



# Cheshire County Sheriff's Office

## Professional Standards

**Directive Title:** PERSONS WITH MENTAL ILLNESS  
**PS#** 41.2  
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**Rescind/Amend/Review:** 05.21.20 Rev.  
**Approved:** Sheriff Eliezer Rivera

A handwritten signature in black ink, appearing to read 'Eliezer Rivera', with a date '03/08/17' written below it.

### Purpose

The purpose of this Professional Standard is to establish guidelines for the handling of mentally ill persons.

### Policy

It is the policy of the Cheshire County Sheriff's Office to ensure a consistently high level of service is provided to all community members. Sheriff's Office members shall treat persons with mental illnesses with patience, dignity, and respect and provide them with the same services to which all citizens are entitled.

### Discussion

The mentally ill can pose a significant challenge to law enforcement. Persons who have mental illness may behave in erratic and unpredictable ways and pose a serious safety hazard to themselves, the public, and the responding deputy.

The Americans with Disabilities Act (ADA) entitles persons with mental illnesses or disabilities to the same services and protections that law enforcement agencies provide to anyone else. They may not be excluded from services or otherwise be provided with lesser services or protections than are provided to others. The ADA calls for law enforcement agencies to make reasonable accommodations in their policies, practices, or procedures on a case-by-case basis.

This policy is intended to provide broad guidance to deputies in their encounters with persons with mental illnesses as deputy sheriffs may encounter victims, witnesses, or suspects who have mental illnesses. As service personnel, deputies may be called upon to help persons obtain psychiatric attention or other needed services. Helping persons with mental illnesses and their families obtain the services of mental health organizations, hospitals, clinics, and shelter care facilities has increasingly become a prominent role for law enforcement.

No single policy or procedure can address all of the situations in which deputies, dispatchers, and other Sheriff Office personnel may be required to assist persons who have mental illnesses. This policy is intended to address the most common types of interactions with those who have mental illnesses.

## **SECTION HEADINGS**

- I. Definitions
- II. Recognizing Mental Illness
- III. Dispatcher Responsibilities
- IV. Accessing Community Mental Health Services
- V. Deputy Work with Mentally Ill Persons
- VI. Potentially Suicidal Subjects
- VII. Reporting Requirements
- VIII. Training

### **I. DEFINITIONS**

- A. Mental Illness: A substantial impairment of emotional processes, or of the ability to exercise conscious control of one's actions, or of the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions. It does not include impairment primarily caused by:
  - (a) epilepsy;
  - (b) mental retardation;
  - (c) continuous or non-continuous periods of intoxication caused by substances such as alcohol or drugs; or,
  - (d) dependence upon or addition to any substance such as alcohol or drugs.

### **II. RECOGNIZING MENTAL ILLNESS**

- A. While many persons with mental illnesses control symptoms successfully with the use of medications, others who do not have access to mental health services, who fail to take their medications, or who do not recognize that they are ill can experience psychiatric difficulties.
- B. Deputies and Sheriff's Office 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.
- C. Symptoms of different mental illnesses may include, but are not limited to:
  - 1. loss of memory;

2. delusions;
3. depression or deep feelings of sadness, hopelessness, or uselessness;
4. hallucinations;
5. manic behavior, accelerated thinking and speaking, or hyperactivity;
6. confusion;
7. incoherence; and/or,
8. extreme paranoia.

a) The degree to which these symptoms exist varies from person to person according to the type and severity of the mental illness.

- D. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual.
- E. The dispatcher answering a call or deputy responding to the scene is not expected to diagnose a mental illness, but is to decide on the appropriate response to the individual and situation.
- F. Recognizing that symptoms may indicate mental illness will help deputies decide on an appropriate response and disposition.
- G. Obtaining relevant information from family members, friends, or others at the scene, or by phone, who knows the individual and his or her history, or seeking advice from mental health professionals can also assist deputies in taking the appropriate action.
- H. Deputies on the scene will 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.

### III. DISPATCHER RESPONSIBILITIES

- A. The quality of information gathered and shared by dispatchers can affect the way deputies respond to and resolve a call for service, including calls involving persons who may have mental illnesses.
- B. Gathering information is critical at all stages in assessing situations, but is particularly critical at the onset.
- C. When the Sheriff's Office receives a call concerning the actions or behavior of someone who is suffering from a mental illness, the dispatcher must collect information that will assist a deputy responding to the scene from someone who may volunteer additional

information (e.g., family member, friend, or concerned party calling about someone needing help in accessing mental health services), such as:

1. past occurrences of this or other abnormal behaviors;
  2. past incidents involving injury or harm to the individual or others;
  3. prior suicide threats;
  4. reliance on medication or failure to take medication;
  5. relatives, friends, or neighbors available to assist officers; and,
  6. physicians or mental health professionals available to assist officers.
- D. When dispatching calls for service involving persons who may have a mental illness, the dispatcher should provide all relevant background information to the responding deputy.
- E. Communications personnel will have ready access to contact and referral information for available community mental health resources and authorized emergency evaluation facilities and will, upon request, provide such information to officers or citizens.

#### IV. ACCESSING COMMUNITY MENTAL HEALTH SERVICES

- A. Most often, deputies encounter with mentally ill persons are resolved satisfactorily without additional resources. However, there are times when the severity of the illness or the persistency of the behavior demands additional, professional resources.
- B. The family of the person at issue often will have the longest history with the person and an understanding of the specific illness from which the person suffers.
- C. Often, persons suffering from mental illnesses have a caseworker assigned. If the name of the caseworker can be learned from either the person or his or her family, this will probably be the most valuable immediate resource.
- D. Deputies may refer a person to the Mental Health Court session of appropriate Circuit Court by sending an e-mail to the prosecutor regarding any case where the defendant:
1. is charged with a violation or misdemeanor offense;
  2. manifests obvious signs of mental illness or mental retardation during arrest or confinement;
  3. has been screened by a mental health professional and found to be suffering from mental illness, dual diagnosis, or developmental disability which is connected to the crime charged, and:
    - a) for which the person is in need of treatment; and,

- b) unless treated, the probability of future criminal recurrence is great.

