

**Event 10 – Quality of Life  
Session 17 –Mental Illness  
LD #37 – People with Disabilities**

**Date Revised: 12/2/2019**

**Course Goal:** To define and recognize behaviors/indicators associated with mental illness. Recruits will become familiar with the behavioral and psychological indicators of mental illness to determine if an individual is a danger to others, a danger to self or gravely disabled and to determine an appropriate response and resolution option.

**Learning Objectives:**

- Define the term mental illness **[37.IV.A]**
- List the categories of mental illness: **[37.4.B]**, Thought disorders, including schizophrenia **[37.IV.B.1]**, Mood Disorders, including depression and bipolar **[37.IV.B.2]**, Anxiety related disorders **[37.IV.B.3]**, Post-Traumatic Stress Disorder (PTSD) **[37.IV.B.4]**, Co-occurring/dual diagnosis disorders **[37.IV.B.5]**
- Recognize the causes and nature of mental illness **[37.IV.C]**
- Recognize behavioral indicators that may be generally associated with people affected by mental illness **[37.IV.D]**
- Recognize appropriate peace officer response(s) and methods of communication when responding to a call that involves a person with a mental illness **[37.IV.E]**
- Discuss the referral process and state/local resources available to people with mental illness **[37.IV.F]**
- Identify appropriate resolution issues **[37.IV.G]**
- Explain the intent of the Lanterman-Petris-Short Act (Welfare and Institutions Code Section 5150) **[37.V.A]**
- Recognize the authority of peace officers to take a person into custody pursuant to Welfare and Institutions Code Section 5150 **[37.5B]**
- Recognize behavioral indicators peace officers may use to help determine if a person affected by mental illness is a danger to others, or to himself or herself, or gravely disabled **[37.V.C]**
- Recognize the rights of individuals who have been taken into custody, pursuant to Welfare and Institutions Code Section 5150 **[37.V.D]**
- Recognize the documentation requirements pursuant to Welfare and Institutions Code Section 5151.2 **[37.V.E]**
- Students will participate in a learning activity that requires self-assessment to determine their own level of experience with, and awareness of people with disabilities (Mental Illness). **[37.VI.A]**
- The learning activity should provide the student with an opportunity to determine their current level of experience interacting with people with disabilities (Mental Illness). **[37.VI.A.1]**
- The learning activity should serve as a starting point for an instructor-facilitated discussion which addresses fears, myths, stigma, discrimination, bias, cultural factors, media impact and stereotypes concerning contact with people with disabilities (Mental Illness). **[37.VI.A.2]**
- The student will participate in an instructor-led discussion evaluating POST-provided video re-enactments depicting law enforcement contacts with people with mental illness, or an equivalent simulation, scenario or video representation provided by the presenter **[37.VI.D]** that address the following topics: Any positive or negative behaviors demonstrated by contacting officer(s) **[37.VI.D.1]**, Perception to the person with disabilities being contacted **[37.VI.D.2]**, Presence or absence of stigma **[37.VI.D.3]**, Use

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of effective verbal/non-verbal communication skills [37.VI.D.4], Use of problem solving skills to enhance an officer’s efforts to appropriately resolve issues [37.VI.D.5], Tactical safety measures employed by the responding officer(s), if applicable[37.VI.D.6], Legality of the contact and subsequent actions of the contacting officer(s) [37.VI.D.7], and consideration of cultural group history, customs, religious conventions, core values, or other perceptions material to the content[37.VI.D.8]

**Session Time: 3 hours**

<p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Classroom with tables</li> <li>• Whiteboard and Dry-Erase Markers</li> <li>• Laptop for Facilitator with PowerPoint</li> <li>• Projector and Speakers</li> <li>• Handouts: LD #37 POST Workbook, “Assessing My Own Awareness and Experiences – II” worksheet, LD #37 Mental Illness Reference Guide, 2019 LAPD Manual 4/217.36, 4/260.20, 4/260.25, SO #18 September 2011, SO #10 May 17, 2011, SO #6, March 16, 2016, Blank MH302 Forms</li> <li>• Props: Brown paper bag(s), Mental Illness Statement Index Cards 1-6, (4) Blue Placards: Tactical Actions, Behaviors, General and Specific Guidelines for Communication,</li> <li>• Videos: Families and Law Enforcement: Mental Illness – Part 1: “Hear Our Stories”, (6) LD #37 Mental Illness Vignettes</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Session Summary:</b> The recruit officer will recognize behaviors/ indicators associated with mental illness by means of facilitation, case studies, videos, learning activities, handouts, and class discussion.</li> </ul>	
Outline	Instructor Notes
<p>I. MENTAL ILLNESSES</p> <p>A. <b>Learning Activity #1:</b> “Assessing My Own Awareness and Experiences -II” worksheet [37.VI.A.1-2]</p> <ol style="list-style-type: none"> <li>1. Students will participate in a learning activity that requires self-assessment to determine their own level of experience with, and awareness of people with disabilities (Mental Illness). [37.VI.A] <ol style="list-style-type: none"> <li>a. The learning activity should provide the student with an opportunity to determine their current level of experience interacting with people with disabilities (Mental Illness). [37.VI.A.1]</li> <li>b. The learning activity should serve as a starting point for an instructor-facilitated discussion which addresses fears, myths, stigma, discrimination, bias, cultural factors, media impact and stereotypes concerning contact with people with disabilities (Mental Illness). [37.VI.A.2]</li> <li>c. Purpose: The students will assess their awareness and experiences with people with disabilities (Mental Illness).</li> <li>d. Procedures: Large Group Activity (5 Min)</li> </ol> </li> </ol>	<p><b>Learning Activity #1:</b> “Assessing My Own Awareness and Experiences -II” worksheet [37.VI.A.1] [37.VI.A.2]</p>



