

[illegible]

JUNE 2018



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

Knowing when and how much force to use during contentious encounters with suspicious persons is a matter of life and death for the officer, the public, and the subject. The challenge is magnified when the suspicious person has a mental illness, such as schizophrenia, or disability, such as hearing impairment.

Being able to recognize a person with a mental illness or disability is a critical step in evaluating whether that person poses a violent threat to police and/or the public. There are tactics and strategies for de-escalating confrontations with non-threatening persons, along with observable behaviors that may indicate a mental disorder. Most mentally ill persons are not violent or threatening; persons with mental illness and/or disabilities should be treated with dignity and respect during low-risk encounters.

More than 44 million adults (age 18 and older) in the United States experienced any mental illness (AMI) in 2016, according to data compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA). That figure constituted almost 20 percent of the adult population. Of that total, more than 10 million experienced a serious mental illness (SMI), such as schizophrenia. See definitions on next page.

Mental health crisis calls may involve situations that are better suited for social workers and counselors, but police are usually the first responders. It's important to recognize symptoms of mental illness and distinguish those symptoms from other disabilities in order to neutralize a threat or de-escalate the tension.

Officers may be dispatched to a domestic violence call where a family member is threatening himself or loved ones. Officers may intervene to try to save

“Law enforcement should be aware of the high rate of criminal victimization among this population as well. People with intellectual/development disabilities are twice as likely to be victimized compared to those without disabilities.”

— International Association of Chiefs of Police

Three Mass Shootings by Mentally Ill Subjects

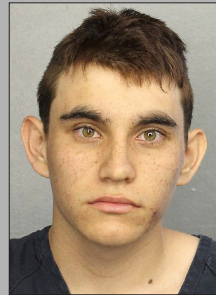
Travis Reinking, 29, shot and killed four diners at a Waffle House in Nashville, Tennessee, in April



2018. A motive has not been announced, but Reinking displayed signs of mental illness on several occasions leading up to the shooting. A mental health evaluation was to be conducted before his trial.

Naked from the waist down during the shooting, Reinking wore only a jacket filled with ammunition. The shooting occurred a short distance from his residence. Reinking was disarmed by a customer, and evaded police for more than 30 hours before being apprehended.

Nikolas J. Cruz, 19, killed 16 students and a faculty member on Valentine's Day 2018 at his former high school in



Parkland, Florida. Cruz reportedly was diagnosed with depression, Autism Spectrum Disorder, and ADHD; had cut his arms after a breakup; and harmed animals.

A state evaluation of his behavior determined him a low risk, since he lived with his mother (who died shortly before the shooting) and was receiving mental health treatment at the time. The local school system documented his disciplinary problems and developmental disabilities.

Legal insanity has not been raised as a potential defense.

Seung-Hui Cho, 23, killed 32 people and committed suicide in April 2007 at Virginia Tech.



Cho, a senior English major at Virginia Tech, was diagnosed with Selective Mutism (an anxiety disorder) before college and received treatment as part of a special education regimen. Cho reportedly was unable to speak in social settings and displayed anti-social behavior. When he was a child, his family initially feared he could not hear or speak.

After appearing in court in 2005 for accusations of stalking and threatening two female classmates at Virginia Tech, a psychiatrist determined Cho was a danger to himself and others.



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

Prevalence in the U.S.

Approximately 1 in 5 adults experiences mental illness in any given year.

1.1% of adults live with schizophrenia.

2.6% of adults live with bipolar disorder.

6.9% of adults (16 million) had at least one major depressive episode in the past year.

18.1% of adults experienced an anxiety disorder such as PTSD, OCD, and specific phobias.

Among the 20.2 million adults who experienced a substance use disorder, half (10.2 million) had a co-occurring mental illness.

— NAMI

a suicidal person, who is seeking death-by-cop or inadvertently placing other persons in danger. Officers may be the target of a deranged individual.

Persons with a mental illness and using narcotics are particularly unpredictable and potentially volatile. Subjects who abuse drugs can have a negative reaction that mimics mental illness, such as a panic attack (“freak out”) or hallucinations.

“And while some individuals are in an emotional crisis, others exhibit behavior that may be or is perceived to be linked to criminal acts. Sometimes crisis can occur because the disability was not recognized quickly enough. Too often these encounters result in tragedy,” according to the International Association of Chiefs of Police (IACP).

Many encounters between law enforcement and people with mental illness are difficult for everyone involved. Of the 135 officers killed in the line of duty in 2017, five were killed by suspects who later committed suicide. Two of those incidents appeared to be related to domestic violence, while another could have been a retaliatory murder of the officer. A sheriff’s deputy in Mississippi was killed by a suspect who sought death-by-cop after murdering seven family members.

In February 2018, a police officer in Alabama was shot and killed while responding to the death of a woman who had been left in a gutter. The officer was killed by the woman’s ex-husband as he cordoned off the suspect’s home. The suspect barricaded himself inside the home and later committed suicide.

In 2017, 236 of the 987 people shot and killed by police had experienced a mental illness.

Any Mental Illness (AMI): encompasses all recognized mental illnesses, defined as a mental, behavioral, or emotional disorder with varying impact (from no impairment to mild, moderate, or severe impairment)

Serious Mental Illness (SMI): smaller and more severe subset of AMI, resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

— NIMH

The National Institute of Mental Health (NIMH), the lead federal research agency, lists the following mental disorders:

- Anxiety Disorders
- Attention-Deficit Hyperactivity Disorder (ADHD, ADD)
- Autism Spectrum Disorders (ASD)
- Bipolar Disorder (Manic-Depressive Illness)
- Borderline Personality Disorder
- Depression
- Disruptive Mood Dysregulation Disorder
- Eating Disorders
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Seasonal Affective Disorder
- Suicide

“Mood disorders, including major depression, dysthymic disorder and bipolar disorder, are the third most common cause of hospitalization in the U.S. for both youth and adults aged 18–44.”

