



Bowie Police Department - General Orders

TITLE: MENTAL ILLNESS		NUMBER: 431
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I. POLICY

It is the policy of the City of Bowie 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 illnesses 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 illnesses. This policy is intended to address the most common types of interactions with people who have mental illnesses. For the purposes of this manual, “mental illness” 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.

II. TRAINING

In order to prepare personnel who, during the course of their duties may have to deal with persons with mental illnesses in an appropriate manner, the City of Bowie Police Department will provide training to Department personnel. Entry-level personnel will receive training at their training academies. The Operation Services Division Commander will ensure that all personnel receive refresher training at least every three (3) years. (CALEA 41.2.7.d & e)

III. RECOGNIZING CHARACTERISTICS OF 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. 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. 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, or hyperactivity;
6. Confusion;
7. Incoherence; and,
8. Extreme paranoia

C. 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. The officer responding to the scene is not expected to diagnose a mental illness, but to decide on the appropriate response to the individual and situation. Recognizing the symptoms of mental illness will help officers decide on an appropriate response and disposition.

D. Obtaining relevant information from family members, friends or others at the scene who know the individual and his/her history, or seeking advice from mental health professionals, can also 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 the behavior, and the potential for danger presented by the individual to themselves or to others. (CALEA 41.2.7.a)

IV. RESPONSE TO CALLS FOR SERVICE INVOLVING PERSONS WITH MENTAL ILLNESS

A. When responding to a call for service that involves a person who has, or exhibits symptoms of, mental illnesses, 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 more formal interviews and interrogations. Officers, while protecting their own safety, the safety of the person with 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 emergency 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 and briefly, and move slowly;

7. Remove distractions, upsetting influences and disruptive people from the scene;
8. Understand that a rational discussion may not be possible;
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. 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;
12. Recognize and acknowledge that a person’s delusional or hallucinatory experience is real to him/her;
13. Announce actions before initiating them; and,
14. 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 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 to safety);
5. Crowding the person or moving into his/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 “retarded subject”;
9. Challenging delusional or hallucinatory statements; and,

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/she is injured or abused;
2. Outright release;
3. Release to care of family, caregiver or mental health provider;
4. Assist in arranging voluntary admission to a mental health facility, if requested;
5. Transport for involuntary emergency psychiatric evaluation, if the person’s behavior meets the criteria for this action; or,

6. Arrest, if a crime has been committed.

E. Officers should remember that having a mental illness is not 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:

1. The individual has committed a crime;
2. The individual presents a danger to the life and safety to the individual or others and meets the state's criteria for involuntary emergency evaluation; or
3. 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. (CALEA 41.2.7.c)

V. ARREST OF PERSONS WITH MENTAL ILLNESS

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 Processing of the arrestee's actions and condition. (CALEA 41.2.7.c)

VI. EMERGENCY PSYCHIATRIC EVALUATION PETITIONS

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.

VII. EMERGENCY FACILITIES

A list of emergency facilities is published each year by the Maryland Department of Health and Mental Hygiene. The Patrol Division Commander will maintain an updated list for City of Bowie officers. The nearest emergency facilities are Laurel Regional Hospital and Prince George's Hospital (PGH). (CALEA 41.2.7.b)

VIII. 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:
 1. A physician, a psychologist, or a health officer or designee of a health officer who has examined the individual;
 2. An officer who personally has observed the individual or the individual's behavior; or,
 3. Any other person of interest.

C. A petition must:

1. Be signed and verified by the petitioner;
2. State the petitioner's name, address and work phone number;
3. State the emergency evaluatee's name and description;
4. State the following information, if available; the address of the emergency evaluatee, and the name and address of the spouse, child, parent or other relative of the emergency evaluatee or any other individual who is of interest to the emergency evaluatee, when possible;
5. Contain a description of behavior and statements of the emergency evaluatee that led the petitioner to believe that the evaluatee has a mental disorder and that the individual presents a danger to the life and safety of the individual or others; and,
6. Contain any other facts supporting the need for an emergency evaluation.

D. The petition form will contain a notice that the petitioner:

1. May be required to appear before a court; and,
2. Makes the statements under penalties of perjury.

IX. 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, 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 evaluatee an emergency evaluation is going to be conducted and the evaluatee is not permitted to leave the medical facility until released by a physician.
- E.** The officer will inform security personnel of the evaluatee's actions and/or statements which led to the evaluatee being taken into custody, if the evaluatee has been violent or is threatening suicide.
- F.** Constant observation of the evaluatee will be maintained by either the officer or security until the evaluatee has been restrained or turned over to hospital personnel.
- G.** After an officer takes the evaluatee to an emergency facility, the officer need not stay unless:
 1. The emergency evaluatee is violent and a physician request that the officer stay until there is sufficient security or the local police jurisdiction arrives to assist.
 2. The evaluatee is under arrest.

X. COMPLETION OF REPORT

A. The serving of an emergency petition will require the completion of an incident report.

B. A copy of the petition will be attached to the incident report.

XI. LAY PETITIONERS

When an officer is questioned by a person who is not physician, psychologist, or a health officer, or designee of a health officer, 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 Office of the Clerk of the District Court during court business hours and the Commissioner's Office during non-court business hours.