


East Haven Police Department 	Type of Directive: Policies & Procedures		No. 422.3
	Subject/Title: Managing the Mentally Ill	Issue Date: April 24, 2018	
		Effective Date: May 21, 2018	
Issuing Authority: Honorable Board of Police Commissioners	Review Date: Annually		
References/Attachments: Connecticut General Statutes § 17a-503 and 17a-495		Rescinds: 422.2	
		Amends: N/A	

I. PURPOSE

- A. The purpose of this directive is to set forth the policies and procedures of the East Haven Police Department (EHPD) regarding managing mentally ill persons.

II. POLICY

- A. It is the policy of the East Haven Police Department to provide a consistently high level of service to all community members. Department personnel shall afford people who have mental illnesses the same rights, dignity and access to police and other government and community services as are provided to all citizens, and provide those services with respect and sensitivity to the person.

III. DEFINITIONS

- A. Mentally Ill: A person who has a mental or emotional condition which has substantial adverse effects on their ability to function and who requires care and treatment, and specifically excludes a person who is an alcohol and/or drug dependent person (C.G.S. § 17a-495).
- B. Americans with Disabilities Act (ADA) – A federal law that applies to people who have a physical or mental impairment, a record of such impairment, or who are regarded as having such impairment that substantially limits one or more of their major life activities, including the following.
1. The ability to communicate.
 2. Hold a job or care for themselves.

- C. The term “substantially limits” is not a clinical term. It is a practical term to distinguish between people who have a mild physical or mental impairment and those whose impairment substantially limits one or more major life activities.

IV. GENERAL GUIDELINES AND CONSIDERATIONS

- A. The Americans with Disabilities Act (ADA) entitles people with mental illnesses or disabilities 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 protection than are provided to others.
- B. The ADA calls for law enforcement agencies to make reasonable adjustments and modifications in their policies, practices or procedures on a case-by-case basis. For example, if a person exhibits symptoms of mental illness, expresses that he or she has a mental illness or requests accommodation for a mental illness (such as access to medication), officers and dispatchers may need to modify routine practices and procedures, take more time or show more sensitivity to extend the services or protections that would be extended to someone else in a similar circumstance.
- C. This policy is intended to address the varying role officers play in their encounters with people with mental illnesses. As first responders and law enforcers, they may encounter victims, witnesses or suspects who have mental illnesses. As service personnel, they may be called upon to help people obtain psychiatric attention or other needed services. Helping people 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 police.
- D. No single policy or procedure can address all of the situations in which officers, communications personnel and other agency personnel may be required to provide assistance to persons who have mental illnesses. This policy is intended to address the most common types of interactions with people who have mental illnesses.
- E. **In all contacts by members of the Department with persons who are mentally ill or exhibit signs of mental illness, members must show sensitivity, understanding and respect, finding alternatives to address the situation with the use of minimum force.**

V. PROCEDURES

- A. Training.
 - 1. The Department will provide the following training to agency personnel.
 - a. All personnel who interacts with persons suspected of suffering from mental illness will receive the minimum training offered as established by the POST regulations for basic training of all new police officers.
 - b. Refresher training by the Department, which will be part of re-certification training, will be provided to personnel at least once every three (3) years.

- c. Training shall include basic crisis intervention and interacting with people with mental illnesses, including an emphasis on de-escalation strategies.
 - 1) All personnel will receive any additional training to meet the provisions of this section that they did not receive during basic training.
- B. Recognizing characteristics of mental illnesses.
- 1. While many people with mental illnesses control symptoms successfully with the use of medications, others who do not have access to mental health services, fail to take their medications, or do not recognize that they are ill can experience psychiatric difficulties.
 - 2. Symptoms of different mental illnesses may include, but are not limited to the following.
 - a. Loss of memory.
 - b. Delusions.
 - c. Depression, deep feelings of sadness, hopelessness or uselessness.
 - d. Hallucinations.
 - e. Excited delirium.
 - f. Manic behavior, accelerated thinking and speaking, or hyperactivity.
 - g. Confusion.
 - h. Incoherence.
 - i. Extreme paranoia.
 - 3. The degree to which these symptoms exist varies from person to person according to the type and severity of the mental illness.
 - 4. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual.
 - 5. The dispatcher or officer responding to the scene is not expected to diagnose a mental illness, but to decide on the appropriate response to the individual and situation. Recognizing that symptoms may indicate mental illness will help officers decide on an appropriate response and disposition.
 - 6. Obtaining relevant information from family members, friends or others at the scene who know the individual and his or her history, or seeking advice from mental health professionals, can also assist officers in taking the appropriate action.