— National Alliance on Mental Illness (NAMI)

There are some common symptoms of mental illnesses that can apply to several disorders or are unique to a specific disorder, such as mood swings, agitation, irritability, lack of concentration, feelings of guilt, etc. Individuals with a mental illness who are a high risk for physical assault may demonstrate signs of anger, violence, and poor behavioral control.

About one-quarter of the adult homeless population at shelters has a serious mental illness, according to



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

the nonprofit advocacy coalition National Alliance on Mental Illness (NAMI). About half of the residents at homeless shelters have a mental illness and/or substance abuse disorder. About 20 percent of state prisoners and 21 percent of local jail prisoners have a history of mental illness. Among the youth in juvenile justice systems, 70 percent have at least one mental health condition and at least 20 percent live with a serious mental illness.

Lack of adequate funding in the mental health care system has impacted the resources available to people with mental illnesses and intellectual/developmental disabilities, according to the IACP. “One result is that these individuals, rather than receiving treatment, are sometimes incarcerated, turning our jails and prisons into de facto mental health facilities.”

Red-Flag Laws and Warning Signs

Law enforcement will encounter those with mental illness in every walk of life, including persons seemingly normal and/or unaffected. Police tried repeatedly to get medical assistance for Travis Reinking, the Nashville shooter, after his psychotic episodes, and even restricted his access to firearms, before his bizarre behavior turned murderous at a restaurant. Reinking killed four diners on Sun., April 22, 2018 at 3:25 am at a Waffle House in Antioch (southeast of Nashville) with a previously confiscated AR-15 rifle. He was naked from the waist down, wearing only a green bomber jacket filled with ammunition. Reinking fled the scene completely naked after a customer wrestled the rifle away and grabbed Reinking’s jacket. Police found him two days later, fully clothed, in the woods between his apartment and an elementary school, wearing a backpack that contained a handgun.

The 29-year-old Reinking had worked as a crane operator and came from a stable family environment in small-town Illinois. His family owns a crane business; they home-schooled Reinking, and they are born-again Christians. Former colleagues recalled Reinking’s obsessive and paranoid rantings, but never felt threatened by him.

Reinking believed that popular singer Taylor Swift was stalking him and that police were hacking his electronics and online accounts. In the summer of 2017, he threatened an employee of his father’s company with an AR-15 before jumping into a public swimming pool wearing nothing but a woman’s pink

(Continued on Page 5)

Mental Illness Affects LEOs

Law enforcement officers respond to and witness some of the most tragic events that can happen in life. On-the-job stress can have a significant impact on their physical and mental well-being, which can accumulate over the course of a career. Many officers struggle with alcohol abuse, depression, suicidal thoughts, Post-Traumatic Stress Disorder (PTSD), etc.

- Nearly 1 in 4 officers has suicidal ideation in their lifetime
- In small departments, the suicide rate for officers increases to 4 times the U.S. average
- More police die by suicide than in the line of duty. In 2017, there were an estimated 140 law enforcement suicides.
- Compared to the general population, LEOs report much higher rates of depression, PTSD, burnout, and other anxiety-related conditions

After any critical incident, such as responding to a violent crime or death by suicide, each officer involved should have the opportunity to talk with a mental health professional or law enforcement peer support specialist ASAP. Supervisors and fellow officers also can offer support to their colleagues.

For Fellow Officers (immediately after an incident):

- Ensure safety
- Provide practical help (cup of coffee, ride home)
- Offer to talk, listen attentively, and reassure
- Leave a number to call

For Law Enforcement Leaders:

- Form a workgroup to decide what wellness supports officers need
- Find the right mental health professional to support your officers
- Assign a mental health manager
- Revise policies and procedures around psychological services after critical incidents
- Promote a supportive culture within agency
- Be prepared (build close ties with community leaders, first responder agencies, faith groups, local media, schools, and major employers.)

— NAMI



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

A Quick Guide to Mental Health Disorders

Depression (Major Depressive Disorder):

serious, reoccurring mood disorder that impacts daily activities

Symptoms — changes in sleep, appetite, or movement (less activity or agitation); lack of concentration; loss of energy; lack of interest in activities; hopelessness or guilty thoughts; physical aches and pains; suicidal thoughts

Related — Seasonal Affective Disorder, Psychotic Depression (severe depression plus psychosis, e.g., delusions, hallucinations, etc.)

Generalized Anxiety Disorder:

excessive anxiousness beyond daily worries

Symptoms — restlessness, feeling wound-up, on edge; easily fatigued; difficulty concentrating; having the mind go blank; irritability; muscle tension

Related — Panic Disorder, Social Anxiety Disorder, Phobias (irrational fear invoking strong reaction), Selective Mutism

Psychosis (psychotic episode): “lost touch with reality,” e.g., delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear); incoherent/nonsense speech; inappropriate behavior for the situation; depression; anxiety; sleep problems; social withdrawal; lack of motivation; and difficulty functioning overall

Schizophrenia:

a serious mental illness that interferes with a person’s ability to think clearly, manage emotions, make decisions and relate to others

