


Atlanta Police Department Policy Manual		Standard Operating Procedure
Effective Date March 28, 2024		APD.SOP.3082 Responding to Persons Experiencing a Mental Health Crisis
Applicable To: All employees		Review Due: 2028
Approval Authority: Chief Darin Schierbaum		
Signature: Signed by DS		Date Signed: 3/27/2024

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## 1. PURPOSE

To establish a policy and procedure regarding the interaction of employees with persons suffering from or suspected of experiencing a mental health crisis.

## 2. POLICY

The Atlanta Police Department (APD) shall cooperate and work with mental health facilities as necessary and appropriate as it concerns interacting with persons experiencing a mental health crisis. The Department shall incorporate the ICAT (**I**ntegrating **C**ommunications, **A**ssessment, and **T**actics) and CDM (**C**ritical **D**ecision-**M**aking) models for defusing critical incidents in training personnel on interacting with persons experiencing a mental health crisis.

## 3. RESPONSIBILITIES

3.1 Division, section, and unit commanders shall monitor the implementation of this directive.

3.2 Supervisors are responsible for ensuring that employees are in compliance with this directive.

3.3 All employees are responsible for complying with this directive.

3.4 The Training Unit is responsible for providing entry-level and refresher training for all employees regarding mental health issues. All training will be documented and stored with the Training Academy in accordance with City of Atlanta retention schedules.  
(CALEA 6th ed. Standard 41.2.7.e)

## 4. ACTION

4.1 Recognition  
(CALEA 6<sup>th</sup> ed. Standard 41.2.7a)



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- 4.1.1 A mental health crisis refers to individuals experiencing any of the various conditions characterized by impairment of an individual's normal cognitive, emotional, behavioral functioning, caused by social, psychological, biochemical, genetic, or other factors; such as infection or head trauma.
- 4.1.2 Mental health crises are characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities.
- 4.1.3 Persons suffering from mental health crises have a variety of symptoms that may include inappropriate anxiety, disturbances of thought and perception, dysregulation of mood, and cognitive dysfunction.
- 4.1.4 Excited delirium is characterized as a condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength. It is a result of a neural chemical imbalance in the brain. Excited delirium arises most commonly in subjects with a history of serious mental illness; and/or acute or chronic drug abuse.
- 4.1.5 The most common and disabling manifestations of a mental health crisis are anxiety, psychosis, mood disturbances, and cognitive impairments.
1. Anxiety is a state of apprehension, uncertainty, and fear resulting from the anticipation of a realistic or fantasized threatening event or situation, often impairing physical and psychological functioning. Anxiety disorders include generalized anxiety disorder, panic attacks, phobias, obsessive-compulsive disorder, and post traumatic stress disorder.  
  
Common signs of acute anxiety include:
    - a. Feeling of fear or dread;
    - b. Trembling, restlessness, and muscle tension;
    - c. Rapid heart rate;
    - d. Lightheadedness or dizziness;
    - e. Perspiration;
    - f. Cold hands/feet; and/or
    - g. Shortness of breath.
  2. Psychosis is a severe mental disorder, with or without organic damage, characterized by derangement of personality and loss of contact with reality and causing deterioration of normal social functioning. Psychotic disorders include schizophrenia and manic-depressive illness. Common signs of psychosis include:
    - a. Hallucinations;



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- b. Delusions;
  - c. Disorganized thoughts and behaviors;
  - d. Loose or illogical thoughts;
  - e. Agitation;
  - f. Flat or blunted affect;
  - g. Lack of concrete thoughts;
  - h. Inability to experience pleasure (Anhedonia); and/or
  - i. Poor motivation, spontaneity, and initiative.
3. Disturbances of mood characteristically manifest themselves as a sustained feeling of sadness or sustained elevation of mood. Disorders of mood include major depression and bipolar disorder. Symptoms commonly associated with disturbances of mood include;
- a. Persistent sadness or despair;
  - b. Insomnia;
  - c. Decreased appetite;
  - d. Psychomotor retardation;
  - e. Anhedonia (the inability to experience pleasure);
  - f. Irritability;
  - g. Apathy, poor motivation, social withdrawal;
  - h. Hopelessness;
  - i. Poor self esteem, feelings of helplessness;
  - j. Suicidal ideation;
  - k. Persistently elevated or euphoric mood;
  - l. Inappropriately high self-esteem;
  - m. Psychomotor agitation;
  - n. Decreased sleep;
  - o. Racing thoughts and distractibility;
  - p. Poor judgment and impaired impulse control; and/or



