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SUBJECT: POLICE SERVICES RESPONSE TO PERSONS SUFFERING FROM MENTAL ILLNESS

EFFECTIVE DATE: March 21, 2022

REVIEW DATE: March 21, 2023

AMENDS/SUPERSEDES: Procedural Directive 2002-001: *Police Response to People with Mental Illness (5150 situations)*, issue date 11/14/2002; January 27, 2010 version; February 16, 2011 version; October 8, 2012 version; January 8, 2014 version; January 7, 2016 version.

IACLEA STANDARDS: 9.2.6

CSU POLICE SYSTEMWIDE POLICY: Yes

APPROVED: Alfredo B. Fernandez, Chief of Police

I. PURPOSE

To provide operational procedures for dealing with mentally ill persons to include reporting and transportation guidelines.

II. POLICY

It is the policy of this department to handle the mentally ill with as much care and sensitivity as possible under the individualized circumstances of each encounter. It is also the responsibility of each employee to ensure that mentally ill persons do not harm themselves or others and when direct police action is required, that action shall be taken with regard to the mental condition of the party.

III. PROCEDURES

A. Responsibilities for Dealing with Persons Suffering from Mental Illness:

1. Whenever possible, mentally ill persons shall be considered a medical, rather than a police problem. Whenever possible, all resources of the University, including the Student Health Center and Counseling Services shall be utilized in dealing with the mentally ill individual. Police officers, community service officers, and communications personnel shall make themselves familiar with and be able to recognize the following ten warning signs of mental illness:

- a. Marked personality change.
 - b. Inability to cope with problems and daily activities.
 - c. Strange or grandiose ideas
 - d. Excessive anxieties
 - e. Prolonged depression and apathy
 - f. Marked changes in eating or sleeping patterns
 - g. Thinking or talking about suicide
 - h. Extreme highs or lows
 - i. Abuse of alcohol or drugs
 - j. Excessive anger, hostility or violent behavior
2. Community service officers who suspect a person is experiencing a mental health situation are to immediately call for police response and be a good witness, limiting engagement with the subject as much as possible. See section "4." below for guidelines when interacting with person(s) suspected of having mental illness in crisis situations, should such an incident become unavoidable.
 3. When police officers are conducting an investigation to determine if a mentally ill person is a danger to his/herself or others, the following elements should be taken into account, but not be limited to:
 - a. Obtaining background information on the mentally ill person from family members, roommates, instructors/staff members, other witnesses, etc. Officers should also consult with counseling center and/or student health center staff to the extent possible given the confidential nature of patient/client information.
 - b. Officers should take into consideration statements from all sources (i.e., witnesses, friends, teachers, etc.) and not just statements made from the mentally ill person.
 - c. When a request for a 5150 hold comes from the counseling office, officers will respond to the counseling office and obtain background information on the individual patient's case from the staff. Counseling staff are required to provide officers with enough information to confirm that a 5150 hold is necessary. There are no confidentiality concerns that should prevent sufficient information being provided to the detaining officer regarding a person being a threat to his/herself or others.
 - d. In the event the responding officer feels that not enough evidence is present to support a 5150 WIC detention and the counseling center staff or other responsible/involved party is insistent that the person be taken on a 5150 WIC hold, the officer shall request the shift supervisor to respond and render a decision on the facts/situation present and how best to proceed.

4. Police officers, community service officers, and communications personnel should use the following guidelines for interacting with people with mental illnesses in crisis situations:
 - a. Remember that a person with mental illness has the same rights to fair treatment as anyone else.
 - b. Continually assess the situation for dangerousness.
 - c. When making physical contact maintain adequate space between you and the subject.
 - d. Be calm.
 - e. Be helpful. In most cases, people with mental illnesses will respond to questions concerning their basic needs (e.g. safety). Ask: "What would make you feel safer/calmer?"
 - f. Give firm, clear directions. The individual is probably already confused and may have trouble making even the simplest decision. If possible, only one person should talk to the individual.
 - g. Respond to apparent feelings, rather than content. –You look/sound scared.
 - h. Respond to delusions and hallucinations by talking about the persons feelings rather than what he or she is saying. –"That sounds frightening. I can see or understand why you are angry."