Symptoms — usually start between ages 16-30 as hallucinations or delusions; unusual/dysfunctional ways of thinking; agitated body movements; flat facial expressions or tone of voice; reduced feelings of pleasure in everyday life; difficulty beginning and sustaining activities; reduced speaking; memory problems; poor executive functioning; trouble focusing/paying attention; sensitivity to sounds, voices, sensory stimuli

Related — Schizoaffective Disorder, Bipolar Disorder (misdiagnosed as Schizophrenia)

Neurosis (neurotic): a 20th Century term for a broad category of mental disorders that encompasses conditions associated with poor functioning, anxiety, depression, and intense obsessions, but differentiates from psychosis in that persons maintain contact with reality and rarely engage in highly deviant, socially unacceptable behavior

Post-Traumatic Stress Disorder (PTSD):

occurs when a person has experienced a shocking, scary, dangerous, or emotional event; a fight-or-flight reaction may be triggered when a PTSD subject is in a situation that recalls their trauma or prevents them from avoiding the stressor

Symptoms — easily aroused or reactive; startled, tense or on edge; angry outbursts; stressed or frightened in the absence of recognizable stressors or danger; flashbacks with physical cues (racing heart/sweating) or frightening thoughts; avoiding places, events, or objects that recall the trauma, or thoughts or feelings related to the trauma; trouble remembering key details of the trauma; negative thoughts about oneself or the world; feelings of guilt or blame; loss of interest in enjoyable activities; feeling of alienation or detachment from friends/family members

Bipolar Disorder (aka Manic-Depressive Illness):

a mood disorder characterized by manic (a period of extremely “up,” elated, and energized behavior) and depressive (a period of very sad, “down,” or hopeless feelings) and hypomanic (a less severe manic period) episodes; a person with severe episodes of mania or depression may experience psychotic symptoms, such as hallucinations or delusions

Symptoms (manic) — a lot of energy, jumpy, agitated, or irritable; doing risky things; talking fast; or have racing thoughts

Symptoms (depressive) — feel very sad, have little energy and/or trouble concentrating; forgetful; sometimes an episode includes manic and depressive symptoms

Related — Depression, Anxiety, Dysthymic Disorder, Borderline Personality Disorder, PTSD

Obsessive-Compulsive Disorder (OCD):

uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that a person feels compelled to repeat, such as excessive cleaning and/or handwashing, arranging things in a precise way, repeatedly checking on things, compulsive counting, etc.

Symptoms — fear of germs/contamination; unwanted, forbidden, or taboo thoughts; aggressive/excessive thoughts; no pleasure from the OCD behaviors, but brief relief from anxiety; a motor or vocal tic (sudden, brief repetitive movement, e.g., eye blinking, grimacing, shrugging, head jerking, repetitive throat-clearing, sniffing, grunting sounds, etc.)



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

overcoat. A month later he showed up at the White House in Washington, D.C. and demanded to speak with the President as a Sovereign Citizen. He was arrested for being in a restricted area. Later, in Illinois, he had four firearms, including the eventual murder weapon, confiscated and his Illinois firearms ID card revoked. Reinking's father, who took possession of his son's firearms, returned them to him.

"The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality."
— National Institute of Mental Health (NIMH)

A review of Reinking's behavior in the years and months leading up to the shooting reveal a pattern of mental instability that raised red flags, while highlighting the limits of keeping guns from persons with mental illness. Illinois law permitted Reinking's father to return his son's guns as a gift. Reinking did not violate Tennessee law by possessing the firearms.

"Until someone commits a crime, there is no authority in the state of Tennessee to take someone's gun," said General Sessions Judge Melissa Blackburn, who presides over Nashville's Mental Health and Veterans Court, in a news report.

Federal law prohibits anyone who has been adjudicated as mentally defective or who has been committed to a mental institution from possessing or acquiring firearms. From 1998 to 2014, less than two percent of the more than one million FBI background checks produced a denial of a firearms purchase due to a mental health adjudication, the *Tennessean* newspaper reported.

Virginia Tech mass shooter Seung-Hui Cho, who murdered 32 people and committed suicide on April

16, 2007, should have been stopped from buying two guns before his rampage due to federal law, according to the *New York Times*. A Virginia court order in 2005 directed Cho to seek outpatient treatment and declared him mentally ill and an imminent danger to himself.

In March 2018, Florida passed a red-flag law to temporarily restrict a gunowner's access to firearms if that person is viewed as a danger to themselves or others. The legislation was prompted by the crimes of Nikolas J. Cruz, who killed 17 people at the Parkland, Florida high school in February. Before the shooting, Cruz demonstrated violence toward people and animals and made threatening remarks.

California, Washington, Oregon, Indiana, and Connecticut have similar laws that allow a judge and/or law enforcement to confiscate weapons. Mental illness, escalating threats, substance abuse, and domestic violence are among the circumstances that can lead to the temporary restriction until they are no longer deemed dangerous.

Recognizing Mental Illness

Such laws are not foolproof, however, since the individual could access weapons, including "ghost" guns on the black market, or avail themselves of knives, bats, vehicles, etc. This access, combined with the potential volatile nature of a person with a mental illness, underscores the importance of recognizing signs of mental illness to appropriately interpret and address the threat. Recognizing the signs and the illness also will help officers distinguish mental illness from other disabilities, such as Autism Spectrum Disorder and/or learning disabilities.

"There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness."

