



LOWER MERION TOWNSHIP POLICE DEPARTMENT
Ardmore, Pennsylvania

Policy 3.9.2

Subject:		Distribution:
Persons with Mental Health Issues		All Personnel
Date of Issue:	Expiration Date:	Rescinds:
10-22-2018	Until Amended or Rescinded	Policy 3.9.2 (10-02-2015)
References:		
CALEA: 41.2.7; PLEAC: 2.7.8		
By Authority of:		
		Superintendent of Police

PURPOSE

The purpose of this policy is to provide guidance to all Police Department personnel when dealing with persons who have mental health issues.

POLICY

When dealing with individuals known or suspected of having mental health issues, it shall be the policy of the Police Department that officers shall be guided by all applicable state and federal laws regarding the detention of such persons. Officers shall use this policy to assist them in dealing with persons with mental health issues in an empathetic manner. These encounters require an officer to make difficult judgments about the mental state and intent of the individual and require special police skills and abilities to effectively and legally deal with the person to avoid unnecessary force and potential unintended consequences.

DEFINITIONS

MENTAL HEALTH ISSUES - A subject may have mental health issues if he/she displays an inability to think rationally, exercise adequate control over behavior or impulses (e.g. aggressive, suicidal, homicidal, sexual), and/or take reasonable care of his/her welfare with regard to basic provisions for clothing, food, shelter, or safety.

CRISIS INTERVENTION SPECIALIST (CIS): Officers who received advanced training in crisis intervention, mental health law and mental health disorders. The officer works in conjunction with the mental health system to promote stability and safely serve the mental health consumer.

PROCEDURES

A. Recognizing Abnormal Behavior (CALEA 41.2.7 a)

Mental health issues are often difficult for even the trained professional to recognize in a given individual. Officers are not expected to make judgments of mental or emotional disturbance, but rather to recognize exhibited behavior that is potentially destructive and/or dangerous to themselves or others.

1. The following are generalized signs and symptoms of behavior that may suggest mental health issues, although officers should not rule out other potential causes, such as reactions to drugs or alcohol, or temporary emotional crises that are situationally motivated. Officers should evaluate 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.
 - a. *Degree of Reactions* - Persons with mental health issues 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.
 - b. *Appropriateness of Behavior* - An individual who demonstrates extremely inappropriate behavior for a given situation may have mental health issues.
 - c. *Extreme Rigidity or Inflexibility* - Persons with mental health issues may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
2. In addition to the above, a person with mental health issues 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 or paranoid delusions;
 - c. Hallucinations of any of the five (5) 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 extreme fright or depression.

B. Determining Danger

Not all persons with mental health issues are dangerous, while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether a person with apparent mental health issues represents an immediate or potential danger to himself, the officer, or others. These include the following:

1. The immediate availability of any weapons to the subject.
2. 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 considered with other information, provide more insight into the subject's potential for violence.
3. 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.
4. The absence of violent acts 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.
5. 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 oneself 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.
6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly unstable environment that may incite violence should be taken into account.

C. Dealing with Persons with Mental Health Issues (CALEA 41.2.7 c)

Should the officer determine that an individual may have mental health issues and be a potential threat to him or herself, the officer or others, or may otherwise require law enforcement intervention as prescribed by statute, the following responses may be taken.

1. Request a backup officer, and always do so in cases where the individual will be

taken into custody.

2. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation.
3. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that he/she will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him/her. Relate your concern for their feelings and allow them to express their feelings.
5. Do not threaten the individual with arrest or in any other manner as this may create additional fright, stress, and potential aggression.
6. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.
7. Always attempt to be truthful with the individual. If the subject becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

D. Taking Custody or Making Referrals (CALEA 41.2.7 b) (PLEAC 2.7.8 a)

Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

1. Make mental health referrals when, in the best judgment of the officer, the circumstances do not indicate that the individual must be taken into custody for his/her own protection, or the protection of others, or for other reasons as specified by law.
2. Notify an immediate supervisor prior to taking into custody a potentially dangerous individual who may have mental health issues, or an individual who meets other legal requirements for involuntary admission for mental examination.
3. Once a decision has been made to take an individual into custody, do it as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area and restrain the individual.
4. Complete an incident report whether or not the individual is taken into custody.

Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Describe the specific behaviors exhibited. The reasons why the subject was taken into custody or referred to other agencies should be reported in detail. Terms such as “out of control” or “psychologically disturbed” are too broad and open to interpretation.

5. Use of Force on a subject with mental health issues will be consistent with state and federal law, and this Department's Use of Force Policy.
6. Subjects who are injured or have been Tasered require medical clearance prior to commitment at Montgomery County mental health facilities.

TRAINING

- A. All sworn personnel and affected civilian personnel are required to successfully complete an initial mental health training program in order to recognize and respond to persons with mental health issues before commencing the Field Training Officer (FTO) program. **(CALEA 41.2.7 d) (PLEAC 2.7.8 b)**
- B. All sworn and affected civilian personnel must undergo annual update training in the area of mental health issues. **(CALEA 41.2.7 e) (PLEAC 2.7.8 c)**
- C. If applicable mental health statutes or Department policy changes occur during the accreditation period, training must be provided within ninety (90) days or as required by statute. **(PLEAC 2.7.8 c)**

RESPONSIBILITY

- A. Supervisors will respond to the scene of disturbances/incidents involving persons with mental health issues, resume unnecessary personnel to patrol, or summon additional assistance as required.
- B. Where appropriate, the responding supervisor will provide documentation to the Superintendent of Police, via the chain of command, indicating the need for more, or different training, and/or the need for more or additional training for specific personnel.
- C. Summon a Crisis Intervention Specialist to the scene or have the appropriate on-call mental health agency notified if circumstances warrant.
- D. Ensure that all appropriate departmental reports and/or form(s) are completed by involved personnel in all cases where force is utilized, or an involuntary commitment is executed, and any other appropriate times as dictated by the circumstances.
- E. It is the responsibility of all supervisory personnel to ensure that all personnel under their immediate supervision comply with this policy.

- F.** Reporting code “4300” is to be utilized when documenting an incident involving persons with mental health issues.

This page intentionally left blank.