

Annapolis Police Department



GENERAL ORDER

Number: C.23

**Issue Date: October
2004**

TO: All Personnel

SUBJECT: Responding to Persons with Mental Illnesses

PURPOSE

The purpose of this General Order is to provide guidelines for Department members responding to persons with mental illnesses. No single policy can address all of the situations in which Department members may be required to provide assistance to persons who have mental illnesses. This policy is intended to address the most common types of interaction with people who have mental illnesses.

POLICY

It shall be the policy of the Annapolis Police Department to ensure a consistently high level of service is provided to all community members. Agency personnel shall afford people who have mental illnesses the same rights, dignity and access to police and other government and community services as are provided to all citizens.

DEFINITIONS

1. **Court** - A district court or circuit court of Maryland.
2. **Emergency Evaluatee** - A individual for whom an emergency evaluation is sought or made under this section.
3. **Mental Disorder** - The behavioral or other symptoms that indicate:
 - a. To a lay petitioner who is submitting an emergency petition, a clear disturbance in the mental functioning of another individual; and
 - b. To a physician or psychologist doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association's "Diagnostic and Statistical Manual - Mental Disorders" that is current at the time of the examination.

*Mental disorder does not include mental retardation.

4. **Mental Illness** - Any of various conditions characterized by impairment of an individual's normal cognitive, emotional or behavioral functioning and caused by social, psychological, biochemical, genetic or other factors such as infection or head trauma.
5. **Peace Officer** - A sheriff, a deputy sheriff, a state police officer, a county police officer, a municipal or other local police officer, or a Secret Service Agent who is a sworn special agent of the United States Secret Service or Treasury Department authorized to exercise powers delegated under 18 U.S.C. §3056.
6. **Americans with Disabilities Act (ADA)** - Applies to people who have a physical or mental impairment that substantially limits one or more of their major life activities, including:
 - a. The ability to communicate, hold a job or care for themselves;
 - b. People who have a record of such impairment; or
 - c. People who are regarded as having such impairment.

The term "substantially limits" is not a clinical term. It is a practical term to distinguish between people who have a mild physical or mental impairment and those whose impairment significantly limits one or more major life activities.

I. Guidelines for the Recognition of Persons Suffering from Mental Illness

- A. While many people with mental illnesses control symptoms successfully with the use of medications, others who do not have access to mental health services, fail to take their medications or do not recognize that they are ill can experience psychiatric difficulties.
- B. Officers and other personnel must be prepared to deal with situations involving persons who have mental illnesses and know how to respond to these situations in an appropriate and sensitive manner.
- C. Symptoms of different mental illnesses may include but are not limited to:
 1. Loss of memory;
 2. Delusions;
 3. Depression, deep feelings of sadness, hopelessness or uselessness;
 4. Hallucinations;
 5. Manic behavior, accelerated thinking and speaking
 6. Hyperactivity;
 7. Confusion;
 8. Incoherence; and
 9. Extreme paranoia.
- D. The degree to which these symptoms exist varies from person to person according to the type and severity of the mental illness. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual.

- E. Police Communications Operators or officers responding to the scene are not expected to diagnose a mental illness, but to decide on the appropriate response to the individual and the situation. Recognizing that symptoms may indicate mental illness, these symptoms will help officers decide on an appropriate response and disposition.
- F. Obtaining relevant information from family members, friends, others at the scene who know the individual and his or her history can assist officers in taking the appropriate action. Officers on the scene will also have to determine the severity of the behavior, the potential for change in behavior and the potential for danger presented by the individual to themselves or others.

II. Police Communications Operators (PCO's) Responsibilities

- A. The quality of information gathered by the PCO's can affect the way officers respond to and resolve a call for service. This includes those calls involving persons who may have mental illnesses. Gathering information is critical at all stages in assessing these situations but is particularly critical at the onset.
- B. When the Department receives a call concerning the actions or behavior of someone who may have a mental illness it is essential that the PCO collect the information that will prepare an officer to respond to the scene, such as:
 - 1. The nature of the problem behavior;
 - 2. Events that may have precipitated the person's behavior; and
 - 3. The presence weapons.
- C. A family member, friend or concerned party calling about someone who needs help in accessing mental health may volunteer additional information such as:
 - 1. Past occurrences of this and/or other abnormal behaviors;
 - 2. Past incidents involving injury or harm to the individual or others;
 - 3. Prior suicide threats;
 - 4. Reliance on medication or failure to take medication;
 - 5. Relatives, friends or neighbors available to assist officers; and
 - 6. Physicians or mental health professionals available to assist officers.
- D. PCO's should provide all relevant background information to responding officers. PCO's will have ready access to contact and referral information for available community mental health resources and authorized emergency evaluation facilities and will upon request provide such information to officers or citizens.

