

**East Lansing Police Department
Policy & Procedure**

Subject: Interacting with people who have mental illness/EIP	ELPD Policy #: 300-21
Effective Date: March 1, 2021 Revised Date:	Distribution: Departmental
MACP Accreditation Standard: Interacting with people who have mental illness	MACP Standard: 3.5.4

I. PURPOSE

The purpose of this policy is to establish guidance to law enforcement officers when dealing with persons who are suspected or known to have a mentally illness, intellectual disability, or require other disability considerations.

II. POLICY

Interactions with emotionally impaired persons suffering from mental disturbances or emotional crisis 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 dealing with the emotionally impaired person in a constructive manner. It also provides guidance to potential adaptations needed when interacting with individuals with disabilities.

III. PROCEDURE

A. Definitions

1. Mental Illness

Refers to a wide range of mental health conditions/disorders that affect one's mood, thought processes, and behaviors, all of which may cause functional limitations in day-to-day living. Most mental illnesses, with the exception of personal disorders, fluctuate between periods of acute symptomology and periods of no or minor symptomology.

2. Intellectual Disability

Disorders that begin prior to one turning 18 and resulting in limits to a person's ability to learn at an expected level and function as typically expected in daily life. Unlike mental illnesses, symptomology in intellectual disabilities is long lasting and always present to some extent.

3. Other Disability Considerations

Refers to the wide variety of physical and psychological disorders that may affect one's daily life and require adaptations in interactions with law enforcement.

B. Recognizing Atypical Behavior [3.5.4a]

1. Officers should be able to recognize behavior that is characteristic of persons with a mental illness/intellectual disability and particularly those which are potentially destructive and/or dangerous. 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. Ability to Care for One's Self: Is the person taking care of basic needs such as bathing, eating, wearing appropriate clothing, etc.?
 - b. Level of Insight: Does the person have a typical understanding of how their symptoms and behaviors are affecting their decision making?
 - c. Appropriateness of Behavior: Are person's behaviors or reactions typical for given situation?
 - d. Level of Symptomology: Are a person's symptoms severe enough to affect that above listed characteristics?
 - e. Symptoms that may be of concern include but are not limited to:
 - i. Suicidal Ideations/Behaviors/Plans/Intent
 - ii. Homicidal Ideations/Behaviors/Plans/Intent
 - iii. Paranoia (I.E. "The government is out to get me", "my neighbors are poisoning my food" with no facts to back up statements)
 - iv. Mania (Extremely fast/pressured speech, goes on tangents, engages in risky sexual/spending behaviors, erratic journaling)

v. Hallucinations (Seeing or hearing things that aren't there)

C. Possible signs of that a person is suffering from a mental health crisis:

1. Degree of Reactions: Showing a strong and unrelenting fear of persons, places, things, or depression.
2. Appropriateness of Behavior: Demonstrating an extremely inappropriate behavior or responses for a given situation.
3. Extreme Rigidity or Inflexibility: Demonstrating inappropriate or aggressive behavior in dealing with new or unforeseen circumstances or situations.
4. 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.
5. When dealing with subjects suspected of having a mental health crisis, officers should: [3.5.4b]
 - a. Have a minimum of two officers assigned to the call.
 - b. When possible, eliminate lights and siren, disperse crowds, lower radio volume, and assume a quiet and non-threatening manner.
 - c. Move slowly, not to excite the person. Express concern, understanding, and empathy. Create distance if possible and avoid physical contact.
 - d. Determine in any laws or ordinances have been violated.
 - e. Determine if a person is requiring a mental health evaluation.

- f. Determine if voluntary or involuntary protective custody is necessary.

D. Involuntary Custody [3.5.4d]

1. 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.
2. Officers should take reasonable steps for self-protection.
 - a. A pat down search shall 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.
 - c. Officers may restrain persons in involuntary custody in order to protect themselves, the person in custody, and other persons.
3. Dispatch shall be advised, and the treatment facility should be notified prior to arrival.

E. Voluntary Treatment [3.5.4c]

1. 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 and stay with the subject upon entrance into the facility to monitor for change in safety and in the event that a PRT is needed to be completed.
2. Officers shall pat down the person for the purpose of discovering dangerous weapons and to protect themselves.
3. Officers may not restrain the person unless they are exhibiting threatening behavior.

