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			Distribution: All
Title: INTERACTION WITH THE MENTALLY ILL		Section: Arrest/Detention	
Issued: 02/22/2011	Effective: 03/02/2011	Revised: 03/05/2014	
Rescinds: All Previous		Amends:	
CALEA References: 41.2.7			
Review: Annual	Authority: Chief Michael A. Keller 		

I. Purpose

It is the purpose of this General Order to provide guidance to law enforcement officers when dealing with suspected mentally ill persons.

II. 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 so as to avoid unnecessary violence and potential civil litigation. 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 KSA 59-29b53 "Care and treatment for persons with an alcohol or substance abuse problem" and KSA 59-2953 "Care and treatment for mentally ill persons." Officers shall use this General Order to assist them in defining whether a person's behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.

III. Definitions

- A. **Mental Illness:** A condition characterized by impairment of an individual's cognitive, emotional or behavioral functioning which can be caused through a variety of means, including but not limited to: social, psychological, biochemical, genetic, illness or injury.
- B. **Mental Health/Substance Abuse Emergency:** The person appears to be mentally impaired or suffering from a substance-induced impairment, to the extent that they may cause harm to themselves or others and there is not sufficient understanding or capacity to make reasonable decisions in respect to their need for treatment.
- C. **Likely to cause harm to self or others:** The person is likely, in the reasonable foreseeable future, to cause substantial injury or physical abuse to themselves, others, or substantial damage to another's property, as evidenced by threatening behavior, attempting or causing such injury, abuse or damage. The person is substantially unable, except for reason of indigence, to provide for their basic needs such as food, shelter, health, etc., causing a deterioration of the person's ability to function on his/her own.

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IV. Regulations

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V. Procedures

A. Recognizing Abnormal Behavior (41.2.7a)

Mental illness is often difficult for even the trained professional to identify 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. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics, alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic 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.

1. Degree of Reactions

Mentally ill persons may show signs of 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.
2. Appropriateness of Behavior

An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. Extreme Rigidity or Inflexibility

Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
 - a. Abnormal memory loss related to such common facts as name and home address, (although these may be signs of physical ailments such as injury or Alzheimer's disease);
 - b. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("The CIA is out to get me").
 - c. Hallucinations of any of the five senses (e.g. hearing voices, feeling one's skin crawl, smelling strange odors, etc.).

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- d. The belief that one suffers from extraordinary physical disorders that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time; and/or
- e. Extreme fright or depression.

B. Determining Danger (41.2.7a)

Not all mentally ill persons are dangerous while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself, the officer, or others. These include the following:

1. The availability of any weapons to the suspect.
2. Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
3. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information.
4. Failure to act prior to arrival of the officer does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger.
5. The amount of control that the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright or agitation. Signs of lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts or speech. Clutching one's self 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.
6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

C. Dealing with the Mentally Ill (41.2.7c)

Should the officer determine that an individual may be mentally ill and a potential threat to himself, the officer, or others, or may otherwise require law enforcement intervention for humanitarian reasons, the following responses may be taken.

1. Request a backup officer, and always do so in cases where the individual will be taken into custody. A Crisis Intervention Team (CIT) member, or an officer with equivalent training, should be summoned to the scene if available.
2. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive



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acts have not occurred, avoid physical contact, and take time to assess the situation.

3. Move slowly and do not excite the disturbed person. Provide reassurance that the police are there to help and that he will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him/her. Relate your concern for his feelings and allow him to ventilate his feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
5. Do not threaten the individual with arrest or in any other manner as this creates additional fright, stress and potential aggression.
6. Avoid topics that may agitate the person and guide the conversation towards subjects that help bring the individual back to reality.
7. Always attempt to be truthful with a mentally ill individual. If the subject becomes aware of a deception, he may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

D. Taking Custody or Making Referrals

Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referral on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

