

CHAPTER 126
MENTAL ILLNESS

Discussion: The Americans with Disabilities Act (ADA) entitles people with mental illnesses or disabilities to 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. The ADA calls for law enforcement agencies to make reasonable adjustments and modifications in their police, practices or procedures on a case-by-case basis. It is the policy of the Hattiesburg Police Department to ensure a consistently high level of service is provided to all community members. People who have mental illnesses shall be afforded the same rights, dignity and access to police and other government and community services as are provided to all citizens. Helping people with mental illnesses and their families obtain the services of mental health organizations; hospital, clinics and shelter facilities have become an increasingly prominent role for police. No single policy or procedure can address all of the possible situations, which can be encountered. This directive is intended to address the most common types of interactions and provide guidance to department personnel in dealing with such individuals.

126.1 Recognition of Mental Illness

- A. Mental Illness is quite often difficult to define in a given individual. Officers are not expected to make judgments of mental or emotional impairment or injury, but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. 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 trauma.

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. Officers and other personnel must be prepared to deal with situations involving persons who have mental illnesses and know how to respond in an appropriate and sensitive manner. Symptoms of different mental illnesses may include, but are not limited to:

1. Loss of Memory
2. Delusions
3. Depression, deep feelings of sadness, hopelessness, or uselessness
4. Hallucinations
5. Manic behavior, accelerated thinking and speaking, or hyperactivity
6. Confusion

7. Incoherence and
8. Extreme paranoia.

The degree to which these symptoms exist varies from person to person according to the type and severity of the mental illness. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in personal interaction. The call taker 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 symptoms, the severity of the behavior, the potential for danger presented by the individual to themselves or others, information gathered from family, friends, neighbors, and other information at the scene will assist officers in taking the appropriate action.

It is estimated that 10% of the population of the United States has some type of mental illness. Police may encounter a wide variety of people with a board range of mental illness during the course of their duties. Not all interactions will require law enforcement intervention. For the most part, absent criminal activity or the potential for harm, the necessary for intervention can be determined by the individual's ability to identify themselves in current time and place. The following cues can help in making that determination:

1. What is your name? - Compared to any identification information
2. Where are you? - City, state, country, shopping center, or other local landmarks
3. Where do you live, work, or go to school?
4. Time of day, day of week, or other current time references
5. Purpose - Why or what are you doing here?

In general, most functional persons can demonstrate a cognitive understanding of identity, time, place and purpose.

Drugs and alcohol can induce responses that are similar in nature to or resemble mental illness. The officer will have to make a determination based on statements, observed behavior, odors and other physical evidence at the scene what degree impairment is drug and/or alcohol related. If in doubt a supervisor should be requested at the scene for a second opinion.

126.2 Community Mental Health Resources

The phone book will serve as a reference for general informational inquiries from the public as to area services. Employees may reference any of several local government or private services listed.

Forrest General Hospital and Pine Belt Mental Health provide for 24-hour assistance.

126.3 Dealing with the Mentally III

The following guidelines detail how to approach and interact with a person who may have mental illnesses. These guidelines are applicable for victims, witnesses or suspects whether at street level contact or interviews and interrogations. If possible, only one officer should talk to the subject and while protecting their own safety, the safety of other person with mental illnesses and others at the scene should:

1. Remain calm, give firm clear directions
2. be helpful and professional
3. Provide or obtain aid for treatment of injuries
4. Check for and follow procedures on medical alert bracelets or necklaces
5. Indicate a willingness to understand and help
6. Speak simply and briefly, and move slowly
7. Remove distractions, upsetting influences and disruptive people from the area
8. Understand that rational discussion may not take place
9. Be friendly, patient, accepting and encouraging while maintain a professions presence
10. Announce actions before initiating them gather information from family, friends or bystanders
11. be aware that uniform, gun, handcuffs, lights, sirens and ECT may be frightening
12. Recognize that a person's delusions or hallucinatory experience is real to them.

While each incident will be different, officers should be aware that their own actions have an effect on the situation. Actions to should be generally avoided are:

1. Moving suddenly, shouting

2. Forcing discussion
3. Direct, continuous eye contact
4. Touching (unless essential to safety)
5. Crowding the person - moving into their comfort zone
6. Expressing anger, impatience or irritation
7. Supporting or challenging delusional or hallucinatory statements. 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, such as:
8. Refer medical treatment for injuries
9. Outright release
10. Release to family care or mental health provider
11. Assist in arranging transport to health care facility for voluntary admission to mental health or substance abuse services
12. Transport for involuntary hospitalization
13. Arrest, if crime has been committed

Having a mental illness is not a crime. No individual should be arrested for behavioral manifestations of mental illnesses that are not criminal in nature. Taking a person who has a mental illness can occur only

1. The individual has committed a crime
2. The individual presents a danger to the life and safety on the individual or others
3. In response to a court order or directive of a mental health or medical practitioner who has legal authority to commit a person to a mental health facility.

126.4 Training

- A. Entry-level training will be provided upon employment.

B. Refresher training will be conducted at least every three years.