

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

POLICY: 8.2 CALLS INVOLVING THE MENTALLY ILL

REVISED DATE: 11.19.13

I. POLICY

It is the policy of this Department to protect an emotionally or mentally unstable person from harming themselves, others, or property. Police work brings officers into contact with persons who are emotionally or mentally unstable. This instability may be due to any number of factors, including alcohol/drug dependency, emotional trauma, or some form of mental illness. Our primary concern in these cases is the safety and welfare of that person, the community, and the officer. When an officer has probable cause to believe that an emotionally or mentally unstable person presents an immediate threat of harm to themselves or another person, that person shall be taken into protective custody and transported to a facility where trained professionals can evaluate the emotional and mental status of that person.

II. PURPOSE

To provide officers with guidance on the handling of calls involving the mentally ill.

III. PROCEDURES

A. Recognizing Abnormal Behavior

- 1.** Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and need for intervention absent the commission of a crime.

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

2. Degree of Reactions. Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
3. Appropriateness of Behavior. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
4. Extreme Rigidity or Inflexibility. Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
5. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
 - a. abnormal memory loss related to such common facts as name, home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
 - b. delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.");
 - c. hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.);
 - d. the belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time; and/or
 - e. extreme fright or depression.

B. Determining Danger

1. Not all mentally ill persons are dangerous while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself, the officer, or others. These include the following:

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

- a. The availability of any weapons to the suspect.
- b. Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
- c. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information.
- d. Failure to act prior to arrival of the officer does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger.
- e. The amount of control that the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
- f. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

IV. APPROACH AND INTERACTION – General Guidelines

- A. The following general guidelines detail how to approach and interact with a person who may have mental illnesses and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. Officers, while protecting their own safety, the safety of the person with mental illnesses, and others at the scene should:

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

1. Recognize that these events are dangerous and officers must be prepared to protect themselves and others. The person may be suffering from mental instability, extreme emotions, paranoia, delusion, hallucinations or intoxication;
2. Remain calm and avoid overreacting, surprise may elicit a physical response, the person's "fight or flight" may be engaged;
3. Approach the individual from the front, be helpful and professional;
4. Provide or obtain on-scene emergency aid when treatment of an injury is urgent;
5. Check for and follow procedures indicated on medical alert bracelets or necklaces;
6. Indicate a willingness to understand and help, use active listening, and paraphrase responses;
7. Use the person's name and your name when possible, speak slowly, simply and briefly, and move slowly;
8. Remove distractions, upsetting influences and disruptive people from the scene;
9. Understand that a rational discussion may not take place;
10. Recognize that sensations, hallucinations, thoughts, frightening beliefs, sounds ("voices"), or the environment are "real" to the person and may overwhelm the person;
11. Be friendly, patient, accepting, and encouraging, but remain firm and professional;
12. Be aware that their uniform, gun, and/or handcuffs may frighten the person with mental illnesses and attempt to reassure him or her that no harm is intended;
13. Attempt to determine if the person is taking any psychotropic medications;
14. Announce actions before initiating them;

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

15. Gather information from family or bystanders;
 16. Use patience and communications to control, use physical force only as a last resort;
 17. Don't be afraid to ask direct questions about what the person is experiencing, e.g. "Are you hearing voices? Are you thinking of hurting yourself? Are you in need of something?"
- B. While each incident will be different when dealing with a person who may have mental illnesses, officers should be aware that their own actions might have an adverse effect on the situation. Actions that officers should generally avoid include:
1. Moving suddenly, startling the person, giving rapid orders or shouting;
 2. Forcing discussion;
 3. Cornering or rushing;
 4. Touching the person (unless essential to safety);
 5. Crowding the person or moving into his or her zone of comfort;
 6. Expressing anger, impatience, or irritation;
 7. Assuming that a person who does not respond cannot hear;
 8. Using inflammatory language, such as "mental" or "mental subject";
 9. Challenging delusional or hallucinatory statements;
 10. Misleading the person to believe that officers on the scene think or feel the way the person does.
- C. The department shall make available, training to all Department personnel through CIT mandated courses. This training shall be made available to all newly hired personnel during their first week of employment, with refresher training given to all personnel at least every three (3) years.

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

V. EMERGENCY APPREHENSION AND DETENTION

- A. HSC 571.003 defines "Mental illness" as an illness, disease, or condition, other than epilepsy, senility, alcoholism, or mental deficiency, that:
 1. substantially impairs a person's thought, perception of reality, emotional process, or judgment; or
 2. grossly impairs behavior as demonstrated by recent disturbed behavior.
- B. HSC 573.001 empowers peace officers to take into custody a person, without a warrant, if the officer:
 1. has reason to believe and does believe that:
 - a. the person is mentally ill; and
 - b. because of that mental illness there is a substantial risk of serious harm to the person or to others unless the person is immediately restrained; and
 - c. believes that there is not sufficient time to obtain a warrant before taking the person into custody.
 2. A substantial risk of serious harm to the person or others under Subsection (a)(1)(B) may be demonstrated by:
 - a. the person's behavior; or
 - b. evidence of severe emotional distress and deterioration in the person's mental condition to the extent that the person cannot remain at liberty.
 3. The peace officer may form the belief that the person meets the criteria for apprehension:
 - a. from a representation of a credible person; or
 - b. on the basis of the conduct of the apprehended person or the circumstances under which the apprehended person is found.

