

<b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		
<b>RESPONDING TO PERSONS WITH MENTAL ILLNESS</b>		
<b>POLICY AND PROCEDURE 4.2.1.34</b>		
<b>Effective Date :</b> 08/20/05	<b>Accreditation Standards:</b> CALEA 41.2.7 CFA	<b>Review Date:</b>

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**PURPOSE:** To provide guidance to Department members in dealing with persons who are mentally ill.

**SCOPE:** This policy and procedure applies to all members.

**REVIEW RESPONSIBILITY:** Patrol Operations Bureau

**POLICY:** 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 mental state and intent of the individual, and requires special police skills and abilities to effectively and legally deal with the person. When dealing with mentally ill persons, the Department's primary concern shall be to protect the person and others as well as ensure officer safety. Officers shall direct their efforts to assure proper medical examinations and/or supervision of all persons experiencing such personal crises. It is the policy of the Department to assist with and/or initiate involuntary or emergency commitment of the mentally ill person who is a danger to him or herself or others. However, nothing in this policy precludes the appropriate use of force in self defense or the defense of others nor prohibits the arrest of any person or the filing of criminal charges when such is an appropriate response to an incident. 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. In the context of enforcement and related activities, officers shall be guided by Florida law regarding the detention of the mentally ill. Officers shall use this policy to assist them in defining whether a person's behavior is indicative of mental illness and in dealing with the mentally ill in a constructive and humane manner.

## **PROCEDURES**

### **1. RECOGNITION OF PERSONS WITH MENTAL ILLNESS**

- a. Mental illness is often difficult for even the 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. Officers should evaluate the person's 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. Officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated.
- b. Most law enforcement officers will have had some experience with one or more persons who behave abnormally. When confronted with this situation, an officer should endeavor to gain as much background

information about the individual as possible. Sources of information may include the subject's family, friends, co-workers, etc.

- c. Possible indicators that a person is suffering from mental illness may include, but are not limited to:
  - i. Others will say that an impaired person is not "himself".
  - ii. The person may behave in a way dangerous to themselves or to others.
  - iii. The person may withdraw into themselves, talking only to themselves.
  - iv. The person may have sensations that are not based on reality: visions, strange odors, peculiar tastes or voices--all or any one of these sensations may be experienced by the person.
  - v. They may have sensations about themselves that are not realistic.
  - vi. The impaired person may have unrealistic ideas about themselves: they may believe that they have a grand position; they may believe that they are worthless (e.g., extreme depression).
  - vii. They may have delusions (e.g., unrealistic ideas) about the world: they may exaggerate events that occur; they may believe the world is more unfriendly than it is.
  - viii. They may have strange losses of memory or not know the time, where they are, or who they are.
- d. Officers encountering someone they believe to be mentally ill should remember that some medical conditions may result in symptoms similar to mental illness, e.g., a stroke, diabetes, epilepsy, head trauma, drug and alcohol abuse, etc. Officers should be alert to these possible causes, especially when the onset of symptoms was recent and sudden, and request medical assistance for the person when necessary. If in doubt, the person should be medically screened prior to taking any enforcement action.

## **2. RESPONDING TO PERSONS WITH MENTAL ILLNESS**

- a. As in any type of call, safety should always be the first priority. While the greatest majority of mentally ill persons are not violent, officers should be prepared to react as needed should the person respond to the contact with violent behavior towards the officer, others, or himself or herself, or otherwise demonstrate inappropriate behavior such as suicidal threats or other dangerous actions showing a lack of concern for the person's personal safety, e.g., running into heavy traffic.
- b. Officers and others encountering persons with mental illness shall remember that the person's condition is an illness and is beyond the control of the person.
- c. During encounters with persons exhibiting signs of mental illness, officers should:
  - i. Take time to evaluate the situation.
  - ii. Not abuse or threaten the person.
  - iii. Avoid unnecessary excitement.
  - iv. Not become overly excited or emotional.
  - v. Not lie to them or patronize them.
- d. The officer should fully evaluate the totality of the circumstances in order to determine how to proceed during an encounter with a mentally ill person.
- e. Mental illness is not a bar to a lawful arrest. If the person has committed an arrestable offense, the person may be arrested. Any officer with questions as to the appropriateness of an arrest should confer with his/her supervisor. The following guidelines are provided:
  - i. In a crime involving violence, arrest may be the only option as the mental health center does not accept violent persons. The person should usually be arrested and booked into Sheriff's Detention Center or Juvenile Assessment Center (JAC). When the officer has arrested a person for a crime of violence and it appears the person meets statutory guidelines for involuntary examination or involuntary placement, the arresting officer shall notify the booking officer at the Sheriff's Detention Center or JAC that the person appears to suffer from mental illness. The Sheriff's Detention Center or JAC will provide appropriate screening and care for the person. The officer should record on the arrest affidavit or incident report that the suspect appeared to meet the Baker Act criteria and that the personnel at the booking facility were so advised.

