training and procedures in response to mental illness.

Memphis Model Crisis Intervention Team

- Diversion before arrest/charge
- Specialized training of a cadre of officers
- Centralized, police-friendly drop-off/psychiatric triage
- Referral to available, appropriate community-based services

Memphis Model of CIT

- Established in 1988 by Memphis PD, NAMI, and University of Memphis
- Provides 20% of the patrol force receive CIT training
- 40 hour course
- CIT advises officers and command about MH issues
- Training (law, disorders, juvenile, co-occurring disorders, military)
- Ends with scenarios
- Taught by MH professionals and police CIT instructors

Efficiency of the CIT Model

- Police already responding to all calls including crisis events
- Trained CIT officers respond immediately to crisis events
- Officers and citizens understand these calls are special priority

Prior to CIT

- Police were not prepared to deal with the mentally ill
- Family members of mentally ill distrusted police
- Criminal Justice and Mental Health systems were adversaries
- Police responses often resulted in arrests, injuries and even fatalities

Post CIT

- Officers are highly skilled in verbal de-escalation techniques
- Family members requests CIT officers
- Crisis response is more immediate
- Most persons are taken to treatment facilities without charges

Benefits To Law Enforcement

- Decreased number of injuries to the officers
- Decreased use of force
- Improved use of alternatives to arrest and jail
- Decreased time officers spend in the crisis unit
- Reduced myths and stigma of mental illness among law enforcement
- Improved relationships for officers and community

Benefits for Mental Health

- extended crisis response systems
- increased opportunity for earlier intervention
- improved treatment outcomes

Benefits for Consumers and their Families

- Decreased number of injuries to the consumer
- Better relationships between consumers and law enforcement officers
- Removed stigma of unnecessary incarceration in local jails
- Improved access to treatment
- Increased chance that the consumer will receive continuous care

Role of Police in Mental Health in Oklahoma

- Governed primarily by Title 43A
- Officers are often the first on the scene and see a large number of consumers
- Protective Custody vs Arrest
- Protective Custody – loss of individual freedom
- Many times, a consumer's first mental health visit is in the back of a police car

Protective Custody and Emergency Detention

Oklahoma Title 43A
Mental Health Law

Purpose of Mental Health Law

- Ensure adequate treatment for mental illness & substance abuse
- Provide orderly & reliable procedures for commitment consistent with due process requirements

Definitions

➡ 43A O.S.1-103

■ 3. Mental Illness

a substantial disorder of thought, mood, perception, psychological orientation or memory that significantly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life;

Definitions

➡ 1-103

■ 8. Consumer

a person under care or treatment in a facility pursuant to the Mental Health Law, or in an outpatient status

Definitions

43A O.S. 1-103

- 13. a. **"Person requiring treatment"** means a person who because of his or her mental illness or drug or alcohol dependency:
 - (1) poses a substantial risk of immediate physical harm to self as manifested by evidence or serious threats of or attempts at suicide or other significant self-inflicted bodily harm,
 - (2) poses a substantial risk of immediate physical harm to another person or persons as manifested by evidence of violent behavior directed toward another person or persons,
 - (3) has placed another person or persons in a reasonable fear of violent behavior directed towards such person or persons or serious physical harm to them as manifested by serious and immediate threats,
 - (4) is in a condition of severe deterioration such that, without immediate intervention, there exists a substantial risk that severe impairment or injury will result to the person, or
 - (5) poses a substantial risk of immediate serious physical injury to self or death as manifested by evidence that the person is unable to provide for and is not providing for his or her basic physical needs.

- THIS IS ALSO REFERRED TO AS **CRITERIA**

Questions...

► When did they last sleep?

When did they last eat?

Are they taking any medication?

Are they **supposed** to take prescribed medication for a **physical or mental health** issue that they are not taking?

