



Responding to Persons Affected by Mental Illness or in Crisis

I. PURPOSE

It is the purpose of this policy to provide guidance to Officers of the Ridgely Police Department when responding to or encountering situations involving persons displaying behaviors consistent with mental illness or crisis.

II. POLICY

Responding to situations involving individuals who Officers reasonably believe to be affected by mental illness or in crisis carries potential for violence; requires an Officer to make difficult judgments about the mental state and intent of the individual; and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability. The goal shall be to de-escalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities. In the context of enforcement and related activities, Officers shall be guided by Ridgely Police Department policy/practices, and Maryland state law regarding the detention of persons affected by mental illness or in crises. Officers shall use this policy to assist them in determining whether a person's behavior is indicative of mental illness or crisis and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

III. DEFINITIONS

A. ***Mental Illness/Disorder:*** An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness/disorder if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety. Under Maryland Health- General Article, Section 10-101(F) "Mental disorder" means:

- 1) A behavioral or emotional illness that results from a psychiatric or neurological disorder.
- 2) Includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.
- 3) Does not include an intellectual disability.

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B. **Crisis:** An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

C. **Facility:** means any public or private clinic, hospital, or other institution that provides or purports to provide treatment or other services for individuals who have mental disorders. "Facility" *does not* include a Veterans' Administration hospital.

IV. PROCEDURES

A. Recognizing Abnormal Behavior: Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by mental illness or in crisis, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest mental illness or crisis, although Officers should not rule out other potential causes such as reactions to alcohol or psychoactive drugs of abuse, temporary emotional disturbances that are situational, or medical conditions.

1. Strong and unrelenting fear of persons, places, or things. Extremely inappropriate behavior for a given context.
2. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
3. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease).
4. 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").
5. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors); and/or
6. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

B. Assessing Risk:

1. Most persons affected by mental illness or in crisis are not dangerous and some may only present dangerous behavior under certain circumstances or conditions. Officers may use several indicators to assess whether a person who reasonably appears to be affected by mental illness or in crisis represents potential danger to himself or herself, the Officer, or others. These include the following:

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- a. The availability of any weapons.
 - b. Statements by the person that suggest that he or she is 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.
 - c. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the Officer—or family, friends, or neighbors might provide such information.
 - d. The amount of self-control that the person, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself 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.
 - e. The volatility of the environment is a particularly relevant concern that Officers must continually evaluate. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated.
2. Failure to exhibit violent or dangerous behavior prior to the arrival of the Officer does not guarantee that there is no danger, but it might diminish the potential for danger.
 3. An individual affected by mental illness or emotional crisis may rapidly change his or her presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an Officer stating "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's physical presentation does not necessarily mean he or she will become violent or threatening, but Officers should be prepared at all times for a rapid change in behavior.

C. Response to Persons Affected by Mental Illness or in Crisis:

If the Officer determines that an individual is exhibiting symptoms of mental illness or in crisis and is a potential threat to himself or herself, the Officer, or others, or may otherwise require law enforcement intervention as prescribed by *Maryland State Code - Health-General Article § 10-620 et seq.*, the following responses should be considered (*refer to page 9 for details on the specific legal requirements of conducting an Emergency Petition*):

1. Request a backup Officer. Always do so in cases where the individual will be taken into custody. Whenever an Officer is dispatched to a "suicidal subject" or a potentially volatile mental health crisis, two (2) Officers will respond to evaluate the incident. In the event the second Officer is unable to respond, an allied police agency will be dispatched to provide backup assistance until the incident is resolved or another Officer can respond.
2. Once on scene, remove any dangerous weapons from the immediate area, and restrain the individual if necessary.

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3. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet nonthreatening 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. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.

4. Move slowly and do not excite the person. Provide reassurance that the Ridgely Police Department is there to help and that the person will be provided with appropriate care.