Police officers, community service officers, and communications personnel should refrain from using the following tactics:

- i. Deceive the individual. Being dishonest increases fear and suspicion; the subject will likely discover the dishonesty and remember it in any subsequent contacts.
 - j. (Police Officers only) Arrest an individual for behavioral manifestation of mental illness that is not criminal in nature.
 - k. Join into behavior related to the person's mental illness (i.e. agreeing/disagreeing with delusions/hallucinations).
 - l. Stare at the individual. This may be interpreted as a threat.
 - m. Confuse the individual. One person should interact with the subject. If a direction or command is given, follow through.
 - n. Touch the individual. Although touching can be helpful so some people with mental illnesses, it may cause more fear and can lead to violence.
 - o. Give a person multiple choices. This increases the individual's confusion.
 - p. Whisper, joke, or laugh. This increases the individual's suspiciousness and increases the potential for violence.
5. If, upon arrival, the responding police officer determines that the person is not a danger to him/herself or others, but nevertheless requires medical attention, the responding officer shall advise Dispatch to contact LAFD and request a rescue unit to respond to the scene.

B. Police Action Directed at the Mentally Ill Involved in Criminal Activity

1. Police officers shall abide by and adhere to the provision set forth in the Welfare and Institutions Code pertaining to the custody and detention of person described in Section 5150 of the Welfare and Institutions Code (WIC).
2. When the mentally ill individual appears to have been involved in criminal activity as a result of, or in response to, his or her disorder, the detaining police officer shall document this criminal activity on the appropriate crime report and perform other police functions such as the collection and preservation of evidence, as required.
 - a. When responding to, or initiating investigations into criminal activity, police officers will label the investigation as to the type of criminal activity involved regardless of whether the suspect appears to meet the requirements of Section 5150 WIC.
 - b. If the activity is of a serious and/or violent nature, the criminal booking process shall be completed at Los Angeles County Hospital/Inmate Reception Center (IRC).
 - c. If the criminal activity is of a minor or nonviolent nature, the mentally ill individual may be transported and admitted directly into a medical care facility, and if the situation warrants a later filing made on the criminal charges.
 - d. If the suspect is in such an obvious mental state that the jail does not accept that person, then the suspect should be lodged at Los Angeles County Hospital/IRC with criminal charges pending.
 - e. Reports carried as section 5150 WIC are non-criminal in nature.
3. If it is necessary to take an individual into custody under the provisions of Section 5150 WIC, the following procedures shall apply:
 - a. Persons taken into custody under Section 5150 WIC shall be searched prior to any transportation, and if contraband is discovered, it shall be booked into evidence.
 - b. Restraints, other than handcuffs, shall not be utilized unless the individual is violent or potentially violent in the opinion of the detaining police officer.
 - c. Police officers however, shall take whatever action is reasonably necessary to protect themselves or others from harm, and therefore, may use that force which is reasonably necessary to affect the required detention.
 - d. The mentally ill person shall be transported to a local medical care facility for evaluation and appropriate treatment. Northridge Hospital, Olive View Medical Center, and Tarzana Hospital are acceptable local medical care facilities depending on the patient's health care coverage status. An exception may arise if the on-campus medical physician or counseling services counselor requests or designates transportation to some other specific location. If such is the case the detaining officer may, if possible, abide by these directions with the approval of the shift supervisor. The handling officer shall make a note of this request in the RIMS report.

- i. Upon arrival at a medical care facility, the detaining police officer shall complete all required hospital paperwork, being sure to include in the body of the main report, details substantiating the allegation that the subject is, due to a mental disorder, a danger to themselves or others, or is disabled to such a degree that he/she is unable to provide for their basic personal needs (i.e., food, clothing, or shelter).
 - ii. The police officer shall request that the medical care facility notify the university police by telephone when the individual is released.
- e. Police officers taking a person into custody for evaluation must take precautions to safeguard the person's personal property if no responsible person is in possession, and must make a report to the court of the disposition, as specified in subsection "e" of WIC 5150. The officer must also give the 5150 detainee a specified verbal or written admonition, in the language "accessible" to him or her as specified within subsection "f" of WIC 5150. The Language Line should be contacted to assist in providing a 5150 detainee the admonition in a language other than English and Spanish. English and Spanish translations are available in written form for the detainee to read.
 - f. Upon release of a mentally ill student to a hospital during regular campus hours of operation, the handling police officer is to call the Student Counseling Center front desk (818-677-2366, press option 1) and advise the receptionist of the student's name, nature of the call, and what hospital he/she was released to. After hours, the handling officer is to call the Counseling Center's Protocol service (818-677-2366, press option 3) and leave a message indicating the nature of the call, the student's name, and current hospital information.
 - g. Police officers taking a person into a 5150 WIC hold shall notify the Investigations Sergeant of the detention via email.

