

# CITY OF ANDERSON POLICE DEPARTMENT

## Anderson, South Carolina

<b>DIRECTIVE TYPE</b> General Order	<b>EFFECTIVE DATE</b> December 30, 2009	<b>NUMBER</b> 1505
<b>SUBJECT</b> Mentally Ill & Emotionally Disturbed Persons		
<b>REVISED</b> December 30, 2009		
<b>REFERENCE</b> SCLEA Chapter 10	<b>AMENDS/SUPERSEDES</b> All Others	
<b>DISTRIBUTION</b> All Personnel	<b>RE-EVALUATION DATE</b> Annual	<b>NO. PAGES</b> 7

**A. Purpose**

To describe the City of Anderson Police Department's guidelines in response to persons suffering from or appearing to suffer from mental illness.

**B. Policy**

Emotionally disturbed persons can pose a significant challenge to law enforcement. The City of Anderson Police Department strives to deal with such persons in a compassionate and safe manner in order to protect the individual, the public, family members and officers.

**C. Procedures**

**I. Definitions:**

**A. Emergency Protective Custody (EPC)**

The process of a law enforcement officer taking a person into custody for protection when there exists a likelihood of serious harm to the person or others.

**B. Emotionally Disturbed Person (EDP)**

A person who is in an irrational emotional state. The condition may be associated with situational, medical, substance or trauma related causes. There may, or may not be, an

underlying mental illness related to the emotional state.

C. Emotionally Ill

Interchangeable with “mentally ill” for the purpose of this policy, usually a temporary or situational condition.

D. Involuntary Commitment

The process of detaining a person who is endangering him/herself or others for medical treatment. Only a medical doctor can determine if commitment is necessary.

E. Likelihood of Serious Harm

Due to mental or emotional illness or excessive alcohol or drug use there is:

- 1) A substantial risk of physical harm to the person him/herself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm;
- 2) A substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious bodily harm to them, or;
- 3) A very substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person’s judgment is so affected that he or she is unable to protect hem/herself in the community and that reasonable provision for his/her protection is not available in the community.

F. Mental Illness

Any of various 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 or head trauma.

G. Mentally Ill

A person suffering from mental illness, for purposes of this policy the term “mentally ill” will also refer to Emotionally Disturbed Persons and those suffering from chemical abuse or influence.

H. Order of Detention

An order issued by a Probate Court Judge requiring detainment of a person for mental health evaluation. The order is based on the affidavit of someone who feels commitment is necessary.

I. Voluntary Commitment

The process when a person voluntarily enters a mental health treatment center on his/her own accord.

II. Recognizing Abnormal Behavior (SCLEA 10.1a)

A. Officers will be provided with the knowledge to recognize that behavior which is potentially destructive and/or dangerous to the individual and the public.

B. Officers will not rule out other potential causes of questionable behavior related to reactions to

narcotics, alcohol, medication, or temporary emotional disturbances based on situations.

C. All officers will evaluate the following behaviors within the context of the situation while making judgments regarding an individual's mental state.

D. Degree of Reactions

- 1) Mentally ill persons may exhibit signs of a strong and unrelenting fear of person, place, or thing.
- 2) The fear of people or crowds may make the individual reclusive and/or aggressive without provocation.
- 3) Authority figures, such as a uniformed police officer, may cause a particularly strong reaction resulting in fear, suspicion or violent behavior.
- 4) An individual who demonstrates inappropriate behavior that is extreme in nature may be mentally ill.
- 5) Mentally ill persons may become easily frustrated in a new or unplanned circumstance.
- 6) He/she may demonstrate inappropriate or aggressive behavior when dealing with a situation.
- 7) In addition to the above, a mentally ill person may show signs of one or more of the following characteristics:
  - (a) Abnormal memory loss of common facts such as: name, address, date, etc.
  - (b) Delusions such as: thoughts and/or ideas that are clearly false, and paranoid feelings.
  - (c) Hallucinations resulting from the five senses such as hearing voices, feeling the skin crawl, smelling strange odors, etc.
  - (d) Belief the individual suffers from extraordinary physical illnesses; such as believing they have stopped breathing, etc.
  - (e) Extreme fright or depression.

