Mental Illness

 Index Code:
 1610

 Effective Date:
 01/15/10 (Revised 05/25/16)

I. Purpose

The purpose of this directive is to establish guidelines for interacting with persons suspected of having mental illness, and seeking accommodations for such persons while maintaining a safe environment for all parties involved.

II. Policy

It is the policy of the Office of the Sheriff to ensure that a consistently high level of service is provided to all persons with whom they come in contact with, including those who may suffer from mental illnesses. Agency personnel will afford persons who may have mental illnesses the same rights, dignity, and community services as provided to all citizens.

No single policy or procedure can address all situations in which deputies and other agency personnel may be required to provide assistance to persons with mental illnesses. This policy is intended to address the most common types of interactions with people who may have mental illnesses.

For the purpose of this directive, a mental illness is defined as 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.

III. Characteristics of Mental Illnesses

While many people with a mental illness control symptoms successfully through the use of medication, therapy, and other means, some do not have access to mental health services, fail to take their medications, or do not recognize that they suffer from a mental illness. Deputies 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. A. Symptoms of mental illness may include, but are not limited to:

- 1. Accelerated actions
- 2. Confusion
- 3. Delusions
- 4. Depression
- 5. Hallucinations
- 6. Hopelessness
- 7. Hyperactivity
- 8. Incoherence
- 9. Loss of memory
- 10. Paranoia
- 11. Sadness
- 12. Uselessness

B. Obtaining relevant information from family members, friends or others at the scene who may know his/her history, or seeking advice from mental health professionals, can assist deputies in taking the appropriate action. Deputies at the scene will also have to judge 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.

IV. Initial Response

The following 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 formal settings such as during interviews and interrogations. Deputies, while protecting their own safety, the safety of the person with a mental illness, and others at the scene should:

- A. Remain calm and avoid overreacting.
- B. Be helpful, courteous and professional.

C. Provide or obtain on-scene emergency aid when treatment of an injury is necessary.

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. Be aware that the uniform, gun, and handcuffs may frighten the person with a mental illness.

J. Announce actions before initiating them.

K. Reassure him/her that no harm is intended.

V. Emergency Facilities

A list of emergency facilities is published each year by the Maryland Department of Health and Mental Hygiene. For Queen Anne's County deputies, the nearest emergency facilities are the Chester River Medical Center in Chestertown, the Easton Memorial Hospital in Easton, and the Anne Arundel Medical Center in Anne Arundel County.

VI. Petition for Emergency Evaluation

A petition for the 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 themselves or others.

A. The petition for emergency evaluation may be made by:

1. A physician, psychologist, or health officer who has examined the individual;

- 2. A deputy who observed the individual.
- 3. Any other interested person.

B. A deputy who makes a petition for emergency evaluation may base the petition on:

1. Examination or observation, or

2. Reliable information obtained that is pertinent to the factors giving rise to the petition.

C. When a deputy observes behavior that fulfills the requirements for the justification of an emergency petition, the deputy may take a person into custody in the same manner as he/she would for a person being arrested. The least amount of force necessary will be used; keeping in mind that the individual's illness may cause them to not understand the situation.

D. The deputy will transport the person to the nearest emergency facility. If medical transport conditions are present, the person may be transported by ambulance. The deputy will accompany the patient in the rear compartment of the ambulance to the receiving medical facility unless there are exigent circumstances that the deputy must note on the Incident Report. The ambulance and the deputy will return together to the scene, or to the location of the deputy's vehicle, from the receiving medical facility.

E. The deputy will complete a Petition for Emergency Evaluation and sign it as a peace officer. A copy of the petition will be attached to the deputy's incident report.

F. The deputy will inform the individual an emergency evaluation is going to be conducted and they are not permitted to leave the medical facility until released by a physician.

G. When practical, deputies will attempt to contact the individual's closest family member or guardian and advise where the individual has been transported, without violating HIPAA Privacy Rules by disclosing certain medical information.

VII. Court Ordered Emergency Petition

Civilians have the option of petitioning the court for an emergency medical evaluation.

In the event that a petitioner completes an emergency petition and receives an endorsement from a judge, deputies will take the person named in the petition into custody and transport them to the closest available designated emergency facility.

VIII. Training

In order to prepare personnel who, during the course of their duties may have to deal with persons with mental illnesses, the Office of the Sheriff will provide training to agency personnel.

A. Entry-level deputies will receive training at the academy.

B. Entry-level civilians will receive training

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from their supervisors. That training will consist of a review of this directive and the most recent refresher training materials available.

C. The agency's Training Coordinator will ensure that all personnel receive refresher training at least every three (3) years.

IX. CALEA References: 41.2.7a, 41.2.7b, 41.2.7c, 41.2.7d & 41.2.7e.

X. Proponent Unit: Field Operations Division

XI. Cancellation: None

Sherif Gary Hofmann