



Charleston County Sheriff's Office Policy and Procedures Manual

Sheriff Carl Ritchie

9-17 Responding to Emotionally Disturbed Persons and the Mentally Ill

- New
- Revised
- Reviewed

ACA Standards Reference:

CALEA Standards Reference: 41.2.7

NCCHC Standards Reference:

SCLEA Standards Reference:

SC Minimum Standards:

This policy dated 1/28/2025 replaces prior policies cited above and supersedes all previously issued directives.

I. Purpose:

To define and establish guidelines regarding the interaction of all agency personnel with persons suspected of suffering from mental illness.

II. Policy:

The Charleston County Sheriff's Office will strive to deal with emotionally disturbed and mentally ill persons in a compassionate safe manner to protect the individual, the public, family members and agency personnel.

III. Definitions:

A. For purposes of this procedure, the word "deputy" applies to all agency employees with a certification classification of Class I, Class II, Class III, or Reserve Deputy, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on usage of the term:

1. Deputy, deputies, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, and
2. civilian, non-sworn employee.

B. *Employee*: When used without further clarification, the term employee is inclusive of all agency members (sworn and non-sworn).

C. *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.

D. *Emotionally Disturbed Person (EDP)*: A person 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.

E. *Emotionally Ill*: Interchangeable with "mentally ill" for the purpose of this policy, usually a temporary condition.

F. *Involuntary Commitment*: The process of detaining a person who is endangering themselves or others and arranging for or transporting the subject

to a mental health facility for evaluation. Only a medical doctor can determine if a commitment is necessary.

- G. *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 subject 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 themselves, or;
 - 3. a very substantial risk of physical impairment or injury to the person themselves as manifested by evidence that such person's judgment is so affected that they are unable to protect themselves in the community and that reasonable provision for their protection is not available in the community.
 - H. *Mental Illness:* 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 a head trauma.
 - I. *Mentally Ill:* A person suffering from mental illness. For purposes of this policy the term "mentally ill" will also refer to emotionally disturbed persons.
 - J. *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.
 - K. *Voluntary Commitment:* The process when a person voluntarily enters a mental health treatment center on their own accord.
- IV. Procedure:
- A. Recognizing Abnormal Behavior:

Mental illness is often difficult for even the trained professional to define in a given individual. Agency personnel are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to the individual or others. The

following are general signs and symptoms of behavior that may suggest mental illness or emotional disturbance. Personnel should not rule out other potential causes such as reactions to narcotics or alcohol, reactions to medication, physical illness or injury or temporary emotional disturbances that are situational motivated. Personnel 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 if a crime has not been committed. (Ref: CALEA 41.2.7 item a)

1. *Degree of Reactions:* Mentally ill persons may show signs of a 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 the uniformed police officer, may cause a particularly strong reaction of fear, suspicion, or violent behavior.
2. *Appropriateness of Behavior:* An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill, mentally ill or under the influence of alcohol or drugs.
3. *Extreme Rigidity or Inflexibility:* Mentally or emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with a 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, home address, date, etc. (Memory loss may also be a result of physical ailments such as Alzheimer's disease).
 - b. Delusions, such as the belief in thoughts or ideas that are clearly false, or paranoid delusions such as feelings that "everyone is out to get me."
 - c. Hallucinations of any of the five senses such as hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.

d. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who believe that their heart has stopped beating for an extended period of time.

5. Extreme fright or depression. (Ref: CALEA 41.2.7 item a)

B. Determining Danger:

The majority of mentally or emotionally ill persons may be dangerous while some may represent danger only under certain circumstances or conditions. The following indicators may indicate that the mentally or emotionally ill person represents an immediate or potential danger to themselves or others:
(Ref: CALEA 41.2.7 item a)

1. Availability of weapons to the subject.
2. Statements by the subject that suggest that the person is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendoes 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.
4. Lack of control of emotions such as rage, anger, fright, or agitation. Signs of lack of control include extreme agitation, wide eyes and 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 may also suggest that the individual is close to losing control.
5. The volatility of the environment is a particularly relevant factor that deputies must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account. (Ref: CALEA 41.2.7 item a)

C. Dealing with the Mentally Ill:

Should a deputy sheriff believe that an individual is mentally or emotionally ill and a potential threat to their selves or others, or may otherwise require

law enforcement intervention for humanitarian purposes, the following responses should be taken: (Ref: CALEA 41.2.7 item c)

1. If not already present or enroute, a back-up deputy sheriff must be requested.
2. Deputy sheriffs should request that the Warrants Records Unit, during normal working hours, check the Records Management System (RMS) for active Orders of Detention. After hours, this request should be made through the Charleston County Consolidated 9-1-1 Center (911 Center). If no active order is located in RMS, the on-call personnel of the Therapeutic Transport Unit should be contacted to see if they are in possession of an order against the individual.
3. Take steps to de-escalate 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.
4. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that appropriate care will be provided.
5. Communicate with the person to determine what is bothering them. Relate concern for their feelings and allow them to vent feelings. Where possible gather information about the person from acquaintances and/or family members. Request professional assistance if needed.
6. Do not threaten the person with arrest or in any other manner as this may cause additional fright, stress, and potential aggression.
7. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the person back to reality.
8. Always attempt to be truthful with a mentally ill person. If the subject becomes aware of deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
9. 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 deputy sheriffs should be with the person at all

times. The person should be restrained as necessary and searched for weapons.

