

EAST LANSING POLICE DEPARTMENT

POLICY AND PROCEDURE

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CHIEF OF POLICE _____

26.1 PURPOSE

The purpose of this policy is to establish guidance to law enforcement officers when dealing with suspected mentally ill persons.

26.2 POLICY

Dealing with individuals who are mentally ill carries the potential for violence and requires an officer to make difficult judgments about the mental state and intent of an individual. Officers shall use this policy to assist them in deciding whether a person's behavior is indicative of mental illness, and dealing with the mentally ill in a constructive manner.

26.3 DEFINITIONS

Mentally Ill: Mentally ill means that the person suffers from a substantial disorder of thought or mood which significantly impairs his/her judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

Mentally Disabled: Subnormal intellectual capacity and deficiencies in a person's ability to deal effectively with social conventions and interaction.

26.4 RECOGNIZING ABNORMAL BEHAVIOR

Officers should be able to recognize behavior that is characteristic of the mentally ill and particularly that which is potentially destructive and/or dangerous. Mental disability should not be confused with mental illness. A mentally disabled person may display behaviors that are rational, but are similar to younger persons who are not disabled. By contrast, the mentally ill may not be impaired intellectually, but their behavior generally fluctuates between normal and irrational. Mentally disabled individuals do not demonstrate this type of behavioral fluctuation.

Officers should evaluate the following types of behavior in the total context of the situation when judging an individual's mental state and the need for police intervention absent the commission of a crime.

- A. Degree of Reactions: Showing a strong and unrelenting fear of persons, places, or things.
- B. Appropriateness of Behavior: Demonstrating an extremely inappropriate behavior for a given situation.
- C. Extreme Rigidity or Inflexibility: Demonstrating inappropriate or aggressive behavior in dealing with new or unforeseen circumstances or situations.
- D. In addition to the above, a mentally ill subject may exhibit one or more of the following characteristics: a) abnormal memory loss, b) delusions of grandeur, c) paranoid delusions, d) hallucinations, or e) extreme fright or depression.

26.5 PROTECTIVE CUSTODY

Taking a person into protective custody to obtain a mental health screening does not constitute an arrest. A person requiring treatment should be encouraged to voluntarily admit themselves into community mental health or **local hospital** for an evaluation. When the person does not want to admit themselves voluntarily, the officer observing their behavior should sign the petition requesting a mental health evaluation. A family member may also complete the petition for evaluation.

Officers should take reasonable steps for self-protection.

- A. A pat down search may be conducted only to the extent necessary to discover a dangerous weapon.
- B. When taking a person into protective custody, an officer may use that kind and degree of force that would be lawful if the officer were effecting an arrest for a misdemeanor without a warrant, pursuant to this department's use of force policy.

Officers may restrain persons in protective custody in order to protect themselves, the person in custody, and other persons.

- C. Dispatch shall be advised and the treatment facility should be notified prior to arrival.

26.6 VOLUNTARY TREATMENT

Absent the commission of a crime, if the circumstances do not indicate that the subject must be taken into custody for his/her own protection or the protection of others, the officer may provide transportation to a mental health treatment facility for voluntary treatment.

Officers may pat down the person for the purpose of discovering dangerous weapons and to protect themselves.

Officers may not restrain the person unless they are exhibiting threatening behavior.

Dispatch shall be notified of the starting location and destination.

The treatment facility should be notified prior to arrival.

- E. The officer will remain with the person until the treatment facility has accepted custody of the person.

26.7 INVOLUNTARY TREATMENT

A. Court Ordered

1. Officers are authorized to take persons into protective custody when so ordered by the probate court. An officer in possession of a probate court order authorizing the taking of a named person into protective custody shall make reasonable efforts to locate that person in a timely manner.
2. Upon contacting the named person, the officer must attempt to explain the requirements of the order and those procedures that will be followed to facilitate the ordered evaluation. The person must be informed that they are not under arrest, but in protective custody.

B. Officer Initiated

1. A subject shall be taken into protective custody, transported to Ingham County Community Mental Health or similar facility, and the officer shall file a Petition for Hospitalization if the officer determines that the subject is mentally ill and as a result of that mental illness, is subject to one or more of the following conditions:
 - a. The person can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure him/herself or another person and has engaged in an act or acts or made significant threats that substantially support this expectation.
 - b. The person is unable to attend to those of his/her basic physical needs such as food, clothing or shelter, which must be attended to in order for the person to avoid serious harm in the near future; and the person has demonstrated that inability by failing to attend to those basic physical needs.
 - c. The person's judgment is so impaired that he/she is unable to understand his/her need for treatment and the person's continued behavior as a result of mental illness can reasonably be expected, on the basis of competent clinical opinion, to result in significant physical harm to him/herself or others. A family member of the person may complete the Petition for Hospitalization.