5. Communicate with the individual in an attempt to determine what is bothering him or her. If possible, speak slowly and use a low tone of voice. Relate concern for the person's feelings and allow the person to express feelings without judgment. Where possible, gather information on the individual 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 make other similar threats or demands, as this may create additional fright, stress, and potential aggression.

7. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.

8. Always attempt to be truthful with the individual. If the person becomes aware of a deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the Officer to validate these, statements such as "*I am not seeing what you are seeing, but I believe that you are seeing* (the hallucination, etc.)" is recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.

9. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., community crisis mental health personnel, Crisis Negotiator). The Ridgely Police Department has partnered with the **Eastern Shore Mobile Crisis Team (MCT)** who is available 24 hours a day, 7 days a week, to be a resource for Officers handling these types of incidents. Contact information for the MCT can be found in this general order.

D. Taking Custody or Making Referrals to Mental Health Professionals:

1. Based on the totality of the circumstances and a reasonable belief of the potential for violence, the Officer **will** provide the individual and/or family members with referral information on available community mental health resources through the MCT Pamphlet/business cards, or take custody of the individual in order to seek an involuntary emergency evaluation. Officers should do the following:

a. **DETERMINING FACTORS TO CONSIDER IF AN INDIVIDUAL IS TO BE TAKEN INTO CUSTODY.**

1) The individual presents a danger to the life or safety of the individual or of others.

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2) The Officer personally has observed the individual or the individual's behavior. Observations by the Officer are not necessarily required if physical evidence is obtained that would lead the Officer to believe that the individual has taken some action to substantiate claims that the individual is a danger to themselves or others. An example of this would be, but not limited to, text messages, social media posts, letters, or voice mail recordings.

3) If the above criteria has been met, under Maryland State Law, the Officer can and will take custody of the individual under an Emergency Petition.

b. If no custodial action is taken, and the person does not want to be voluntarily evaluated, the Officer will:

1) Offer mental health referral information to the individual and or/family members when the circumstances indicate that the individual should not be taken into custody under the law. The Officer **will** Provide the individual and/or family member with a Mobile Crisis Team (MCT) Pamphlet/Business card and explain their services.

2) Document in the Ridgely Police Department RMS – Contact Card (CC) that the individual, family member, or complainant was provided with a MCT Pamphlet/Business Card and that their services were explained.

3) Clear the call for service and go available.

c. If the subject is taken into custody for an Emergency Petition, regardless if an attempted suicide (medical transport) or evidence based on interview, the Officer will:

1) *If necessary*, summon crisis intervention specialists from the Mobile Crisis Team to assist in the custody and admission process at the medical facility.

2) Continue to use de-escalation techniques and communication skills to avoid provoking a volatile situation once a decision has been made to take the individual into custody.

3) Using restraints on persons affected by mental illness or in crisis can aggravate any aggression, so other measures of de-escalation and commands should be utilized if possible. Officers will, unless other medical circumstances dictate otherwise, handcuff the individual taken into custody when transporting in their patrol vehicle or ambulance. Officers should take those measures necessary to protect their safety.

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4) Ensure that at least two Officers (or an allied police unit) are on scene prior to taking physical custody of a potentially dangerous individual who may be affected by mental illness or in crisis or an individual who meets other legal requirements for involuntary admission for mental examination (i.e. Court or Doctors order).

5) If a volatile or demented individual is taken into custody, he/she *will* be secured with handcuffs during transport to the hospital or medical facility. Even with a voluntary evaluation or medical transport due to attempted suicide/injuries, the Officer will use handcuffs. Safety should be at the forefront. An Officer *will* respond to the hospital or medical facility where the individual is transported via EMS ambulance to complete the required "Emergency Petition".

