



Policy Manual	
Standard Operating Procedure	
SOP Number: 8-04d	Subject: Assisting Mentally Ill People
Authorized by: Chief Robert Connolly	Effective Date: August 15, 2019
Signed: Robert Connolly	Date signed: 8/15/2019

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1. PURPOSE

This standard operating procedure establishes guidelines for managing and assisting mentally ill people while preserving the dignity and welfare of the individual.

2. POLICY

The GTPD will provide immediate assistance, as needed, to people suspected of suffering from mental illness or diminished capacities. The intention is to preserve the dignity and welfare of the individual, balanced with an awareness of the potential for that person to be a danger to self and others. In all cases, public safety is the overriding priority. The GTPD will cooperate and work with mental health facilities as necessary to provide the appropriate assistance.

3. RESPONSIBILITIES

- 3.1 Division commanders will implement this directive within their respective commands.
- 3.2 Supervisors are responsible for ensuring that employees within their respective commands comply with this directive.
- 3.3 Department employees will comply with this directive in carrying out their duties.
- 3.4 The Training Coordinator will provide refresher training for all sworn employees and civilian Communications employees every three years.
CALEA 5th edition standard 41.2.7 e

4. ACTION

- 4.1 Recognizing Mental Illness
CALEA 6th edition standard 41.2.7 a
 - 4.1.1 GTPD does not require employees to make a diagnosis of whether the subject is mentally ill or what form of mental illness the subject may have, but rather to use reasonable judgment to recognize behavior that is outside the norm in which a person poses a danger to themselves and/or others.
 - 4.1.2 “Mentally Ill” means having a disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
 - 4.1.3 Employees should not rule out other potential causes of questionable behavior related to a physical condition (e.g. signs of a diabetic coma) and/or use of drugs and/or alcohol.
 - 4.1.4 Employees will evaluate the following behaviors within the context of the situation while making judgments regarding an individual’s mental state:
 - 1. Degree of Reactions - Mentally ill persons may exhibit signs of a strong and unrelenting fear of person, place, or thing. The fear of people or crowds may make the individual reclusive and/or aggressive without provocation. Authority figures, such as a uniformed police officer, may cause a particularly strong reaction resulting in fear, suspicion, or violent behavior.

2. Appropriateness of Behavior - An individual who demonstrates inappropriate behavior that is extreme in nature may be suffering from a form of mental illness.
3. Extreme Rigidity or Inflexibility – Persons suffering from mental illness may become easily frustrated in a new or unplanned situation. He or she may demonstrate inappropriate or aggressive behavior when dealing with such a situation.
4. In addition to the above, a mentally ill person may show signs of one or more of the following characteristics:
 - a. Abnormal memory loss of common facts, such as name, address, date, etc.;
 - b. Delusions, such as thoughts and/or ideas that are clearly false and paranoid feelings;
 - c. Hallucinations in one or more of the five senses such as hearing voices, feeling the skin crawl, smelling strange odors, etc.
 - d. Believing that they are suffering from an extraordinary physical illness, such as having stopped breathing, etc.
 - e. Extreme anxiety or depression.

4.2 Determining Danger

CALEA 6th edition standard 41.2.7 a

- 4.2.1 The following indicators may identify an immediate or potential danger to a mentally ill person, to the officer, or to the public:
 1. Availability of weapons to the subject;
 2. Statements made by the individual that suggest a willingness to commit a violent or dangerous act. Such comments can range from subtle hints to direct threats, that when taken in conjunction with other available information, indicate a clear potential for violence.
 3. Apparent lack of control over emotions, including but not limited to: rage, anger, fright, or agitation. Signs of lack of control may include:
 - a. Extreme agitation;
 - b. Wide eyes and rambling speech;

- c. Clutching one's self or other objects in order to maintain control;
- d. Insisting on being left alone and making frantic assurances that he or she will be all right.

4.2.2 The volatility of the environment is important when evaluating a situation with a suspected mentally ill person. Agitators that can affect the person or could escalate the situation should be taken into account.

4.3 Responding to the Mentally Ill
CALEA 6th edition standard 41.2.7 c

4.3.1 The Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination based on disabilities, whether physical or mental.

4.3.2 Both the ADA and Section 504 require that first responders provide victims of crime who have a disability with an equal opportunity to benefit from and participate in all programs, services, and activities of the law.