— NAMI

Bipolar Disorder (aka Manic-Depressive Illness): is characterized by unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

Manic episode: a period of extremely "up," elated, and energized behavior

Depressive episode: a period of very sad, "down," or hopeless feelings

Hypomanic episode: a less severe manic period

— NIMH

Bipolar Disorder v. Schizophrenia

Reinking's attorneys likely will pursue an insanity defense due to his history and encounters with law enforcement before the shooting, the *Tennessean* reported. A judge approved the public defender's request for an outpatient mental health evaluation before the trial. It's possible that Reinking has experienced some form of mental illness, evidenced by the psychotic



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

episodes detailed by police and colleagues.

“Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person’s extreme mood,” according to NIMH. The psychosis during a manic episode can manifest itself in the person’s belief that he is famous or has special powers. The delusions during a depressive episode can result in the person feeling like a failure, persecuted, or targeted.

Upon his arrest, Reinking asked for an attorney and did not speak with police. Investigators have not announced any findings related to a motive for the shooting, a manifesto detailing his mindset, and/or an electronic trail of clues. Exactly what role mental illness played in Reinking’s decision to commit murder is unknown, which underscores the challenges police face when assessing a suspicious person acting in a bizarre or threatening manner.

Reinking seemed normal and harmless outside of his delusions about Taylor Swift and paranoia about police hacking his electronics. He may have bipolar disorder, consequently experiencing psychosis during manic and depressive episodes. Schizophrenia is a more severe mental illness also characterized by psychotic symptoms, such as hallucinations and delusions.

Symptoms of schizophrenia usually start between ages 16 and 30, according to NIMH. As Reinking’s family noted, he has experienced delusions since 2014, when he would have been in his mid-20s. Bipolar disorder often is misdiagnosed as schizophrenia when psychotic symptoms are present. Persons with either disorder may seem like they’ve lost touch with reality.

Reinking simply may have been depressed. “Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations),” according to NIMH.

A person with bipolar disorder having a manic episode may feel an intense high; have a lot of energy; be jumpy, agitated, or irritable; do risky things; talk fast; or have racing thoughts. Someone having a depressive episode may feel very sad, have little energy and/or trouble concentrating, or be forgetful. Sometimes an episode includes manic and depressive symptoms.

Schizophrenic symptoms can be classified as positive, negative, or cognitive. Positive symptoms include psychotic behaviors related to a lost sense of

Common signs of mental illness in adults and adolescents can include:

- Excessive worrying or fear
- Feeling excessively sad or low
- Confused thinking or problems concentrating and learning
- Extreme mood changes, including uncontrollable feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Avoiding friends and social activities
- Difficulties understanding or relating to others
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits such as increased hunger or lack of appetite
- Changes in sex drive
- Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that don’t exist in reality)
- Inability to perceive changes in one’s own feelings, behavior, or personality
- Substance abuse
- Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing aches and pains)
- Suicidal thoughts
- Inability to carry out daily activities or handle daily problems and stress
- An intense fear of weight gain or concern with appearance

reality, such as hallucinations or delusions, unusual or dysfunctional ways of thinking, and/or agitated body movements.

Negative symptoms relate to disruptions in normal emotions and behaviors, such as flat facial expressions or tone of voice, reduced feelings of pleasure in everyday life, difficulty beginning and sustaining activities, and/or reduced speaking.

Cognitive symptoms range from subtle to severe and can correspond to changes in memory or thinking. Symptoms include poor executive functioning (the ability to understand information and use it to make decisions), trouble focusing or paying attention, or problems with working memory (the ability to use information immediately after learning it).



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

“Exposure to violence (e.g., child abuse and neglect, bullying, peer violence, dating violence, sexual violence, and intimate partner violence) is associated with increased risk of depression, post-traumatic stress disorder (PTSD), anxiety, suicide, and suicide attempts.”

— Centers for Disease Control and Prevention (CDC)

Other types of Mental Illness

Depression is a common mood disorder classified as a mental illness, which can be a co-occurring disorder with other common mental illnesses such as anxiety disorder, post-traumatic stress disorder (PTSD), borderline personality disorder, substance abuse, suicidal ideation, etc. Persons experiencing Major Depressive Disorder or clinical depression may feel sad, anxious, hopeless, irritable, guilty, worthless, helpless, and/or loss of interest or pleasure in hobbies and activities.

Additional symptoms include:

- Fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems

Generalized anxiety disorder is categorized as excessive anxiousness beyond daily worries. Anxiety-related symptoms include restlessness or feeling wound-up or on edge, being easily fatigued, difficulty concentrating or having the mind go blank, irritability, and/or muscle tension.

Panic disorder and social anxiety disorder are branches within the anxiety disorder classification. Panic disorder manifests with recurrent, unexpected panic attacks (sudden periods of intense fear that may include palpitations, pounding heart, or accelerated heart rate; sweating; trembling or shaking; sensations of shortness of breath, smothering, or choking; and feeling of impending doom).

Social anxiety disorder symptoms include feeling highly anxious about being with other people and having a hard time talking to them; feeling very self-

Suicidal Ideation Signs and Symptoms

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Making a plan or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

Suicide Rates in the U.S.

- Ranks among top-10 leading causes of death
- More than 90% of children who die by suicide have a mental health disorder
- An estimated 18-22 veterans commit suicide daily
- Number of kids/teens hospitalized for suicidal ideation/attempts more than doubled from 2008-2015 (rates much higher during school year)
- 3rd leading cause of death among adolescents
- Rate among teenage girls at 40-year high in 2015
- Overall suicide rates up 28% since 2000
- 13 suicides per 100,000 people in 2014



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

conscious in front of other people and worried about feeling humiliated, embarrassed, or rejected, or fearful of offending others; blushing, sweating, or trembling around other people; feeling nauseous or sick to your stomach when other people are around.

