

What police need to learn about mental illness - AvvoStories

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Any time the police become involved in a family matter, the situation is serious. But things are even more complicated when mental or developmental issues are a factor. In contrast to more familiar instances of [domestic violence](#), when the aggressive person is autistic or suffers from Alzheimer's disease or a mental illness, they are the ones most at risk. Families can't always be sure that calling for assistance will be helpful—or even safe.

Do police have the training to protect people who are a danger to themselves? And if not, what can families do?

Afraid of the police

In July, Seattle Times editorialist Kate Riley wrote about a severe panic attack that her autistic son suffered when their car broke down on a road trip in central Washington. Although there was a real risk that her son would run out into traffic, she hesitated to call for help because she feared the police as much as the speeding cars.

Her fear was not unwarranted; Riley was writing only days after a Florida shooting in what should have been a simple response to wandering. Instead, police managed to shoot the caregiver (who was lying prone on the ground with his hands in the air) while authorities later committed his autistic patient to a psychiatric ward, which his attorney called “inappropriate for his needs.” Police issued an apology for accidentally shooting the caregiver, rather than the autistic man who had been, apparently, deemed a threat. But how did they mistake an autistic man with a toy truck for a threatening individual brandishing a gun? Why were they even responding to this kind of incident in such a provocative, violent way?

Available data is imperfect, but studies estimate one in 10 police encounters involve someone with mental illness, and people with mental illness are 16 times more likely to be killed by police. Even when they know that they are dealing with a cognitive or mental health issue, police who lack special training can make a bad situation worse. In August, a woman suffering from Alzheimer’s disease became involved in an altercation with another patient in her residential care facility, who went back to her room and called police. Against the advice of care facility staff, the San Francisco police responded by hauling the aged offender off for an involuntary psychiatric hold in accordance with California’s Welfare and Institutions Code Section 5150-5155.

Police Training

Regular police training for criminal situations encourages exactly the wrong approach for dealing with a person experiencing cognitive dysfunction, and the vast majority of police have received no training in dealing with mental health crises. Brie Williams, a doctor at UCSF who helps run police crisis training, told the San Francisco Chronicle, “We are putting police officers in a very difficult and sometimes impossible position where they are not health care providers,” Williams said. “They need an added layer that brings the health care approach to homes and communities.”

Crisis Intervention Team (CIT) programs and CIT training promote more effective interactions among law enforcement, mental health care providers, and citizens dealing with mental illness. They also work to reduce the stigma of mental illness, and in some places, including San Francisco, CIT programs are beginning to incorporate dementia behavior in crisis training.

Riley’s son’s anxiety attack ended with him on a gurney in an ambulance, but not, as she had feared, as a result of police violence. Instead, a calm and competent police response saw her son safely sedated by EMTs. Fortunately for the Riley family, in 2015 Washington State became the first in the nation to mandate CIT training for all police officers.

Crisis Preparedness

While mental illness, autism, and Alzheimer’s can all potentially lead to a crisis requiring police intervention, it is important to remember that these are three very different issues, and that each of them manifest in highly individualized ways. “Not everyone with one of these conditions is aggressive,” says Dennis Debbaudt, author, law enforcement trainer, and parent of an adult son with autism. He notes that while individual incidents cannot be foreseen, crises are predictable in that violent aggression is a recurring event for the minority of individuals who experience it.

“We recommend that individuals and families work on a crisis plan in advance that lays out the individual’s wishes, support systems, details that the family needs to know, etc. in advance so that everyone knows what to do in a crisis and what resources are available,” says Laura Usher, National Alliance on Mental Illness CIT program manager.

(Resources: [NAMI Family-to Family](#) and [NAMI Peer-to-Peer program](#) offer free courses that teach about mental illness and coping strategies, including crisis planning; the Alzheimer's Association produces materials on how to deal with [dementia behaviors](#), as well as an [online training program](#) for first responders that includes techniques family members can use to de-escalate aggressive situations. Autism Speaks offers downloadable [family support kits](#).)

Making the call

Having specific information and a crisis plan in advance helps authorities as well. "Asking trained police officers to accurately conduct a field diagnosis of a person's autism may go beyond reasonable expectations," Debbaudt says. This is why even trained police benefit from [specific information](#) about the individual.

In a few communities, like [San Diego](#), police maintain registries where families can voluntarily share critical information about individuals who are at risk for crises requiring police intervention. For families living in communities where registries are not available, Debbaudt suggests families develop a person-specific [emergency-contact form](#) that gives responders guidelines for dealing with the individual.

"We recommend that families concerned that they will have to call the police for a loved one keep a 911 checklist by their phone to lay out all the information they made need to share—it's really important to give this info over the phone to the dispatcher, rather than wait until an officer arrives," says Usher.

This is particularly important when violence or aggression is a possibility. Families must be prepared to make the call for help. "Families are afraid to call 911 when someone is aggressive because they fear that person will be taken from their custody. They are willing to take a beating to protect their family member," says Debbaudt.

So have information and an action plan available, and don't be afraid to add [legal representation](#) to the list of professional support for loved ones with special needs.

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