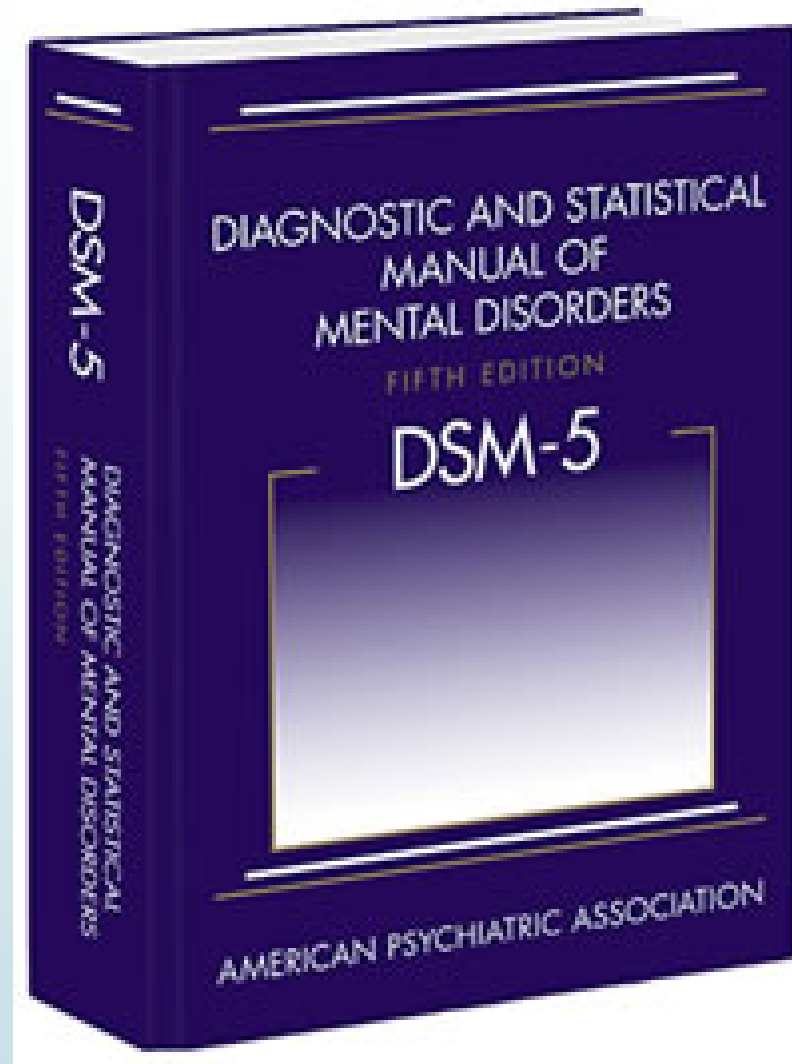
Do they have access to that medication?

Are they dressed appropriately for the weather?

If you leave right now will their condition improve on it's own?

Who do we usually see?

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Anxiety Disorders



Mental Illness does NOT include:
(43A O.S. 1-103.13.c)

- ➡ Mental retardation (Language from Title 43A)
- ➡ People impaired due to advanced years or Alzheimer's disease or Dementia
- ➡ Traumatic brain injuries (TBI)
- ➡ Seizure disorder

Substance Dependency

- Not simply under the influence or occasional use
- Uses to such an extent that it impairs the health, family life, or occupation of the person and compromises the health and safety of the community



Emergency Detention Process

Protective Custody

- ➡ Officer **SHALL** make every reasonable effort to take the person into protective custody **in the least conspicuous manner** when there is a reasonable belief that individual is a “**person requiring treatment**” (43A O.S. § 5-207B)

Protective Custody (Cont.)



- Prepares a Peace Officer statement or obtains 3rd Party statement
- Immediately transports nearest facility designated by ODMHSAS Commissioner to conduct evaluations

Level of Suspicion for Protective Custody

- The level of suspicion an officer must have to take an individual into protective custody under the Emergency Detention Statutes is a **“REASONABLE BELIEF”** that a person is **“a person requiring treatment”**
- Suspicion based on behavior
- The mental health statutes do not define “reasonable belief”
- Equates to Probable Cause