People who have PTSD may feel stressed or frightened in the absence of recognizable stressors and/or danger. PTSD occurs when a person has experienced a shocking, scary, dangerous, or emotional event. A fight-or-flight reaction may be triggered when a PTSD subject is in a situation that recalls their trauma or prevents them from avoiding the stressor.

Re-experiencing symptoms include flashbacks with physical cues such as a racing heart or sweating, or frightening thoughts. Avoidance symptoms include staying away from places, events, or objects that are reminders of the traumatic experience, or avoiding thoughts or feelings related to the trauma.

A person with PTSD may be easily aroused or reactive. They may be easily startled, feel tense or on edge, and/or have angry outbursts. Symptoms related to cognition and mood include trouble remembering key details of the trauma, negative thoughts about oneself or the world, feelings of guilt or blame, or loss of interest in enjoyable activities. They may feel alienated or detached from friends or family members.

Borderline personality disorder manifests as an ongoing pattern of varying moods, self-image, and behavior, often leading to impulsive actions and problems in relationships. Mood swings include intense episodes of anger, depression, and anxiety that can last hours or days. The subject's interests, values, and opinions of others can change quickly, and they tend to view things in extremes.

Symptoms include:

- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Self-harming behavior, such as cutting
- Recurring thoughts of suicidal behaviors or threats
- Inappropriate, intense anger or problems controlling anger
- Difficulty trusting, which is sometimes accompanied by irrational fear of other people's intentions
- Feelings of dissociation, such as feeling cut off from

oneself, seeing oneself from outside one's body, or feelings of unreality

Obsessive-compulsive disorder (OCD) is classified as uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that a person feels compelled to repeat, such as excessive cleaning and/or handwashing, arranging things in a precise way, repeatedly checking on things, compulsive counting, etc.

Some individuals with OCD also have a motor or vocal tic disorder—a sudden, brief, repetitive movement, such as eye blinking, grimacing, shrugging, head jerking, repetitive throat-clearing, sniffing, grunting sounds, etc.

An addiction to drugs, alcohol, or tobacco is considered a mental illness because the addiction changes normal desires, priorities, and behaviors and interferes with everyday functions related to employment, education, relationships, etc.

“Research has shown that adults with a mental illness are more likely to smoke cigarettes than other adults,” according to NIMH. “This is particularly true among people with major depression and those diagnosed with schizophrenia.”

People experiencing depression, PTSD, anxiety disorders, bipolar disorder, borderline personality disorder, OCD, etc., may have a substance abuse disorder as well. Persons with PTSD may experience depression or an anxiety disorder. A bipolar subject may have an anxiety disorder or eating disorder. Anxiety disorders and attention-deficit hyperactivity disorder (ADHD) are often diagnosed among people with bipolar disorder.

“Law enforcement officers need training, community partnerships, and knowledge on how to identify if a disability exists, and how best to interact with those with mental health problems or intellectual/developmental disabilities,” according to IACP.

Training and CIT programs

Most people with a mental illness do not commit violent crimes, explained Dr. Robert Whitson, a 30-year police veteran with a doctorate degree in criminal justice. There is a positive correlation between people with a Serious Mental Illness and suicide, however, and a link between mental illness and some mass murders (e.g., Virginia Tech shooter Cho). “The challenge is to identify those individuals with a mental illness who



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

pose a high risk of committing a violent crime, and successfully treat those individuals.”

Police can place someone on a 72-hour psychiatric hold if the person is an imminent, immediate threat to themselves or someone else. A psychologist will conduct an evaluation and determine if the person should be released or held more than 72 hours. A potentially violent, mentally ill person could still pose a threat to the community and police despite clearing the assessment.

Two Florida police officers were shot and killed in August 2017 by Everett Glenn Miller during a routine neighborhood patrol. Miller, a 21-year Marine Corps veteran, had no criminal record in Florida before the shooting, according to the *Orlando Sentinel*. He was involuntarily hospitalized under Florida’s Baker Act a month before the shooting after he was apprehended walking down a street in his boxer shorts while carrying a high-powered rifle.

“Law enforcement are often the first responders in cases of a call for a service that involves mental health,”

noted Cara Altimus, former ASSS Fellow with National Institute of Justice (NIJ). Interactions with persons with no mental illness often follow a predictable pattern that makes threat assessments straightforward.

Due to the nature of mental illness – the overlapping symptoms and episodes of psychosis – interactions with the mentally ill may be stressful and confusing. “What that means is that we have to have structures and systems in place so that police officers and first responders can be successful in interacting with those people,” said Altimus.

Those structures include tactics to de-escalate the rising tension, such as creating distance and time for the subject and officer to find common discourse, and the officer lowering the tone of his/her voice. People with schizophrenia tend to have a more active auditory cortex, which makes them sensitive to sounds and voices. Persons with autism spectrum disorder also may be sensitive to sound, lights, and other sensory stimuli.

“What we’re talking about is changing the input so that as that information is processed by the brain, that person can respond better and keep everybody safer,” Altimus explained.

Scenario training can help officers recognize mental illness and differentiate such cases from disabilities and other illnesses, such as dementia. When the interaction occurs, the officer should access all readily available information about the subject to conduct a threat assessment that factors in the environment and gauges the person’s ability to harm himself and/or other persons in the vicinity, to determine the level of danger. Criminal records and discussions with the subject’s family, friends, or neighbors can shed more light on bizarre behaviors and the potential for violence. Officers should engage a local mental health crisis counselor for help in their evaluation if time and resources permit.