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<p>2. Major types of thought disorders are schizophrenia and delusions</p> <p>b. Mood disorders including depression and bipolar <b>[37.IV.B.2]</b></p> <ol style="list-style-type: none"><li>1. Disorder that affects a person's mood</li><li>2. Can be marked by periods of extreme sadness (depression) or excitement (mania)</li></ol> <p>C. Anxiety related disorders <b>[37.IV.B.3]</b></p> <ol style="list-style-type: none"><li>1) Short-Term Anxiety Disorders<ol style="list-style-type: none"><li>a) Acute Stress Disorder</li><li>b) Adjustment disorder with anxious features</li><li>c) Substance-induced anxiety disorder</li></ol></li><li>2. Long-Term Anxiety Disorders<ol style="list-style-type: none"><li>a) Agoraphobia</li><li>b) Anxiety due to a general medical condition</li><li>c) Generalized anxiety disorder (GAD)</li><li>d) Obsessive-compulsive disorder (OCD)</li><li>e) Panic Disorder</li><li>f) Post-Traumatic stress disorder (PTSD) <b>[37.IV.B.4]</b><ol style="list-style-type: none"><li>(1) Is an anxiety disorder that can develop after exposure to a traumatic event or ordeal in which grave physical harm occurred or was threatened to the individual or someone close to them?</li><li>(2) Symptoms can include dreams and nightmares about the incident, flashbacks, hyper-arousal, distress caused by reminders of the event, survivor's guilt, hyper-vigilance, emotional numbing, exaggerated, startled response (usually to loud noises),</li><li>(3) Anyone who has gone through a life-threatening event can develop PTSD. These events can include:<ol style="list-style-type: none"><li>i Combat or military exposure</li><li>ii Child sexual or physical abuse</li><li>iii Terrorist attacks</li><li>iv Sexual or physical assaults</li><li>v Serious accidents, such as a car wreck</li><li>vi Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake</li></ol></li></ol></li></ol></li></ol> <ol style="list-style-type: none"><li>1. Social phobia, also referred to as Social Anxiety Disorder</li><li>2. Specific phobia (also known as a simple phobia)</li></ol> <p>D. Co-occurring dual diagnosis disorders <b>[37.IV.B.5]</b></p> <ol style="list-style-type: none"><li>1. People who have substance use disorders as well as mental health disorders are diagnosed as having <b>Co-Occurring</b> disorders, or <b>dual</b> disorders.</li><li>2. This is also sometimes called a <b>dual diagnosis</b>. Substance use disorder. A substance use disorder includes; alcohol or drug abuse.</li></ol>	
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<p>3. Expectation of Officers</p> <ul style="list-style-type: none"><li>a. Officers are not expected to diagnose specific mental illnesses, but rather recognize general behaviors of mental illnesses so that the appropriate action can be taken.</li></ul> <p>E. Recognize behavioral indicators that may be generally associated with people affected by mental illness <b>[37.IV.D]</b></p> <ul style="list-style-type: none"><li>1. Behaviors associated with a mental illness will depend on the severity of the condition.</li><li>2. Generally, the behavior and mood of the person are inappropriate to the setting and tend to be inflexible and impulsive.</li></ul> <p>II. <b>LEARNING ACTIVITY # 2:</b> Video – Families and Law Enforcement: Mental Illness - Part 1: “Hear Our Stories”</p> <p>A. Synopsis: This video depicts several people who are mentally ill, discuss their previous interaction with law enforcement as well as what they experience when having an episode of a mental break.</p> <ul style="list-style-type: none"><li>1. Procedures: Large group discussion. Lead the class in a discussion covering some of the concerns expressed in the video, strategies that can be used by officers to help them have effective interaction with a person who is mentally ill and how people with mental illness want to be treated.</li><li>2. Debrief Points:<ul style="list-style-type: none"><li>a. What were some things that were mentioned for officers to keep in mind when interacting with a person who is mentally ill?</li><li>b. unable to function quickly</li><li>c. when they feel cornered, they will lash out</li><li>d. scared</li><li>e. experience flashbacks</li><li>f. cannot handle crowds of people</li></ul></li><li>3. What were some of the strategies that were mentioned that could help officers have an effective law enforcement interaction?<ul style="list-style-type: none"><li>a. Patience by the officers</li><li>b. Speak slowly</li><li>c. Show a calm demeanor</li><li>d. Speak quietly, firmly in a non-threatening manner</li><li>e. How did they want to be treated?</li><li>f. Like everyone else</li><li>g. With dignity and respect</li><li>h. Keep the illness separate from the person</li></ul></li></ul>	<p><b>LEARNING ACTIVITY #2: Video – Families and Law Enforcement: Mental Illness - Part 1: “Hear Our Stories”</b></p>
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<p><b>B. LEARNING ACTIVITY #3: Role Play</b></p> <ol style="list-style-type: none"><li>1. Purpose: To show the recruit officer how difficult it can be for an individual who is mentally ill to process and respond to directions given to them in a stressful situation. It will also show what it is like for an officer to attempt to communicate with a person showing signs of mental illness.</li><li>2. Procedures: Small group activity</li><li>3. ASK for a recruit to volunteer who considers themselves to be detail oriented.<ol style="list-style-type: none"><li>a. Have the recruit stand in the back of the class facing forward.</li><li>b. Give the recruit the index card with the <i>number one</i> on it and tell them to follow the directions on the card when directed to do so.</li></ol></li><li>4. SELECT 5 recruits to stand around the first recruit selected.<ol style="list-style-type: none"><li>a. Distribute one index card (<i>numbered 2 through 6</i>) to each one of these recruits and tell them to follow the directions on their card when told to do so.</li><li>b. Advise the recruits not to scream into the ear of the first recruit.</li></ol></li><li>5. ADVISE the recruit with index card <i>number 2</i> to stand approximately 10 feet in front of the first recruit selected and follow the directions on the card when directed to do so.</li><li>6. DEBRIEF Points:</li><li>7. Ask the recruit with index card <i>number one</i> what did he/she feel when trying to follow the directions being given? Expected responses:<ol style="list-style-type: none"><li>a. Unable to focus on directions being given</li><li>b. Frustrated</li><li>c. overwhelmed</li><li>d. feeling of pressure</li></ol></li><li>8. Ask the recruit with index card number two how he/she felt when attempting to communicate with a mentally ill person? Expected responses:<ol style="list-style-type: none"><li>a. frustrated</li><li>b. found it difficult to find appropriate way to communicate</li><li>c. nervous</li></ol></li></ol> <p><b>III. LECTURE: Welfare and Institution Code Section 5150</b></p> <p>A. Opening</p> <ol style="list-style-type: none"><li>1. In this section, we will be covering requirements for a 5150 WIC detention, the rights of the person being detained, and alternative methods for treatment and evaluation, if 5150 WIC detention is not an appropriate option.<ol style="list-style-type: none"><li>1. Recognize the causes and nature of mental illness</li></ol></li></ol> <p style="text-align: center;"><b>[37.IV.C]</b></p>	<p><b>LEARNING ACTIVITY #3: Role Play</b></p>
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2. Recognize Behavioral indicators may be generally associated with people affected by a mental illness  
**[37.IV.D]**
  3. Recognize appropriate peace officer response(s) and methods of communication when responding to a call involving a person with a mental illness  
**[37.IV.E]**
  4. Explain the intent of the Lanterman-Petris-Short Act (Welfare and Institutions Code section 5150)  
**[37.V.A]**
  5. Recognize behavioral indicators peace officers may use to help determine if a person affected by mental illness is a danger to others, or himself or herself, or gravely disabled **[37.V.C]**
- B. Lanterman-Petris-Short (LPS) Act **[37.V.A]**
1. Enacted in 1968
  2. Reformed commitment laws pertaining to mental health treatment
  3. Individuals with mental disorders are entitled to basic federal and constitutional rights
  4. Provided a safeguard through judicial review after the initial 72-hour involuntary commitment into an approved mental health facility.
  5. Intended to balance the rights of the community with the rights of a person to freedom and due process.
  6. Commitment and emergency involuntary detention constitutes a serious deprivation of personal liberty
    - a. Thus, officers need to follow guidelines set by the LPS Act.
- C. DEFINITION: Under Section 5150 of the Welfare and Institutions Code (WIC),
- D. Recognize the authority of peace officers to take a person into custody pursuant to Welfare and Institutions Code Section 5150 **[37.V.B]**
1. A police officer may detain a person for transportation to a designated mental health facility for a 72-hour hold if the police officer has probable cause to believe that the person, due to a mental illness is:
    - a. A danger to self or
    - b. A danger to others or
    - c. Gravely disabled
      - 1) Unable to provide for own needs including food, clothing and shelter
  2. A combination of one or more of the above constitutes a condition warranting treatment and evaluation if the behavior is due to a mental illness.