Emergency Detention

► 43 O.S. 5-206

3. Emergency detention

the detention of a person who appears to be a person requiring treatment in a facility approved by the Commissioner of Mental Health and Substance Abuse Services as appropriate for such detention after the completion of an emergency examination, either in person or via telemedicine, and a determination that emergency detention is warranted for a period not to exceed one hundred twenty **(120) hours or five (5) days**, excluding weekends and holidays, except upon a court order authorizing detention beyond this period or pending the hearing on a petition requesting involuntary commitment or treatment as provided by this act;

Initial Assessment

- Must occur within 12 hours of protective custody
- Performed by Licensed MHP
- **"Licensed mental health professional"** means:
 - a. a psychiatrist who is a diplomate of the American Board of Psychiatry and Neurology,
 - b. a psychiatrist who is a diplomate of the American Osteopathic Board of Neurology and Psychiatry,
 - c. a physician licensed pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act or the Oklahoma Osteopathic Medicine Act,
 - d. a clinical psychologist who is duly licensed to practice by the State Board of Examiners of Psychologists,
 - e. a professional counselor licensed pursuant to the Licensed Professional Counselors Act,
 - f. a person licensed as a clinical social worker pursuant to the provisions of the Social Worker's Licensing Act,
 - g. a licensed marital and family therapist as defined in the Marital and Family Therapist Licensure Act,
 - h. a licensed behavioral practitioner as defined in the Licensed Behavioral Practitioner Act,
 - i. an advanced practice nurse as defined in the Oklahoma Nursing Practice Act,
 - j. a physician's assistant who is licensed in good standing in this state, or
 - k. a licensed drug and alcohol counselor/mental health (LADC/MH) as defined in the Licensed Alcohol and Drug Counselors Act
- **If determined person does not meet criteria, officer immediately returns individual to point taken into custody or residence**

During Emergency Detention

- ➡ Evaluation by **TWO** LMHPs
- ➡ If further treatment not needed, release before or at end of 120-hour period
- ➡ If further treatment needed and no agreement to voluntary admit, complete mental health evaluation, file petition & request pre-hearing detention

Mental Health Evaluation (After 120 hours)



- Must have following findings:
 - Whether person is a “**person requiring treatment;**”
 - Whether person is likely to benefit from treatment; **(Remember, Crisis services do not = Treatment)**
 - Whether inpatient treatment is least restrictive treatment necessary. **(Verses outpatient treatment)**

State's Authority to Hold

- When can the state hold someone against their will? (Remember, we are the "State")
- Threat to others - police power
 - State has authority under its police power to protect community from individuals who are dangerous due to a mental illness
- Threat to self - *parens patriae*
 - State has legitimate interest in providing care to individuals unable to care for themselves



Public Safety

- All mentally ill people are dangerous – right?
- Vast majority of people who are mentally ill are not violent
- Only around 3% of all violent crimes committed by seriously mentally ill
- Conversely, not all dangerous persons are mentally ill – e.g., some people are just mean



What Rights are Affected?

- Involuntary confinement = loss of freedom/liberty

No different than an arrest or imprisonment

You would not want it to happen to you

How important is the right to liberty?

- Right to be free

Mental illness does not disqualify a person from preferring home to an institution

If Mentally Ill and NOT Dangerous

- No authority to confine
- May not constitutionally confine non-dangerous individual who is capable of surviving safely by himself or with help of family/friends
- Holding other such individuals violates civil rights (***O'Connor v. Donaldson***)

Persons not eligible for Emergency Detention

- Not meeting criteria after examination by LMHP
- Not Medically stable.
- Confined to a jail or adult lockup facility per criminal charges

Transportation

- Law enforcement is responsible for transporting individual to and from designated facilities for ED examination and treatment.
- Law enforcement is safer and able (and trained) to use mechanical restraints.

Resources

- CIT International (www.citinternational.org)
- NAMI (www.nami.org)
- National Association of Drug Court Professionals (www.nadcp.org)
- Norman Police CIT (<http://normanpd.normanok.gov/pd/crisis-intervention-team>)
- University of Memphis CIT Center (<http://cit.memphis.edu/>)



Contact

Lt. Cary Bryant

Norman Police Department

201-B W. Gray

Norman, OK 73069

405-217-7743

cary.bryant@normanok.gov

QUESTIONS?????