



# **SOCIAL SCIENCE**

## **Policing the Emotionally Distressed**



# **Policing the Emotionally Distressed**

~ CHAPTER 10 ~

Topics and concepts included in this chapter:

1. Police encounters with mental illness.
2. Mental illness and its causes.
3. Indicators of mental illness.
4. How to communicate with EDPs.
5. Police procedures regarding EDPs.
6. Proper tactics for EDPs.
7. Use of force when handling EDPs.
8. Mental Hygiene Law to NYPD policy.

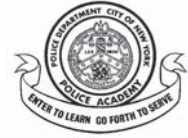
### Mandatory Patrol Guide Procedures

P.G. 210 – 04	Prisoners Requiring Medical/Psychiatric Treatment
P.G. 216 – 06	Mental Health Removal Orders
P.G. 216 – 07	Firearm Safety Stations at Psychiatric Wards and Admitting Areas
P.G. 216 – 17	Involuntary Removals Pursuant To Mental Hygiene Law Section 9.60
P.G. 216 – 22	Mobile Crisis Outreach Teams and Assertive Community Treatment Teams
P.G. 221 – 13	Mentally Ill or Emotionally Disturbed Persons



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### \*Emotionally Distressed Person (EDP):

A person who appears to be mentally ill or temporarily deranged, and who is conducting him or herself in a manner that a police officer reasonably believes is likely to result in serious injury to him or herself or others.

Not all EDPs suffer from mental illness and not all people with mental illness present as EDPs. There are many reasons why a person may act in an emotionally distressed manner. For example, an EDP may be classified as a person being under the influence of alcohol, chemical substances, or having a medical condition (i.e., Alzheimer's, Huntington's Disease, ALS [Lou Gehrig's Disease], etc.), or merely experiencing an extremely stressful situation.

It is important to recognize that EDPs are not "bad guys" who intentionally give officers a difficult time. Officers must be able to recognize EDPs and be able to understand that EDPs have little or no control over their actions.

### Mental Hygiene Law:

New York State Mental Hygiene Law (MHL) spells out the conditions under which a person can be involuntarily removed to a hospital for examination or treatment. The standard the law uses to determine who qualifies for removal is that the person be mentally ill *and* a danger to themselves or others. If the danger is not immediate, removal must be authorized through cooperation of the courts and mental health professionals. If the danger is immediate, police officers are authorized to take a mentally ill person into custody and transport them to a hospital for evaluation.

### Zone of Safety:

The distance to be maintained between the EDP and the responding member(s) of the service. This distance should be greater than the effective range of the weapon (other than a firearm), and it may vary with each situation. A **minimum distance of twenty (20) feet** is recommended. An attempt will be made to maintain the "zone of safety" if the EDP does not remain stationary.

Recognizing and properly handling situations involving persons who may be emotionally distressed is critical to your safety, the safety of other officers, family members, bystanders and others, including the EDP. The lessons learned in this chapter, when applied to other situations, will improve your effectiveness as a police officer.

**\*Note:** The Patrol Guide uses the term "Emotionally *Disturbed* Person" instead of "Emotionally *Distressed* Person". For the purposes of this lesson, both terms are interchangeable.



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### POLICE ENCOUNTERS WITH MENTAL ILLNESS

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Encounters with people with mental illness or “emotionally distressed persons,” otherwise known as “EDPs,” are among the most frequent and sensitive of all police interactions. If handled properly, they can be very rewarding. NYPD officers who have learned how to properly assess these situations and interact professionally with people with serious mental illness have been able to assist these fellow New Yorkers by directing them towards treatment and/or recovery. But, if handled improperly, these interactions can result in tragedy.

NYPD patrol officers are dispatched to reports of EDPs many times a day. As you will learn during "scenario based training" later in your coursework, these calls for assistance come from a variety of sources: family members asking for assistance for their loved ones, neighbors complaining of noises and disturbances in their buildings, merchants complaining about people in their stores, and even mental health programs that encounter situations which they are unable to handle, are a few of the most common EDP calls. In addition, officers often encounter individuals in emotional distress while patrolling their posts, or when they are told about such individuals by people in their precinct. Even allowing for false reports and for individuals who have other illnesses which mimic the symptoms of mental illness, the simple math should tell you that every patrol officer – including you – is certain to be asked to respond to, assess, and professionally handle EDP situations frequently.

To respond professionally, you must recognize that most EDP calls turn out to involve people who are neither a danger to themselves or others.

As the New York State/New York City Mental Health Criminal Justice Panel's Report and Recommendations recently noted:

*The vast majority of individuals with mental illnesses are not violent. Mental illness is not a major driver of violent crime, and people with mental health needs are far more likely to be the victims than perpetrators of violence.*

Nevertheless, police are called to respond to a large number of cases that are dangerous or that, if improperly handled, could quickly become dangerous. As police, we are responsible for getting such people to mental health professionals for treatment, but we also have other responsibilities: We must protect the lives and safety of EDPs, as well as the lives and safety of family members, bystanders, ourselves and our fellow officers and all others in the vicinity of the incident. We also have an obligation to protect the EDP's rights and dignity. The best way to do that is to follow the Patrol Guide and to act courteously, professionally and with respect at all times. The



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appendixes of this chapter also include specific guidelines and practical suggestions that have been used successfully by fellow officers.