1. Make mental health referrals when, in the best judgment of the officer, the circumstances do not indicate that the individual must be taken into custody for his own protection or the protection of others.
2. An officer may take a person into custody when the officer establishes reasonable belief that the individual is either mentally ill or suffers from an alcohol or substance abuse problem which is likely to result in one of the following conditions:
 - a. The officer has reasonable belief formed upon investigation that a person may be an individual with an alcohol or substance abuse problem subject to involuntary commitment and is likely to cause harm to themselves or others if allowed to remain at liberty.
 - b. The officer has reasonable belief formed upon investigation that a person is a mentally ill individual and because of such person's mental illness is likely to cause harm to themselves or others if allowed to remain at liberty.
3. Officers initiating taking somebody into protective custody because of mental illness or an alcohol or substance abuse problem will transport the person to Via Christi Hospital, St. Joseph Campus, or other suitable mental health/medical health location, in a police vehicle, unless the person's medical condition necessitates an ambulance (41.2.7b).

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4. Upon arrival at the health care facility, officers will remain with the patient while they are evaluated by a hospital physician or psychologist and arrangements are made for placement, or until the officer is released by hospital staff.
5. If the evaluating physician or psychologist determines the person is not a danger to himself or others, the officer will offer the person the following choices:
 - a. To be released immediately.
 - b. To be transported back to the location where they were taken into custody.
 - c. To be taken to another location, within reason.
6. Officers who are summoned to South Central Mental Health Facility to take custody of an Andover resident determined by staff at the facility to be mentally ill, will transport the person to the mental health facility designated by facility staff. If the person to be transported is not an Andover resident, the officer should seek supervisory approval for the transport.
7. When transporting a person taken into protective custody outside of the Wichita metropolitan area, or when transporting a potentially dangerous person, a minimum of two officers will transport the person. At least one of the officers, if staffing allows, will be of the same sex of the person transported.
8. A person may, if reasonable, voluntarily commit themselves to a treatment facility. Officers may provide reasonable assistance in transporting these persons to an appropriate facility.
 - a. Officers should provide logical alternatives for the transportation of voluntary committals, i.e. family members, private transportation companies, or EMS if medically necessary.
 - b. At the discretion of the supervisor, officers may be directed to provide transportation of a reasonable distance as a public service. Transportation by department personnel will be as a last resort when all other reasonable options are unavailable.

E. Interviews/Interrogations (41.2.7c)

In addition to the above guidelines, individuals who are believed to be suffering from mental illness, officers are reminded that established case law pertaining to Miranda still applies.

1. All individuals, including those suffering from mental illness, must understand their rights. The following guidelines are provided to assist in determining whether an individual understands their rights.
 - a. Do not accept simple “yes” or “no” from the individual. Ask the individual to describe, in their own words, the rights you have just explained to them.
 - b. If the individual simply repeats the wording just provided to them, it is important for officers to determine and establish that the individual understands each of their rights. To further that goal, the following questions can be utilized to make such determinations.

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- Can you tell me what “rights” are?
 - Can you give me an example of a right you have?
 - Why is a lawyer important?
 - Why do you want to talk to me instead of a lawyer?
 - Can you explain why you do not have to talk to me?
- c. Officers may consider having the individual’s attorney, guardian or caretaker present.

F. Documentation

1. Officers will request a case number and document the incident whether or not the individual was taken into custody. Officers will ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as “out of control” or “psychologically disturbed” should be replaced with descriptions of the specific behaviors involved. The reasons why the subject was taken into custody or referred to other agencies should be reported in detail.
2. In cases where a person was taken into custody pursuant to this General Order the officer will complete, in addition to a narrative report, Application for Emergency Observation and Treatment of a Mentally Ill Person (APD Form 18) or Application for Emergency Observation and Treatment of a Drug or Alcohol Incapacitated Person (APD Form 19), whichever is applicable. The completed form and narrative report must be submitted to the Butler County Attorney’s Office as soon as possible on the next business day.

G. Continuing Commitment

1. The Andover Police Department will maintain strong ties with local governmental and private agencies involved in the care and treatment of the mentally ill. Members of the department will attend meetings with involved agencies as necessary.
2. The department will conduct training for all employees on dealing with mentally ill persons during their initial training period and at least triennially thereafter (41.2.7d&e).