

What Happens When You Have to Call the Police?

Summarized by Thomas T. Thomas

Sometimes the person who lives with you and has a mental illness becomes so volatile that your only resort is to call the police for assistance. What happens then? What are the local police or sheriff's deputies trained to do? And who else is available to help?

On April 30, the National Alliance for the Mentally Ill (NAMI) held a nationwide program for law enforcement officers, aimed at developing awareness and sensitivity toward persons with brain disorders. ASA-AMI invited representatives from the Oakland and Berkeley police departments and the Alameda County Sheriff's Department to join in this free educational program.

At our May 27 meeting, representatives from these organizations, as well as the Alameda County and Berkeley mobile crisis intervention teams, met with members to discuss their responses when called into a precarious situation.

Rafael Herrera, LCSW, is director of the county's Crisis Response Program, which serves about 1 million people in our area. "We started the program back in 1987, when I was at Highland Hospital," Herrera said. "At that time, our staff felt the police were bringing in too many people. And the police felt we were releasing those people too soon."

Herrera began by riding with officers in their squad car and offering them approaches to crisis intervention. Today, the program operates Monday to Friday, with two mental health professionals on call. Usually, the team is dispatched by police or other emergency service agencies. Although families in crisis can call for response directly, Herrera said, the team relies on the screening function of an officer who is on the spot. They also work with county board-and-care facilities.

Given the population the Crisis Response Program has to work with, they do not respond to domestic violence situations, known as Code 415's. "Those calls come in every ten minutes after the sun goes down," Herrera said. "That would spread our resources too thin, and we are really designed to address mental health issues."

The program's main function is to help police identify and deal with people who potentially qualify under Section 5150 of the California Welfare and Institutions Code, defined as being a danger to self or others, or gravely

disabled. After identifying such a person, the police officer and team member then make a disposition: to a county medical facility, to Highland's psychiatric unit, to jail, or home.

Sergeant David Faeth, of the Oakland Police Department Criminal Investigation Division, has a background of investigating domestic violence and is a member of the hostage negotiation "entry team." For five years he was also an instructor at the Oakland Police Academy, which is rated one of the best in the state.

"Our officer candidates train for 26 weeks," he said, "which includes over a thousand hours of study. In that time, they get 16 hours of certification in what's called 'Law Enforcement Awareness of Disabilities' or LEAD training. This includes identifying people with hearing and sight impairments as well as mental illness.

"That's too narrow a scope for an officer to make an informed diagnosis of schizophrenia, bipolar, or other mental disability."

Instead, Faeth said, the department wants the officer to apply his or her life experience to a situation. The officer must decide quickly whether someone yelling on a street corner, for example, is actually a danger as defined by Code 5150, or just "doing his thing."

"For us, the crisis team is a godsend," Faeth said. "They know who the 'frequent flyers' are on the streets and can help educate our officers."

David Wee, of Berkeley's Mobile Crisis Unit, has seven regular staff members able to field one team at a time, seven days a week. They serve the 100,000 people in Berkeley and Albany and at the University of California. Wee's program, which has been operating since 1979, is primarily dispatched by the Berkeley Police Department but also takes calls through the department's non-emergency phone line, (510) 644-6744.

"Only a small number of our calls, about 17 percent, are actually 5150's," Wee said. "We don't count them unless the client is held for more than 24 hours under in-patient services. In fact, we have been able to prevent psychiatric hospitalization in 53 percent of such cases.

"Most of our workload is problem solving, family consultation, evaluation for psychiatric detention, and trauma services, such as helping someone after he or she has been assaulted or held up. We also work with barricaded subjects and hostage negotiations."

Lieutenant Russell Lopes, of the Berkeley Police Department, is a watch commander. That means he oversees everything that happens on a police shift: crime, traffic, and civil disturbances like domestic violence and 5150's.

"We train our people in how to recognize an acute mental disorder and distinguish it from, say, drunkenness or Alzheimer's," Lopes said. "But then our officers back off and leave it to David Wee's mobile crisis team to

make the fine distinctions, such as whether the person's volatile behavior results from head trauma, mental illness, or whatever."

Both Sergeant Faeth and Lieutenant Lopes recommended a number of things families in crisis can do before calling the police:

1. Try to contact your regular care provider, psychiatrist, or therapist. Perhaps the problem can be handled by an adjustment in the client's medication or other non-confrontational approach.
2. Prepare to give the police dispatcher a brief description of the client's behavior and its probable outcome. Knowing that this is a psychotic break which usually leads to months of hospitalization saves the officer valuable time by eliminating alternatives like overdose or trauma.
3. Clear the environment of all potential weapons, such as a gun in the house or an ornamental sword hanging on the wall. The officer and crisis team can't come in until they know the environment is relatively safe. This is for protection of the client, the family, and the response team.
4. Let the team know if the client has any tendency toward violence, such as fighting or throwing things.

Once the officer or crisis response team is on the scene, and if you are available to talk privately:

5. Give a brief description of the client's background. It's useful to know things like "he only does this when he's off his medications."
6. Try to separate what's happening this minute from your experiences of the last week, month, or year with the client. The officer or response team can only deal with the present situation.
7. Identify the person with whom the client has the best relationship. This person will be useful in bringing the crisis to a close.
8. Let the officer or response team know what's likely to happen next.

In the past, the police were able to take a potential 5150 case to the hospital in their squad car. Now, in both Berkeley and in Alameda County, the client must be taken by ambulance. If you don't know the location of the medical facility or psychiatric unit which the response team is required by procedure to use, you can ask to follow the ambulance in your car.

"The best thing you as a family member can do for us," said Rafael Herrera, "is to remain calm and focused and provide us with good information. Most of the time when we're on a call, we just arrive at the door. From that point on, we need you to tell us what to expect."