III. Officers Responsibilities

- A. When responding to a call that involves a person who has or exhibits symptoms of a mental illness, officers should obtain as much information as possible to assess and stabilize the situation. In particular, officers should gather information regarding the

nature of the problem behavior and/or events that may have precipitated the person's behavior and particularly the presence of weapons.

- B. The following specific guidelines detail how to approach and interact with a person who may have a mental illness and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during interviews and interrogations. Officers while protecting their own safety, the safety of the person who may have a mental illness and others at the scene should:
1. Remain calm and avoid overreacting;
 2. Be helpful and professional;
 3. Provide or obtain on-scene first aid when treatment of an injury is urgent;
 4. Check for and follow procedures indicated on medical alert bracelets or necklaces;
 5. Indicate a willingness to understand and help;
 6. Speak simply, briefly and move slowly;
 7. Remove distractions, upsetting influences and disruptive people from the scene;
 8. Understand that rational discussion may not take place;
 9. Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, voices or the environment.
 10. Be friendly, patient, accepting and encouraging but remain firm and professional;
 11. Recognize and acknowledge that a person's delusional or hallucinatory experience is real to him or her; and
 12. Gather information from family or bystanders.
- C. While each incident will be different when dealing with a person who may have a mental illness, officers should be aware that their own actions may have an adverse effect on the situation. Actions that officers should generally avoid include:
1. Moving suddenly, giving rapid orders or shouting;
 2. Forcing discussion;
 3. Direct, continuous eye contact;
 4. Touching the person (unless essential for 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; and
 10. Misleading the person to believe that the officers on the scene think or feel the way the person does.
- D. Once sufficient information has been collected about the nature of the situation and the situation has been stabilized, there are a range of options that should be considered when selecting an appropriate disposition. These options include the following:

1. Arrange for transportation for medical attention if the subject is injured or abused;
 2. Outright release;
 3. Release to care of family, care giver or mental health provider;
 4. Refer to mental health services (Services of the Mobile Crisis Team may be used if they are available);
 5. Refer to substance abuse services (Services of the Mobile Crisis Team may be used if they are available);
 6. Assist in arranging voluntary admission to a mental health facility, if requested;
 7. Transport for involuntary petition for emergency evaluation if the person's behavior meets the criteria as indicated in section IV; and
 8. Arrest, if a crime has been committed.
- E. Officers should remember that mental illness is not a crime and does not, in itself justify or require police intervention. Mentally ill persons are capable of functioning on their own without danger to themselves or others. Such persons cannot legally be taken into police custody merely because of the mental illness. Police intervention is justified only when the officer has reason to believe that there is a threat to life and safety.
*”Reason to believe” is defined by case law as something which is less than probable cause.
- F. The Mobile Crisis Team supports the police officer who encounters persons and families in crisis in the community. Assistance is offered at the scene to persons with mental illnesses and to those experiencing situational crises.

IV. Petition for Emergency Evaluation

- A. A petition for emergency evaluation of an individual may be made only if the petitioner has reason to believe the individual presents a danger to the life and safety of the individual or others. The petition for emergency evaluation of an individual may be made by:
1. A physician, a psychologist, a clinical social worker, a clinical professional counselor or a health officer or designee of a health officer who has examined the individual;
 2. A peace officer who personally has observed the individual or the individual's behavior; or
 3. Any other interested party.
- B. A peace officer who makes a petition for emergency evaluation commitment may base the petition on:
1. The examination or personal observation; or
 2. Other information that may come from third parties that is pertinent to the factors giving rise to the petition.

- C. When a petition for emergency evaluation is warranted, the officer will complete “Petition for Emergency Evaluation”. The petition should contain a description of the behavior and statements of the emergency evaluatee or any other information that led the petitioner to believe that the emergency evaluatee has a mental disorder and that the individual presents a danger to the life and safety of the individual or others. The petition should further contain any other facts that support the need for an emergency evaluation. The original will be given to the nurse assigned to that patient and a copy will be submitted to Records with the Incident Report.
- D. After the evaluatee is taken to the appropriate medical facility:
1. Complete the petition for emergency;
 2. If the evaluatee is not violent, the officer may leave the hospital after the doctor or admitting nurse is notified. Hospital security should be notified before leaving.
 3. If the evaluatee is violent or a physician asks the officer to stay the officer shall contact the supervisor who will respond and determine if the officer is necessary.
 4. In making this determination, the supervisor should consider the involuntary nature of the petition and the evaluatee’s potential for violence. Consideration should also be given to the evaluatee’s past actions and propensity for violence and the supervisor’s personal observations of the evaluatee.
 5. If the supervisor determines that the officer’s presence is necessary, the officer shall remain. The supervisor will inform the physician that they are required to examine the evaluatee as promptly as possible.
 6. If the supervisor determines that the officer’s presence is not necessary, the officer may leave. The physician or the admitting nurse and hospital security shall be notified prior to the officer’s departure.
- E. When a juvenile has been taken into custody for emergency evaluation pursuant to a court order, petition signed by a competent mental health authority or on a peace officer’s observations, the juvenile’s parent or guardian shall be notified to respond to the medical facility as soon as possible.
- F. The officer will complete an Incident Report, attach a copy of the emergency petition to the report, complete the Holding Facility Intake Form and enter the evaluatee in the Protective Custody docket. If the evaluatee is a juvenile, the officer will need to complete an Incident Report, attach a copy of the emergency petition to the report, complete a Juvenile Notification Form as well as enter the juvenile into the Protective Custody docket.
- G. The evaluatee will be handcuffed and transported as outlined in **General Order C. 18.**

