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- I. Purpose

The purpose of this Directive is to address the varying roles Division employees encounter with people with mental illnesses. As first responders and law enforcers, officers may encounter victims, witnesses or suspects who have mental illnesses. Helping people with mental illnesses and their families obtain the appropriate mental health services has increasingly become a prominent role for police. No single policy or procedure can address all of the situations in which personnel may be required to provide these services. This Directive is intended to address the most common types of interactions with mentally ill people, and provide guidance to department personnel in dealing with such individuals.

- II. Policy

- A. Division employees shall afford people who have mental illnesses the same access to police and other government and community services as are provided to all citizens.
- B. Division personnel, with supervisor approval, will make reasonable adjustments and modifications to policies, practices, or procedures on a case-by-case basis. For example, if a person exhibits symptoms of mental illness, expresses that he or she has a mental illness or requests accommodation for a mental illness, such as access to medication, Division personnel may need to modify routine practices and procedures, to allow access to the medications.
- C. Division personnel should exercise caution when confronting individuals with mental illness.

- III. Procedures

- A. When anyone with a mental illness comes into contact with Division personnel, for whatever reason or circumstance, Division personnel must take extra caution to ensure that the person's rights are not violated and that he/she understands what is occurring. Division personnel must ensure that people with a mental illness receive the necessary assistance to access services. This may require time and patience beyond what is normally provided.

- B. People with a mental illness may be suspects or arrestees and require detention, transport, and processing. Employees must familiarize themselves with the proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a mental illness.
- C. Division personnel must recognize that responses of people with certain mental illness may resemble those of people who have abused substances such as alcohol or drugs. Individuals may appear as though they are on a substance or intoxicated, but actually have not taken prescribed medication for their mental illness.

IV. Mental Illness

- A. Mental illness includes any of a variety of 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.
- B. The terms "mental illness", "emotional illness", and "psychological illness", describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating.

V. Memory Impaired People

- A. Alzheimer's disease causes intellectual deterioration in adults severe enough to dramatically interfere with occupational or social performance.
- B. These disorders are not found only in older people. Many Alzheimer victims have a tendency to wander, mentally and physically, sometimes in an attempt to return to their past. The rate of deterioration differs from patient to patient.
- C. Establishing a level of communication with memory-impaired people is essential in order to render assistance.
- D. An important function of the officer is to assist in reuniting of memory impaired victims with family members or primary care providers in a timely fashion.

VI. Common Symptoms

- A. Although officers are not in a position to diagnose mental illness, officers shall be alert to symptoms common to such illnesses.
- B. Symptoms of mental illness may vary, but all mentally ill people have thoughts, feelings, or behavioral characteristics that result in an individual's inability to cope with the demands of life.
- C. While a single symptom or isolated event does not necessarily indicate mental illness, the following may be useful in recognizing warning signs of mental illness:
 - 1. Social Withdrawal
 - 2. Depression

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3. Thought Disorders
 - a. Inability to concentrate or cope with minor problems.
 - b. Irrational statements. Poor reasoning, memory, and judgment. Expressing a combination of unrelated or abstract topics. Expressing thoughts of greatness, e.g., person believes he/she is God. Expressing ideas of being harassed or threatened, e.g., CIA monitoring thoughts through TV set.
 - c. Peculiar use of words or language structure. Nonsensical speech or chatter. Word repetition – frequently stating the same or rhyming words or phrases. Extremely slow speech. Pressured speech – expressing urgency in manner of speaking.
 - d. Excessive fears or suspiciousness. Preoccupation with death, germs, guilt, etc. Delusions, hallucinations.

 4. Expression of Feelings
 - a. Argumentative, belligerent, unreasonably hostile. Threatening harm to self or others. Overreacting to situations in an overly angry or frightening way.
 - b. Indifference
 - c. Excessive crying or inability to cry.
 - d. Inability to express joy.
 - e. Inappropriate laughter.
 - f. Nonverbal expressions of sadness or grief.

 5. Behavior
 - a. Hyperactivity or inactivity or alterations between the two. Talking excitedly or loudly. Manic behavior, accelerated thinking and speaking.
 - b. Deterioration in personal hygiene and appearance.
 - c. Involvement in automobile accidents.
 - d. Drug or alcohol abuse.
 - e. Forgetfulness and loss of valuable possessions.
 - f. Attempts to escape through geographic change, frequent moves, or hitchhiking trips.
 - g. Bizarre behavior – staring, strange postures or mannerisms, lethargic, sluggish movements, repetitious or ritualistic movements.
 - h. Decorations – Inappropriate use of household items, e.g., aluminum foil covering windows.
 - i. “Pack ratting” waste matter/trash
 - j. Unusual sensitivity to noises, light, colors, clothing.
 - k. Changes in sleeping and eating habits.

