




COLUMBIA POLICE DEPARTMENT

“Policing Excellence through Community Partnerships”

Directive Type: General Order	Effective Date: 06-30-2016	General Order Number: 05.12
Subject: <i>Recognizing the Mentally Ill</i>		
Amends/Supersedes: <i>Section 05, Chapter 12, Recognizing the Mentally Ill, 2008</i>	Chief of Police: 	
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1.0 DIRECTIVE

Emotionally disturbed or mentally ill persons can pose a significant challenge to the public. Persons with these conditions can behave in an erratic and unpredictable manner and can often pose a serious threat to the personal safety of those around them. The Columbia Police Department will strive to deal with these individuals in a compassionate yet safe manner to protect the individual, the public, family members and departmental employees.

2.0 DEFINITIONS

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.

Emotionally Disturbed Person: A person who is in an irrational emotional state. The condition may be associated with situational, medical or substance related causes. There may, or may not be, an underlying mental illness related to the emotional state.

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.

Likelihood of Serious Harm: Due to mental or emotional illness or excessive alcohol or drug use there is:

- 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;
- 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;
- 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.

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.

Mentally Ill: A person suffering from mental illness. For purposes of this policy the term "mentally ill" sometimes used to refer to emotionally disturbed persons and those suffering from chemical abuse or influence.

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.

3.0 RECOGNIZING ABNORMAL BEHAVIOR

Employees must consider other potential causes of erratic and unpredictable behavior such as reactions to narcotics or alcohol, reactions to medication, or temporary emotional disturbances that are situational motivated.

Employees are not expected to make clinical diagnosis of an individual's mental or emotional state but need to be able recognize behavior that is potentially destructive and/or dangerous to the individual or others.

Individuals demonstrating behavior that falls into any of the following categories may be displaying symptoms suggesting they are emotionally disturbed or mentally ill.

- **Degree of Reactions:** Strong and unrelenting fear of persons, places or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation. * Authority figures, especially uniformed officers, may cause a particularly strong reaction of fear, suspicion, or violent behavior.
- **Appropriateness of Behavior:** Easily frustrated in new or unforeseen or demonstrating extremely inappropriate behavior for a given context.
- **Extreme Rigidity or Inflexibility:** Demonstrating inappropriate or aggressive behavior in dealing with routine situations.
- **Memory Problems:** Abnormal memory loss related to such common facts as name, home address, date, etc. (Memory loss may also be a result of physical ailments such as Alzheimer's disease.)
- **Delusions:** The belief in thoughts or ideas that are clearly false or paranoid (ie. belief that "Everyone is out to get me.")
- **Hallucinations:** Mistaken impressions of any of the five senses. (ie. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, seeing something that does not exist)
- **Maladies:** Belief that they suffer from extraordinary medical conditions that are not possible. (ie. believing that their heart has stopped beating for an extended period of time)
- **Frame of mind:** Extreme fear or depression.

4.0 DETERMINING DANGER

Not all emotionally disturbed or mentally ill individuals are dangerous while some may represent danger only under certain circumstances or conditions. The following may indicate that an emotionally disturbed or mentally ill individual represents an immediate or potential danger to him/herself or others:

- Availability of weapons.
- Statements that suggest that the individual intends to commit suicide, violent or dangerous acts.
- Personal history of prior violence under similar or related circumstances.
- Lack of control of emotions such as rage, anger, fright or agitation.
- Rambling thoughts or speech.
- Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right.

The volatility of the environment is a particularly relevant factor that must be evaluated. A particularly combustible environment or the existence of triggers/agitators may provoke violence and should be taken into consideration.

5.0 OFFICER INTERACTION

Officers should be prepared interact with individuals suspected of being emotionally disturbed or mentally ill during street contacts, responding to calls for service, during interviews/interrogations, and/or during court procedures.

If an individual suspected of being emotionally disturbed or mentally ill poses a potential threat to him/herself or others, or otherwise requires police intervention for humanitarian purposes, the following guidelines have been established:

- If not already present or in route, a backup officer must be requested.
- Take steps to calm the situation. Where possible eliminate lights and sirens, disperse crowds, and assume a quiet and non-threatening manner when approaching or conversing with the person.
- Move slowly and do not excite the person. Provide reassurance that the police are there to help and that appropriate care will be provided.
- Communicate with the person to determine what is bothering him/her. Relate concern for his/her feelings and allow him/her to vent feelings. Where possible gather information about the person from acquaintances and/or family members. Request professional assistance if needed.
- Do not threaten the person with arrest or in any other manner as this may cause additional fright, stress and potential aggression.
- Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the person back to reality.

- Always attempt to be truthful with a mentally ill person. If the subject becomes aware of deception he/she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
- Care should be taken when dealing with mentally ill persons during interviews and in-custody interviews. Mentally ill persons should never be left alone and if there is any indication of unpredictable or violent behavior two officers should be with the person at all times. The person should be restrained as necessary and searched for weapons.
- If a crime has not been committed, the totality of circumstances must be considered when determining if individual's mental or emotional status when considering forms of intervention.

6.0 TAKING CUSTODY OF THE MENTALLY ILL/ TRANSPORTING MENTALLY ILL PERSONS

The authority of an officer to take an individual into custody because the individual is a threat to himself or others is inherent to the role of the police officer. Officers may take mentally or emotionally ill persons or persons suffering from excessive alcohol or drug use into custody to prevent harm to the individual and/or others.

6.1 Emergency Protective Custody: Officers may take a person into Emergency Protective Custody when the officer believes the person is dangerous to himself and/or others and there is a likelihood of serious harm presented by the person to him/herself or others. Officers must fully document their reasons for believing that Emergency Protective Custody is necessary.

- Reasons for taking a person into Emergency Protective Custody include, but are not limited to:
- Statements by the subject indicating suicidal intentions or death threats;
- Past history of mental illness or treatment;
- Past history of threats to self or others;
- Observations indicating suicidal or homicidal intentions such as suicide note, 911 calls, and comments to officers or others;
- Evidence of excessive alcohol or drug use;
- Statements by family members.

During Business Hours the subject should be taken to Palmetto Richland Hospital for evaluation by the hospital staff.

After Business Hours the subject should be taken to the Palmetto Richland Hospital Emergency Room. The Emergency Room physician will determine what action is appropriate.

6.2 Richland County EMS is available to transport the subject to the Hospital Emergency Room. However, when circumstances dictate, an officer may transport the subject. One or more officers may be needed to go to the Emergency Room and/or ride in the ambulance if the subject is combative or uncooperative. The transporting officers should consult with a supervisor to determine if two transport officers are needed based on the person's behavior and history. If the person is, or has, demonstrated unpredictable and potentially dangerous behavior two transport officers and appropriate restraining devices should be used.

7.0 COMMUNITY RESOURCES

The Columbia Area Mental Health Center is the primary mental health care provider and facility for Richland County. Additional mental health centers/programs in the area are:

- National Alliance on Mental Illness South Carolina
- Mental Illness Recovery Center
- SC Department of Mental Health
- South Carolina Share
- SC Department of Health and Human Services
- Carolina Center for Behavioral Health
- New Hope treatment Centers
- Three Rivers Behavioral Health
- Westview Behavioral Health Services

2. Additional resources and information can be found at: www.state.sc.us/dmh

8.0 TRAINING

All employees are required to receive initial training on recognizing and interacting with mentally ill and emotionally disturbed persons upon hire and documented refresher training at least annually.