F. A deputy may place a person in protective custody when the deputy:

1. observes a person engaging in behavior which gives the deputy reasonable suspicion to believe that the person may have a mental illness and a probable cause to believe that, unless the person is placed into protective custody, he or she poses an immediate threat to him- or herself or others; or,
2. has a petition for involuntary emergency admission (IEA) ordering any law enforcement officer to take custody of a particular person and deliver a said person to a specific location for examination.

G. When placing a person into protective custody, deputies shall:

1. use only that amount of force necessary to effect the restraint while protecting the person, deputy, and/or the public;
2. conduct a search of the person for weapons or other items that would constitute an obvious threat to the safety of the person, the deputy, and/or the public;
3. bring the person immediately to the Cheshire Medical Center or MFS to determine if an involuntary emergency admission should be ordered.

#### V. DEPUTY WORK WITH MENTALLY ILL PERSONS

- A. When responding to a call that involves a person who has, or exhibits symptoms of, a mental illness, deputies should obtain as much information as possible to assess and stabilize the situation, particularly regarding the nature of the problem behavior, events that may have precipitated the person's behavior, and any presence of weapons.
- B. 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 and should be followed in all contacts, whether on the street or during formal interviews or interrogations.
- C. Deputies, while protecting their own safety, the safety of the person with a mental illness, and others at the scene should:
  1. be aware that the police uniform weapon, and equipment may frighten a person with a mental illness;
  2. use a calm, modulated voice;
  3. speak slowly and clearly;

4. move slowly;
  5. announce intentions, then act;
  6. work to develop trust and credibility;
  7. show respect, patience, and compassion;
  8. reduce or avoid field chaos (e.g., radios, PAs, sirens, shouting, and disruptive people);
  9. remain calm and avoid overreacting;
  10. be helpful and encouraging, but remain firm and professional.
- D. While each incident will be different when dealing with a person who may have a mental illness, deputies should be aware that their own actions may affect the situation.
- E. Deputies should generally avoid the following actions:
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 or 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 "mental subject";
  9. challenging delusional or hallucinatory statements; and,
  10. misleading the person to believe that officers on the scene think or feel the way the person does.
- F. Once sufficient information has been collected about the nature of the situation and the situation has been stabilized, deputies should consider the following options when selecting an appropriate disposition:
1. refer or transport the person for medical attention if he or she is injured or abused;

2. outright release;
3. release to the care of family, caregiver, or mental health provider;
4. refer or transport to mental health services;
5. refer or transport to substance abuse services;
6. assist in arranging voluntary admission to a mental health facility, if requested;
7. transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for such action; or,
8. arrest, if a crime has been committed.

## VI. POTENTIALLY SUICIDAL SUBJECTS

### A. Take it seriously.

1. Seventy-five percent of all suicides give some warning of their intentions to a friend or family member.
2. All suicide threats and attempts must be taken seriously.

### B. Be willing to listen.

1. Take the initiative to ask what is troubling them and persist in overcoming any reluctance to talk about it.
2. If professional help is indicated, the person is more apt to follow such a recommendation if you have listened to him or her.
3. If the person is depressed, don't be afraid to ask whether he or she is considering suicide or even if he or she has a particular plan or method in mind.
4. Do not attempt to argue anyone out of suicide; rather, let the person know:
  - a) you care and understand;
  - b) he or she is not alone;
  - c) suicidal thoughts are temporary;
  - d) depression can be treated, and problems can be solved.
5. Avoid the temptation to say, "You have so much to live for," or "Your suicide will hurt your family."

- C. Engage in professional help.
  - 1. Be actively involved in encouraging the person to see a physician or mental health professional immediately.
    - a) Individuals contemplating suicide often don't believe they can be helped, so the deputy may have to do more such as suggesting that a trusted friend, roommate, or family member accompany the person on a visit to a professional.
  - 2. Deputies can make a difference by helping the person in need of help find a knowledgeable mental health professional or reputable treatment facility.

D. Acute Crisis

- 1. Hospitalization may be necessary at least until the crisis abates;
  - a) If so, take the person to the Cheshire Medical Center
- 2. Do not leave the person alone while waiting for help;
- 3. Remove from the vicinity any firearms, drugs, or sharp objects that could be used in a suicide attempt;
- 4. Responding officers may also access resources such as the Samaritans, Teen Hotline, or the National Suicide Prevention Lifeline.

VII. REPORTING REQUIREMENTS

- A. Contacts with mentally ill persons resulting in their being taken into protective custody will be documented in a report.
- B. The report shall include:
  - 1. the name and pertinent data of the mentally ill person;
  - 2. name(s) and telephone number(s) of caseworkers and the responsible agency if available;
  - 3. description of the behavior that led to protective custody;
  - 4. method of transportation;
  - 5. location transported to; and,
  - 6. the final disposition of the matter.

VIII. TRAINING



- A. All new deputies shall receive entry-level training in recognizing and dealing with persons who have a mental illness.
  - 1. Police officers shall receive this training at the Police Academy.
  - 2. Other members may receive training in-house.

**References: RSA 135-C:2.X, RSA 135-C:28;**