	SALISBURY POLICE DEPARTMENT
	Written Directive: Handling Persons with Mental Health Issues
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	Approved: Barbara Duncan, Chief of Police
Related CALEA Standards: 41.2.7	**Handling Persons with Mental Health Issues** Section #208

Interaction with Persons Suspected Of Suffering from Mental Health Issues

1. Policy:

It is the policy of the Salisbury Police Department to ensure a consistently high level of service provided to all persons with whom they come in contact, including those who may have mental illnesses. Employees will afford persons who have mental health issues the same rights, dignity and access to police and other governmental and community services as are provided to all citizens. No single policy or procedure can address all of the situations in which officers or other department employees may be required to provide assistance to persons who have mental health issues. This policy is intended to address the most common types of interactions with people who have mental health issues. For the purposes of this policy, "mental health issues" means any of various conditions characterized by impairment or 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.

2. Purpose:

The purpose of this policy is intended to address the varying role Salisbury Police Department personnel play in their encounters with people with mental health issues. As sworn and non-sworn, they may encounter victims, witnesses or suspects who have mental health issues. As officers and support staff of the department may be called upon to help people obtain psychiatric attention or other needed services. The Salisbury Police Department recognizes that helping people with mental health issues and their families obtain the services of mental health organizations, hospitals, clinics, and shelter care facilities has increasingly become a role for police, and that no single policy or procedure can address all of the situations personnel may encounter. This policy is intended to address the most common types of interactions with mentally ill persons and provide guidance to department personnel dealing with such individuals.

3. Guidelines for the Recognition of Mental Disorder and Abnormal Behavior:

A. While many people with mental health issues have symptoms which can be controlled 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. 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.

B. Mental health issues refer to a wide range of mental health conditions and disorders that affect your mood, thinking and behavior. Examples of mental health issues include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors. Many people have mental health concerns from time to time.

C. Symptoms of different mental health issues may include, but are not limited to:
   a) Disorientation - Mental confusion with respect to time, place, person; (Subject does; not know who he/she is, where he/she is, or what time of day it is);
   b) Inappropriate Behavior for Time and Place - Behavior that is not suitable or not accepted, i.e. - public sexual behavior;
   c) Impulsiveness - Acting spontaneously or without deliberation, i.e. - suddenly for no reason starts breaking furniture;
   d) Big Changes in Behavior - To feel extremely good one minute then feel extremely depressed the next minute, i.e. Mood changes rapidly from gaiety to anger;
   e) Losses of Memory – i.e. Short term or long term memory;
   f) Feelings of Persecution - i.e., a person who thinks his co-workers are constantly plotting against him/her;
   g) Grandiose Ideas - i.e., a person believes he/she has a special mission in life;
   h) Talks to him/her - Carries on conversations with imaginary persons.
   i) Hears Voices - Hears voices that aren't there, i.e., hears the voice of a deceased person talking;
   j) Sees Visions, Smells Strange Odors, or Has Peculiar Taste - i.e., a person sees a vision of himself/herself as walking across a body of water;
   k) Thinks People are Watching or Talking About Him/her – i.e. possible paranoia;
   l) Unrealistic Physical Complaints - Senses that body parts, such as the genitals, are falling off;
   m) Extreme Fright - i.e., assuming a fetal position when approached by another person;
   n) Dangerous or Destructive Behavior – Observes that a person has cut his own wrists; and
   o) Depression - Feelings of hopelessness, helplessness, i.e., - "everything I do is wrong" attitude; sees no hope for the future.

4. **Procedures for assessing available community mental health resources**

The Maryland Department of Health and Mental Hygiene, Office of Regulations, Legislation and Policy, has designated the Peninsula Regional Medical Center (PRMC), 100 East Carroll Street, Salisbury, Maryland 21801 as a psychiatric emergency facility. This facility is designated for the purpose of providing evaluation of individuals who are presented on the basis of a petition for emergency evaluation pursuant to the Annotated Code of Maryland. The petition must be completed when transporting a person suspected of experiencing mental health issues to PRMC. If a police officer of this department has any questions as to the completion of this petition, he/she shall immediately contact his/her supervisor. If conditions warrant, the supervisor shall allow the officer to stay with a violent evaluee.