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- q. Rapid or pressured speech.
- 4. Disturbances of cognition refer to an impaired ability to organize, process, and recall information. Disorders of cognition include dementia and Alzheimer's disease. Symptoms associated with disturbances of cognition include:
  - a. Short term memory loss or impairment;
  - b. Impaired attention span;
  - c. Impaired concentration;
  - d. Inability to perform higher intellectual functions;
  - e. Impaired language abilities; and/or
  - f. Inability to perform activities of daily living.
- 4.2 Situations Requiring an Immediate Response  
(CALEA 6<sup>th</sup> ed. Standard 41.2.7b)
  - 4.2.1 Situations that require immediate attention and response include but are not limited to suicide threats, danger to others, and acute psychosis.
  - 4.2.2 Community mental health resources that are available to the Atlanta Police Department and persons in Atlanta include:
    - 1. Grady Department of Mental Health  
80 Jesse Hill, Jr. Drive NE
    - 2. Atlanta Medical Center  
303 Parkway Drive NE
    - 3. South Fulton County Mental Health Service  
1636 Connally Drive, East Point, GA
    - 4. Northside Behavioral and Mental Health Service  
6105 Peachtree Dunwoody Road, Building F, Suite 155, Atlanta, GA
    - 5. Veteran's Administration Hospital  
1670 Clairmont Road, Decatur, GA
    - 6. Georgia Regional Hospital of Atlanta (does not accept Form 1013 from police officers)  
3073 Panthersville Road, Decatur, GA
- 4.3 Situations Not Requiring Immediate Attention  
(CALEA 6<sup>th</sup> ed. Standard 41.2.7b)
  - 4.3.1 Situations that require prompt, but not immediate attention include a person who does not appear to be a danger to themselves or others but is incoherent or appears confused or unaware of their surroundings.



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4.3.2 The Fulton County or DeKalb County emergency mental health offices available include:

1. Behavioral Health Link operates the Georgia Crisis & Access Line (GCAL). This service provides a free telephone hotline for mental health or substance abuse crisis, including depression, anxiety, suicide, physical abuse, family conflict, alcohol, or drug abuse crisis counseling GCAL may be contacted at any time at (800) 715-4225 and licensed mental health professionals (nurse, LCSW or LPC) shall assist. GCAL also dispatches the mobile mental health crisis team operated by the Grady EMS Upstream Crisis Intervention Unit.
2. DeKalb County Emergency Mental Health Services Crisis Line is a telephone hotline with trained counselors available to decide what action needs to be done. They may be contacted at (404) 892-4646.
3. Grady Hospital Adult Psychiatric Emergency Clinic is an emergency clinic where you can call or walk in at any time and receive help. They may be contacted at (404) 616-4762.
4. Grady Behavioral Health Services Community Outpatient Services (COS) offers clinical and case management services, medication management, counseling, and services for specific populations who are experiencing a mental health crisis; including homeless persons. COS is located at 10 Park Place, Atlanta, GA and accepts walk-ins Monday through Friday between 8:30 a.m. and 2:30 p.m.
5. ATL311 Supportive Services team can receive community referrals for non-emergency quality of life concerns related to mental health. They can refer individuals experiencing mental health crisis to the Blended Mobile Crisis Response Services, Georgia Mental Health Consumer Network Respite Center, Fulton County Department of Behavioral Health & Developmental Disabilities, Georgia Crisis, and Access Line (GCAL), Peer2Peer Behavioral Health Support Warm Line, and the Policing Alternatives & Diversion Initiative (PAD) along with additional health and wellness services. To make a referral, dial 311.
6. 988 Nationwide Mental Health Crisis and Suicide Prevention Number is an outreach program that can connect those experiencing a mental health crisis directly to the Suicide Prevention Hotline (1-800-273-8255) and other mental health resources. Citizens can be directed to dial 988 to access this resource.