Per RPD General Order 8-4 Security of Prisoners for EMS and Hospital Settings, 8-4-4 Procedures, subsection C... *Absent extenuating circumstances, an Officer will ride in the ambulance (EMS operational program unit), preferably in the back, to maintain security of the prisoner while in transit. In the event an Officer does not ride in the ambulance after consultation with the EMS provider and the Supervisor; the prisoner will be physically secured in the ambulance and the Officer will follow the unit to the hospital."*

6) If the individual is seen at a medical facility in Maryland, the Officer will complete the Maryland State CC-DC 13 & 14 (Emergency Petition). If the individual is seen at a hospital or medical facility in Delaware, the Officer will complete the Delaware "Emergency Emissions Form" (according to Delaware Code: Title 16, Chapter 51, Section 5122 as Amended 7/92). Ensure that a copy of said form is submitted with the Incident Report (IR) or Criminal Investigation Report (CIR) for final review. The original Emergency Petition will remain with the Hospital or Facility staff.

7) The Officer will not leave the individual unattended without hospital or medical facility security staff on scene. If the Officer is at a Delaware hospital or medical facility, arrangements will be made with the security at that facility or the local law enforcement unit to assume custody of the individual.

8) Prior to leaving the individual with the hospital or medical facility, the Officer **will** provide them with a MCT Pamphlet/Business Card. This action will be captured in the narrative of the Incident Report or Criminal Investigation Report.

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9) Document the event on an Incident report (IR) under the “*Emergency Petition*” category in the Ridgely Police Department Report Management System (RMS) **if no attempt of suicide was made**. Document the event on a Criminal Investigation Report (CIR) under the “*Suicide/Attempt Also*” category in the Ridgely Police Department Report Management System (RMS) **if an attempt of suicide was made by the individual**. A detention/arrest log documenting the custodial detention of the individual will be completed in either case. The “*Emergency Petition*” code will be used in the detention/arrest log section of the Ridgely Police Department RMS.

10) Ensure that the narrative of the Emergency Petition and the Incident Report (IR) or Criminal Investigation Report (CIR) is as detailed and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as “*out of control*” or “*mentally disturbed*” should be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person. The reasons why the subject was taken into custody or referred to other agencies should also be reported in detail. A copy of the Emergency Petition will be submitted with the Officer’s final report.

V. LEGAL REQUIRMENTS REGARDING FIREARMS PURCHASING AND POSSESSION WHEN INDIVIDUALS WHOM HAVE A DOCUMENTED MENTAL ILLNESS OR COURT COMMITMENT TO A FACILITY FOR MENTAL HEALTH.

A. Under the *Maryland Firearm Safety Act of 2013*, specifically *Health-General Article, Section 10-632* - Prohibits a person from *possessing a regulated firearm or shotgun* if one or more of the following conditions apply and expands the application to purchase a regulated firearm (77R) to include statements from the applicant that the firearm applicant:

1. does not suffer from a mental disorder as defined in Health- General Article, Section 10-101(F) and have a history of violent behavior against the applicant or another
2. has never been found incompetent to stand trial under Section 3-106 of the Criminal Procedure Article
3. has never been found not criminally responsible under Section 3-110 of the Criminal Procedure Article
4. has never been **voluntarily admitted for more than 30 consecutive days** to a facility as defined in Section 10-101 of the Health-General Article
5. has never been **involuntarily committed to a facility** as defined in Section 10-101 of the Health-General Article
6. is not under the protection of a guardian appointed by the court under Sections 13-201 or 13-705 of the Estates and Trusts Article, except for cases in which the appointment of the guardian is solely as a result of a physical disability

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B. *The Maryland Firearm Safety Act of 2013* expands the mental health reporting requirements from the courts and the State to the Federal *National Instant Criminal Background Check System (NICS)* through the Maryland Department of Public Safety and Correctional Services. In addition, under this act, an Administrative Law Judge may order certain persons under certain circumstances, to surrender their firearms to law enforcement, according to Health-General Article, Section 10-632. Specific reporting procedures of both the State and Federal government to prevent access or purchases to firearms are explained in this general order (**Section VI**).