 6. Cognitive Impairments
 - a. Disorientation in time, place, or person. Confusion, incoherence and extreme paranoia.
 - b. Inability to find way in familiar settings.
 - c. Inability to solve familiar problems.
 - d. Impaired memory for recent events.

- e. Inability to wash and feed oneself, urinary or fecal incontinence. Presence of feces or urine on the floor or walls.

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. Often, symptoms of mental illness are cyclic, varying in severity from time to time. Duration of an episode can also vary from weeks to months for some, and many years or a lifetime for others.

VII. Common Encounters

- A. Common situations in which such individuals may be encountered include, but are not limited to, the following:
 - 1. Wandering: Individuals with mental challenges may be found wandering aimlessly or engaged in repetitive or bizarre behaviors in a public place.
 - 2. Seizures: Mentally ill people are more subject to seizures and may be found in medical emergency situations.
 - 3. Disturbances: Disturbances may develop when caregivers are unable to maintain control over mentally ill people engaging in self-destructive behaviors.
 - 4. Strange and bizarre behaviors: Repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment.
 - 5. Offensive or suspicious people: Socially inappropriate or unacceptable acts such as ignorance of personal space, annoyance of others, inappropriate touching of oneself or others, are sometimes associated with the mentally ill person who is not conscious of acceptable social behaviors.

VIII. Response to People With Mental Illness

- A. People with mental illness can be upset easily and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.
- B. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.
- C. The following guidelines detail how to approach and interact with people who may have 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 more formal interviews and interrogations. While protecting their own safety, the safety of the person with mental illness and others at the scene, the officer should:

1. Ensure the individual does not possess or have access to any weapons.
2. Communicate:
 - a. Speak calmly: Loud, stern tones will likely have either no effect or a negative effect on the individual;
 - b. Use non-threatening body language: Keep your hands by your sides if possible;
 - c. Lengthy interactions may be necessary,
 - d. Mentally ill individuals should not be rushed unless there is an emergency;
 - e. Repeat short, direct phrases: Too much talking can distract the mentally ill individual and confuse the situation.
3. Environment:
 - a. Create a comfortable environment: Eliminate, to the degree possible, loud sounds, bright lights, sirens, and crowds, if feasible move the individual to a calm environment
 - b. Keep animals away: Individuals with mental illness are often afraid of dogs or other large animals;
4. Look for personal identification. Medical tags or cards often indicate mental illness and will supply a contact name and telephone number;
5. Call the caregiver: The caregiver is often the best resource for specific advice on calming the person and ensuring officer safety until the contact person arrives;
6. Memory impaired people reported missing should be handled utilizing guidelines set in Division Directive, Missing/Abandoned Persons. The level of intensity should be the same as if the missing person was a child;
7. Be attentive to sensory impairments: Many mentally ill individuals have sensory impairments that make it difficult to process information. Officers should not touch the person unless absolutely necessary, but should use soft gestures, avoid quick movements, use simple and direct language, and should not automatically interpret odd behavior as belligerent;
8. In many situations, and particularly when dealing with someone who is lost or has run away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues;
9. Be aware of different forms of communication. Mentally ill individuals often use signals or gestures instead of words, or have limited speaking capabilities;
10. Remain calm and maintain proper distance.

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- 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:
1. Refer or transport the person for medical attention if he or she is injured or abused.
 2. Outright release.
 3. Release to care of family, care giver or mental health provider.
 4. Refer or transfer to substance abuse service providers.
 5. Assist in arranging voluntary admission to a mental health facility if requested.
 6. Transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action.
 7. Arrest if a crime has been committed.
- IX. Interview and Interrogation
- A. Officers attempting to conduct an interview with a mentally ill individual should, when feasible, consult a mental health professional and the State's Attorney's office concerning the ability of the person to understand the Miranda rights.
- B. If the mentally ill person is a witness, officers should:
1. Not interpret lack of eye contact or strange actions as indications of deceit;
 2. Use simple and straightforward language;
 3. Not employ common interrogation techniques, suggest answers, attempt to complete thoughts of people slow to respond, or pose hypothetical conclusions; and
 4. Recognize that the individual might be easily manipulated and highly suggestible.
- X. Custody
- A. If an individual with a mental, emotional, or psychological illness is taken into custody, officers will make a reasonable effort to use the least restraint possible and to protect the arrestee from self-injury, while taking all necessary precautions. Officers' may request supervisory approval to refrain from using restraining devices. The overall circumstance and the person's potential for violence will determine if handcuffs will be used as a temporary measure to prevent injury to the individual or officer.
- B. The most desired resolution is voluntary admission to an appropriate mental health facility. However, when public safety is at issue, officers will follow Maryland Code, Health General Article §10-62 et seq., regarding involuntary emergency evaluation (see below "Involuntary/Emergency Admissions):
1. Voluntary Admission: The three following scenarios would indicate minimal officer involvement.