A New York City police detective was shot and killed in July 2017 by a subject who had a history of hospitalizations for mental illness and had expressed anger at law enforcement officers. The subject’s girlfriend called 911 three times the night of the shooting about the shooter’s manic and paranoid behavior.

A Texas university police officer was shot and killed in October 2017 at his department while booking a freshman student on drug charges. The subject’s family had reported that he was suicidal and possibly had a

Problem-Solving Tactics (related to active shooters)

SARA for Reoccurring Problems

Scanning — identify the problem

Analysis — gather facts, identify the actors, actions/inactions, consider past outcomes

Response — implement detail-specific action plan and individual responsibilities

Assessment — practice and train for response and review results, revise if necessary

OODA Loop for Sudden Threat

Observe — the problem/threat

Orient — yourself to the problem/threat

Decide — on the action you need to take to prevail

Act!

— Lt. Dan Marcou
Police One contributor,
33-year police veteran and trainer



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

weapon, which prompted a welfare check. Officers found drugs and paraphernalia in his dorm room. The subject was not handcuffed and shot the officer in the back of the head with a .45-caliber pistol.

These officer fatalities underscore the importance of taking every threat seriously, and not dismissing bizarre behavior when the suspect may have a mental illness. Law enforcement can do everything right when investigating and reporting a suspicious subject but still fail to prevent a tragic outcome.

In the case of Waffle House shooter Reinking, police recognized his mental issues, recorded those issues, tried to get him help, and confiscated his firearms, but he still cleared psychiatric evaluations and apparently never received treatment for his delusions and paranoia. The Tazewell County, Illinois Sheriff's Office took Reinking into protective custody in a drugstore parking lot in May 2016 after his family reported that he made suicidal comments and had access to firearms. The incident report detailed his delusions about Taylor Swift and paranoia that his family and the police had conspired to hack his phone. Reinking was taken to a local hospital for a mental health evaluation. After the June 2017 swimming pool incident, police advised Reinking's father to lock up his firearms until he got mental health treatment.

"Effective partnerships are the key platform to facilitating change in the way law enforcement responds to persons affected by mental illness," according to the IACP. "Police training is a critical venue for change." Effective training may be a challenge for smaller agencies, but consistent training is important.

A Crisis Intervention Team (CIT) can be the first line of evaluation and defense for officers who encounter someone with a mental illness or disability. CIT programs teach law enforcement how to safely de-escalate mental health crisis situations. A CIT program is a community-based collaborative effort with law enforcement that improves communication techniques

and identifies mental health resources. The focus is on diversion and treatment over arrest and incarceration.

"In over 2,700 communities nationwide, CIT programs create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families," according to NAMI.

The Memphis, Tennessee Police Department initiated a Crisis Intervention Team after police shot and killed a 27-year-old man who was cutting and stabbing himself with a butcher knife in September 1987 in a public housing project, the Memphis *Commercial Appeal* reported. Specially trained CIT officers respond to mental health crises and use empathy, listening skills, and de-escalation tactics to calm the subject.

"The more you allow people to vent and talk about things and get it out of their system, the less likely they are to be combative with you ... We're not having to fight people. We're not getting injured. They're not getting injured," MPD Lieutenant Colonel Vincent Beasley told the *Commercial Appeal* in August 2017.

CIT programs can keep people with mental illness out of jail and get them into treatment. Most CIT calls in Memphis don't result in an arrest, according to Beasley. Of the 18,000 calls to CIT in 2016, about three percent ended with the subject being taken to jail.

Mental Health First Aid Training may be a more cost effective and timely solution to initiate some type of strategic response for mental illness encounters or supplement a CIT program. Mental Health First Aid Training can educate officers in mental health and help them identify, understand, and respond to signs of mental illness.

"Officers need to learn how to assess risk, listen to, and support the person in crisis, and more. Trained officers can learn from and work with trained victim advocates to help someone through a panic attack, engage with someone who may be suicidal, or assist an individual who has overdosed," according to the IACP.



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

Suicide by Cop

Suicide-by-cop refers to an incident in which a suicidal person consciously engages in life-threatening behavior(s) to the degree that it compels a police officer to respond with deadly force. In a suicide-by-cop scenario, the cop is the methodology of the suicide. According to a 2014 report by the American Association of Suicidology:

- 87% of individuals made suicidal statements prior to and/or during the incident
- 36% were under the influence of alcohol
- 95% were male (average age 35)
- 80% (of men) were armed
- 62% (of men) had confirmed/probable mental health history (100% of women)

Suicide Risk Factors:

- A prior suicide attempt
- Depression and other mental health disorders
- Substance abuse disorder
- Family history of a mental health or substance abuse disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Being in prison or jail
- Being exposed to others' suicidal behavior
- Medical illness
- Being between the ages 15-24 or over age 60

Developmental Disabilities

Persons with developmental disabilities and/or mental disabilities, such as dementia, may exhibit behaviors similar to, or confused with mental illness. Such conditions include but are not limited to Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD)...

