

**ENHANCING POLICE RESPONSE
TO PERSONS IN
MENTAL HEALTH CRISIS**

ENHANCING POLICE RESPONSE TO PERSONS IN MENTAL HEALTH CRISIS

Providing Strategies, Communication Techniques, and
Crisis Intervention Preparation in Overcoming
Institutional Challenges

By

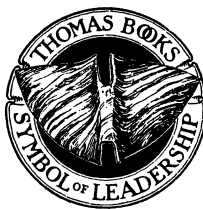
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*To the officers and commanders of the San Antonio Police Department—
Your presence makes everything else possible.*

“Man is a walking God.”

Paramahansa Yogananda, Founder
Self-Realization Fellowship, Los Angeles, California

FOREWORD

How utterly unique to find a mental health training manual for police that opens with the epigram, “Man is a walking God.” My oft repeated lament over the 30 years of my professional life as a psychiatrist has been the lack of acknowledgment of or focus on people’s spiritual resources to help them solve serious problems of living. Castellano-Hoyt has heard my thoughts on this matter in our professional relationship over these many years together here in San Antonio. Indeed, in the mental health industry there is no longer an open dialogue about causes of mental distress, no comparison by demonstrated virtue of the successfulness of one psychotherapeutic approach over another.

Nowhere is this more evident than in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Admittedly, it is a manual intended to bring together all professionals in the field through a common language of and about mental illness. But I must agree with my social work colleague Don Castellano-Hoyt, the author of the current book, that the excellence idealistically sought by the DSM editors has created a tremendous difficulty. The editors charged its work groups with setting aside preconceived beliefs about and curative methods for treatment of mental disorders. As a result the necessary “dialogue of disciplines” occurred (if it occurred at all) behind closed doors, so to speak. The resulting DSM appears to present a common, accepted grouping of mental disorders, as if everyone involved shares the same philosophy about mental health and mental disorders.

The result is that in matters of actual practice, when a patient is experiencing a crisis or an exacerbation of a chronic condition, or when a patient is unwilling or unable to manage mental health crises, other institutions beyond the mental health profession, become engaged in helping to resolve the situation in a safe manner. The members of those institutions (such as advocates for the mentally ill, or law enforcement, or members of the clergy, or family members) assume that the mental health profession shares a common knowledge of and wisdom about treating mental illness.

This just is not the case. And, in point of fact, it has been my experience

that when someone such as Castellano-Hoyt dares to suggest that every member of humankind shares an innate divinity (“being made in the image of God”) and that hints of and hopes about the treatment of mental illness may be derived from thoughtful reflection on such a reality, most professionals run from it, thinking falsely that the DSM contains an adequate normative answer for diagnosing and wisdom about treating mental illness.

But *Enhancing Police Response to Persons in Mental Health Crisis* is not about treatment of mental illness. Castellano-Hoyt weaves together a document that addresses the growing undercurrent and inevitable collision of competing philosophies about mental illness while preparing officers to be effective interveners in an arena fraught with constitutional issues about the right to freedom, the right to treatment, the right to be unique in a world in which the line between normality and abnormality is not scientifically discernible.

When Castellano-Hoyt presents research material from the U. S. Government offices (such as the Office of Technology Assessment or the National Institute of Mental Health [NIMH]) or from psychiatrists and attorneys within the antipsychiatry movement, I am not discomfited. It seems fitting that such polarity as these two groups be given a hearing in a book intended for police training.

He makes perfectly clear the reason why it is fitting: the police are caught in the middle of this whole philosophical debate. In this book, Castellano-Hoyt addresses publicly what is usually addressed only privately. The biological treatment of psychiatric disorders has gained ground in the mental health field not because any principled, well-established scientific finding has established the necessity and efficacy of such treatment, but because the profession, with the advent of the third edition of the DSM, embraced a diagnostic methodology that effectively made possible third party reimbursements for every practitioner—financially silencing the need for dissent, discussion, or rational debate about the real nature of mental health care.

New models of psychiatric approaches to these issues are available—most recently (May, 2002) Hobson and Leonard’s *Out of Its Mind: Psychiatry in Crisis: A Call for Reform*. They attempt to synthesize the psychoanalytic and psychobiologic approaches. They believe this is possible through recognition of “neurodynamic” processes that allow legitimizing and synergizing roles to these otherwise polar opposites of psychiatric thinking.

A champion of an approach that has had support since the 1970s is the newly published biopsychosocial model of Dr. Stephen Dilts, Jr., *Models of the Mind: A Framework for Biopsychosocial Psychiatry*.

There are no clear signs yet that either of these approaches will be the hoped-for *unifying paradigm* that will provide the philosophic direction needed in a Western cultural context.

In addition to these philosophic concerns, Castellano-Hoyt is concerned

that the latest developments of the Americans with Disabilities Act (as of 1993) requires police action on every mentally ill citizen regardless of the responding officers beliefs about the need for such intervention. Castellano-Hoyt is concerned that at least eighteen (18) states in the United States give civilians and mental health professionals “command authority” over police, making police officers little more than puppets in the hands of mental health personnel. Forty-one (41) states and the District of Columbia give civilians authority to detain people on emergency basis without a warrant based on belief that mental illness exists and is causing risk of harm. He is concerned that this increase in civilian authority has occurred across the nation in spite of the mental health scandal originating in Texas in 1991.