5. **Response to calls for service involving persons with a mental health disorder or who is experiencing a mental health crisis:**

A. It is understood that mental health issues can affect many aspects of policing today. A 1999 report by the U.S. Department of Health and Human Services estimated that one in for individuals will have a diagnosable mental disorder at some point in their lives. When responding to a call for service that involves a person who has, or exhibits symptoms of, a mental health crisis or is living with a mental health disorder, officers should obtain as much information as possible to assess and stabilize the situation. Officers are reminded to follow the training and guidelines received during their course on Mental Health First Aid. 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 be experiencing a mental health crisis or someone who may be living with a mental health issue 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 should understand that consumers of mental health services may not be willing to seek assistance from anyone, including the police due to the stigma and negative attitude held by the public about individuals living with mental disorders. Officers, while protecting their own safety, the safety of the person with the mental health issue and others at the scene should:
   a) Remain calm and avoid overreacting;
   b) Be helpful and professional;
   c) Provide or obtain on-scene emergency aid when treatment of an injury is urgent;
   d) Check for and follow procedures indicated on medical alert bracelets or necklaces;
   e) Indicate a willingness to understand and help;
   f) Speak simply and briefly, and move slowly;
   g) Remove distractions, upsetting influences and disruptive people from the scene;
   h) Understand that a rational discussion may not be possible;

i) Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds ("voices") or the environment;
j) Be friendly, patient, accepting and encouraging, but remain firm and professional;
k) Be aware that their uniform, gun and handcuffs may frighten the person with mental illness, attempt to reassure him/her that no harm is intended;
l) Recognize and acknowledge that a person's delusional or hallucinatory experience is real to him/her;
m) Announce actions before initiating them; and,
n) If the person is experiencing a psychiatric crisis, attempt to have a local mental health professional to respond to the scene.

C. While each incident will be different when dealing with a person who may have a mental health issue or a mental health crisis, officers should be aware that their own actions may have an adverse effect on the situation. Actions that officers should generally avoid include:
a) Moving suddenly, giving rapid orders or shouting;
b) Forcing discussion;
c) Direct, continuous eye contact;
d) Touching the person (unless essential to safety);
e) Crowding the person or moving into his/her zone of comfort;
f) Expressing anger, impatience or irritation;
g) Assuming that a person who does not respond cannot hear;
h) Using inflammatory language, such as "mental" or "retarded subject"; or
i) Challenging delusional or hallucinatory statements.

D. Once sufficient information has been collected about the nature of the situation and the situation has been stabilized, there is a range of options officers should consider when selecting an appropriate disposition. These options include the following:
a) Refer or transport the person for medical attention if he/she is injured or abused;
b) Outright release;
c) Release to care of family, caregiver or mental health provider;
d) Assist in arranging voluntary admission to a mental health facility, if requested;
e) Transport for involuntary emergency psychiatric evaluation, if the person's behavior meets the criteria for this action; or
f) Arrest, if a crime has been committed.

E. Officers should remember that neither living with a mental health disorder nor having a mental health issue is a crime. No individual should be arrested for behavioral manifestations of mental illness that are not criminal in nature. Taking a person who has a mental illness in custody can occur only when:
a) The individual has committed a crime;
b) The individual presents a danger to the life and safety of the individual or others and meets the state's criteria for involuntary emergency evaluation; or
c) In response to a court order or directive of a mental health or medical practitioner who has legal authority to commit a person to a mental health facility.

6. Arrest Of Persons With Mental Health Issues:

A. In cases where charges are placed, the arresting officer will:
   a) Communicate any observations of the arrestee's mental state in the probable cause section of the arrest document; and,
   b) Advise the District Court Commissioner and/or the officer taking custody of the arrestee at Central Booking of the arrestee's actions and condition.

