

UPPER MERION TOWNSHIP POLICE DEPARTMENT
POLICY AND PROCEDURE

No. 105

Supersedes: NA

Effective: August 1, 2010

Page: NA Section: NA

Page: 1 OF 7

Date: August 1, 2010

MENTAL HEALTH EMERGENCIES

- I. **PURPOSE:** The purpose of this policy is to establish responsibilities and guidelines for handling mental health emergencies.
- II. **POLICY:** It is the policy of the Upper Merion Township Police Department to view mental health emergencies as being within the scope of police service responsibility and to insure that mental health emergencies are managed appropriately, with compassion, empathy, and sensitivity to the individual and/or their significant others, while maintaining the security of the situation.

III. **DEFINITION:**

MENTAL ILLNESS: 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.

IV. **PROCEDURE:**

A. RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS:

1. Mental illnesses are considered disorders in which people undergo recurrent problems in disposition, thought, judgment, and/or strange or inappropriate behavior. These disorders may manifest themselves in any defective mental functioning.

B. ENCOUNTERING INDIVIDUALS WITH MENTAL ILLNESS:

1. Gather as much information as possible. For example:
 - a. What was happening that precipitated the call?
 - b. What has the subject done or said that is threatening in the current situation?

- c. What has the subject done or said that is threatening in the past and have they done that act?
 - d. Who in their family are they emotionally close to?
2. The following factors increase the risk for violence for individuals with mental illness:
- a. A history of violent behavior.
 - b. Antisocial behavior (violations of the law or community standards).
 - c. Substance abuse.
 - d. Personality disorders.
 - e. Current events in the person's life that destabilize the person's daily routine and lead to increased stress, such as: recent personal loss, financial problems, or recent diagnosis of physical or mental illness.
 - f. The lack of a personal support system.
 - g. Active psychotic symptoms mixed with hostility and delusions.
 - h. Avoidance of taking prescribed medications.
3. Threat assessment:
- a. Presence of risk factors: The presence of risk factors should alert the officer to the potential of increased aggression or violence. However, the mere presence of these factors does not guarantee that aggression or violence will occur.
 - b. Subjects behavior and emotional status: Officers should observe the person's behavior and emotional status at the time of the encounter to determine the level of actual risk and the appropriate course of action.
 - c. Use of communication: Even when the risk of violence is high, the use of appropriate communication techniques may, in some cases, help to resolve the incident while lessening the necessity to use force.
 - d. Continuum of control: Officers should realize that a person who is mentally ill may or may not have the ability to control their behavior.
 - e. Presence of threat:
 - (1) No threat present: Although some observable impairment is present, the person's actions do not pose a threat of injury to the public or the officer. In these situations, officers should separate the person from others, allow the person additional time to comply with the officer's requests, and seek the assistance of mental health professionals if appropriate.

- (2) Threat present: If the person's behavior presents a threat to themselves, the public, or the officers, appropriate force may be needed.
- (3) Surroundings: Officers should pay attention to the environment (e.g., are there weapons nearby?)

5. Interacting with the mentally ill:

a. YOU SHOULD:

- (1) Continually assess the danger of the situation.
- (2) Be calm.
- (3) Respond to delusions and hallucinations by talking about the person's feelings rather than what they are saying.
- (4) Give firm, clear directions. The subject is probably already confused and may have trouble making even the simplest decision. If possible, only one person should talk to the subject.
- (5) Be helpful. In most cases, mentally ill persons will respond to questions concerning their basic needs (e.g., safety).
- (6) Conduct a safe approach.

b. YOU SHOULD NOT:

- (1) Stare at the subject as this may be interpreted as a threat.
- (2) Confuse the subject. One person should interact with the subject. If direction or command is given, follow through.
- (3) Give multiple choices. This may increase the person's confusion.
- (4) Join into behavior related to the person's mental illness (e.g., agreeing/disagreeing with delusions/hallucinations).
- (5) Whisper, joke or laugh. This may increase the person's suspiciousness, with potential for anger and/or violence.
- (6) Deceive the person. Being dishonest increases fear and suspicion. The person will likely discover the dishonesty and remember it in any subsequent contacts.
- (7) Touch the person. Although touching can be helpful to some people who are upset, for the disturbed mentally ill person it may cause more fear and lead to anger and/or violence.