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3. A doctor may release the subject prior to the 72-hour limit based on the behavior of the subject at the mental health facility.
    - a. This is important to understand so that the officers can inform the family that there is a possibility of early release.
  4. Two-prong test for determining whether person meets criteria for detention under the authority of 5150 WIC:
    - a. Is the person exhibiting any signs of mental illness? If yes...
    - b. Is the mental illness causing the person to be a danger to themselves, others, or gravely disabled?
      - 1) If yes, then detain under the authority of 5150 WIC.
      - 2) If no, then provide appropriate referral based upon what the person needs
        - homeless shelter
        - mental health clinic
        - group home for mentally ill
        - personal residence
- E. GROUP DISCUSSION: Applying 5150 Welfare and Institutions Code
1. Purpose: To allow officers an opportunity to articulate their understanding of the application of 5150 WIC.
  2. Procedures: Large group discussion[37.V.C]
  3. Discuss a police officer's ability to recognize indicators that an individual is exhibiting behaviors that indicate they are a danger to self, danger to others or gravely disabled.
  4. Ask the class to give examples of the following. Use the examples below if needed for clarification.
    - a. Person *is not* mentally ill but is a danger to self or others
      - 1) Example: Teenager running in and out of traffic causing cars to brake and swerve. When asked about his behavior, the teen states, "I saw it in a movie and it looked fun."
    - b. Person *is* mentally ill but *is not* a danger to self, others or gravely disabled
      - 1) Example: An individual is sitting on a bus bench having a conversation with Elvis Presley. The person is clean and well nourished. (Delusions)
    - c. Person *is* mentally ill and is a danger to themselves
      - 1) Example: Officers receive a radio call of a 415 woman. When officers arrive at the location, they see a woman who is screaming at a man. The officers recognize the man as the leader of the local gang. The



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woman is attempting to pull the man's pants off. When the officers ask the woman what she is doing, she tells them that the voices are telling her to take back her special color of red off the man.

- d. Person *is* gravely disabled due to a mental illness.
  - 1) Example: Woman wearing clothes that are somewhat dirty, who states that food and water would allow the devil to take over her soul.

- E. **LECTURE:** Rights of Persons Detained Under 5150 WIC
  - 1. DISTRIBUTE Handout the blank Application for 72 Hour Detention for Evaluation and Treatment.
  - 2. 5150 WIC Clauses; Recognize the rights of individuals who have been taken into custody, pursuant to Welfare and Institutions Code Section **[37.V.D]**
    - a. Safeguarding of Legal Rights
    - b. Per the LPS Act, officers must advise an individual detained under 5150 WIC of the following:
      - 1) Officer's name
      - 2) Agency
      - 3) Reason the person is being detained
    - c. If detained at residence, inform the person of:
      - 1) Personal items that may be brought to the detention facility
      - 2) Right to a telephone call
      - 3) Right to leave a note to family/friends
  - 3. Documentation of Probable Cause to Detain  
Recognize the documentation requirements pursuant to Welfare and Institutions Code Section 5150.2 **[37.V.E]**
    - a. The LPS Act requires an application in writing on a standardized form (the 72-Hour Detention for Evaluation and Treatment ~ MH302)
      - 1) Must articulate the circumstances upon which the person's condition was called/brought to the attention of the officer (i.e., a radio call, observation, citizen flag down)
      - 2) The danger in these statutes must be specific.
        - a) People with mental illness cannot be detained involuntarily due to vague, ambiguous or potentially dangerous behavior.
    - b. ASK the class: What are the ramifications to the officer and the Department if the reports are inaccurate?  
Expected responses:
      - 1) Personal/ civil liability

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- 2) Departmental liability
- 3) Loss of community trust
- c. ASK the class: If you detain someone under 5150 W/C who does not meet the criteria, have you committed a violation of the 4<sup>th</sup> Amendment? (117e)  
Expected response:
  - 1) Yes.
- d. Behaviors must be shown to be the result of a mental illness and not merely the result of a lifestyle or attitude choice including chronic alcoholism and related delirium tremens ("the DTs").
- 4. Safeguarding of personal property
  - a. Section 5156 WIC requires the person detaining an individual under 5150 WIC to take reasonable precautions to preserve and safeguard the individual's personal property and provide the court with a report describing this property and its disposition.
    - 1) LAPD Policy and Procedures for Detainment
  - b. REFER TO HANDOUT: Whenever an individual is detained under 5150 WIC, officers *shall* search and handcuff the individual and double lock the handcuffs. **(LAPD Manual 4/217.36)**
  - a. Officers shall NOT use plastic cuffs to secure a mentally ill individual.
- 5. When the only reason for detention is the person's suspected mental illness, MEU shall be contacted prior to transporting an apparently mentally ill person to any health facility or hospital.

**Exception:** In those situations where the subject is injured and requires immediate medical attention, MEU shall be contacted after the subject is transported to an appropriate medical facility.

- 6. Officers should complete a field interview (F.I.) card
- 7. Conduct a warrant check on subject
  - a. Advise Mental Evaluation Unit (MEU) of any warrants or crimes the subject has committed. **(LAPD Manual 4/260.20)**
  - b. If the subject has committed a high-grade misdemeanor (petty theft, dangerous weapons violation, indecent exposure, child molesting, contributing to, lewd conduct or any sex crime) or has committed a felony crime, or has a felony warrant, they are usually not eligible for 5150 WIC detention (MEU will advise)
  - c. If advised by MEU to book on charges, notify Watch Commander at location where subject is booked of the mental status of subject

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8. Check NECS System to see if subject has firearms registered to their name (Automated Firearms System ~AFS) and if subject is a prohibited possessor (Mental Health Firearms Prohibition System MHFPS)
  - a. any person who has previously been detained under the authority of 5150 WIC or a person described in 8100 WIC or 8103 (a)(1) is prohibited from owning, controlling or possessing a firearm or illegal weapon listed in the penal code.
  - b. crime if in possession ~ book for felony under the authority of 8103 (f)(1) WIC~ (MEU will advise)
9. Obtain incident number of radio call from MDC
10. Contact Mental Evaluation Unit (MEU) at 213-996-1300
  - a. MEU has final approval for detentions under 5150 WIC
  - b. they will advise officers what mental health hospital to take mentally ill person to
  - c. Los Angeles County has three Mental Health Facilities for 72-hour detention and evaluation under 5150 WIC:
    - 1) OCB at Los Angeles County-U.S.C. Psychiatric Hospital
    - 2) OVB at Olive View Hospital
    - 3) OWB and OSB at Harbor-UCLA Hospital
11. If available, MEU will dispatch a System Wide Mental Assessment Response Team (SMART) to the officer's location and handle the transportation and paperwork of that individual
  - a. SMART is comprised of an officer and a trained mental health professional
12. Complete Application for 72 Hour Detention for Evaluation and Treatment (MH302) and forward one copy to MEU and leave original at the mental health facility
13. Section 8102 WIC requires law enforcement agencies to confiscate any firearms or illegal weapons listed in the penal code in the possession, control of, or assessable to a subject detained for 5150 WIC or described in 8100 WIC or 8103 (a)(1) WIC.
  - a. Officers shall book weapon as evidence (**LAPD Manual 4/260.25**)
  - b. Officers shall issue subject a Weapons Confiscation Receipt Form 10.10.1 when a weapon is confiscated and forward a copy to MEU. (**LAPD Manual 4/260.25**)
  - c. Officers having probable cause to believe that the detained subject owns, possesses, or has access to a firearm or other deadly weapons shall, when possible, obtain consent to search for the weapon(s). If consent is denied, or officers believe

**LAPD Policy- LD 37  
handout**

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the subject is incapable of providing an informed consent for a search, officers shall be guided by the advice of M.E.U.