### III. Determining Danger

A. Not all mentally ill persons are dangerous to themselves or the public.

B. Some may only pose a danger under certain circumstances or conditions.

C. The following indicators may identify an immediate or potential danger to a mentally ill person or the public:

- 1) Availability of weapons to the subject;
- 2) Statements made by the individual that suggests a willingness to commit a violent or dangerous act. Such comments can range from subtle hints to direct threats that, when taken in conjunction with other available information, indicate a clear potential for violence.
- 3) A personal history of prior violence under similar and/or related circumstances.
- 4) Apparent lack of control over emotions including: rage, anger, fright, or agitation. Signs of lack of control may include:
  - (a) Extreme agitation
  - (b) Wide eyes and rambling thoughts/speech
  - (c) Clutching one's self or other objects in order to maintain control

- (d) Begging to be left alone
- (e) Offering frantic assurances that the individual will be all right.

D. The volatility of the environment is especially important when evaluating a situation with a potentially mentally ill person. Agitators that can affect the person or could escalate the situation will be taken into account.

#### IV. Dealing With The Mentally Ill Person (SCLEA 10.1a)

A. When an officer has determined that an individual is mentally ill and a potential threat exists for him/herself, or may require police intervention for other purposes, the following steps will be taken:

- 1) A backup officer will be requested to assist with the situation if it should become necessary
- 2) Take appropriate action to calm the situation.
  - (a) When possible, discontinue use of sirens and lights
  - (b) Disperse crowds
  - (c) Assume a non-threatening manner when approaching and conversing with the individual
  - (d) Move slowly and do not excite the individual.
  - (e) Provide reassurance that law enforcement is there to provide assistance and appropriate care
  - (f) Communicate with the individual to determine the problem.
  - (g) Relate concern for their feelings and allow them to vent.
  - (h) When possible, gather information relating to family members and/or acquaintances
- 3) Request professional assistance if needed
- 4) Do not threaten the individual with arrest which can lead to additional fright, stress, and aggression causing an escalation in the situation
- 5) Avoid topics that could agitate the individual. Guide conversations toward subjects that will assist in bringing the individual back to reality
- 6) Always attempt to be truthful. If the individual perceives deception they may withdraw from contact and become overly sensitive or retaliate in anger
- 7) Take care when interviewing and conducting in-custody interviews with mentally ill individuals. Never leave them alone. If there are any indications of unpredictable or violent behavior, two officers will remain with the person at all times. The individual will be restrained as necessary and thoroughly searched for weapons.

#### V. Emergency Protective Custody

- A. The authority of an officer to take an individual into custody due to a potential threat to themselves or others is an inherent role of sworn law enforcement personnel.
- B. Officers will take mentally ill individuals and persons suffering from excessive alcohol and/or drug use into custody when necessary to prevent the individual from inflicting harm.
- C. An officer may place an individual into Emergency Protective Custody when there is belief that the person is a threat to themselves and/or others and if there is a likelihood of serious injury to

himself/herself or others.

D. Emergency Protective Custody may be used in the following circumstances:

- 1) Threats of suicidal intentions and/or death threats
- 2) Past history of mental illness or treatment
- 3) Past history of threats to self and/or others
- 4) Observations of suicidal or homicidal intentions such as suicide note, 911 calls, comments to officers, etc.
- 5) Evidence of excessive alcohol or drug abuse
- 6) Statements by family members
- 7) Any other actions and/or statements that seem to be cause for concern.

E. Officers must fully document their reasons for placing the individual into Emergency Protective Custody.

F. The on call representative for Anderson County Department of Social Services will be contacted in regards to the subject being taken into Emergency Protective Custody and advised if and where the subject was transported by Emergency Medical Services (EMS).

## VI. Transportation of Mentally Ill Individuals

A. When the individual is in need of transport due to medical conditions to include alcohol and/or drug abuse, Emergency Medical Services (EMS) will be requested to provide transportation.