7. Officers on the scene will also 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.
- C. Response to calls for service involving people with mental illnesses.
1. When responding to a call that involves a person who has, or exhibits symptoms of, mental illnesses, dispatchers should gather and transmit to the responding officers as much information as possible.
 2. It is essential that the dispatcher collect information that will prepare an officer to respond to the scene, such as the following.
 - a. The nature of the problem behavior.
 - b. Events that may have precipitated the person's behavior.
 - c. The presence of weapons.
 3. A family member, friend, or concerned party calling about someone who needs help in accessing mental health may volunteer additional information such as:
 - a. Past occurrences of this or other abnormal behaviors.
 - b. Past incidents involving injury or harm to the individual or others.
 - c. Prior suicide threats.
 - d. Reliance on medication or failure to take medication.
 - e. Relatives, friends or neighbors available to assist officers.
 - f. Physicians or mental health professionals available to assist officers.
 4. Communications personnel will have ready access to contact and referral information for available community mental health resources and authorized emergency evaluation facilities and shall, when asked, provide such information to officers or citizens.
 5. On scene.
 - a. Officers should use the following practices in all contacts, whether on the street or during more formal interviews and interrogations.
 - 1) Remain calm.
 - 2) Be friendly, patient, accepting and encouraging, but remain firm and professional.
 - 3) Provide or obtain on-scene emergency aid when treatment of an injury is urgent.

- 4) Check for and follow procedures indicated on medical alert bracelets or necklaces.
 - 5) Indicate a willingness to understand and help.
 - 6) Speak simply and briefly.
 - 7) Move slowly.
 - 8) Remove distractions, upsetting influences and disruptive people from the scene.
 - 9) Understand that a rational discussion may not take place.
 - 10) Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds ("voices") or the environment.
 - 11) Be aware that the uniform, gun, ECW, OC Spray, handcuffs and baton may frighten the person with mental illnesses; attempt to reassure him or her that no harm is intended.
 - 12) Recognize and acknowledge that a person's delusional or hallucinatory experience is real to him or her.
 - 13) Announce actions before initiating them.
 - 14) Gather information from family or bystanders.
 - 15) If the person is experiencing a psychiatric crisis, attempt to have a local mental health professional to respond to the scene.
6. Actions that officers should generally avoid include the following.
- a. Moving suddenly, giving rapid orders or shouting.
 - b. Forcing discussion.
 - c. Direct, continuous eye contact.
 - d. Touching the person (unless essential to safety).
 - e. Crowding the person or moving into his or her zone of comfort.
 - f. Expressing anger, impatience or irritation.
 - g. Assuming that a person who does not respond cannot hear.
 - h. Using inflammatory language, such as "mental" or "mental subject."

- i. Challenging delusional or hallucinatory statements.
 - j. Misleading the person to believe that officers on the scene think or feel the way the person does.
7. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there is a range of options officers should consider when selecting an appropriate disposition. These options include the following:
- a. Protective custody as outlined in Policies and Procedures # 421 - Protective Custody.
 - 1) Referral or transport the person for medical attention if he or she is injured or abused.
 - 2) Refer or transport to mental health services.
 - 3) Refer or transport to substance abuse services.
 - 4) Assist in arranging voluntary admission to a mental health facility, if requested;
 - b. Release.
 - c. Release to care of family, care giver, or mental health provider.
 - d. When appropriate, arrest, if probable cause exists that a crime has been committed.