- d. Officers shall contact MEU for guidance prior to releasing a confiscated firearm or weapon to a person with mental illness.
14. Officers shall request an ambulance to transport persons with mental illness only if the person is violent and requires restraint to the extent that he or she must be transported in a recumbent position or, if the person is injured or physically ill and needs immediate medical attention.

**NOTE:** LAFD personnel cannot refuse a request for transportation related to this issue. Contact a supervisor if needed to resolve matter.

15. FACILITATED DISCUSSION: Alternatives to Detention
- a. Opening – Lead a discussion covering alternatives to detention under 5150 WIC to assist a person with mental illness. Ensure the following department policies and points are covered.
16. Provide medical attention
- a. First concern after controlling a situation is rendering or obtaining urgent medical care
  - b. When a person with a mental illness is transported by ambulance, at least one officer shall ride in the ambulance with the person.  
**(LAPD Manual 4/260.46)**
  - c. Final disposition for detention and evaluation or other resolution can be made after medical care is rendered
17. Referral to mental health services
- a. Discuss the referral process and the state/local resources available to people with mental illness  
**[37.IV.F]**
  - b. Identify appropriate resolution options **[37.IV.G]**
  - c. Individuals in need of treatment but who do not meet the criteria for a 5150 WIC detention can be referred to available mental health services
18. Report to child protective services
- a. Police officers are required by law to report conditions of child abuse/ endangerment to local child protective agencies, i.e. bipolar disorders
19. Appropriate social service referrals
- a. Based on officer discretion and available resources, consider making a referral to an appropriate social service agency
  - b. Shelters, food banks, unemployment office, etc.
20. No action required

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- a. Some situations do not fall under any of the above categories, but department policy mandates that officers shall always contact MEU when you have any contact with a person who is mentally ill.

**III. LEARNING ACTIVITY # 4- Effective Communication/Tactical Considerations:**

- A. Purpose: To have recruits create lists of general guidelines for effective communication, specific questions to ask to determine a person's mental status and tactical issues to be aware of when dealing with a person who is mentally ill.
  - 1. Procedure: Small Group Activity
  - 2. DIVIDE the class into the 4 groups they will be in during small group rotations
  - 3. ADVISE recruits that they will spend 3 minutes at each station and rotate to the next table when time is called.
  - 4. TELL recruits that when they are at each station, they are to utilize their LD #37 POST Workbook, Mental Illness Reference Documents and information they have learned from other LD's to develop their lists.
  - 5. ADVISE the recruits that they will utilize their list in the next activity.

**CARD #1** List behaviors that would indicate that a person is mentally ill.

- 1. Hallucinations
  - a. Definition
    - 1) A false perception experienced through any one of the five senses
  - b. The most common hallucinations involve hearing voices (auditory) or seeing things (visual).
  - c. The most dangerous are command hallucinations
- 2. Delusions
  - a. Definition
    - 1) Persistent false beliefs that the person is being persecuted attacked, harassed, cheated, or conspired against.
  - b. Can also be false belief in one's own self-importance
    - 1) i.e., Believing to be the devil or Jesus Christ
- 3. Disorganized Speech Patterns
  - a. Definition
    - 1) Inability to concentrate or to make logical thought connections, which is often reflected in the speech of the person.
  - b. Speech may be incoherent, repetitive or be a rapid flow of unrelated thoughts.
- 4. Depression
  - a. Definition

**LEARNING  
ACTIVITY #4-  
Effective  
Communication/Tac  
tical  
Considerations:**

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- 1) An emotional state characterized by hopelessness, apprehension or extreme dejection.
  - b. Individuals may have little energy and have thoughts of death or suicide.
  - c. Clinical depression is the most common of the mood disorders and is usually recurring, often many times in a person's lifetime.
  - d. Postpartum psychosis is a severe depression experienced by one in every 1,000 women after giving birth.
  - e. It is not the same as a milder form of depression some women experience after giving birth, referred to as baby blues.
5. Excitability
- a. Definition
    - 1) A period during which an individual has excessive energy, feels no pain or believes he/she requires little or no sleep.
    - 2) Affects those affected by bipolar disorder
  - b. Symptoms may appear like those of a person on stimulants.
6. Impaired Self-Care
- a. Definition
    - 1) Inability to feed, clothe or shelter self, due to a mental disorder.
7. Thoughts of Death and/or Suicide
- a. Definition
    - 1) A mental state that looks to suicide as a possible way out of current situations
  - b. Causes (may be a combination of the following)
    - 1) Current stresses
    - 2) Interpersonal crisis
    - 3) Self-devaluation
    - 4) Loss of hope
  - c. Threats, suggestions, or attempts of suicide should always be taken seriously even though the person may deny intent.
  - d. The person may or may not demonstrate any other symptoms.
8. Bizarre/Impulsive/Erratic Behavior
- a. May include head banging, self-mutilation, inappropriate nudity or sexual behavior, directing or lying down in traffic, or rigid and unusual postures.
9. Disorientation
- a. Definition
    - 1) Lack of awareness of time, place or identity of self or others.

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**CARD #2** List appropriate tactical actions officers should take when interacting with a person exhibiting signs of mental illness.

1. Officers must make difficult decisions when they encounter a person who is mentally ill.
2. Persons affected by mental illness can be unpredictable and sometimes be violent.
3. Never compromise your safety or the safety of others when dealing with individuals displaying a mental disorder.
4. Not all persons with mental illness are violent
  - a. Some can be calm and then become extremely agitated very quickly.
5. Indicators an officer can use in determining danger:
  - a. The availability of weapons to the person
  - b. Statements made of a violent or dangerous act
  - c. History of prior violent behavior
  - d. Signs of violence as the officer arrives
  - e. The amount of self-control being exhibited
  - f. Begging to be left alone
6. Have a plan:
  - a. Prior identification of contact and cover officers
    - 1) be flexible
  - b. Request backup and any other appropriate resources
    - 1) Supervisor, “Code Tom”, “Code Robert”, fire department
    - 2) move slowly
    - 3) reduce distractions such as lights, sirens, crowds
    - 4) if possible, explain intended actions
    - 5) give person time to calm down
  - c. Recognize threats to officer safety
    - 1) Knives, guns or other weapons
    - 2) hands visible?
  - d. Obtain and maintain cover/ concealment /safe distance once the threat has been recognized
  - e. Drawing of firearms for reasonable belief that the need for the use of deadly force may be necessary.
  - f. Cover officer maintains cover and keeps firearm trained on subject if a weapon is involved

**CARD #3** List general guidelines when communicating with a person showing signs of mental illness.

1. Attempt to build rapport
2. Speak slowly
3. Stay calm
4. Acknowledge they appear to be upset

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5. State that you are there to help
6. Keep sentences short
7. Do not make threats
8. Do not argue with the person
9. Be truthful don't lie
10. Allow time for the person to consider questions and be prepared to repeat them
11. Be patient

**CARD #4** List specific questions you would ask to determine if a person is mentally ill and a danger to self, or a danger to others or gravely disabled.