C. RESOLUTION PROCEDURES:

1. Situation Management:

- a. It is important to remember that individuals with mental illnesses are often fearful and not processing information effectively during an encounter with police officers. People experiencing a behavioral health problem often go through a “crisis cycle” during which the stress levels increase as a result of either some internal conflict within the person (delusions, hallucinations, etc.), or external stimulus (the presence of a perceived threat).
- b. Effectively managing encounters requires officers to understand the “Threat Triad”, which individuals with mental illness may be experiencing:
 - (1) Feeling threatened: Either physically threatened, psychologically threatened, or both.
 - (2) Feeling out of control: They may be delusional or just experiencing a subjective loss of personal control.
 - (3) Feeling out of options: They may respond with violence because they believe they are out of any other options to regain control
- c. The following techniques should be used in situation management:
 - (1) Use dialogue and de-escalation techniques to slow the situation down, reduce anxiety, and improve compliance. Slowing down the situation allows the individual more time to process communication and comply with instructions.
 - (2) Designate one officer as the contact officer and allow him/her to take the lead in the dialogue.
 - (3) Reassure the individual that the officer wants everyone to be safe.
 - (4) Take a problem solving approach by deferring on an immediate decision and working through options with the individual. By encouraging the person to become a willing participant in the dialogue, a measure of dignity and control will be elevated in the individual. Patience and repetition should be the primary tools used by the contact officer.

2. Force Options:

- a. When force becomes necessary, officers should follow the department’s Use of Force Continuum as provided for in Policy #410, USE OF FORCE, engaging with the level of force that is reasonable to overcome the threat and/or resistance.

D. PROCEDURES FOR ACCESSING COMMUNITY MENTAL HEALTH RESOURCES:

1. Mental Health Procedures Act of 1976:

a. Voluntary examination and treatment:

- (1) An officer who encounters an individual in need of examination and treatment for mental illness shall encourage the individual to seek voluntary admission to a treatment facility. Officers shall provide assistance to individuals, families, or other persons seeking voluntary services under the mental health act to the extent possible.
- (2) This assistance may include, but is not limited to, transporting or arranging transportation to a mental health facility and/or arranging for contact with Montgomery County Emergency Services (MCES) or other mental health referrals.

b. Involuntary emergency examination and treatment:

- (1). Officers shall first attempt to encourage a family member, or other person with standing, who has observed the conduct necessary for an “application for examination”, to initiate the proceedings. However, if family members or friends are unable or unwilling to assist, the officer shall proceed in accordance with this policy.
- (2) Emergency examination without a warrant: A person may be subject to involuntary emergency examination and treatment if behavior is witnessed that indicates the person may be mentally disabled and poses a clear and present danger to self or others. Before a person can be subjected to involuntary examination and treatment, specific behavior (within the past 30 days) must be shown in accordance with at least one of the following circumstances identified under Section 301:
 - (a) Clear and present danger to others: The person inflicted or attempted to inflict serious bodily harm on another and there is reasonable probability that such conduct will be repeated unless treatment is afforded, or has made threats of harm and has committed acts in furtherance of the threat to commit harm.
 - (b) Clear and present danger to self: The person has acted in such a manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter or self-protection and safety, and that there is reasonable probability that death, serious bodily injury, or serious physical debilitation would ensue within 30 days unless adequate treatment is afforded; or,

The person has attempted suicide and there is reasonable probability of another attempt at suicide unless treatment is afforded, or has made threats to commit suicide and has committed acts, which are in the furtherance of the threat to commit suicide; or,

The person has substantially mutilated him/herself or attempted to mutilate him/herself and there is reasonable probability of self-mutilation unless treatment is afforded, or has made threats to commit mutilation and has committed acts, which are in furtherance of the threat to commit mutilation.

- (c) Officers, upon personal observation of the conduct of a person constituting reasonable grounds to believe that they are mentally disabled and present a clear and present danger to self or others, and when no other family member or authorized person is able to make application, shall take custody of such person and transport, or arrange for their transport to an approved facility for an emergency examination. Upon arrival at the approved facility, the custodial officer shall complete the "Application for Involuntary Emergency Examination and Treatment" form as provided for in the Mental Health Procedures Act of 1976, Section 302.

E. TRAINING:

1. Entry level training;

- a. All newly sworn officers shall receive training in this policy with regard to recognition, management, and access to community mental health resources.
- b. This training shall be in addition to MPOETC required basic training.

2. In-service refresher training:

- a. All officers will receive in service training at least every three years in this policy and community mental health resources. However, if mental health statutes or department policy changes occur, training will be provided as soon as possible, but in no event later than 90 days from the effective date of the change.

APPROVED: _____

DATE: _____

APPROVED: _____

DATE: _____

TO BE REVIEWED: ANNUALLY

DISTRIBUTION: All police officers
All police dispatchers
Township Manager
File