C. Police Action for Mentally Ill – Non-Criminal Activity

- 1. In response to a call for service by the CSUN Counseling Center, once the police officer is satisfied that the situation warrants a 5150 hold, a conversation between the officer and the attending counselor should ensue as to whether or not handcuffs are necessary for transport. In any situation where there is a risk of violent behavior or there is a question that leaves open the possibility of violent behavior, the officer should make a decision to handcuff the patient.

However, if the patient is simply depressed and not violent, and in the opinion of the counselor handcuffs would be detrimental to the mental well being of the patient, the officer should consider not handcuffing the patient. While the decision to handcuff or not will rest with the

transporting officer, officers are expected to make a well informed decision that takes into consideration the patient's well-being.

2. If a police officer decides to handcuff a patient against the wishes of the counselor, the counselor has the right to ask for a review of the situation from the Shift Supervisor prior to transport. If this happens, the Shift Supervisor should take into consideration the officer's perspective for handcuffing and the counselor's reasons against handcuffing. The Shift Supervisor will make the final decision.
3. In situations where patients are handcuffed, every means will be taken to be sensitive to the visibility of the handcuffs when walking the patient to the police vehicle. If the patient has a jacket or piece of clothing that can be put around the patient to block the sight of the handcuffs, officers will work with the counselor to do so. If no clothing is available, a blanket wrapped around the patient will suffice. The point of this procedure is to not have the patient feel like or be portrayed as a criminal.
4. Counseling staff will, whenever possible, accompany patients on all 5150 transports. This will help calm the patient during the transport and facilitate entry processing at the hospital on arrival.
5. Sections III.B.1 and III.B.3 of this policy also apply to those detained and taken into custody for 5150 WIC but not involved in criminal activity.

D. Reporting Incidents Concerning the Mentally Ill:

1. All incidents involving a mentally ill person (whether or not transported and admitted to a medical care facility under the authority of 5150 WIC) shall be documented by the responsible communications operator in a CAD incident report and responsible officer in a RIMS report.
2. Police officers will also complete in its entirety the Welfare and Institutions Code Application for 72 Hour Detention for Evaluation and Treatment form (MH302 8/98) when an individual is committed for treatment at any hospital or mental health facility. This includes a requirement that the detaining officer read the 5150 WIC detainment advisement to the person detained. The L.A. County Department of Mental Health Application for Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment form is accessible on-line at:
http://file.lacounty.gov/SDSInter/dmh/1053024_APPLICATIONFORASSESSMENT_5150Form2019.pdf

E. Training:

California Peace Officer Standards and Training (POST) provides a "Recognizing Mental Illness – A Proactive Approach" entry level training program which is taught as a mandated course to all police cadets in a California police academy. A 2-hour refresher DVD version of this program is also available to law enforcement agencies who wish to administer it to agency

personnel through their department training coordinators. This department requires that the POST refresher training DVD is provided to police officers, community service officers, and communications personnel initially and every two (2) years (recurring biennially).

F. Firearms and Other Involved Weapons:

Whenever a person has been detained or apprehended for examination pursuant to 5150 WIC, the handling police officer should seek to determine if the person owns or has access to any firearm or other dangerous weapon. Any such firearm or other deadly weapon should be confiscated in a manner consistent with current search and seizure laws per 8102(a) WIC. Procedures for confiscating a firearm or weapon and/or releasing a confiscated firearm or weapon, refer to Department policy 08-S.O.-014 (Domestic Violence), Section X, subsections B and C; and Department policy 06-C.I.-003 (Property and Evidence Packaging and Control), Sections J and K.

For confiscation of firearms and/or weapons outside the authority of 8102(a) WIC (i.e., plain view, warrant, etc.), refer to Department policy 08-L.E.-014 (Legal and Constitutional Authority for Search and Seizure, Interviews/Interrogation, and Arrest).