1. What is your name?
2. Where are you right now?
3. What date/day/time is it? (this question is often asked; however, it is not uncommon for people without mental illness to be unsure of the day of the week or the date)
4. When did you eat last? What did you eat? Where did you eat?
5. When did you last sleep? For how long? Where did you sleep?
6. What are your plans? What are you going to do now?
7. Are you hearing voices? What are they saying? Have you heard voices before? If yes, what did you hear?
8. Are you seeing something now? What are you seeing? Have you seen this same thing/these same things before? When?
9. Are you having thoughts of killing yourself? How? When? Where? Why? Do you have a plan? Have you tried to kill yourself before? If yes, ask the same how, when, where, why questions.
10. Are you having thoughts of hurting someone? If yes, who? How do you know them?
11. Are you taking medication? What kind? Why? Have you taken it today? When?
12. What happens if you don't take your medication?
13. Why have you stopped taking your medication?
14. Do you see a doctor? Who? When did you last see them? Why are you seeing them?
15. Have you been in a hospital because of your illness? Where? When? What happened when you were there the last time?
16. Are you taking any other drugs? Have you had anything today? If yes, what did you take? When?
17. Do you drink alcohol? Have you had anything today? When? How much did you drink?
18. You seem upset, (sad, angry, agitated, depressed...). I'm concerned about you. What's bothering you? What's going on today? What can I do to help?
19. Do you have any family we can talk to? Friends?

**LEARNING  
ACTIVITY #5:  
Complete a MH302  
Form**



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**IV. LEARNING ACTIVITY # 5: Complete a MH302 Form [37.VI.D.1-8]**

- A. Purpose: To allow students the opportunity to utilize information developed from the last learning activity to evaluate the officer's actions in the vignettes.
1. Procedures: Small group activity
  2. ASSIGN each group a video from LD #37 Mental Illness Vignettes.
  3. DISTRIBUTE one debrief questions sheet to each group.
  4. INSTRUCT the students to select a spokesperson from their group who will present the groups video (play video clip) and answers to the debrief questions to the entire class.
  5. INFORM students that they are to watch their assigned video and answer the debrief questions. Accomplish this in a "brain storming" fashion.
  6. DISTRIBUTE each student a blank Application For 72 Hour Detention for Evaluation and Treatment form and have each student complete form based upon their groups video.
  7. ADVISE each group to spread out in the classroom so they can hear the dialogue in their video clip.
  8. ADVISE the class that whatever group(s) do not get an opportunity to present their video, they will complete their presentation on the first day of small group rotations.
  9. GIVE each group 20 minute to work through the debrief questions and complete their individual MH302 forms.

**V. Video # 2 Lynn Police Department "Bridge"**

Officers receive a radio call of ADW just occurred at a car dealership. Suspect left location on a bicycle and is carrying a butcher knife headed over the bridge.

- A. Where there any signs or indications that the subject was mentally ill?
1. subject bringing knife to his chest
  2. making statements: "shoot me" (suicide by cop)
  3. making furtive movements towards officers with knife in threatening position.
- B. Identify any tactical concerns you have regarding the officers' actions in handling this radio call.
1. first two officers being in between the railing and their police vehicle
  2. proximity of suspect to officers
  3. officers covering each other with their weapons
  4. not stopping opposing traffic
  5. police vehicles speed when passing other officers
  6. officer getting close to suspect to hit him with an asp
  7. officer using police vehicle to pin suspect between police car and railing exposing driver officer to danger

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<p>8. officer entering area where suspect had been cornered</p> <p>9. no request for Taser, bean bag or air ship</p> <p>C. Was the communication the officer used effective? Why? Why not?</p> <ol style="list-style-type: none"><li>1. No. The officer's spoke quickly and repeated the same statements (stop and drop, drop the knife, you are holding up traffic, get down)</li><li>2. officer seemed nervous and un-sure of what to say</li><li>3. no attempt at building rapport</li><li>4. did not ask simple questions</li><li>5. did not reassure suspect that they were there to help</li><li>6. did not reduce distractions</li></ol> <p>D. Based on LAPD's policy, would you detain the subject under 5150 WIC or arrest for ADW?</p> <ol style="list-style-type: none"><li>1. arrest for ADW (LAPD Manual 4/260.20)</li></ol> <p><b>VI. Video # 3 Pierce County "Mini Van"</b></p> <p>A. Officers receive a radio call of a woman threatening to commit suicide. PR (husband) is at a different location stating his wife has taken anti-depressant medication and is armed with a knife. She has tried this before in the past and this is the second time out here today. Citizen is trying to hold her there.</p> <ol style="list-style-type: none"><li>1. Based on information received in the radio call, what resources would you request prior to your arrival at scene?<ol style="list-style-type: none"><li>a. request taser, bean bag, supervisor, assistance</li><li>b. develop a tactical plan</li><li>c. discuss implications of subject taking anti-depressant medication</li></ol></li><li>2. Identify any tactical concerns you have regarding the officers' actions in handling this radio call.<ol style="list-style-type: none"><li>a. lack of communication between officer on driver and passenger side of vehicle (calling out knife on seat)</li><li>b. officer placing himself in harm's way to put on emergency brake in subject's vehicle</li><li>c. not clearing the citizen from the scene</li><li>d. officers engaging in a "tug of war" with the subject</li><li>e. tackle from behind as other officer was drawing his weapon: crossfire</li></ol></li><li>3. What communication skills could the officer use to deescalate the situation?<ol style="list-style-type: none"><li>a. clear away all distractions (citizen)</li><li>b. attempt to get subjects name</li><li>c. give his name</li><li>d. stay calm</li><li>e. be patient</li><li>f. speak in a calm tone of voice</li><li>g. slow down</li></ol></li></ol>	
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- h. listen to what subject's concerns are: "you lied to me" and follow up with appropriate question
- i. ask subject what is going on and what can he do to help
- j. reassure her he is there to help

**VII. Video # 6 LAPD "Gang Banger"**

A. Officers are at the scene of a man threatening to kill himself who is armed with a knife. Officers request Code-Sam at their location.