Dealing with people who are emotionally distressed requires a high degree of skill and sensitivity. In these situations, thoughtless or hasty police actions may quickly make things worse, provoking EDPs to act in ways that require officers to use force that might otherwise have been avoided. Therefore, it is essential that officers know how to recognize EDPs, how to approach and commence an interaction with an EDP, and how to avoid actions that might agitate EDPs. No police skill is more critical than the ability to defuse, rather than to escalate, potentially explosive situations, and few situations are more potentially explosive than encounters with EDPs if handled improperly.

EDP calls will test your ability to assess situations, gather information and make sound judgments based on fact and not the myths surrounding mental illness. They can be as difficult as they are frequent. What and whom you will find when you respond to them is likely to vary enormously. Many times officers who respond to EDP calls find that the people involved have already left or are in the care of other responsible people. More often officers find people who are acting in a manner that seems irrational.

This lesson is designed to help you recognize the most common behavior patterns and indicators of emotionally distressed persons, and to dispel the myths and misunderstandings that surround EDPs. Most importantly, you will be able to interact with emotionally distressed persons appropriately without using unnecessary force, or causing unnecessary damage to the lives, safety, rights, and dignity of the mentally ill, their families, and bystanders, as well as you and your fellow officers.

Mentally ill persons first became a major issue in the late 1960s, when the *deinstitutionalization movement* began. This was a long legal battle that was designed to protect people who, rightly or wrongly, were believed to be mentally ill. Before the movement began, such persons had very few rights, and it was comparatively easy to confine them to harsh mental institutions for long periods. The movement succeeded, making it more difficult to institutionalize people against their will. As a consequence of this movement and of reduced funding for mental treatment, the number of people confined to mental institutions has declined significantly.

Deinstitutionalization began when public attitudes, laws, and the development of new medications made it possible for people to live successfully in the community with proper supports, and professional mental health practices began to change. This led to the closing of many state hospitals, psychiatric hospitals, and what used to be called insane asylums and the patients in such institutions were released back into their communities. Society's preference had shifted away from institutionalizing people with mental illness and towards providing support services to such individuals within the community. Unfortunately, the hope and promise of deinstitutionalization was a false



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one because adequate community-based services to reintegrate the individuals back to their communities were often not available.

One result is that individuals, who with proper supports could live successfully in the community, were unable to obtain such support and fell into episodes of their illnesses and emotional distress. Predictably, calls to the police about crimes and disorder involving people with mental illness increased. This had the general effect of criminalizing mental illness and re-institutionalizing people with mental illness.

This has had consequences for the police, especially in big cities. Across the country, police are called upon to respond to more and more situations involving seriously mentally ill and emotionally distressed persons. Police response to these situations requires skill and training. Knowing how to communicate verbally and non-verbally, and knowing how to intervene tactfully and sensitively can dramatically enhance the likelihood that situations involving the emotionally distressed will be resolved safely and effectively.

It is not reasonable for anybody to expect you to be an expert at diagnosing the specific causes of an EDP's problems or at prescribing treatment for them. **Your job on the street is to recognize EDPs to ensure that you treat them not only in the most courteous, professional respectful and humane way; but, when it is appropriate to do so, to get them to mental health professionals who can provide proper care.** As you read this material, and later, as you actually encounter EDPs, you may wish to know more about the nature of their problems. The material in Appendix "B" at the end of this chapter is a good foundation for such knowledge.

## MENTAL ILLNESS

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Mental disorders are illnesses that affect a person's thinking, feelings, or behavior. Mental illness can range from chronic mild forms to life-threatening disorders. Mental illness may begin in childhood or at any point later in the life cycle. Otherwise healthy children and adults may experience symptoms of mental illness when experiencing stressful events (e.g., divorce, loss of a loved one) or trauma (e.g., vehicle collision, crime victim).

The causes of most mental disorders are unknown, but they appear to be both biological and environmental. Causes are easier to determine in instances of substance-induced disorders linked to the use of alcohol or illicit drugs (e.g., cocaine induced psychosis, K2, Bath salts). The consumption of alcohol or non-prescription drugs is likely to aggravate the symptoms of mentally ill people.

*Who are people with mental illness?* Psychiatric illness affects people of all races, ethnic backgrounds and social classes; it does not discriminate. It is an affliction



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that affects people regardless of intelligence, achievement, or prominence.

At times, people with mental illness call for police assistance themselves. They may be victims of crimes or accidents or witnesses; they may call to report that they are planning suicide; they may realize that they need help because, for example, they have stopped taking their medications. Police officers have come across emotionally distressed persons (EDPs) while processing prisoners already in custody. In other words, EDPs may come to police attention in virtually any way imaginable.

Like other members of the community, mentally ill people may be professionals, office workers, laborers, homemakers, children, elderly people, or people who depend on welfare and other social services for survival. Increasingly, stress related mental illnesses, such as *Post Traumatic Stress Disorder*, are being seen in members of the Armed Forces who returned from the wars in Iraq and Afghanistan.