4.3.3 A situation may arise where the officer, as a first responder, is required to make reasonable procedural modifications to accommodate crime victims who have a disability.

4.3.4 The following guidelines detail how to approach and interact with people who may have mental illness, and who may be a crime victim, witness, or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. While protecting their own safety, the safety of the person with the mental illness, and others at the scene, the officer should adhere to the following:

1. Request a backup officer (an officer trained in Crisis Intervention if possible) to assist with the situation;
2. Approach in a calm, non-threatening, and reassuring manner, while maintaining a safe distance;
3. Take appropriate action to calm the situation. When possible, turn off sirens and lights, disperse crowds to eliminate or reduce commotion;
4. Do not threaten the individual with arrest. This can lead to additional fright, stress, and aggression, causing an escalation in the situation;

5. Communicate with the individual to determine the problem. Use short, direct phrases in an attempt to keep the subject focused as much as possible. When possible, gather information relating to family members and/or acquaintances.

4.3.5 Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there are options officers will consider based on the law enforcement situation and the level of care required. These options include, but are not limited to the following:

1. Request EMS to transport the person for medical attention if he or she is injured or abused.
2. Outright release if the person does not appear to be a danger to himself or others and is coherent and aware of his surroundings.
3. Release to care of family, caregiver, or mental health provider if the person does not appear to be a danger to himself or others but is incoherent or appears confused or unaware of his surroundings.
4. Refer or arrange transport to substance abuse services.
5. Request Grady EMS for transport for persons who voluntarily agree to psychiatric evaluation (not requiring Georgia Department Human Resources Form 1013).
6. Request EMS to arrange for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action. (EMS will not transport involuntary admissions patient unless patient requires immediate medical attention.) Refer to section 4.4 for further guidance.
7. Arrest if a crime has been committed. Refer to section 4.4.3 for further guidance.

4.3.6 In addition to the options in 4.3.5, if the subject is a Georgia Tech student (active status), the duty supervisor will:

1. Contact the on-call representative of the Dean of Students to advise of the situation, and
2. Contact the Georgia Tech Counseling Services counselor on-call for assistance.

4.4 Involuntary Admissions

CALEA 6th edition standard 41.2.7 c

4.4.1 When an officer receives a call or responds to a complaint concerning a mentally ill person, the officer's immediate supervisor will proceed directly to the officer's location.

4.4.2 Involuntary Admissions Statutory requirements

1. An officer will take into custody any person and transport the person to Grady Department of Mental Health if:
 - a. There is a court order commanding a peace officer to remove and deliver the person (OCGA 37-3-41 (b));
 - b. There is a doctor's certificate authorizing removal and delivery (OCGA 37-3-41 (a), Georgia Department of Human Resources Form 1013);
 - c. An involuntarily committed patient escapes or otherwise leaves a facility without permission (O.C.G.A. 37-3-5 and 37-7-5);
 - d. The person has committed or is committing a crime, and the officer has probable cause to believe that the person is mentally ill and requires involuntary treatment (OCGA 37-3-42);
2. When an officer encounters a despondent mentally ill person who is in need of psychiatric evaluation and the above statutory requirements are not immediately satisfied, the officer or on-duty supervisor will request the assistance of Grady EMS in processing an involuntary admission.
3. If, during the period of involuntary hospitalization pursuant to any valid physician's certificate, court order, or order by the hearing examiner authorized by law, a patient escapes or otherwise leaves a facility without permission, the facility may advise any peace officer that the patient has escaped or otherwise left the facility without permission; and the peace officer shall be authorized to take the patient into custody and return him to such facility. (OCGA 37-3-5)
4. When an officer transports a person to Grady Department of Mental Health for an involuntary admission, he or she will complete a Report of Peace Officer (page 2 of Form 1013) and an incident report.