1. Were the communication techniques used by the officers effective in de-escalating the situation? Explain.
2. Identify any tactical concerns you have regarding the officers' actions in handling this radio call.
  1. not being able to see subject's hands
  2. officers leaving their cover prematurely and exposing themselves when taking subject into custody who has not been searched
  3. several officers stacked behind police car doors is not advisable
  4. multiple officers talking/ giving directions to subject at same time  
can cause confusion for the subject
2. Would you for 5150 WIC detention? Yes. Explain.

**VIII. Video # 7 "Anchorage Police Department"**

A. Officers receive a radio call of a disturbance involving a man arguing with his family threatening to shoot himself with a gun. PR states that the gun has been taken away from the subject and hidden inside of the house where the subject is. There are additional units enroute.

B. What additional questions would you ask the PR regarding this subject?

1. Is there a history of mental illness?
2. Has he previously been hospitalized for his mental illness?
3. Is he currently seeing a doctor? Previously seen a doctor?
4. Type of medication taken?
5. Has he acted dangerously towards themselves or others?
6. Has he neglected his personal care?
7. Has he experienced a traumatic event recently?
8. Are there any other firearms/weapons in the home?

C. Based on LAPD policy what action should the officers take regarding the firearm that was recovered?

- a. complete a field interview card
- b. conduct a want and warrant check
- c. check NECS (AFS) and (MHFPS)
- d. determine if crime has been committed

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<p>e. obtain incident number from radio call f. contact MEU for advice and approval of detention g. complete MH302 form and detention advisement h. give subject a “Receipt and Notice of Rights for Confiscated Firearms/Other Deadly Weapons” i. give subject a “Receipt for Property Taken into Custody” j. explain to subject the procedures for regaining control of his firearm</p> <p><b>IX. Video # 8 “In Harm’s Way ~ Man on Bridge”</b></p> <p>A. An officer is on patrol and sees a man standing on the railing of a bridge pacing back and forth. The officer stops and investigates.</p> <p>B. Did the officer use effective communication with the subject? Yes. Explain.</p> <ol style="list-style-type: none"><li>1. gave his name to subject</li><li>2. asked subject his name</li><li>3. was patient and repeated himself when necessary</li><li>4. paused and gave subject time to process and respond to officer’s questions</li><li>5. used calm and reassuring tone of voice</li><li>6. asked subject for permission</li><li>7. told subject he cared and was concerned for his safety</li><li>8. asked subject what was wrong</li><li>9. tried to reassure subject of their worth</li><li>10. utilized L E A P S (listen, empathize, ask, paraphrase, summarize)</li></ol> <p>C. Would you detain this person under the authority of 5150 WIC? Explain. Yes</p> <p>D. Based on LAPD policy, what notifications would you make and why?</p> <p>E. Call MEU Any contact with a mentally ill person, regardless of outcome, MEU shall be contacted. <b>(SO, #10 5/17/2005)</b></p>	
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**Learning Activity # 1: “Assessing My Own Awareness and Experiences – II”**

- I. **LEARNING ACTIVITY #1:** “Assessing My Own Awareness and Experiences -II” worksheet [37.6A1-2]

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- A. Students will participate in a learning activity that requires self-assessment to determine their own level of experience with, and awareness of people with disabilities (Mental Illness).
- B. The learning activity should provide the student with an opportunity to determine their current level of experience interacting with people with disabilities (Mental Illness).
- C. The learning activity should serve as a starting point for an instructor-facilitated discussion which addresses fears, myths, stigma, discrimination, bias, cultural factors, media impact and stereotypes concerning contact with people with disabilities (Mental Illness).
  - 1. Purpose: The students will assess their awareness and experiences with people with disabilities (Mental Illness).
  - 2. Procedures: Large Group Activity (5 Min)
  - 3. Distribute: Worksheet: “Assessing My Own Awareness and Experiences -II”
  - 4. Give instructions
  - 5. Allow 5 Minutes to complete
  - 6. Instruct the recruits:
    - a) We’re going to start by looking at our own “Awareness and Experiences with People with Disabilities.”
    - b) On the worksheet, you will see 15 forms of myths or facts of people with disabilities.
    - c) Complete worksheet by placing a Circle around one answer (Myth or Fact) per question or statement.
    - d) Place a check by any that you have occurred to you or you’ve seen occur to others. You might check one item, all items, or none.
    - e) Think of your present and past life experiences.
    - f) There is no place for your name on this worksheet.
    - g) The purpose is not to collect data, but for you to determine your level of awareness and experience interacting with people with disabilities and to think about fears, myths stigmas, discrimination, bias, cultural factors, media impact and stereotypes concerning people with disabilities.
- D. Debrief: Discuss this exercise
  - 1) Ask: “Just judging by our group, how common are the experiences?”
  - 2) Instructor should pick two to three statements to review the Myths vs. Facts with the class.
  - 3) We will briefly discuss their answers and collect the worksheet.
  - 4) Advise the recruits to keep this exercise in mind as we go through the rest of the class.

**LEARNING ACTIVITY 2: Video – Families and Law Enforcement:**  
**Mental Illness - Part 1: “Hear Our Stories”**

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**I. LEARNING ACTIVITY:**

- A. Synopsis: This video depicts several people who are mentally ill, discuss their previous interaction with law enforcement as well as what they experience when having an episode of a mental break.
- B. Procedures: Large group discussion. Lead the class in a discussion covering some of the concerns expressed in the video, strategies that can be used by officers to help them have effective interaction with a person who is mentally ill and how people with mental illness want to be treated.
- C. Debrief Points:
  - 1. What were some things that were mentioned for officers to keep in mind when interacting with a person who is mentally ill?
    - a. unable to function quickly
    - b. when they feel cornered, they will lash out
    - c. scared
    - d. experience flashbacks
    - e. cannot handle crowds of people
  - 2. What were some of the strategies that were mentioned that could help officers have an effective law enforcement interaction?
    - a. Patience by the officers
    - b. Speak slowly
    - c. Show a calm demeanor
    - d. Speak quietly, firmly in a non-threatening manner
    - e. How did they want to be treated?
    - f. Like everyone else
    - g. With dignity and respect
    - h. Keep the illness separate from the person

**LEARNING ACTIVITY #3: Role Play**

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**I. LEARNING ACTIVITY #3: Role Play**

- A. Purpose: To show the recruit officer how difficult it can be for an individual who is mentally ill to process and respond to directions given to them in a stressful situation. It will also show what it is like for an officer to attempt to communicate with a person showing signs of mental illness.
- B. Procedures: Small group activity
- C. ASK for a recruit to volunteer who considers themselves to be detail oriented.
  - a. Have the recruit stand in the back of the class facing forward.
  - b. Give the recruit the index card with the *number one* on it and tell them to follow the directions on the card when directed to do so.
- D. SELECT 5 recruits to stand around the first recruit selected.
- E. Distribute one index card (*numbered 2 through 6*) to each one of these recruits and tell them to follow the directions on their card when told to do so.
  - a. Advise the recruits not to scream into the ear of the first recruit.
- F. ADVISE the recruit with index card *number 2* to stand approximately 10 feet in front of the first recruit selected and follow the directions on the card when directed to do so.
- G. DEBRIEF Points:

- 1. Ask the recruit with index card *number one* what did he/she feel when trying to follow the directions being given?

