

FLORENCE POLICE DEPARTMENT GENERAL ORDER

Subject: DEALING WITH PERSONS WITH MENTAL ILLNESS	Procedure: General Order 19.2.7 CALEA 41.2.7	Total Pages: 8
Authorizing Signature: Original with Authorizing Signature on File	Effective: 7/17/19 <input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Rescinds	

I. POLICY

It is the policy of this Department to attempt to identify person(s) suffering from mental illnesses and use the least coercive means possible to accomplish law enforcement objectives while at the same time minimizing any harm to mentally ill persons.

II. PURPOSE

This written order establishes guidelines and procedures for handling persons suffering from mental illnesses.

III. SCOPE

This written order is applicable to all personnel.

IV. RESPONSIBILITY

It shall be the responsibility of all personnel to comply with the policies established by this directive.

V. RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS

A. Mental Illness: A psychiatric disorder of thought and/or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. Mental illness, as used herein, specifically excludes the primary diagnosis of:

1. Epilepsy
2. Mental Retardation
3. Substance Abuse (solely)
4. Alcoholism
5. Developmental disability
6. Dementia
7. Alzheimer's
8. Autism

B. A person may exhibit one of the following cues, or any combination thereof. Furthermore, just because a person exhibits these cues does not

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automatically indicate mental illness. The officer must evaluate the totality of the circumstances.

There are three types of indicators that a person may be suffering from mental illness:

1. VERBAL CUES – these may include:
 - a. Illogical thoughts:
 - 1) Preoccupation with death, germs, guilt, etc;
 - 2) Expressing thoughts of greatness, e.g., person believe he is god; and/or
 - 3) Expressing ideas of being harassed or threatened, e.g., CIA is monitoring through TV.
 - b. Unusual speech patterns:
 - 1) Nonsensical speech or chatter;
 - 2) Word repetition – frequently stating the same or rhyming words or phrases;
 - 3) Pressured speech – expressing urgency in manner of speaking; and/or
 - 4) Extremely slow speech.
 - c. Verbal hostility or excitement:
 - 1) Talking excitedly or loudly;
 - 2) Argumentative, belligerent, unreasonably hostile; and/or
 - 3) Threatening harm to self or others.
2. BEHAVIORAL CUES:
 - a. Physical Appearance:
 - 1) Inappropriate to environment, e.g., shorts in winter, heavy coats in summer; and/or
 - 2) Bizarre clothing or makeup.
 - b. Bodily Movements:
 - 1) Strange postures or mannerisms;
 - 2) Lethargic, sluggish movements; and/or
 - 3) Repetitious, ritualistic movements.
 - c. Seeing or hearing things that aren't able to be confirmed;
 - d. Confusion or unawareness of surroundings;
 - e. Lack of emotional response;

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- f. Causing injury to self;
 - g. Nonverbal expressions of sadness or grief;
 - h. Inappropriate emotional reactions;
 - 1) Overreacting to situations in an overly angry or frightening way; and/or
 - 2) Reacting with opposite of expected emotion, e.g., laughing at an auto accident.
3. ENVIRONMENTAL CUES: Surroundings are inappropriate, such as:
- a. Decorations
 - 1) Strange trimmings;
 - 2) Inappropriate use of household items, e.g., aluminum foil covering windows, etc.
 - b. Waste Matter/Trash
 - 1) “Pack Rattling” – or accumulation of trash, e.g., hoarding and/or clutter;
 - 2) Presence of feces or urine on the floor or walls.
 - c. Childish objects.
- C. When making observations, personnel should note as many cues as possible, put the cues into the context of the situation, and be mindful of environmental and cultural factors.
- D. To determine the mental status of an individual, officers may take into account everything they personally observe, all physical evidence, and all things learned from witnesses or other persons supplying background information. As a practical matter, this type of investigation may be compared to the gathering of probable cause during the investigation of a criminal matter. In this situation however, at issue is whether the person could be mentally ill.

VI. COMMUNITY MENTAL HEALTH RESOURCES

Several mental health resources are available to Police personnel as the need arises:

- A. Community Mental Health Officer:
 - 1. Is a sworn officer who has received specialized training on the topic of persons with mental illness.
 - 2. The Community Mental Health Officer is available 24 hours a day, seven days a week.
 - 3. In the event that an officer needs the assistance of a Community Mental Health Officer, the officer should request that Dispatch

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contact them. Dispatch will maintain a list of all numbers for the Community Mental Health Officers.

- B. Shoals Hospital
 - 1. Officers may conduct voluntary transports of persons with mental illness to the Shoals Hospital Emergency Room.
- C. NAMI SHOALS
 - 1. If officers come into contact with persons having questions or requiring additional information on dealing with persons with mental illness, officers may refer individuals to NAMI. The police desk and Dispatch maintain current contact information for NAMI.

VII. GUIDELINES FOR DEALING WITH MENTALLY ILL PERSONS

- A. INTERACTING WITH PERSONS WITH MENTAL ILLNESS:
 - 1. No officer shall attempt alone to restrain or take into custody a known or suspected mentally ill person, unless:
 - a. Such person is posing imminent deadly physical danger to:
 - 1) The officer,
 - 2) Himself or herself
 - 3) Or others.
 - 2. If necessary, the first officer on the scene will wait until a back-up unit(s) arrives.
 - 3. If at any point during the encounter (i.e., evaluating, arresting and/or transporting), the use of force is required, standard use of force procedures apply.
 - 4. The officer shall use his/her firearm only as a last resort in these situations.
 - 5. When the law enforcement officer is confronted by circumstances and has reasonable cause for believing that a person is mentally ill and also believes that the person is likely to be of immediate danger to the officer, himself/herself or others, the law enforcement officer shall:
 - a. Have Dispatch send a back-up unit on all calls for known or suspected mentally ill persons and direct a patrol supervisor to the scene as soon as possible.
 - b. The patrol supervisor, or his designee will then notify the Community Mental Health Officer if the need for an involuntary commitment is necessary.