VI. REPORTING, PREVENTING THE POSSESSION OF FIREARMS, AND RETREIVING FIREARMS FROM INDIVIDUALS WHO ARE DEEMED MENTALLY ILL UNDER THE MARYLAND FIREARM SAFETY ACT OF 2013

A. If said individual is deemed to have a “*confirmed*” mental illness as defined under the Maryland Health- General Article, Section 10-101(F) *and* has a history of violent behavior against the applicant or another the following should be conducted by the Ridgely Police Department:

1. Obtain all information on the individual who is subject to the Maryland Firearm Safety Act.
2. Conduct a “Weapons Check” through the Maryland State Police licensing division to determine if the individual has any regulated firearms registered to them.
3. Apply for, and obtain a Search and Seizure Warrant for evidence of violations of the Annotated Code of Maryland, MD Public Safety Article, Title 5 and the Maryland Health-General Title 10-Mental Hygiene Laws.
4. Seize all weapons found, both regulated and non-regulated.
5. Regardless of evidence found, the Officer will report the individual to the Maryland State Police Licensing Division to be logged as a “prohibited person” from purchasing or possessing regulated firearms in the State of Maryland.
6. The Officer will notify the Federal *National Instant Criminal Background Check System (NICS)*, via their NICS entry form, and provide any other documents to NICS to ensure that said individual is entered properly. Entry into NICS will not only prevent the individual from purchasing a regulated firearm anywhere in the United States, but will also prevent the individual from purchasing a non-regulated firearm (i.e. shotgun).
7. Document all actions on an Incident Report (IR) or Criminal Investigation Report (CIR) as deemed appropriate by the Chief of Police.

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VII. MARYLAND LAW REGARDING OFFICIALS AND PERSONS WHO CAN OBTAIN OR APPLY FOR AN EMERGENCY PETITION ON AN INDIVIDUAL SUFFERING FROM A MENTAL ILLNESS - MD. CODE ANN. HEALTH—GEN.§ 10-622 Petition for emergency evaluation

A. Petition authorized. - A petition for emergency evaluation of an individual may be made under this section only if the petitioner has reason to believe that the individual:

- 1) Has a mental disorder; and
- 2) The individual presents a danger to the life or safety of the individual or of others.

B. Petitioners; basis for petition.-

1) The petition for emergency evaluation of an individual may be made by: i. A physician, a psychologist, a clinical social worker, a licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, or a health officer or designee of a health officer who has examined the individual;

ii. A peace officer who personally has observed the individual or the individual's behavior; or

iii. Any other interested person.

v. If the individual who makes the petition for emergency evaluation is an individual authorized to do so under subsection (b)(1)(i) of this section, contain the license number of the individual;

vi. Contain a description of the behavior and statements of the emergency evaluatee or any other information that led the petitioner to believe that the emergency evaluatee has a mental disorder and that the individual presents a danger to the life or safety of the individual or of others; and

vii. Contain any other facts that support the need for an emergency evaluation.

2) The petition form shall contain a notice that the petitioner:

i. May be required to appear before a court; and

ii. Makes the statements under penalties of perjury.

C. Given to peace officer; explanation by peace officer.-

1) A petitioner who is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, health officer, or designee of a health officer shall give the petition to a peace officer [for service]. In this case an IR for "Aid to Sick and Injured" report will be completed to document the contact. A copy of the petition will be included with said report.

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VIII. RIDGELY POLICE DEPARTMENT CASE RECORDS:

Per Maryland Rule 16-1006(i)(6) and Title 10 of the Health General Article of the Maryland Code, case records such as "*Emergency Petitions*" containing medical information are not available for Public Inspection under the Freedom of Information Act (FOIA). At no time should an Emergency Petition be distributed outside of the Ridgely Police Department, unless to a qualified medical healthcare provider (ie. hospital/medical facility) or a court order.

IX. CONTACT INFORMATION FOR THE EASTERN SHORE MOBILE CRISIS TEAM:

HOTLINE AVAILABLE 24/7/365: 1-888-407-8018

- Serves all 9 counties on the Eastern Shore
- Mobile Crisis teams available *9am to midnight* 7 days a week all year round.