- 1) One or more officers will escort and/or ride in the ambulance if the individual is/has:
  - (a) Combative
  - (b) Uncooperative
  - (c) Demonstrated unpredictable or dangerous behavior
  - (d) A flight risk
- 2) If no condition exists requiring an officer to ride in the ambulance, then the officer shall immediately follow the ambulance maintaining direct visual contact when it is safe and practical to do so.

B. If no medical conditions exist, an officer will transport the individual to the appropriate destination.

- 1) At least one officer will escort the individual to the AnMed Health Medical Center or Anderson Oconee Behavioral Health Services.
- 2) Under special circumstances, two or more officers may be needed to transport an individual under a Commitment Order as outlined in A.1 of this section.
  - (a) When transporting an individual with a Commitment Order, the transporting officer will consult with an on-duty supervisor to determine if additional officers are necessary based on behavior and past history.

C. Transportation of, and the use of restraints on, mentally ill persons will follow the same procedures as those individuals placed in custody in accordance with Department General

Orders to include restraints.

## VII. Serving Commitment Orders

- A. Commitment Orders are issued by the Probate Court judge and authorizes any law enforcement officer to take into custody the person named in the warrant for the purpose of taking that person to a physician for examination.
  - 1) Such document shall contain the appropriate certifying physician signatures.
  - 2) Unless a particular physician or facility is named for the examination, the patient is taken to AnMed Health Medical Center or Anderson Oconee Behavioral Health Services.
  - 3) If a physician certifies that treatment is needed, the patient should then be transported to the facility named in the application.
  - 4) No person taken into custody for a mental examination should be placed in the Anderson City Detention Center or Anderson County Detention Center.
  - 5) When a person is taken into custody pursuant to such order, (s)he should be advised that he is entitled to have an attorney present when he is examined.
  - 6) If the examining physician does not certify that treatment is needed, the patient should be released immediately and offered an escort back to their original pick-up location.
  
- B. Persons under Commitment Orders can be unpredictable and potentially violent which can place officers in potentially dangerous situations.
  - 1) A minimum of two officers will be available for the service of Commitment Orders.
  - 2) Officers will use extreme caution and take all necessary precautions when approaching and having contact with persons being served Commitment Orders.
  - 3) Officers will attempt to determine if there is any potential for violence from the individual being served.
    - (a) Officers should attempt to make contact and interview the petitioner (family member, mental health provider) prior to serving Commitment Orders to determine if the person may behave in an unpredictable or violent manner.
    - (b) The petitioner may be requested to assist the serving officer by communicating with the individual and/or meet with the officer to discuss the course of action needed to safely serve the Commitment Order.
    - (c) The petitioner of/or a family member can accompany the officers to the individual's location. However, they will not be permitted to ride in the patrol vehicle at any time.
    - (d) If an indication of potential violence or unpredictable behavior exists, the petitioner or family member will not accompany officers to the individual's location.
  - 4) When an indication of potential violence is present, the officer will consult with an on-duty supervisor and take appropriate action to include:
    - (a) Assistance from additional officers
    - (b) Assistance from family members or mental health professionals
    - (c) Use of Tactical Team.
  
- C. Officers will contact an on-duty supervisor to determine the best course of action when the possibility of unpredictable or violent behavior is apparent.

**VIII. Community Resources (SCLEA 10.1b)**

- A. Numerous resources exist to assist with mental health issues.
- B. The Behavioral Health Services of Anderson-Oconee County is the primary mental health provider in the community.
  - 1) Administrative (864) 260-4168
- C. Additional resources are listed below:
  - 1) AnMed Health Behavioral Health Services (864) 512-1819
  - 2) AnMed Health Medical Emergency Department (864) 512-1000

**IX. Training**

- A. All officers will receive training in reference to Emotionally Disturbed Persons as part of their initial training.
- B. Training shall include:
  - 1) Recognition of persons suffering from a mental illness
  - 2) Guidelines for dealing with mentally ill persons
  - 3) Procedures for Emergency Protective Custody
  - 4) Serving Commitment Orders
  - 5) Other various community mental health issues.

All officers will receive triennial refresher training in reference to dealing with Emotionally Disturbed Persons. (SCLEA 10.1c)

By order of:

  
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Martin D. Brown, Chief of Police

12-30-2009  
Date