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- c. The Community Mental Health Officer will assess conditions and determine if the person needs the attention, specialized care, and services of a designated mental health facility.
 - d. If the Community Mental Health Officer determines from the conditions, symptoms, and behavior that the person appears to be mentally ill, poses an immediate danger to self and others, does not have any pending criminal charges, and is nineteen (19) years of age or older, the law enforcement officer shall take the person into custody and deliver the person directly to the designated mental health facility.
 - e. If someone exhibits signs of a mental illness or makes suicidal/homicidal statements while in custody for arrest, the officer shall make jail staff aware of the signs exhibited and/or the suicidal/homicidal statements at the time of booking, and may add a notification to his/her booking documentation for the arrestee to be evaluated by a Community Mental Health Officer prior to release.
6. A subject with mental illness in a crisis situation is generally afraid. When interacting with a subject with mental illness officers should:
- a. Continually assess the situation for danger;
 - b. Maintain adequate space between the officer and subject;
 - c. Remain calm;
 - d. Give firm, clear directions; if possible, only one officer should talk to the subject;
 - e. Respond to apparent feelings, rather than content;
 - f. Respond to delusions and hallucinations by talking about the person's feelings rather than what he/she is saying;
 - g. Be helpful, or offer assistance to make the person feel calm/safe.
 - h. Continually utilize de-escalation techniques.
7. When interacting with persons with mental illness, officers should NOT:
- a. Join into the behavior related to the person's mental illness, e.g., agreeing/disagreeing with the delusion or hallucination;
 - b. Stare at the subject, as this may be interpreted as a threat;
 - c. Confuse the subject;
 - d. Give multiple choices, as this might increase the person's confusion;

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- e. Whisper, laugh, or joke about the situation, as this might increase the person's potential for violence;
- f. Deceive the subject, as being dishonest may increase the person's level of fear or suspicion; or
- g. Touch the subject unnecessarily. For a subject with mental illness, touching may cause more fear, which could aggravate the situation.

B. CRITERIA FOR INVOLUNTARY COMMITMENT:

1. The respondent is mentally ill **and**:
 - a. As a result of the mental illness, the respondent poses a real and present threat of substantial harm to self and/or others;
 - b. The respondent will, if not treated, continue to suffer mental distress and will continue to experience deterioration of the ability to function independently; and
 - c. The respondent is unable to make a rational and informed decision as to whether or not treatment for mental illness would be desirable.
2. If a Community Mental Health Officer cannot be reached, and the law enforcement officers at the scene, including a patrol supervisor, have reason to believe that the person in question is mentally ill and is a threat to endanger the officers, himself/herself or others, the supervisor shall contact the **Probate Judge** for approval to transport that person to the designated mental health facility for a psychiatric evaluation.
3. If a person whom the officer has reasonable cause to believe is mentally ill, is taken to the mental health facility for evaluation and subsequently diagnosed as NOT having a serious mental illness, he/she must either be returned to the place from where he/she was taken or to another location, within the County, at their option. An incident report will be made and included in the narrative will be the hospital where the subject was taken, the evaluating physician's name, and the diagnosis.
4. If a person, whom the officer has reasonable cause to believe is mentally ill is taken to the hospital for an evaluation and is retained by the hospital for further diagnosis, the officer should, if possible, furnish the hospital with:
 - a. Subject's name, age, address, phone number;
 - b. An incident report will be made, including in the narrative the hospital where the person was taken, the evaluating physician's name and the diagnosis; and

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- c. The officer will remain at the hospital with the subject until he/she is examined and admitted or released, or the hospital's treating physician agrees that the officer's presence is no longer needed.
 5. No person who is diagnosed as mentally ill will be confined in the City/County detention facility without a valid criminal charge.
 6. If a person who is known to be mentally ill or the officer has reasonable cause to believe the person is mentally ill, is arrested for a misdemeanor, (committed in the officer's presence or the person is the offender of domestic violence in which the officer has probable cause to arrest the offender, or arrested with a duly executed writ, or felony) he/she shall be taken immediately to the detention center.
- C. TRANSPORTING PERSONS WITH MENTAL ILLNESS
 1. Persons with mental illness may pose a threat to themselves and/or the transporting officer; therefore, restraint devices will be used.
 2. If the person is cooperative and does not have any charges, the officer may leave the subject with hospital security. However, if the subject is disorderly, the officer will assist hospital staff as needed, until the volatile situation is resolved.
- D. INTERVIEW AND INTERROGATING PERSONS WITH MENTAL ILLNESS:
 1. When dealing with possible or actual mentally ill suspects, witnesses, and/or victims, officers will not be prohibited from conducting interviews and interrogations; however, officers shall conduct interviews and interrogations that are appropriate to the individual.
 2. The Miranda Warning will be administered when and if appropriate.
 3. Officers shall exercise extreme caution when conducting such interviews and interrogations because of the mental capacity of the person.
 4. Officers shall weigh the mental understanding of the person and the validity of the information provided when conducting such interview/interrogations to ensure the constitutional rights of the person are protected and the information obtained is admissible in court.

VIII. TRAINING

- A. In order to prepare personnel who, during the course of their duties, deal with subjects with mental illness, the department will ensure all new employees receive training regarding persons with mental illness.

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- B. All employees will receive “refresher,” in-service training on the issue of mental illness annually.