4.4 Responding to Persons Experiencing a Mental Health Crisis

4.4.1 Contact with Persons Experiencing a Mental Health Crisis  
(CALEA 6<sup>th</sup> ed. Standard 41.2.7c)

1. The two federal laws which prohibit discrimination based on disability are the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.
2. Both Title II of ADA and Section 504 require that first responders provide victims of a crime, who have a disability, with an equal opportunity to benefit from and participate in all programs, services, and activities of the law.
3. As a first responder, a situation may arise where you are required to make reasonable modifications to accommodate crime victims who have a disability.
4. Provide for victims who are mentally challenged with care by a family member, guardian, or mental health service provider before leaving the scene.



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4.4.2 Crime Victims: Experiencing a Mental Health Crisis

1. Anyone who is a crime victim may be traumatized, but persons experiencing a mental health crisis may process trauma more profoundly than those who are not experiencing a mental health crisis. Listed are some guidelines that can help one respond to crime victims experiencing a mental health crisis:
  - a. Approach the victim in a calm, non-threatening, and reassuring manner;
  - b. Contact a local mental health center immediately if victims are extremely agitated, distracted, uncommunicative, or displaying inappropriate emotional responses;
  - c. Ask the victims if they are taking any medication;
  - d. Conduct the interview in a setting free of people or distractions;
  - e. Keep the interview simple and brief;
  - f. Be honest with the victim – speak directly and slowly to the victim;
  - g. Keep questions that require the victims to do much reasoning or that can confuse victims to a minimum;
  - h. Treat adult victims as adults, not children; and
  - i. If available, have a certified Crisis Intervention Team (CIT) officer assist in the situation.

4.4.3 Interviews and Interrogations  
(CALEA 6<sup>th</sup> ed. Standard 41.2.7c)

1. When dealing with subjects suspected of experiencing a mental health crisis, investigators must keep their objectivity and should be careful not to ask leading questions or suggest answers. However, uncooperative, or unresponsive interviewees may be guided. In interviews, witnesses should be appreciated, victims treated with compassion, and suspects should be treated fairly and afforded their constitutional rights.
2. Conducting an interview and interrogating a suspect is one of the most important phases of the investigation. The purpose of conducting interviews and interrogations is to gain information critical to the investigation and subsequent prosecution.
3. Interviews and interrogations shall be conducted in accordance with APD.SOP.5010 Criminal Investigations Division, Section 4.4. When interacting with subjects suspected of experiencing a mental health crisis, the following considerations shall be made.
  - a. Talk softly and listen closely. Remember the subject may be confused and/or afraid. Be prepared to repeat yourself often.
  - b. Understand that subjects with a mental illness may not be able to provide a written statement.
  - c. Interview and interrogations shall be audio and/or video recorded, and evidence preserved on Evidence.com.



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- d. If available, have a certified Crisis Intervention Team (CIT) investigator assist in the situation.

#### 4.5 Involuntary Admissions

- 4.5.1 When an officer receives a call or responds to a complaint concerning a person experiencing a mental health crisis, the officer's immediate supervisor shall proceed directly to the location. In all cases where the subject does not possess a Doctor's Certificate, the supervisor shall make an evaluation and determine if it is necessary for the person to be taken into custody involuntarily.

#### 4.5.2 Involuntary Admissions without Criminal Activity

1. An officer shall take into custody any person and transport the person to an emergency receiving facility if:
  - a. There is a court order commanding a peace officer to remove and deliver the person; or
  - b. There is a doctor's certificate authorizing removal and delivery (Georgia Department Human Resources Form 1013 – Certificate Authorizing Transport to Emergency Receiving Facility & Report of Transportation (Mental Health)).