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

4. A peace officer who takes a person into custody shall immediately transport the apprehended person to:
 - a. the nearest appropriate inpatient mental health facility;
or
 - b. a mental health facility deemed suitable by the local mental health authority, if an appropriate inpatient mental health facility is not available.
5. A jail or similar detention facility may not be deemed suitable except in an extreme emergency.
6. A person detained in a jail or a non-medical facility shall be kept separate from any person who is charged with or convicted of a crime.

C. Juvenile Mentally Ill Patients

1. The emergency detention procedure for juveniles is the same as for adults.

VI. TAKING A PERSON INTO CUSTODY FOR EMERGENCY DETENTION

- A. If an officer determines that an Emergency Detention is necessary, the following procedures will be utilized:
 1. A minimum of two officers should be present before any action is taken to take the subject into custody.
 2. Should a patient refuse an officer entry into their home for the purpose of apprehending him, the officer will not force entry unless a life is in immediate danger.
 3. Take the person into custody and apply handcuffs for transport. Explain that handcuffs are necessary for everyone's protection. Use front cuff with belt restraint if possible. (If officers believe the subject will not resist, inform the subject of your intentions beforehand and explain your reasoning. If officers believe the subject will resist, immediate forceful action may be necessary to restrain the individual. Officer safety is paramount.)

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

4. Officers are reminded that the use of force is authorized to the extent necessary to take the subject into custody.
5. Proceed to the mental health facility and turn the subject over to the center staff.
6. Complete an Application for Emergency Detention. The application should detail the actions of the subject that led you to believe he was a danger to himself or others.
7. Complete a Incident Report detailing the event and a copy of the petition shall be attached to the report.

B. Physically Ill Mentally Disturbed Persons

1. When a Mentally Ill person is also physically ill or injured requiring transport by ambulance, an officer will ride in the rear of the ambulance with the person.

VII. CRIMINAL OFFENSES INVOLVING THE MENTALLY ILL

- A. Individuals who commit criminal acts but are believed by the officer to be exhibiting symptoms of mental illness and that are an immediate danger to themselves or others should be taken into custody and taken to the mental health facility under an Application for Emergency Detention. The officer will prepare and offense report providing all the details of the offense and the subjects behavior. Should the individual be determined to be competent after their evaluation, they shall be filed on for the offense and a warrant obtained for their arrest.
- B. Individuals who commit criminal acts and are believed by the officer to be exhibiting symptoms of mental illness but there is no evidence that the person is an immediate danger to themselves or others:
 1. if the offense is a misdemeanor, be released to a competent adult caregiver or booked into jail. If booked into jail, every attempt will be made to locate a caregiver and release the person to the caregiver on personal recognizance.
 2. if the offense is a felony, the individual will be booked into jail and every attempt will be made to contact a caregiver. The individual will be required to make bond.

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

3. in cases of family violence, a supervisor or the Chief of Police should be consulted to determine an appropriate response.
4. In any case where a suspected mentally ill individual is booked into jail, they shall not be housed with other inmates. Every effort will be made to monitor their safety and process them as quickly as possible to remove them from the facility.
5. Suspected mentally ill, non-violent juveniles who are being cared for by a responsible person will not be detained unless a felony has been committed.
6. Suspected mentally ill, violent juveniles, or those who have committed a felony, will be transported to the mental health facility.

VIII. REPORTING

- A. If a criminal incident involving a mentally ill person is reported, all pertinent information involving the offense must be included in that report.
- B. Certain individuals may habitually display unusual behavior which is and may become well known to the Police Department. Whenever contact is made with these individuals, a Field Interview should be noted on their DAR.
- C. Any information which is requested to be included into the Computer Aided Dispatch (CAD) regarding a mentally ill person who is a hazard to police officers should be accomplished in writing by a supervisor to Communications.

IX. REFERRALS TO MENTAL HEALTH FACILITIES

- A. When a police employee receives a telephone call and the caller appears to be mentally disturbed or irrational:
 1. Obtain the caller's name, telephone number, and address or location from where the individual is calling.
 2. If the caller indicates that their or another life may be in danger, an officer will be sent and the on-duty patrol supervisor advised of the situation.

CITY OF OAK POINT

DEPARTMENT OF PUBLIC SAFETY POLICE OPERATIONAL POLICIES and PROCEDURES

3. If the caller is not an immediate threat to themselves or others, a suggestion can be made to contact a local mental health center for assistance.
4. **Attempted Suicide:** When an officer is dispatched to a call in which a person has attempted suicide or is threatening suicide, the officer shall make certain that the immediate situation is stabilized. The officer shall also attempt to locate a relative, close friend, or other responsible party that is available. The officer shall then contact the appropriate mental health facility/provider for assistance and/or emergency detention. An Incident Report shall be completed regarding the attempted suicide.

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