V. Criminal Charges/Arrested Persons

- A. If the evaluatee is also under arrest for criminal charges, the officer will transport the individual to the designated medical facility and remain with the individual until there

is a disposition on the petition.

- B. If the individual is not committed, the evaluatee will be transported to the Department for processing of criminal charges.
- C. If the evaluatee is committed the supervisor will be notified. The supervisor will determine if the charges against the evaluatee will be deferred or the charges are of a serious nature and security will be required until the evaluatee is discharged.
- D. If the charges are not determined to be serious in nature and the arresting officer will be completing an application for charges, the arresting officer will release the prisoner from custody for treatment and will request that the medical staff notify the police Department of the impending discharge of the admitted patient. Officers should keep in mind that the medical staff is not required to release such information.
- E. If the evaluatee is released from custody and turned over to the medical facility for evaluation purposes the arresting officer will immediately complete an "Application for Charges" on the criminal charges anticipating that a warrant or summons will be issued prior to the patient's discharge from the hospital.

VI. Court Ordered Petitions

- A. Officers are required to serve petitions which are properly executed by a Maryland court or has been signed and submitted by a physician, a psychologist, a clinical social worker, a licensed clinical professional counselor, a health officer or designee of a health officer. If the petition has been endorsed by the court, it must have been endorsed within the last five (5) days.
- B. Petitions from the court not served within five (5) days will be returned to the Records Section to be returned to the court with an indication of "Not Served".
- C. When petitions are received and the person who is the subject of the petition is not immediately available, officers will attempt to develop information concerning the best way to take the person into custody. This information may be obtained from the physician, other petitioner or from the person's relatives or friends.
- D. When a court ordered petition has been served the Holding Facility Intake Form will be completed and the evaluatee will be entered into the Protective Custody docket. A copy of the emergency petition will be submitted with the Holding Facility Intake Form. If the evaluatee is a juvenile, complete a Holding Facility Intake Form, Juvenile Notification Form as well as enter the juvenile into the Protective Custody docket. The juvenile's parent or guardian shall be notified to respond to the medical faculty as soon as possible.
- E. When dealing with court ordered petitions Incident Reports are **only** required when there are pending criminal charges, criminal charges, a use of force incident, as directed by a supervisor or the officer believes that a report would be appropriate.

VII. Accessing Available Community Mental Health Resources

- A. If an officer determines that the criteria for an emergency petition does not apply, but it is apparent that the citizen would benefit from outside professional assistance the officer shall:
 - 1. Encourage the citizen to seek assistance on their own;
 - 2. Refer a report to the Department of social services;
 - 3. Provide the citizen with telephone numbers for various assistance programs such as the Mobile Crisis Team; or
 - 4. Contact the Mobile Crisis Team to respond for immediate assistance.

- B. When officers are questioned by an interested party, i.e., family members, concerning a person who may have a mental disorder and who is not in the officer’s presence the officer will direct the person to the Clerk of Court’s Office. The interested party will be told of the requirements of the law regarding the request to file a petition.

VIII. Training

- A. Training on this policy will be conducted for all sworn entry level personnel during GAP training. This training will be documented.

- B. Training on this policy will be conducted for all Police Communication Operators, Parking Enforcement Officers and any other member who may come in contact with persons with mental illness. This training will be conducted during Pre-Service training. This training will be documented.

- B. Refresher training will be conducted at least every three years for sworn personnel, Police Communications Operators, Parking Enforcement Officers and any other member who may come in contact with persons with mental illness. This training will be documented.

Joseph S. Johnson
Chief of Police

References
1. Accreditation Standard 41.2.8
2. Maryland Code Health General 10-622

Revision: This is a new General Order