Most chillingly, Castellano-Hoyt is concerned that this erosion of police authority means that the national mental health scandals of 1991 and 1992 are but the “tip of the iceberg” in what he considers to be an ongoing scandal that is inevitably headed for disaster within the next five years in America.

This book attempts to give a balanced view of rightful police action regarding persons the police believe warrant assistance. The assessment and intervention ideas presented herein reflect well-accepted wisdom within the fields of psychology and psychiatry while at the same time Don gives examples based on his own street experiences with the San Antonio Police and the Bexar County Sheriff’s Department that illustrate how to function effectively within the politically charged realities of mental health care.

That Don has succeeded for years in moving among the disparate players in the forensic, mental health, medical, and religious domains in order to serve clientele identified as “dangerously behaving mentally ill” and still commands a widespread respect and recognition from within each of these areas is tribute to his service.

May his book likewise find such an ongoing role of service within the current realities of the mental health field. “Man is a walking God.” What a concept! Perhaps in his next book Castellano-Hoyt will take us beyond the philosophy of this thought to its applied psychology.

Robert L. Jimenez, M.D., F.A.P.A.

PREFACE

The public and its institutions continue to demand that law enforcement intervene with persons considered mentally ill by the mental health profession. At the same time the mental health profession continues in controversy governed, as it were, by a system that analyzes and treats symptoms, but knows little about psychology or human consciousness. The scandals that rocked the nation in 1991 (starting in Live Oak, Texas) have receded only in their newsworthiness. The laws enacted to prevent further scandals have proven to be band-aids, unable to address the deeper philosophic and political controversies within the mental health profession regarding the reality of mental illness, its diagnosis, or its treatment.

But this expectation of appropriate police intervention is devolving away from police discretion to the use of civilian command and authority. Forty-one (41) states and the District of Columbia now have laws authorizing civilians to intervene with people believed to be mentally ill, to remove their freedom with little more justification than belief in future dangerousness.

Consider these excerpts about this issue from the Petitioner's Brief in the Supreme Court case *Donaldson v. O'Connor*:

. . . we should be slow to condition human liberty upon a concept as vague as "dangerousness." Except as applied to mental patients, preventive detention is still an ugly phrase. Our society is remarkably, though properly, reluctant to confine persons solely because of what they might do in the future. Probably fifty to eighty percent of all ex-felons will commit future crimes, but we do not confine them. . . . Of all the identifiably dangerous groups in society, only the "mentally ill" are singled out for preventive detention, and they are probably the least dangerous Why should society confine a person if he is dangerous and mentally ill but not if he is dangerous and sane?" (*Criminal Law and Urban Problems*, pp. 257-267)

And eighteen (18) states give command authority to civilians to make officers respond regardless of officer belief about the need for intervention.

This book is written to address these issues. Officers need a sense of appropriateness when assessing the behavior of someone deemed to be in mental health crisis; and the sense of appropriateness needs to be grounded

in a philosophic outlook that not only makes sense, but fits today's pluralistic outlook on life and the nation's historical premise of the preciousness of civil liberty.

D. C. H.

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Successful completion of a large project such as this book occurs in the context of competing interests in a supportive environment. Were it not for my wife, Julia, those interests would have been overwhelming. It was she who consistently helped prioritize each day's task selflessly rearranging her own activities to maximize efficient completion of mine. Her thoughtfulness and single-minded focus are contagious, and because of her encouragement and belief in this task, the book is truly ours. Whatever success it enjoys is due to her unwavering support.

Thanks also to Dr. Roberto Jimenez whose impressive credentials are listed on the title page. It has been a privilege all these years to be associated with him. His kind words in the Foreword are most appreciated.

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PART I
CLINICAL ISSUES

Chapter 1

INTRODUCTION

“MAN IS A WALKING GOD”

This quotation, cited on the Epigram page, is intended to set the tone for all that follows in this book. It comes from the commentary on the Bhagavad Gita provided by Paramahansa Yogananda (I:289), founder of the Self-Realization Fellowship. Yogananda goes on to state: “[Man] should manifest his true divine Self.”

The title of this book is designed to emphasize this positive outlook on and approach to the study of psychology. The teachings of the five major religions of the world endorse in various expressions this view of the innate divinity, hence dignity, of each person. In the mental health profession we easily diagnose disorders, derangement, and disease thinking that we know their counterparts, the “norms” against which we contrast these problems. Yet we don’t. The profession of mental health is in trouble because it continues to diagnose and treat symptoms, without acknowledging the cause of those symptoms. By analogy, it’s as if firefighters were to shoot water at the smoke, and never inquire about the fire.

The psychiatric profession is quite skilled at prescribing medications for the “smoke” of mental illness symptoms, yet few of my colleagues in the mental health industry are prepared to address the “fire” of mental illness, its existence, its cause, its cure. And now the psychologists of New Mexico are allowed to prescribe psychiatric medication with several other states (Georgia, Illinois, Hawaii, and Tennessee) proposing similar legislation (Maszak, 2002, p. 51).

The “bible” of the mental health profession is the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, Text Revision) commonly referred to as “the DSM.” It classifies disorders in such a way that there can be a “common language” for the profession to use without any given out-