- ii. When a person has committed a nonviolent felony or misdemeanor, and, in the opinion of the arresting officer, the prisoner meets Baker Act criteria, the prisoner shall be taken to a receiving facility for involuntary examination. Officers will do at-large paperwork (e.g., request for Capias, warrant or summons) in these cases if the officer believes the suspect has sufficient ties to the community (job, family, etc.) to be located after he/she is released from the receiving facility. In the case of a felony, if there are insufficient ties to the community, the officer will place a police hold on the suspect. Upon notification of release, probable cause paperwork and the prisoner will be transported to the Sheriff's Detention Center or JAC by an on-duty unit. If the prisoner is not admitted at the receiving facility, he/she will be taken to the Sheriff's Detention Center or JAC.
- f. If the person has not committed a crime, or has but will not be charged, and the person poses an imminent threat of harm or danger to themselves or others, meeting the criteria of the Baker Act, the person will be involuntarily committed to a mental health receiving facility (see Policy and Procedure 4.2.1.11).
- g. If the person will not be arrested and does not meet the criteria for the Baker Act, the officer should take additional steps to get appropriate assistance for the person when needed. This can include contacting the Mobile Crisis Response Team to respond and meet with the person, assisting the person in voluntarily committing themselves, arranging for a family member or friend to take custody of the person, contacting the Department of Children and Families for social worker assistance, etc.
- h. Any officer conducting an interview or interrogation of a person suspected to be suffering from mental illness shall keep the following in mind:
  - i. All of the person's Constitutional rights apply and shall be respected by the officer.
  - ii. The person shall not be subjected to threats or any type of manipulation of their illness.
  - iii. If Miranda warnings are required, extra steps should be taken to ensure the person understands their rights. This could include having the person explain their rights back to you in their own words. These extra steps should be documented and preferably recorded when possible. The burden will be on the officer to show the person understood his/her rights.
  - iv. If the person being questioned has a guardian, serious consideration should be given to allowing the guardian to be present during any interview or interrogation.
  - v. If an officer has concerns about interviewing a mentally ill person, a supervisor should be consulted for guidance.

### **3. ACCESSING MENTAL HEALTH RESOURCES**

- a. There are a number of community mental health resources available for assisting in dealing with mentally ill persons. These include:
  - i. Mental health receiving facilities (e.g., 45<sup>th</sup> Street Mental Health Center, South County Mental Health Center, The Pavilion at Columbia Hospital, and the Institute for Mental Health at St. Mary's Medical Center).
  - ii. Mobile Crisis Response Team at 45<sup>th</sup> Street Mental Health Center.
  - iii. The Center for Information and Crisis Services (2-1-1 Line).
  - iv. Florida Department of Children and Families (DCF).
  - v. Private mental health practitioners.
  - vi. Department officers who have received Crisis Intervention Team training.
- b. The mental health receiving facilities are accessed by transporting the person to that location. As receiving facilities, they are required to accept Baker Act patients. In the case of a voluntary commitment, the officer should call first to ensure the facility will accept the patient.
- c. The Mobile Crisis Response Team will respond to a scene to assist in handling a mental health crisis. They can be requested by calling the 45<sup>th</sup> Street Mental Health Center.
- d. The Center for Information and Crisis Services may be accessed by dialing "2-1-1." This center provides information, referral, crisis intervention, supportive counseling, and suicide intervention, via the telephone 24 hours a day/365 days a year.

- e. DCF can be contacted via telephone. This resource is more appropriate in cases that do not require immediate crisis intervention but where longer term assistance and case work may be beneficial.
- f. If the mentally ill person is already under the care of a mental health practitioner, that practitioner may be contacted for assistance and guidance.
- g. Many officers have completed the Crisis Intervention Team training and can be used to assist in dealing with mentally ill persons. Whenever possible, officers who have completed this training should respond to calls involving mentally ill persons.

#### 4. TRAINING

- a. All newly hired Officers, Emergency Communications Operators and Police Aides will receive initial orientation training in this policy and procedure and in responding to persons with mental illness.
- b. All current Officers, Emergency Communications Operators and Police Aides will receive additional training in responding to persons with mental illness. Such training shall be provided at least every three years.
- c. The above described training may be provided by mental health professionals, the Mobile Crisis Response Team, Department members trained in Critical Incident Response, or other appropriate persons.
- d. The training may be provided as part of in-service training, shift briefing training, outside training, or in any other appropriate manner.
- e. The Department will continue to participate in the Crisis Intervention Team training provided by the county and will send officers to that training whenever possible. The purpose of this training is to equip first responders with skills in dealing with persons in crisis.

#### 5. GLOSSARY

**Mental Illness:** Any of a variety of 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 and head trauma.

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- MENTAL ILLNESS
- MENTAL HEALTH CRISIS

#### RESPONSIBILITY INDEX:

- OFFICERS
- COMMUNICATIONS OPERATORS
- TRAINING UNIT

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#### APPROVED:



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