Portsmouth, Virginia Police Department
Department Organization

Mental Illness		OPR	43
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PURPOSE: To establish policy and procedure for recognizing and handling persons with mental illness, ensuring protection of their civil rights, and providing necessary referrals.

POLICY: The Portsmouth Police Department will strive to ensure the constitutional rights of persons with mental illness and will handle them in accordance with this order.

DEFINITIONS:

Mental Illness - a disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others.

Emergency Custody Order (ECO) – a judicial order, usually issued by a magistrate, based on probable cause that a person is mentally ill, in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, incapable of volunteering, or unwilling to volunteer for treatment.

Emergency Custody – the authority granted to law enforcement officers to detain and transport an individual, without prior judicial authorization, based on probable cause that a person meets the criteria necessary for issuance of an Emergency Custody Order. An evaluation by an employee of the community services board must take place immediately, and detention cannot exceed 4 hours (unless the Magistrate issues a two hour extension).

Temporary Detention Order (TDO) – a judicial order issued by a magistrate, ordering the temporary detention of an individual in a facility capable of providing emergency psychiatric care, pending a commitment hearing before a court.

Crisis Intervention Team (CIT) – designated police officers that have received specialized training on incidents involving the mentally ill. CIT officers perform the same job functions as other similarly assigned officers, in addition to handling crisis events involving the mentally ill. CIT officers are assigned throughout Uniform Patrol and the Community Services Unit.

Safe Haven – a therapeutic drop-off location, managed by the Portsmouth Department of Behavioral Healthcare Services, which provides crisis intervention, psychiatric evaluations, referral to appropriate community treatment, and other related mental health services. A key component of the Crisis Intervention Team program, it is intended to reduce the amount of time expended by patrol officers in handling mental health calls.

Safe Harbor – a multi-jurisdictional crisis triage and assessment center located at Maryview Hospital that operates 24 hours, 7 days a week and is staffed by Behavioral Healthcare Services (BHS) workers

and CIT trained Police Officers and Deputies. When directed by a BHS pre-screener to transport an individual there, officers can turn the individual over to the Officer or Deputy working for the Safe Harbor program.

PROCEDURES:

I. Guidelines for the Recognition of Persons Suffering from Mental Illness (41.2.7 a)

A. 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 individual's mental state and intent, and requires special 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.

B. A subject may suffer from mental illness 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.

C. Recognizing Abnormal Behavior

1. Mental illness is often difficult for even a 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.

2. 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. Because we do not deal with this individual on a daily basis, we may not recognize "abnormal behavior," therefore, we should get input from those who have the most continuous contact with the individual.

a. 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.

b. Appropriateness of Behavior. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill.

c. 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.

d. Unresponsiveness: People who have had a break with reality or have a mental illness, may simply turn inward and not respond to outside stimuli. In this event, officers should try to separate the person from dangerous situations and talk calmly to the person.

Attempt to get information from those closest to him/her and call for either a CIT officer or a mental health worker.

e. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

i. Abnormal memory loss regarding such common facts as name and home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);
ii. 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");
iii. 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.);
iv. The belief that one suffers from extraordinary physical maladies that are not possible, such as a person who is convinced that his or her heart has stopped beating for extended periods of time; and/or
v. Extreme fright or depression.

D. Determining Danger

1. Not all mentally ill persons are dangerous, while some may present 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:

a. The availability of any weapons to the suspect.

b. Statements by the person that suggest they are 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. The potential for self destructive and violent behavior increases if there are MOTIVE, MEANS and ABILITY to complete any act or threat of act.

c. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer, family, friends, or neighbors.

d. Failure to act prior to the officer’s arrival does not guarantee that there is no danger, but it does tend to diminish the potential for danger.

e. 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.

II. Dealing with the Mentally Ill (41.2.7 c)

A. If an officer determines 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, he or she may take the following actions.

1. When officers come into contact with an individual with mental illness, they should, to the extent possible, ensure that he or she understands what is occurring. Officers should be aware that these individuals might have limited awareness of civil and criminal process.

2. Request a backup officer, and always do so in cases where the individual will be taken into custody.

3. 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.