- Hearing Loss/Vision Impairment
- Intellectual Disability/Learning Disorders
- Language and Speech Disorders
- Tourette Syndrome
- Cerebral Palsy
- Fetal Alcohol Spectrum Disorders

RESOURCES

National Institute of Mental Health (NIMH)
www.nimh.nih.gov

National Institute of Justice (NIJ)
NIJ.gov

National Alliance on Mental Illness (NAMI)
nami.org
NAMI Crisis Intervention Team (CIT) Programs
nami.org/CIT

Find Your Local NAMI
nami.org/Find-Your-Local-NAMI
Building Resiliency And Wellness For Law Enforcement Officers
nami.org/Find-Support/Law-Enforcement-Officers

International Association of Chiefs of Police (IACP)
www.theiacp.org

IACP's One Mind Campaign
www.theIACP.org/onemindcampaign
IACP Model Policy: Responding to Persons Affected by Mental Illness or in Crisis
www.theIACP.org/MPMentalIllness

Mental Health First Aid (MHFA)
www.mentalhealthfirstaid.org

CIT: Crisis Intervention Team International
www.citinternational.org

National Suicide Hotline: 1-800-273-8255



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

ROCIC Can Assist Officers with Investigations

ROCIC Training and Officer Safety Resources

ROCIC Criminal Intelligence Unit

The Intel Specialists with ROCIC's Criminal Intelligence Unit (CIU) can access dozens of research tools, specialized databases, public record information, criminal justice information, and data. They are able to search, retrieve, compile, and provide a consolidated reporting of findings to officers. This assistance helps officers in need of quick, accurate, and complete information. Information gained by ROCIC can help develop leads, link criminal activity, gain background information on suspects, and quickly obtain driver's license photos.

RISSIntel

The RISS Criminal Intelligence Databases (RISSIntel) provides for a real-time, online federated search of RISS and partner intelligence databases, including state systems. Millions of intelligence records are available via RISSIntel. These records include individuals, organizations, groups, and associates suspected of involvement in criminal activity, as well as locations, vehicles, weapons, and telephone numbers.

Other ROCIC Resources

ROCIC Publications

Additional training publications can be found on the ROCIC Publications webpage, including topics on fraud, credit card crime, virtual currencies, forged identification, gift card scams, burglaries and thefts, crimes against the elderly, among others. These publications can be accessed by logging into your RISSNET account at <https://rocic.riss.net/publications>.

ROCIC Law Enforcement Coordinators

The ROCIC Law Enforcement Coordinators have specialized email lists to get your information

out as fast as possible to jurisdictions that might be affected by similar cases.

ROCIC Analytical Unit

The Analytical Unit converts complex information into easy-to-understand charts and presentations. The Audio and Video Forensic Department can enhance photos and video surveillance footage. The Computer Forensics Department assists in collecting evidence from electronic devices.

ROCIC Technical Services

The ROCIC Technical Services Unit loans specialized equipment to member agencies at no charge, including surveillance cameras and recording devices.

ROCIC Training Department

The ROCIC Training Department offers numerous training opportunities for police officers, including operational planning, social media, civil unrest planning and response, risk avoidance, crime scene management, and others. Training courses can be found at www.rocic.com/training.

ROCIC Officer Safety Website

RISS also offers officer safety resources on their Officer Safety Website, including concealment methods, law enforcement threats, gangs, narcotics, domestic terrorism, sovereign citizens, and armed and dangerous subjects. This information can be accessed by logging into your RISSNET account at <https://officersafety.riss.net>.

More information on RISS and ROCIC resources can be found at www.riss.net.



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

Sources of Information

Mental Illness

Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

www.nimh.nih.gov

www.nami.org

www.cdc.gov

<https://www.healthline.com/health/psychosis>

<https://www.psychguides.com/guides/psychosis-symptoms-causes-and-effects/>

<https://www.medicalnewstoday.com/articles/248159.php>

<https://www.psychologytoday.com/us/blog/theory-knowledge/201211/when-are-you-neurotic>

<https://www.psychologytoday.com/us/conditions/selective-mutism>

<https://www.policeone.com/active-shooter/articles/474174006-Gun-violence-restraining-orders-How-red-flag-laws-work/>

<https://www.policeone.com/active-shooter/articles/473517006-How-can-we-solve-the-problem-of-active-shooters/>

"Improving Officer Safety in Interactions With Citizens Suffering From Mental Illness;" Cara Altimus; NIJ: <https://www.youtube.com/watch?v=8Awvwa5obxc>

<https://www.commercialappeal.com/story/news/crime/2017/08/06/memphis-police-mental-health-crisis-team-30-years/493740001/>

<http://www.bbc.com/news/health-43003378>

"Improving Officer Response to Persons with Mental Illness and Other Disabilities;" A Guide for Law Enforcement Leaders; International Association of Chiefs of Police (IACP); 2014

"Improving Police Response to Persons Affected by Mental Illness;" March 2016 IACP Symposium; International Association of Chiefs of Police (IACP)

"School Shootings: Mass Shootings Renew Concerns for Safety of Students and Role of Law Enforcement;" ROCIC Special Research Report

<https://www.cbsnews.com/news/big-spike-us-children-teens-attempting-suicide/>

<https://www.cbsnews.com/news/stress-anxiety-depression-mental-illness-increases-study-finds/>

<https://www.nbcnews.com/health/health-news/more-kids-especially-girls-are-attempting-suicide-it-s-not-n874481>

<https://www.nbcnews.com/health/health-news/suicides-teen-girls-hit-40-year-high-n789351>

<https://www.nbcnews.com/health/health-news/suicide-rates-have-soared-u-s-n560486>

<https://www.nbcnews.com/health/aging/u-s-life-expectancy-reaches-new-high-suicide-rate-rises-n221016>

<https://www.usatoday.com/story/news/politics/2018/03/25/red-flag-laws-allow-temporary-restrictions-access-guns-gain-momentum-across-nation/>

<https://www.washingtonpost.com/national/health-science/five-states-allow-guns-to-be-seized-before-someone-can-commit-violence/2018/02/16/78>

