

249. MENTAL ILLNESS



RICHFIELD POLICE DEPARTMENT POLICY

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Authority: Chief Jay Henthorne

NOTE: This policy is for internal use only and does not enlarge an employee's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this policy, if proven, can only form the basis of a complaint by this Department, and then only in a non-judicial administrative setting.

I. PURPOSE

It is the purpose of this policy to provide guidance to officers when dealing with suspected mentally ill persons.

II. POLICY

Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill carries the potential for violence, requires an officer to make difficult judgments about the mental state and intent of the individual, and requires special police skills and abilities to effectively and legally deal with the person so as to avoid unnecessary violence and potential civil litigation. Given the unpredictable and sometimes violent nature of the mentally ill, officers should never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness. In the context of enforcement and related activities, officers shall be guided by this state's law regarding the detention of the mentally ill. Officers shall use this policy to assist them in defining whether a person's behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.

All actions taken by an officer should be in accordance with Minnesota State Statute 145.853 – *Duty of Law Enforcement Officer* when dealing with a disabled person and Minnesota State Statute 253B.05 – *Emergency Admission*.

III. DEFINITION

DILIGENT EFFORT REQUIRED (MSS 145.853): A law enforcement officer shall make a diligent effort to determine whether any disabled person found is a person having epilepsy or a diabetic, or suffers from some other type of illness that would cause the condition. Whenever feasible, this effort shall be made before the person is charged with a crime or taken to a place of detention.

DISABLED CONDITION (MSS 145.851): "disabled condition" means the condition of being unconscious, semiconscious, incoherent, or otherwise incapacitated to communicate.

DISABLED PERSON (MSS 145.851): "disabled person" means a person in a disabled condition.

EMERGENCY HOLD (MSS 253B.05 subd. 1): (a) Any person may be admitted or held for emergency care and treatment in a treatment facility, except to a facility operated by the Minnesota sex offender program, with the consent of the head of the treatment facility upon a written statement by an examiner that:

- (1) the examiner has examined the person not more than 15 days prior to admission;
- (2) the examiner is of the opinion, for stated reasons, that the person is mentally ill, developmentally disabled, or chemically dependent, and is in danger of causing injury to self or others if not immediately detained; and
- (3) an order of the court cannot be obtained in time to prevent the anticipated injury.

(b) If the proposed patient has been brought to the treatment facility by another person, the examiner shall make a good faith effort to obtain a statement of information that is available from that person, which must be taken into consideration in deciding whether to place the proposed patient on an emergency hold. The statement of information must include, to the extent available, direct observations of the proposed patient's behaviors, reliable knowledge of recent and past behavior, and information regarding psychiatric history, past treatment, and current mental health providers. The examiner shall also inquire into the existence of health care directives under chapter 145, and advance psychiatric directives under section 253B.03, subdivision 6d.

(c) The examiner's statement shall be:

- (1) sufficient authority for a peace or health officer to transport a patient to a treatment facility,
- (2) stated in behavioral terms and not in conclusory language, and
- (3) of sufficient specificity to provide an adequate record for review. If danger to specific individuals is a basis for the emergency hold, the statement must identify those individuals, to the extent practicable. A copy of the examiner's statement shall be personally served on the person immediately upon admission and a copy shall be maintained by the treatment facility.

EMERGENCY TREATMENT (MSS 253B.02 subd. 6): "Emergency treatment" means the treatment of a patient pursuant to section 253B.05 which is necessary to protect the patient or others from immediate harm.

MENTAL ILLNESS (MSS 245.462 subd. 20): "Mental illness" means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is detailed in a diagnostic codes list published by the commissioner, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.

PERSON WHO IS MENTALLY ILL (MSS 253B.02 subd. 13): (a) A "person who is mentally ill" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which is manifested by instances of grossly disturbed behavior or faulty perceptions and poses a substantial likelihood of physical harm to self or others as demonstrated by:

- (1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment;
 - (2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided;
 - (3) a recent attempt or threat to physically harm self or others; or
 - (4) recent and volitional conduct involving significant damage to substantial property.
- (b) A person is not mentally ill under this section if the impairment is solely due to:
- (1) epilepsy;
 - (2) developmental disability;
 - (3) brief periods of intoxication caused by alcohol, drugs, or other mind-altering substances; or
 - (4) dependence upon or addiction to any alcohol, drugs, or other mind-altering substances.

IV. PROCEDURE

Recognizing Abnormal Behavior

Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary

emotional disturbances that are situationally motivated. Officers should evaluate the following and 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.

1. *Degree of Reactions.* Mentally ill persons 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.
2. *Appropriateness of Behavior.* An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. *Extreme Rigidity or Inflexibility.* Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
4. In addition to the above, a mentally ill person 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 ("I am Christ.") or paranoid delusions ("Everyone is out to get me.");
 - c. hallucinations of any of the five 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
 - e. extreme fright or depression.

Determining Danger

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

1. The availability of any weapons to the suspect.
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 taken in conjunction with other information, paint a more complete picture of the 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. Failure to act 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 one's self 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 combustible environment that may incite violence should be taken into account.

Dealing with the Mentally Ill

Should the officer determine that an individual may be mentally ill and a potential threat to himself, the officer, or others, or may otherwise require law enforcement intervention for humanitarian reasons 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 disturbed person. Provide reassurance that the police are there to help and that he will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him. Relate your concern for his feelings and allow him to ventilate his feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
5. Do not threaten the individual with arrest or in any other manner as this will 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 a mentally ill individual. If the subject becomes aware of a deception, he may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

Taking into Custody or Making Referrals

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 own protection or the protection of others or for other reasons as specified by state law.
2. Summon an immediate supervisor prior to taking into custody a potentially dangerous individual who may be mentally ill 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 if necessary. Using restraints on mentally ill persons can aggravate their aggression. Officers should be aware of this fact, but should take those measures necessary to protect their safety.

The Richfield Police Department, Edina Police Department, and Hennepin County Human Services and Public Health Department (HSPHD) partnered to create an Embedded Social Worker program for the Cities of Richfield and Edina. The mental health referral program was designed to connect individuals with mental health, substance abuse, or other issues with appropriate resources and to reduce the number of police contacts with these individuals.

Any incident, person, situation, etc. may be referred to the police department's embedded social worker. Referrals should be made using the appropriate electronic referral report form.

Documentation

Custodial and Emergency hold incidents involving a mentally ill individual should be documented in a police report. In addition, officer transports of a mentally ill individual should be documented in a police report. Voluntary hold incidents involving a mentally ill individual may be documented in a police report depending on the level of involvement by the officer.

Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as "out of control" or "psychologically

disturbed” should be replaced with descriptions of the specific behaviors involved. The reasons why the subject was taken into custody or referred to other agencies should be reported in detail.

Transport the individual in accordance with Department Policy #243 – Prisoner Transportation.

If needed, complete the *Special Incident Report* form in accordance with Department Policy #138 – Special Incident Review.

By Order Of:



Chief of Police