4. Move slowly and do not excite the disturbed person. Provide reassurance that the police are there to help and that he or she will be provided with appropriate care.

5. Communicate with the individual in an attempt to determine what is bothering him or her. Relate your concern for his or her feelings and allow him or her to ventilate his or her 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.

6. Do not threaten the individual with arrest or in any other manner as this will create additional fright, stress, and potential aggression.

7. Avoid topics that may agitate the person and guide the conversation toward subjects that will calm him or her. DO NOT try to bring the individual back to reality, as you don't know what his/her reality is.

8. Always attempt to be truthful with a mentally ill individual. If the subject becomes aware of a deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger**.**

9. When interviewing or interrogating a person suspected of having a mental illness, utilize the guidelines as found above and understand there may be nothing of value gained due to the person's inability to either understand the questions or his/her lack of communication skills.

10. Although mental illness does not preclude a lawful arrest, when handling a misdemeanor level incident where the offense appears to be related to an offender's mental illness, officers should seek a non-arrest resolution when possible, except when law requires arrest. Discretionary considerations include: desired outcome by the victim or complainant; likelihood of reoccurrence; safety of the subject, officers, and/or public; and any other special circumstances. Other options include consultation with the Magistrate and/or a Commonwealth's Attorney.

11. Whenever possible, the dispatcher will dispatch a CIT officer to calls involving the mentally ill. Should a CIT officer be unavailable at the time of dispatch, a regular beat officer will be assigned to the call. If the responding officer determines that a CIT officer is needed, one will be dispatched as soon as practical.

III. Voluntary Admission and Referral to Mental Health Services

A. When appropriate, voluntary compliance with mental health treatment should be sought. A voluntary admission is appropriate when the mentally ill subject is capable of, and willing to volunteer for, treatment.

B. If the mentally ill person poses a danger to him or her self, or others, officers must take care to ensure that voluntary treatment is immediately sought, and if there is any uncertainty as to the individual's willingness to receive treatment, the officer should follow procedures for involuntary admission.

C. If an individual seeking voluntary psychiatric services requires medical attention, he/she should be transported to Maryview Medical Center.

D. Adults, seeking voluntary psychiatric services who are not being transported by an officer, should be encouraged to utilize the services of Safe Haven during normal operating hours.

E. When an officer transports an individual for the purpose of obtaining voluntary psychiatric services, Safe Harbor is the preferred location provided that the BHS pre-screener determines that the individual meets Safe Harbor criteria. Safe Harbor does not accept unescorted citizen walk-ins.

F. Persons who have been under the care of a private physician should be referred to that physician, if possible.

G. Officers will assist in transporting persons seeking voluntary psychiatric treatment when no other transportation means are available to the individual.

H. When an individual accepts voluntary psychiatric services in conjunction with an officer's determination that the individual poses a danger to self or others, the officer should document the circumstances by completing an IBR.

IV. Involuntary Admission – Officers may take a person suffering from mental illness into emergency custody based upon probable cause as provided by State Code. (41.2.7 c)

A. When a mentally ill subject poses a danger to himself or others, whether through his statements, actions, or incapacity, and the individual is either unwilling or incapable of volunteering for treatment, the responding officer shall take the subject into emergency custody. Emergency custody must not exceed four hours, unless a Magistrate grants a two hour extension in accordance with state code.

B. Search the subject in accordance with established search procedures, and a conduct an NCIC/VCIN warrant check.

C. If the warrant check reveals that the person has escaped from an institution and a TDO or escape warrant is outstanding, the officer should transport him or her to the institution indicated.

D. If there are no outstanding papers on the subject, contact the Emergency Services Hotline and coordinate with the staff to determine the appropriate assistance (Safe Haven, Safe Harbor, etc.)

ONLY if the individual requires medical treatment, should he or she be transported to Maryview Medical Center. (41.2.7 b)

E. The Behavioral Healthcare Services pre-screener will respond to the location they have deemed appropriate to conduct an evaluation, and based on that evaluation, the pre-screener may petition the magistrate for issuance of a TDO. The pre-screener may also arrange for voluntary admission in lieu of a TDO.