<http://www.sun-sentinel.com/local/broward/parkland/florida-school-shooting/fl-florida-school-school-shooting-red-flag-law-20180301-story.html>

<https://www.officer.com/training-careers/article/12062592/the-untold-motives-behind-suicidebycop>

"Suicide by Cop (2014);" American Association of Suicidology: <http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2011/SuicideCop2014.pdf>

Fallen Officers, Mass Shooters

www.odmp.org

<https://www.washingtonpost.com/graphics/national/police-shootings-2017/>

<https://www.nytimes.com/2007/04/21/us/21guns.html>

<https://www.wsj.com/articles/SB118756463647202374>

<https://abcnews.go.com/US/story?id=3052278&page=1>

(Continued on Next Page)



Law Enforcement and the Mentally Ill

REGIONAL ORGANIZED CRIME INFORMATION CENTER **SPECIAL RESEARCH REPORT**

Sources of Information (cont.)

<https://www.theguardian.com/world/2007/apr/19/usgunviolence.usa4>
<http://www.washingtonpost.com/wp-dyn/content/article/2007/08/26/AR2007082601410.html>
<https://www.cnn.com/2013/10/31/us/virginia-tech-shootings-fast-facts/index.html>
<https://www.nytimes.com/2007/04/22/us/22vatech.html>
http://www.slate.com/articles/news_and_politics/explainer/2007/04/cho_seunghui_or_seunghui_cho.html
<https://www.theguardian.com/us-news/2016/oct/19/nypd-police-shooting-mentally-ill-bronx-woman>
<https://www.cnn.com/2018/04/25/us/waffle-house-suspect-phone-call/index.html>
<http://denver.cbslocal.com/2018/04/25/waffle-house-travis-reinking-2/>
<https://www.usnews.com/news/us/articles/2018-04-24/man-who-disarmed-waffle-house-shooter-hailed-by-lawmakers>
<https://www.tennessean.com/story/news/crime/2018/04/24/waffle-house-shooting-suspect-travis-reinking-2-million-bond-revoked/>
<https://www.tennessean.com/story/news/2018/04/25/waffle-house-shooting-suspect-travis-reinking-mental-health-gun-laws/>
<https://www.tennessean.com/story/news/2018/04/23/waffle-house-shooting-nashville-travis-reinking-manhunt/>
<https://www.tennessean.com/story/news/crime/2018/04/26/waffle-house-shooters-travis-reinking-outburst-drew-police-alcoa-motel-february/>
<https://www.tennessean.com/story/news/crime/2018/04/25/waffle-house-shooting-travis-reinking-apartment-guns-ammunition-found/>
<https://www.tennessean.com/story/news/2018/04/27/waffle-house-shooting-911-call-travis-reinking-claimed-taylor-swift-stalking-him/>
<https://www.tennessean.com/story/news/2018/04/25/waffle-house-shooting-travis-reinkings-bizarre-colorado-behavior-obsession-taylor-swift/>
<https://www.tennessean.com/story/news/crime/2018/04/27/waffle-house-shooting-nashville-police-mental-illness/553898002/>
<https://www.tennessean.com/story/news/2018/04/29/waffle-house-shooting-hero-james-shaw-travis-reinking/544330002/>
<https://www.tennessean.com/story/news/crime/2018/05/07/waffle-house-shooting-suspect-travis-reinking-court-date/546805002/>
<https://www.tennessean.com/story/news/2018/04/22/waffle-house-suspect-travis-reinking-sovereign-citizen/540543002/>
<https://www.tennessean.com/story/news/politics/2018/04/25/waffle-house-shooting-new-law-requires-reporting-when-someone-significant-mental-health-issues-tries>
<https://www.tennessean.com/story/news/crime/2018/04/25/waffle-house-shooting-law-enforcement-still-cant-say-if-father-son-broke-gun-possession-law>
<https://www.tennessean.com/story/news/crime/2018/04/23/waffle-house-shooting-did-travis-reinking-father-violate-gun-laws/541283002/>
<https://www.tennessean.com/story/news/crime/2018/04/24/waffle-house-shooting-travis-reinking-arrest/548054002/>
<https://www.usatoday.com/story/news/2018/02/15/nikolas-cruz-who-florida-shooting-suspect-social-media/340092002/>
<http://www.sun-sentinel.com/local/broward/parkland/florida-school-shooting/fl-reg-parkland-shooting-cruz-public-defender-20180424-story.html>
<https://www.nytimes.com/2017/07/11/nyregion/nypd-officer-miosotis-familia-funeral.html>
<https://www.cbsnews.com/news/shooting-rampage-mississippi-william-durr-slain-deputy-remembered/>
<http://www.orlandosentinel.com/news/breaking-news/os-everett-glenn-miller-phone-20171006-story.html>
<http://www.orlandosentinel.com/news/breaking-news/os-peace-officers-memorial-day-orlando-central-florida-20180515-story.html>
https://www.al.com/news/index.ssf/2018/02/three_dead_as_mobile_mourns_fa.html
<http://www.foxnews.com/us/2018/02/21/alabama-police-officer-shot-rushed-to-hospital-suspect-barricaded-police-say.html>
<http://www.takepart.com/article/2015/10/04/police-mentally-ill>
<http://www.everythinglubbock.com/news/local-news/death-penalty-sought-for-tech-officer-murder-but-daniels-might-be-incompetent-to-stand-trial/>
<http://kfy.com/hollis-a-daniels-mugshot-ttupd-fatal-shooting/>

Cover Illustration: Paget Michael Creelman - Own work, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=67346556>

This project was supported by Grant #2015-RS-CX-0005 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.