Expected responses:

- a. Unable to focus on directions being given
- b. Frustrated
- c. overwhelmed
- d. feeling of pressure

- 2. Ask the recruit with index card number two how he/she felt when attempting to communicate with a mentally ill person?

Expected responses:

- a. frustrated
- b. found it difficult to find appropriate way to communicate
- c. nervous

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**LEARNING ACTIVITY #4: Effective Communication/Tactical Considerations**

**I. LEARNING ACTIVITY #4**

- A. Purpose: To have recruits create lists of general guidelines for effective communication, specific questions to ask to determine a person's mental status and tactical issues to be aware of when dealing with a person who is mentally ill.
- B. Procedure: Small Group Activity
- C. DIVIDE the class into the 4 groups they will be in during small group rotations
- D. ADVISE recruits that they will spend 3 minutes at each station and rotate to the next table when time is called.
- E. TELL recruits that when they are at each station, they are to utilize their LD #37 POST Workbook, Mental Illness Reference Documents and information they have learned from other LD's to develop their lists.
- F. ADVISE the recruits that they will utilize their list in the next activity.

**CARD #1** List behaviors that would indicate that a person is mentally ill.

- 1. Hallucinations
  - a. Definition
    - 2) A false perception experienced through any one of the five senses
  - b. The most common hallucinations involve hearing voices (auditory) or seeing things (visual).
  - c. The most dangerous are command hallucinations
- 2. Delusions
  - a. Definition
    - 1) Persistent false beliefs that the person is being persecuted attacked, harassed, cheated, or conspired against.
  - c. Can also be false belief in one's own self-importance
    - 1) i.e., Believing to be the devil or Jesus Christ
- 3. Disorganized Speech Patterns
  - a. Definition
    - 1) Inability to concentrate or to make logical thought connections, which is often reflected in the speech of the person.
  - b. Speech may be incoherent, repetitive or be a rapid flow of unrelated thoughts.
- 4. Depression
  - a. Definition
    - 1) An emotional state characterized by hopelessness, apprehension or extreme dejection.
  - b. Individuals may have little energy and have thoughts of death or suicide.



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- c. Clinical depression is the most common of the mood disorders and is usually recurring, often many times in a person's lifetime.
- d. Postpartum psychosis is a severe depression experienced by one in every 1,000 women after giving birth.
- e. It is not the same as a milder form of depression some women experience after giving birth, referred to as baby blues.
- 5. Excitability
  - a. Definition
    - 1) A period during which an individual has excessive energy, feels no pain or believes he/she requires little or no sleep.
    - 2) Affects those affected by bipolar disorder
  - c. Symptoms may appear like those of a person on stimulants.
- 6. Impaired Self-Care
  - g. Definition
    - 1) Inability to feed, clothe or shelter self, due to a mental disorder.
- 7. Thoughts of Death and/or Suicide
  - a. Definition
    - 1) A mental state that looks to suicide as a possible way out of current situations
  - b. Causes (may be a combination of the following)
    - 1) Current stresses
    - 2) Interpersonal crisis
    - 3) Self-devaluation
    - 4) Loss of hope
  - c. Threats, suggestions, or attempts of suicide should always be taken seriously even though the person may deny intent.
  - d. The person may or may not demonstrate any other symptoms.
- 8. Bizarre/Impulsive/Erratic Behavior
  - a. May include head banging, self-mutilation, inappropriate nudity or sexual behavior, directing or lying down in traffic, or rigid and unusual postures.
- 9. Disorientation
  - a. Definition
    - 1) Lack of awareness of time, place or identity of self or others.

**CARD #2** List appropriate tactical actions officers should take when interacting with a person exhibiting signs of mental illness.

1. Officers must make difficult decisions when they encounter a person who is mentally ill.
2. Persons affected by mental illness can be unpredictable and sometimes be violent.
3. Never compromise your safety or the safety of others when dealing with individuals displaying a mental disorder.
4. Not all persons with mental illness are violent
  - a. Some can be calm and then become extremely agitated very quickly.
5. Indicators an officer can use in determining danger:
  - a. The availability of weapons to the person

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- b. Statements made of a violent or dangerous act
  - c. History of prior violent behavior
  - d. Signs of violence as the officer arrives
  - e. The amount of self-control being exhibited
  - f. Begging to be left alone
6. Have a plan:
- a. Prior identification of contact and cover officers be flexible
  - b. Request backup and any other appropriate resources
    - 1) Supervisor, “Code Tom”, “Code Robert”, fire department
    - 2) Move slowly
    - 3) Reduce distractions such as lights, sirens, crowds
    - 4) If possible, explain intended actions
    - 5) give person time to calm down
  - c. Recognize threats to officer safety
    - 1) Knives, guns or other weapons
    - 2) Hands visible
  - d. Obtain and maintain cover/ concealment /safe distance once the threat has been recognized
  - e. Drawing of firearms for reasonable belief that the need for the use of deadly force may be necessary.
  - f. Cover officer maintains cover and keeps firearm trained on subject if a weapon is involved

**CARD #3** List general guidelines when communicating with a person showing signs of mental illness.

- 1. Attempt to build rapport
- 2. Speak slowly
- 3. Stay calm
- 4. Acknowledge they appear to be upset
- 5. State that you are there to help
- 6. Keep sentences short
- 7. Do not make threats
- 8. Do not argue with the person
- 9. Be truthful don't lie
- 10. Allow time for the person to consider questions and be prepared to repeat them
- 11. Be patient

**CARD #4** List specific questions you would ask to determine if a person is mentally ill and a danger to self, or a danger to others or gravely disabled.

- 1. What is your name?
- 2. Where are you right now?
- 3. What date/day/time is it? (this question is often asked; however, it is not uncommon for people without mental illness to be unsure of the day of the week or the date)
- 4. When did you eat last? What did you eat? Where did you eat?

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5. When did you last sleep? For how long? Where did you sleep?
6. What are your plans? What are you going to do now?
7. Are you hearing voices? What are they saying? Have you heard voices before? If yes, what did you hear?
8. Are you seeing something now? What are you seeing? Have you seen this same thing/these same things before? When?
9. Are you having thoughts of killing yourself? How? When? Where? Why? Do you have a plan? Have you tried to kill yourself before? If yes, ask the same how, when, where, why questions.
10. Are you having thoughts of hurting someone? If yes, who? How do you know them?
11. Are you taking medication? What kind? Why? Have you taken it today? When?
12. What happens if you don't take your medication?
13. Why have you stopped taking your medication?
14. Do you see a doctor? Who? When did you last see them? Why are you seeing them?
15. Have you been in a hospital because of your illness? Where? When? What happened when you were there the last time?
16. Are you taking any other drugs? Have you had anything today? If yes, what did you take? When?
17. Do you drink alcohol? Have you had anything today? When? How much did you drink?
18. You seem upset, (sad, angry, agitated, depressed...). I'm concerned about you. What's bothering you? What's going on today? What can I do to help?
19. Do you have any family we can talk to? Friends?