10. The deputy sheriff will assess all of the circumstances gathered during the contact with the suspected mentally ill person and exercise responsible judgment on a course of action to be taken. If the deputy sheriff determines that no grounds for EPC are present, a responsible party (e.g., family member, guardian, or acquaintance), if available, will be advised of the process for obtaining an Order of Detention and will be referred to Probate Court.
11. Should the suspected mentally ill person voluntarily agree to seek treatment, an incident report will be completed and forwarded by email to the Judicial Enforcement Division supervisors (i.e., Captain, Lieutenant, and Sergeant) for follow-up with Probate Court. If there is a victim involved as a result of a criminal act and a public safety concern, regardless if the individual is mentally ill, appropriate charges should be made (Ref: CALEA 41.2.7 item c)

D. Taking Custody of the Mentally Ill/Transporting Mentally Ill Persons:

The authority of a deputy sheriff to take an individual into custody because the individual is a threat to themselves or others is an inherent part of the role of the deputy sheriff. Deputies 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. (Ref: CALEA 41.2.7 item c)

1. *Emergency Protective Custody (EPC):* Deputies may take a person into EPC when the deputy sheriff believes the person is dangerous to themselves and/or others and there is a likelihood of serious harm presented by the person to themselves or others.
2. Other considerations that might impact the decision to take a person into EPC include, but are not limited to:
 - a. statements by the subject indicating suicidal intentions or death threats;
 - b. past history of mental illness or treatment;
 - c. past history of threats to self or others;

- d. observations indicating suicidal or homicidal intentions such as a suicide note, 911 calls, and comments to deputy sheriffs or others;
 - e. evidence of excessive alcohol or drug use; or
 - f. statements by family members.
3. Deputies must fully document in an incident report their reasons for believing that EPC is necessary. A copy of the report will be forwarded by email to the Judicial Enforcement Division supervisors (i.e., Captain, Lieutenant, and Sergeant) for follow-up with Probate Court.

If the Crisis Negotiation Team is on scene, they will be responsible for ensuring an incident report is completed and forwarded for follow-up with Probate Court.

4. *EPC during business hours:* The subject should be taken to the appropriate mental health facility.
5. *EPC after business hours:* The subject should be taken to the closest hospital emergency room. The emergency room physician will determine what action is appropriate.
6. *EPC Transport:* Charleston County EMS is available to transport the subject when circumstances dictate; otherwise, the subject will be transported by a deputy sheriff. One or more deputies may be needed to go to the emergency room and/or ride in the ambulance if the subject is combative or uncooperative. The on-scene deputy sheriff should consult with a supervisor to determine if two deputies are needed to transport based on the subject's behavior and history. If the subject is, or has, demonstrated to be unpredictable and potentially dangerous behavior two deputies should transport and the appropriate restraining devices used. (Ref: CALEA 41.2.7 item c)

E. Community Resources:

1. Mobile Crisis is an emergency response team of the Charleston/Dorchester Counties Community Mental Health Center and can be contacted for further guidance when dealing with persons with mental illness. Mobile Crisis will respond to the scene if appropriate, or Mobile Crisis may request the deputy sheriff to

transport the subject to the Mental Health Center for an evaluation only.

If a transport is requested by Mobile Crisis, and the subject refuses to go voluntarily, the deputy sheriff must ensure that the conditions exist to take the subject into EPC. Once Mobile Crisis evaluates the subject, the Sheriff's Office will assist in the disposition of the subject.

2. Other various mental health centers in the area are:
 - a. Medical University of South Carolina; and
 - b. Charleston County Probate Court, Commitment Division.
3. Additional resources and procedures for access can be found at: [South Carolina Department of Mental Health](#). (Ref: CALEA 41.2.7 item b)

F. Training:

1. All personnel will receive documented training regarding the mentally ill and emotionally disturbed persons as part of their initial training. Training will include recognition of persons suffering from mental illness, guidelines for dealing with these persons, procedures for emergency protective custody and serving commitment process, and community mental health resources. (Ref: CALEA 41.2.7 item d)
2. All personnel will receive documented refresher training annually regarding dealing with mentally ill persons. (Ref: CALEA 41.2.7 item e)