#### 4.5.3 Involuntary Admissions with a physical arrest

1. When an officer takes a person into custody for committing a criminal act, AND he or she has probable cause to believe that the person is experiencing a mental health crisis and requires involuntary treatment (OCGA § 37-3-42), he or she shall:
  - a. Transport the person to the emergency receiving facility;
  - b. Advise the staff that the person is under arrest, and the nature of the charge(s);
  - c. Notify Grady Detention personnel, and leave the arrest ticket(s) with them; ~~and~~
  - d. Complete a Report of Peace Officer (Form 1013 – Certificate Authorizing Transport to Emergency Receiving Facility & Report of Transportation (Mental Health)); and
  - e. Complete an Incident Report. (CALEA 6<sup>th</sup> ed. Standard 41.2.7)

#### 4.6 Training

- 4.6.1 The Training Unit shall provide and document entry-level training on mental health issues to all personnel. (CALEA 6<sup>th</sup> ed. Standard 41.2.7d)
- 4.6.2 The Training Unit shall provide and document refresher training on mental health issues to all personnel annually. (CALEA 6<sup>th</sup> ed. Standard 41.2.7e; GLECP 6<sup>th</sup> ed. Standard 1.13j)

#### 5. DEFINITIONS

- 5.1 Mental Illness: A disorder of thought or mood, which significantly impairs judgments, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.



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- 5.2 Excited Delirium: A result of a neural chemical imbalance in the brain.
- 5.2 Court Order : A warrant issued by a court commanding a peace officer to take a person into custody and deliver him or her to the nearest emergency receiving facility to undergo a psychological examination or psychiatric treatment.
- 5.3 Doctor's Certificate: A document executed by a licensed physician or psychologist of this state, stating that he or she had personally examined the individual within the preceding 48 hours and found that the person appeared to be mentally ill and required involuntary treatment or psychological examination.
- 5.4 Emergency Receiving Facility: Medical facility used for psychological evaluations and psychiatric treatment.
1. Fulton County Jail (with criminal charges only)  
901 Rice Street, NW
  2. Grady Memorial Hospital ~~(The Psychiatric Emergency Clinic on the thirteenth floor)~~  
80 Jesse Hill, Jr, Drive NE
  3. Dekalb County Jail (with criminal charges)  
4415 Memorial Drive, Decatur, GA
  4. Kirkwood Mental Health Center (without criminal charges)  
8am to 5 pm / Monday - Friday  
23 Warren Street, SE, Atlanta, GA  
(404) 370-7474
- 5.5 Report of Peace Officer: A form to be completed by a police officer on every occasion that a mentally ill person is transported to an emergency receiving facility. (This is the back of Georgia Department of Human Resources Form 1013 - Certificate Authorizing Transport to Emergency Receiving Facility & Report of Transportation (Mental Health)).
6. CANCELLATIONS
- APD.SOP.3082 Mentally Ill effective December 8, 2021
7. REFERENCES
- OCGA § Title 37 MENTAL HEALTH
- Commission on Accreditation of Law Enforcement Agencies (CALEA), 6<sup>th</sup> ed. Standard 41.2.7
- DSM III Diagnostic and Statistical Manual of Mental Disorders Casebook: 1st Edition, New York: American Psychiatric Association, 1981.
- Georgia Law Enforcement Certification Program Standards Manual, 6<sup>th</sup> ed. Standard 1.13j
- Integrating Communications, Assessment, and Tactics (ICAT) Training Guide For Defusing Critical Incidents, Police Executive Research Forum, October 2016.





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Critical Decision-Making Model (CDM), Police Executive Research Forum,  
<<https://www.policeforum.org/managing-a-critical-incident>>

8. SIGNIFICANT CHANGES

- 8.1 Section 3.4 was revised to read, "The Training Unit is responsible for providing entry-level and refresher training for all employees regarding mental health issues. All training will be documented and stored with the Training Academy in accordance with City of Atlanta retention schedules."