

### Position Statement on Police Interactions with Persons with Mental Illness

Approved by the Board of Trustees, December 2017

Approved by the Assembly, November 2017

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

#### Issue:

It is by now well-known that police are first responders in a range of crisis situations. It is increasingly recognized that crisis calls may involve responding to individuals who are agitated, disorganized, and behaving erratically and who might also, even in the absence of extreme behavior, have mental illness, intellectual disabilities, developmental disabilities, neurocognitive disorders, substance use disorders, and other conditions that result in behavioral challenges. Unless known from the outset, the presence of these conditions may not be obvious to responding officers. The context of police crisis contacts can be further complicated by a host of other factors that might be relevant such as racial, ethnic, socioeconomic, political or cultural variables; veteran status; sentiments and political pressures in the community; years of experience of the officer, and the officer’s previous encounters; and level of training. With all of the variables potentially at play, when police are called to respond to a call involving a behavioral health crisis, the potential volatility of the situation can result in tragic outcomes, including injury or death of the individual in distress, the responding officers and others. In *San Francisco v. Sheehan* (2015)<sup>i</sup>, the United States Supreme Court left open the question as to whether such encounters require accommodations consistent with the Americans with Disabilities Act (1990) or whether the direct threat exception makes such accommodations unnecessary. With legal ambiguity remaining as to requirements for accommodations and no uniform requirements for training of officers to deal with encounters involving mental health issues, jurisdictions decide individually on training and policies in these areas. Because people in psychiatric care or in need of such care are commonly encountered by police<sup>ii</sup>, it is incumbent on organizations such as the American Psychiatric Association to take an active interest in supporting safer communities through advocacy and education for our patients and our profession.

#### POSITION STATEMENT:

Law enforcement officers play a critical role as first responders to crisis events who need to be able to perform safely and successfully under stress. The American Psychiatric Association (APA) strongly supports efforts to enhance the ability of law enforcement to manage crises involving emotionally disturbed persons and persons with serious mental illness, developmental or intellectual disabilities, neurocognitive disorders, or substance use disorders. Such efforts should include:

- 1) Implementation of a curriculum for law enforcement officers that includes basic information about mental disorders and their symptom presentations, specific de-escalation techniques, and increased awareness of the impact of personal biases related to the stigma surrounding mental disorders, race, and other factors, as well as the role of trauma for all involved in these encounters. Formalized Crisis Intervention Team (CIT) training is an example of an important

model with a growing evidence base, though there remain questions about how best to measure its impact. Regardless of model, training should extend to all levels of law enforcement, including new recruits, veteran officers, and police leadership. Because of its importance, efforts should be made to prioritize this type of training and maximize its accessibility.

- 2) Creation of partnerships between local behavioral health and law enforcement systems to develop policies regarding their respective roles and responsibilities in managing mental health crises within and across communities and regions. Such policies should give priority to treatment over arrest of emotionally disturbed persons and persons with mental disorders, to the extent that is appropriate and safe. Ongoing and regular cross-training, including refresher trainings, in such policies and protocols between local law enforcement and emergency mental health services should be encouraged and supported. These partnerships should address the need for innovative approaches to shared information systems that address confidentiality concerns.
- 3) Behavioral health system partnerships with law enforcement that maximize clinical crisis response capacity should be prioritized, including providing settings that facilitate police diversion from arrest and proper clinical assessment and treatment of the person in crisis.

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<sup>i</sup> *City and County of San Francisco v. Sheehan* 575 U.S. \_\_\_, 135 S. Ct. 1765 (2015) <sup>ii</sup> Livingston JD. Contact between police and people with mental disorders: A review of rates. *Psychiatric Services* 67:850-857, 2016