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**LEARNING ACTIVITY #5: Complete a MH302 Form**

- I. **LEARNING ACTIVITY #5:** Complete a MH302 Form [37.VI.D.1-8]
- A. Purpose: To allow students the opportunity to utilize information developed from the last learning activity to evaluate the officer's actions in the vignettes.
  - B. Procedures: Small group activity
  - C. ASSIGN each group a video from LD #37 Mental Illness Vignettes.
  - D. DISTRIBUTE one debrief questions sheet to each group.
  - E. INSTRUCT the students to select a spokesperson from their group who will present the groups video (play video clip) and answers to the debrief questions to the entire class.
  - F. INFORM students that they are to watch their assigned video and answer the debrief questions. Accomplish this in a "brain storming" fashion.
  - G. DISTRIBUTE each student a blank Application For 72 Hour Detention for Evaluation and Treatment form and have each student complete form based upon their groups video.
    - 1. ADVISE each group to spread out in the classroom so they can hear the dialogue in their video clip.
    - 2. ADVISE the class that whatever group(s) do not get an opportunity to present their video, they will complete their presentation on the first day of small group rotations.
    - 3. GIVE each group 20 minute to work through the debrief questions and complete their individual MH302 forms.

**Video # 2 Lynn Police Department "Bridge"**

Officers receive a radio call of ADW just occurred at a car dealership. Suspect left location on a bicycle and is carrying a butcher knife headed over the bridge.

- E. Where there any signs or indications that the subject was mentally ill?
  - 1. subject bringing knife to his chest
  - 2. making statements: "shoot me" (suicide by cop)
  - 3. making furtive movements towards officers with knife in threatening position
- F. Identify any tactical concerns you have regarding the officers' actions in handling this radio call.
  - 1. first two officers being in between the railing and their police vehicle
  - 2. proximity of suspect to officers
  - 3. officers covering each other with their weapons
  - 4. not stopping opposing traffic

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5. police vehicles speed when passing other officers
  6. officer getting close to suspect to hit him with an asp
  7. officer using police vehicle to pin suspect between police car and railing exposing driver officer to danger
  8. officer entering area where suspect had been cornered
  9. no request for Taser, bean bag or air ship
- G. Was the communication the officer used effective? Why? Why not?
1. No. The officer's spoke quickly and repeated the same statements (stop and drop, drop the knife, you are holding up traffic, get down)
  2. officer seemed nervous and un-sure of what to say
  3. no attempt at building rapport
  4. did not ask simple questions
  5. did not reassure suspect that they were there to help
  6. did not reduce distractions
- H. Based on LAPD's policy, would you detain the subject under 5150 WIC or arrest for ADW?
1. arrest for ADW (**LAPD Manual 4/260.20**)

**Video # 3 Pierce County "Mini Van"**

- B. Officers receive a radio call of a woman threatening to commit suicide. PR (husband) is at a different location stating his wife has taken anti-depressant medication and is armed with a knife. She has tried this before in the past and this is the second time out here today. Citizen is trying to hold her there.
4. Based on information received in the radio call, what resources would you request prior to your arrival at scene?
    - d. request taser, bean bag, supervisor, assistance
    - e. develop a tactical plan
    - f. discuss implications of subject taking anti-depressant medication
  5. Identify any tactical concerns you have regarding the officers' actions in handling this radio call.
    - f. lack of communication between officer on driver and passenger side of vehicle (calling out knife on seat)
    - g. officer placing himself in harm's way to put on emergency brake in subject's vehicle
    - h. not clearing the citizen from the scene
    - i. officers engaging in a "tug of war" with the subject
    - j. tackle from behind as other officer was drawing his weapon: crossfire
  6. What communication skills could the officer use to deescalate the situation?
    - k. clear away all distractions (citizen)
    - l. attempt to get subjects name
    - m. give his name
    - n. stay calm
    - o. be patient

**Event 10 – Quality of Life  
Session 17 –Mental Illness  
LD #37 – People with Disabilities**

- p. speak in a calm tone of voice
- q. slow down
- r. listen to what subject's concerns are: "you lied to me" and follow up with appropriate question
- s. ask subject what is going on and what can he do to help
- t. reassure her he is there to help

**Video # 6 LAPD "Gang Banger"**

- B. Officers are at the scene of a man threatening to kill himself who is armed with a knife. Officers request code Sam at their location.
  - 3. Were the communication techniques used by the officers effective in de-escalating the situation? Explain.
  - 4. Identify any tactical concerns you have regarding the officers' actions in handling this radio call.
    - 9. not being able to see subject's hands
    - 10. officers leaving their cover prematurely and exposing themselves when taking subject into custody who has not been searched
    - 11. several officers stacked behind police car doors is not advisable
    - 12. multiple officers talking/ giving directions to subject at same time can cause confusion for the subject
  - 3. Would you for 5150 WIC detention? Yes. Explain.

**Video # 7 "Anchorage Police Department"**

- D. Officers receive a radio call of a disturbance involving a man arguing with his family threatening to shoot himself with a gun. PR states that the gun has been taken away from the subject and hidden inside of the house where the subject is. There are additional units enroute.
- E. What additional questions would you ask the PR regarding this subject?
  - 1. is there a history of mental illness?
  - 2. has he previously been hospitalized for his mental illness
  - 3. is he currently seeing a doctor? previously seen a doctor?
  - 4. type of medication taken
  - 5. has he acted dangerously towards themselves or others?
  - 6. has he neglected his personal care?
  - 7. has he experienced a traumatic event recently?
  - 8. are there any other firearms/weapons in the home?
- F. Based on LAPD policy what action should the officers take regarding the firearm that was recovered?
  - k. complete a field interview card
  - l. conduct a want and warrant check
  - m. check NECS (AFS) and (MHFPS)
  - n. determine if crime has been committed

**Event 10 – Quality of Life**  
**Session 17 –Mental Illness**  
**LD #37 – People with Disabilities**

- o. obtain incident number from radio call
- p. contact MEU for advice and approval of detention
- q. complete **MH302** form and detention advisement
- r. give subject a “Receipt and Notice of Rights for Confiscated Firearms/Other Deadly Weapons”
- s. give subject a “Receipt for Property Taken into Custody”
- t. explain to subject the procedures for regaining control of his firearm

**Video # 8 “In Harm’s Way ~ Man on Bridge”**

- F. An officer is on patrol and sees a man standing on the railing of a bridge pacing back and forth. The officer stops and investigates.
  
- G. Did the officer use effective communication with the subject? Yes. Explain.
  - 11. gave his name to subject
  - 12. asked subject his name
  - 13. was patient and repeated himself when necessary
  - 14. paused and gave subject time to process and respond to officer’s questions
  - 15. used calm and reassuring tone of voice
  - 16. asked subject for permission
  - 17. told subject he cared and was concerned for his safety
  - 18. asked subject what was wrong
  - 19. tried to reassure subject of their worth
  - 20. utilized L E A P S (listen, empathize, ask, paraphrase, summarize)
  
- H. Would you detain this person under the authority of 5150 WIC? Explain. Yes
  
- I. Based on LAPD policy, what notifications would you make and why?
- J. Call MEU
- K. Any contact with a mentally ill person, regardless of outcome, MEU shall be contacted. **(SO, #10 5/17/2005)**