7. Emergency Psychiatric Evaluation Petitions:

A. The Health Article of the Annotated Code of Maryland gives "peace officers" certain rights and responsibilities regarding persons who are diagnosed with, or are exhibiting behavior indicative of, a mental disorder.

8. 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.

B. The petition for emergency evaluation of an individual may be made by:
   a) A physician, a psychologist, or a health officer or designee of a health officer who has examined the individual;
   b) An officer who personally has observed the individual or the individual's behavior; or,
   c) Any other person of interest to include family members or close friends who appear before a judge to request an emergency petition for someone in crisis. They will have to have clear evidence as to why that person needs to be evaluated.

C. A petition must:
   a) Be signed and verified by the petitioner;
   b) State the petitioner's name, address and work phone number;
   c) State the emergency evaluee' s name and description;
   d) State the following information, if available:
      i. the address of the emergency evaluee; and
      ii. the name and address of the spouse, child, parent or other relative of the emergency evaluee or any other individual who is of interest to the emergency evaluee (if possible).
   e) Contain a description of behavior and statements of the emergency evaluee that led the petitioner to believe that the evaluee has a mental disorder and that the individual presents a danger to the life and safety of the individual or others; and
   f) Contain any other facts supporting the need for an emergency evaluation

D. The petition form will contain a notice that the petitioner:
   a) May be required to appear before a court; and,

b) Makes the statements under penalties of perjury.

9. Petitions Initiated By Officers

A. When an officer observes behavior which fulfills the requirements for the justification of a petition, the officer may take a person into custody in the same manner as he/she would a person arrested. The officer will execute a petition for emergency evaluation and sign it as a peace officer.

B. The officer will take the person to an emergency facility. If circumstances warrant, if for example the person has an injury, the person may be transported by ambulance.

C. Upon arrival at a medical facility, the officer will immediately request hospital security be notified and ask to respond to the officer's location if the individual has been violent or has shown potential for violence.

D. The officer will inform the evaluee an emergency evaluation is going to be conducted and the evaluee is not permitted to leave the medical facility until released by a physician.

E. The officer will inform security personnel of the evaluee's actions and/or statements which led to the evaluee being taken into custody. The officer shall inform security personnel of any violence exhibited by the evaluee or any threat of suicide by the evaluee.

F. Constant observation of the evaluee will be maintained by either the officer or security until the evaluee has been restrained or turned over to hospital personnel.

G. After an officer takes the evaluee to an emergency facility, the officer need not stay unless:
   a) The emergency evaluee is violent and a physician request that the officer stay until there is sufficient security or the local police jurisdiction arrives to assist.
   b) The evaluee is under arrest.

10. Completion Of Report

The serving of an emergency petition will require the completion of an incident report and a copy of the petition will be attached to the incident report.

11. Lay Petitioners

A. Individuals seeking information on how to obtain and Emergency Petition can be referred to the Office of the Clerk of District Court during business hours and during non-business hours individuals may be referred to the District Court

Commissioner's Office. Individuals will have to have clear evidence as to why a person needs to be evaluated. Evidence must include information indicating that the person appears to present a danger to the life or safety of him/herself or others and that the individual must believe to be suffering from a mental disorder. Note: "mental disorder" does not include "mental retardation".

B. A parent can admit a minor child to a psychiatric facility if the minor has a treatable mental disorder. Under Maryland's Health – General Article §10-610 minors are subject to the involuntary admission law.

12. <u>Training</u>

A. The department will provide mental health first aid entry level training for all personnel, both sworn and non-sworn. A documented annual refresher training will also be conducted for all department personnel both sworn and non-sworn. Both entry and annual refresher training will provide instruction for interaction with persons suspected of suffering from mental health disorders during contacts on the street, during interviews and interrogation and any interaction within the police department facility.