- Mental illness can range from mild to severe.
- The vast majority of individuals with mental disorders continue to function in their daily lives, although with varying impairments.
- The main reason for hospital admissions nationwide is an exacerbation of a psychiatric disorder.

### **Recognizing Mental Illness**

There is no causal relationship between mental illness and crime or between mental illness and violence. Most people who are mentally ill do not engage in criminal behavior and most mentally ill persons are not dangerous. A Justice Department study found that only four percent of all violence in a one year period was associated with mental illness. Compare this to the largest risk factor for violence: alcohol and drug abuse. People who abuse alcohol and drugs are 16 times more likely, than those with schizophrenia and bipolar disorders, to be violent.

People with mental illness often exhibit behavior patterns and verbal indicators that seem inappropriate, inflexible, and impulsive. By carefully observing behavior patterns that you judge to be inappropriate, inflexible, or impulsive, you may be able to recognize a person who is emotionally distressed. Some examples of behavior patterns or verbal indicators of mental illness are listed below:

#### **Environmental Indicators:**

1. Inappropriate Decorations



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- Strange trimmings or inappropriate use of household items (e.g., aluminum foil covering windows).

### 2. Inappropriate Waste or Trash

- Hoarding (“pack-ratting”) or accumulating extraordinary amounts of household items such as string, newspapers, paper bags, or trash to the extent that it becomes a safety and health hazard and officers should be alert to it.
- The presence of feces or urine on floors or walls.

### Behavior Indicators:

#### 1. Inappropriate Physical Appearance

- Disheveled or bizarre physical appearance.
- Appearance that is inappropriate for the environment
- Indication that the person has not showered in days

#### 2. Inappropriate Body Movements

- Strange posture or mannerisms.
- Continuously looking over one’s shoulder as if being followed.
- Maintaining same/unusual body positions for extended periods of time.
- Pacing or agitated movements.
- Repetitive movements.
- Lethargic or sluggish movements.

#### 3. Disturbances in Perception

- Responding to voices or objects that are not there.
- Expressions of grandiose ideas (e.g., thinks he is Abraham Lincoln.)
- Hallucinations, delusions or other false beliefs.
- Major memory lapses.
- Unawareness of people or surroundings.
- Rapid shifts in subject in a manner that seems incoherent.

#### 4. Disturbances in Thought

- It may be hard to follow an EDP’s train of thought.
- Jumping from subject to subject in a manner that appears incoherent.
- Their speech may be difficult or impossible to interrupt.

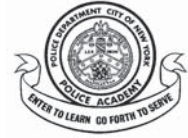
#### 5. Acting or Threatening to Cause Injury to Self or Others

- Cutting self with a sharp object.



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- Causing cigarette burns on body.
- Starving self.
- Expressing a desire to do harm to self or others.

### 6. Inappropriate Moods or Emotions

- Rapid or extreme mood swings from elation to depression.
- Overreacting to a situation in an overly angry or frightened manner.
- Speech patterns that lack the normal ups and downs of emotion.
- Speech patterns that contain uncontrollable bursts of emotion.
- Expressing feelings of persecution harassed or threatened.
- Obsessive thoughts or preoccupation with subjects such as death, or guilt.

### Communicating With Mentally Ill or Emotionally Distressed Individuals

Communication with Emotionally Distressed Persons can be challenging, but you will be using the same skills previously discussed for active listening and de-escalation. Asking questions is an effective way to engage the individual and begin building rapport. Rapport helps to overcome the person's fear and mistrust, and makes our job easier in the moment and in the future. Identify and communicate with the healthy aspects of the person. Even the most disturbed person has areas of "normal" functioning, and this should be your focus. If you know the person is under the influence of drugs, appeal to emotions rather than intellect so that you can find a way to connect with them. Give broad openings such as, "You look like you need to talk things over with someone." This indicates willingness to listen and relieves tension. Ask simple, direct, and open-ended questions, and try to determine reasons for the individual's actions.

You should also be attentive to your tone of voice and body language. If there is something about you or your partner's way of talking that appears to agitate the EDP, have the officer with the best rapport assume the role of the **contact officer**. That *contact officer* will do **all** of the talking with the EDP, while the other officer acts as the **cover officer**. This prevents confusion and agitation that might ensue because of too many people talking at the same time. The contact officer should also make it clear to the EDP that the police want to help them. Listen carefully, be empathetic, and avoid phrases that will trigger anger, misunderstanding, or agitation.

Remember that the most important part of communication is listening. The best questions mean nothing if you do not listen to the answer. This is the "active" part of active listening. It is not enough to stand there hearing what the person is saying, you have to make an effort to understand, and demonstrate that you are listening. Paraphrasing to check for understanding, and using simple acknowledgements like "Uh-huh," and "I see," to encourage further communications help confirm your engagement and can go a long way towards gaining voluntary compliance. Additionally, restating the last part of their comments and saying things like, "Go on," or "And then what," can help