26.8 SUICIDAL SUBJECTS

Upon responding to a suicidal subject complaint, officers shall request medical assistance for the subject, if needed. If medical personnel determine that the subject requires hospitalization, officers may complete a Petition for Hospitalization at the treating hospital. If no medical attention is needed, officers may transport for voluntary treatment, or take the suicidal subject into protective custody and transport for involuntary treatment if subject is a threat to him/herself.

26.9 MINORS REQUIRING TREATMENT

If an officer, as a result of personal observation, has reasonable grounds to believe that a minor presents a danger to themselves or others, the officer may take the minor into protective custody after a reasonable effort has been made to locate the minor's parents. If a parent or guardian requests an evaluation, a parent or guardian must accompany the minor.

26.10 COMMUNITY MENTAL HEALTH FACILITY

Community Mental Health
812 East Jolly Road
Lansing, MI
(517) 346-8200

Use the Emergency Service Entrance located on the west side of the building.

26.11 DEVELOPMENTALLY DISABLED PERSON

- A. Department personnel shall provide quality service to people with disabilities who may require special consideration in order to access these services. Some examples of these services include, but are not limited to:
 - 1. The recognition of symptoms and the appropriate medical and emotional support.
 - 2. Appropriate physical support in aiding people who are vision, hearing, or mobility challenged.
 - 3. Access to interpreters for people with hearing and/or speech disabilities. Access to professional support systems for people with mental disabilities.
 - 4. Recognition of the difference between characteristics common to certain medical disabilities and those associated with antisocial or criminal behavior or reaction to Alcohol and drug abuse.

- B. It is not the intent of this policy to provide detailed information on all disabilities. Employees should be aware that many people have multiple disabilities. The following Sections provide a brief overview of several disabilities and how the Department should respond to the needs of people with these disabilities.
 - 1. Visual Disabilities A difficult issue facing people who are vision impaired is identifying law enforcement officials. Employees should offer detailed information in identifying themselves as members of the Department. Officers may have dispatch contact the victim or complainant to verify that a member of the Department has arrived at their residence. Officers should not grab the person's arm to lead them in a particular direction. If needed, the person will take the Officer's arm or shoulder for guidance.

 - 2. Speech and Hearing Disabilities Subjects with hearing and speech disabilities are sometimes confused with people who intentionally refuse to

cooperate or those who abuse illegal substances. Officers should be aware that an individual's failure to comply with or respond to verbal orders does not always constitute defiance, but may be the result of that individual's inability to hear the Officer or respond verbally.

Officers should attempt to identify whether or not they are dealing with a person who has a communication-related disability, and take extra measures to protect the rights of those subjects.

3. Mental, Emotional and Psychological Disabilities The terms "mental illness", "emotional illness", and "psychological illness", describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating. Providing accessibility to Department services for people with mental, emotional, and psychological disabilities usually involves providing only general assistance. Department personnel must ensure that people with mental, emotional, and psychological disabilities are assisted in accessing Department services. For example, time spent on a call for service may have to be extended in order to reassure the person, help them sort out facts, interact with family members and others, etc.
4. Mobility Impairments People with mobility-related impairments include those who have difficulty walking, those who use a wheelchair or other mobility aid, and those who are immobile. In a critical or emergency situation, employees should be aware of the safest and most rapid methods for assisting people with mobility impairments to avoid causing them unnecessary strain or injury. Once an arrestee with a mobility impairment is secure in a cell and safety concerns are resolved, an effort should be made to return the use of any mobility aids such as a wheel chair, cane, etc.

26.12 ARREST AND LODGING

Consideration should be given to the special needs of people with disabilities in an arrest situation. The response in these situations requires discretion and common sense. The response will be based in part on the Officer's knowledge of the characteristics and the severity of the disability, the level of resistance exhibited by the person, and the immediacy of the situation. Officers may encounter a person whose disability affects the muscular and/or skeletal system in such a way that they may not be able to be restrained using handcuffs or other standard techniques. Alternative methods such as transport vans, seat belts, etc. should be sought.