4. Dispatch shall be notified of the starting location and destination.
5. The treatment facility should be notified prior to arrival.
6. The officer will remain with the person until the treatment facility has accepted custody of the person.

F. Involuntary Treatment

When a person with a mental illness/intellectual disability is a danger to themselves or others and has refused offers to seek a mental health evaluation voluntarily, they may be taken into protective custody so that an evaluation can be secured at the local emergency room or, in some cases, Community Mental Health. Taking a person into protective custody to obtain a mental health screening does not constitute an arrest.

1. The subject may be taken into involuntary custody in the following circumstances:
 - a. Court Ordered
 - i. Officers are authorized to take persons into involuntary 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 involuntary protective custody shall make reasonable efforts to locate that person in a timely manner. If possible, the Social Worker will gather information regarding the client's history of aggression/cooperativeness, any potential weapons, and their view on law enforcement so that a plan can be made about how to enact the order safely and smoothly. Officers will determine need for paramedics and create a transport plan.
 - ii. Upon contacting the named person, the officer and or Social Worker 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 involuntary protective custody.
 - b. Officer Initiated

- i. A subject shall be taken into involuntary custody, transported to Ingham County Community Mental Health or a local emergency room, and the officer shall file a Petition for Hospitalization if the officer/Social Worker determines that the subject is experiencing symptomology of a mental illness/intellectual disability and as a result one or more of the following conditions are being met:
 - ii. When the officer reasonably believes that the person can 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.
 - iii. 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.
 - iv. 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 of a physician or psychologist, to result in significant physical harm to him/herself or others. A family member of the person may complete the Petition for Hospitalization.
1. The person completing the Petition can be any community member (i.e. officer, social worker, family, neighbor, etc.) and must have observed, either in the subject's actions or statements, that one or more of the above-mentioned conditions have been met.
 2. The subject must have been given the opportunity to voluntarily seek treatment/evaluation on their own and have denied the request while still presenting as an immediate danger to themselves or others.
 3. A pat down search shall be conducted only to the extent necessary to discover a dangerous weapon.

4. 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.
5. Officers may restrain person in protective custody in order to protect themselves, the person in custody or other persons.
6. Officers should consider mode of transport in determining level of safety, whether by ambulance or via police car.
7. An original copy of the court order or the Petition for Mental Health Treatment must accompany the subject to the evaluating facility either via law enforcement, social workers, or EMT staff.

G. Suicidal Subjects

1. Upon responding to a suicidal subject complaint, officers shall request medical assistance for the subject as needed and request a social worker respond to the call if available. If medical personnel determine the need for physical examination, officers/social workers may complete a Petition at the treating facility if appropriate, 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 as described above.

H. Minors Requiring Treatment

1. If an officer, as a result of personal observation, and/or has reasonable grounds to believe that a minor presents a danger to themselves or others, the officer may take the minor into involuntary 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.

- I. When there are no concerns for current substance intoxication or other medical needs AND the person has either Medicaid or no insurance and is needing a mental health evaluation, they can go to the local Community Mental Health facility listed below. If in doubt about whether these conditions have been met, the person should be transported to the local emergency room instead.

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.

J. Developmentally Disabled Person

1. 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.

2. 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, 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 wheelchair, cane, etc.

K. Arrest and Lodging

1. 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 and 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. For example, 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.

L. Other Disability Concerns

A. Department personnel shall provide quality service to persons 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 support in aiding people who are vision, hearing, or mobility impaired.
3. Access to interpreters for people with hearing and/or speech disabilities. Access to professional support systems for people with mental illness.
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.

M. Training [3.5.4e,f]

1. Initial training will be completed through the FTO program with a refresher training conducted by a trained mental health representative at the discretion of the Chief of Police or their designee.
2. In coordination with the mental health community and appropriate stakeholders, the Department will develop and provide comprehensive refresher education and training to all department members to enable them to effectively interact with persons in crisis. Triennial refresher training shall be provided to first responders.

IV. CANCELLATIONS

Authorized By:



Kim Johnson, Chief of Police