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- a. People who appear to be in need of psychiatric evaluation and do not appear to pose an imminent danger to themselves or others should be referred to a mental health facility. (A family member or other responsible person is often available to assist the disturbed person in seeking such treatment and should be provided with the information necessary to secure the needed help.)
 - b. People who have been or are under the care of a private physician should be referred to the physician if possible.
 - c. People who voluntarily agree to psychiatric evaluation will be taken to the nearest local hospital capable of completing this evaluation.
2. Involuntary/Emergency Admission - Under the Health-General Article of the Annotated Code of Maryland a police officer may seek emergency evaluations of an individual whom they believe, as a result of their observations, experience, training and best judgment, is suffering from a mental disorder **and** is in clear and imminent danger of causing personal harm to himself/herself or others. The term "Mental Disorder" does not include mental retardation as defined in the Annotated Code of Maryland. If an officer observes such behavior, the individual will:
- a. Be taken into custody.
 - b. Appropriately restrained. Officers will make a reasonable effort to use the least restraint possible and to protect the arrestee from self-injury, while taking all necessary precautions.
 - c. Searched prior to being transported.
 - d. Transported to the nearest hospital. (In cases where the individual needs medical attention, Fire and Rescue will be summoned to the scene, where they will determine whether to transport the individual, An officer will travel in the ambulance at their request.)
 - d. Officers will:
 - (1) At the hospital complete a Petition for Emergency Evaluation form.
 - (2) Complete the Certification by Peace Officer form.
 - (3) Complete an incident report detailing the circumstances of the event that led to the involuntary admission application and attach a copy of the Petition for Emergency Evaluation.
 - (4) Provide Emergency Room staff all pertinent information about the evaluatee including the identity of the evaluatee's relatives, if known.
 - (5) Notify hospital security staff of the evaluatee and his/her behavior.
 - (6) Return to duty once the physician authorizes the officer to leave. If the evaluatee is violent, the physician may request the officer to remain at the hospital.
 - (7) If a physician requests the officer to remain, Maryland law requires the officer to notify their supervisor of the request and the officer must remain until the supervisor responds to the physician's request. **By law, if the evaluatee is violent, the supervisor will direct the officer to stay at the hospital.** When officers are requested to remain at the hospital, it is the responsibility of the attending physician to examine the evaluatee as soon as possible.

- (8) An evaluatee must be examined within six hours of his/her arrival at the hospital and may not be detained for longer than 30 hours from the time he/she arrives at the facility.
- (9) If the examining physician does not certify the evaluatee for admission to a State hospital, the evaluatee will be released immediately.
- (10) If an officer was the petitioner, the Division will provide transportation for the released evaluatee from the emergency facility back to the location where he/she was taken into custody, if there is no alternative transportation available.
- (11) If the petitioner was someone other than a police officer, transportation will not be provided, unless a shift supervisor believes that extenuating circumstances dictate otherwise.
- (12) If the examining physician certifies the evaluatee, the physician will place the evaluatee in an appropriate facility and will contact a private ambulance service that is under contract with Montgomery County to transport the evaluatee.

C. Transporting Aggressive Mental Patients

1. The transporting of mental patients requires officers to exercise caution to avoid possible injury to themselves or to the patient. In addition to always handcuffing the patient, the officer may consider the use of leg shackles prior to transport. If officers deem the patient too aggressive to transport in a cruiser, then Fire and Rescue will be summoned to the scene.
2. Notify Montgomery County Fire and Rescue of the need for transport and include pertinent information as to the condition of the patient.
3. An officer may accompany the transporting ambulance, if necessary or requested to do so, to assist in restraining the patient.

XI. Available Resources

There are several community mental health resources available.

A. Montgomery County Crisis Center (240-777-4000)

The crisis center is open 24 hours a day and can assist with appropriate referrals. The officer should call the center and talk to a counselor about the situation. The counselor can assist with housing, therapy, and mental health evaluations. They also have a Mobile Crisis Team that may be able to respond to the scene and assist in evaluating the person.

B. Montgomery County Hotline (301-738-2255)

The Mental Health Association sponsors this hotline. This hotline is staffed 24 hours a day and can be used by anyone.

- C. Homeless Outreach Services – Mental Health Association of Montgomery County
301-424-0656 Ext. 106

To provide for outreach and linkage services for homeless mentally ill individuals who are on the streets or in emergency shelters

XII. Training

- A. To prepare personnel who, during the course of their duties, may have contact with people with mental illnesses, the Division shall provide initial level personnel with training on responding to individuals with mental illness in an appropriate manner, and will provide refresher training at least every three (3) years.
- B. Newly hired personnel shall receive training in department procedures set forth in this Directive as follows.
 - 1. Sworn personnel – Field Training Program.
 - 2. Civilian personnel – New hire orientation
- C. Refresher training for all personnel will include, but not be limited to:
 - 1. Policy review during department staff meetings.
 - 2. Shift briefings.
 - 3. In-service programs.

**Approved Park Police Document
Signed Original on File**

End of Directive