F. If the Magistrate does not issue a TDO and there are no criminal charges pending, return the person to their home if it is in Portsmouth, or back to the place where they were initially detained. If seeking voluntary treatment, the officer should assist in transporting the individual to the treatment facility.

G. If a Temporary Detention Order is issued, the officer will transport the individual to the place indicated on the TDO. Officers are to abide by the rules of the mental health institution regarding firearms, etc., while on their property.

H. If an officer comes into contact with a recently escaped individual who had voluntarily admitted himself/herself, the officer has NO authority to take custody of the individual, unless there otherwise exists probable cause that they are committing a criminal act or that they meet the requirements necessary for emergency custody. Dispatchers will obtain the needed information concerning recently escaped persons prior to notifying officers, in accordance with guidelines for emergency custody situations.

I. Maryview hospital may request police assistance in some cases where the hospital staff deems that a mental evaluation is necessary. The majority of these cases are handled without police involvement, however they will call if they have a concern about the individual attempting to leave or it becomes necessary to physically restrain the subject. Officers will NOT detain a person based solely on the staff's belief that the person is in danger. Officers must have a belief based upon their own observations that a detention is necessary.

    1. Dispatchers receiving calls for assistance from Maryview should ascertain from the caller whether or not the mentally ill individual poses an imminent danger to himself or others, and this information should be communicated to the responding officer. Dispatchers must obtain the name and title of the complainant (person who believes the subject is a danger).

    2. If the individual is still present at the hospital, in most instances it will be necessary for the officer to stand by at the hospital while maintaining custody. The officer should ensure that the on-call mental health evaluator is contacted if the hospital staff has not done so already.

    3. If the officer locates an individual meeting the criteria for custody that has left the hospital, the officer should coordinate with hospital staff as to the most appropriate location for the mental evaluation (e.g., Safe Harbor or hospital). If the person still requires physical medical attention, the person must be returned to Maryview.

J. All mental health issues at Maryview, including all voluntary admissions, emergency custody situations, and temporary detention orders (including TDO paperwork deliveries from the magistrate) should be coordinated through Safe Harbor between the hours of 0730-1930, although physical access to Safe Harbor after 1930 hours should be via the security staff in the

Emergency Department.

K. In all instances of an individual being taken into emergency custody, the circumstances and outcome should be documented by completion of an IBR.

V. Safe Harbor Procedures

A. If the Behavioral Health Care Services pre-screener directs that the officer transport the individual to Safe Harbor, the officer will take him or her directly there.

B. Upon arrival at Safe Harbor, the transporting officer can turn the individual over to the part-time Officer or Deputy. The Officer must complete the transfer of custody paperwork when turning the individual over. If, following evaluation, a temporary detention order is issued and the individual is going somewhere other than Maryview, the primary officer will respond back to Safe Harbor to transport the individual.

VI. Custody and Transportation

A. An officer transporting a mentally ill subject shall follow the Department policy outlined in OPR-18, Handling and Transporting of Prisoners, or if the person is a Juvenile, OPR-16, Handling of Juveniles.

B. Officers will use proper restraining devices (handcuffs, leg shackles, etc.) as necessary to prevent injury to the individual and the officer. Persons believed to be a danger to self or others should be handcuffed, at minimum. The decision to use additional restraining devices will be based on the totality of circumstances and the potential for violence exhibited by the detainee.

C. Officers will notify the shift commander when transporting a mentally ill person, if necessary due to unique circumstances.

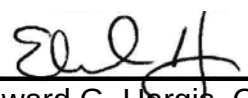
D. Officers shall transport persons taken into custody in a unit equipped with a safety shield. If ambulance transport is required, an officer shall accompany the paramedics during transport.

E. Mentally ill persons taken into custody shall remain the responsibility of the arresting officer(s) until custody is surrendered to another officer, Safe Haven staff, Safe Harbor, or the receiving personnel at a psychiatric facility.

VI. Training (41.2.7 d, e)

A. All entry level Police Officers will receive documented training on interacting with persons suspected of suffering from mental illness.

B. All Police Officers will receive documented refresher training on interacting with persons suspected of suffering from mental illness at least every three years.

APPROVED: 

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