4.4.3 Involuntary Admissions with an arrest

1. When an officer takes a person into custody for committing any felony or for committing a misdemeanor involving theft or injury, and he or she has probable cause to believe that the person is mentally ill, he or she will:
 - a. Transport the person to Grady Department of Mental Health;
 - b. Advise the staff that the person is under arrest, and the nature of the charge(s);
 - c. The on-duty GTPD supervisor will assign an officer to remain with the in-custody subject until released or committed by Grady Department of Mental Health;
 - d. Complete a Report of Peace Officer (page 2 of Form 1013).
 - e. Complete an incident report and the appropriate arrest paperwork. Refer to SOP 9-03 for further guidance.
2. When an officer takes a person into custody for committing a misdemeanor not involving theft or injury to the person or property of another, and has probable cause to believe the person is mentally ill, the officer will take the person to Grady Department of Mental Health. The officer will use discretion in deciding whether to bring criminal charges.
 - a. Charging the individual prior to taking the individual to an emergency mental health facility is not required.
 - b. If criminal charges are not filed, complete a Report of Peace Officer (page 2 of Form 1013) and incident report; this report will be made part of the patient's clinical record.
 - c. If criminal charges are filed:
 - (1) Advise the staff that the person is under arrest, and the nature of the charge(s);
 - (2) The on-duty GTPD supervisor will assign an officer to remain with the in-custody subject until released or committed by Grady Department of Mental Health;
 - (3) Complete a Report of Peace Officer (page 2 of Form 1013).

- (4) Complete an incident report and the appropriate arrest paperwork. Refer to SOP 9-03 for further guidance.

4.5 Transporting Mentally Ill Persons

CALEA 6th edition standard 41.2.7 c

- 4.5.1 When an officer transports a mentally ill person based on one of the authorizations in section 4.4 regarding involuntary admission, the person will be transported in a patrol vehicle with a safety screen.
- 4.5.2 When a subject has, or is demonstrating unpredictable and/or dangerous behavior, two officers will transport the individual. Proper restraining devices will be used for the safety of the subject and transporting officers.
- 4.5.3 When an ambulance transports an involuntary admission subject due to an immediate medical need, an officer will ride in the ambulance to Grady Department of Mental Health.
- 4.5.4 When transporting a Georgia Tech student for voluntary admission at the request of the Georgia Tech Counseling Center for treatment, the following guidelines will be followed:
 1. Two officers will provide the transport, preferably plainclothes investigators using an unmarked vehicle;
 2. One officer will drive, and the patient will sit in the rear passenger seat. When using a vehicle without a screen, the second officer will sit behind the driver.
 3. The driver will engage the window and child locks, if applicable.
- 4.5.5 When transporting students from the Counseling Center to a mental health facility, the following guidelines will be followed:
 1. Enter the parking lot on the Ferst Drive side of the Student Services Building, park in the Northwest corner of the parking lot, adjacent to the stairs leading to the Clydeck.
 2. Do NOT park directly in front of the doors to the Student Services Building.
 3. Enter at the rear stairwell exit on the Northwest corner of the building, using your Buzzcard, and walk up the stairs to the second floor.

4. Exit the building by the same route; do NOT exit the front doors of the building.
5. Ask the Counseling Center or CARE Center Staff (for voluntary or involuntary transport) if there is any reason to believe that the student may be violent. If the staff informs you that the student is or may become violent, or you observe signs of violent or aggressive behavior (refer to Section 4.2, “Determining Danger”), use proper restraining devices for the safety of the subject and transporting officers. If the staff informs you that the student has no violent tendencies, and you do not observe any signs of violent or aggressive behavior, do not handcuff the student.
6. Before leaving the Counseling Center or CARE Center, pat down the student’s outer clothing in the counseling room to ensure that he or she does not have a weapon or other object capable of causing harm to self or others. Escort the student out the rear stairwell. Place the student’s belongings in the trunk of your patrol car.
7. If during the transport for a voluntary admission the student tells you that he or she no longer wants to go to the mental health facility, immediately call the Counselor on duty or the CARE Center Director or their designee for advice on action to take with the student.

4.6 Community Mental Health Resources

CALEA 6th edition standard 41.2.7 b

4.6.1 Community mental health resources that are available to Georgia Tech students:

1. Office of the Dean of Students Counseling Center (for active status students).
2. Stamps Health Center Psychiatric Services (for active status students).

4.6.2 Community mental health resources that are available to the public:

1. Grady Department of Mental Health
Contact information:
Grady Health System
80 Jesse Hill Jr Drive SE
Atlanta, GA 30303
(404) 616-1000

2. Georgia Crisis and Access Line – 24-hour number providing access to counselors for people with urgent and emergency needs.
1-800-715-4225.
3. Northside Behavioral and Mental Health Services
Contact information:
1140 Hammond Drive
Suite J-1075
Atlanta, GA 30328
(404) 851-8960.
4. Georgia Regional Hospital of Atlanta Division of Mental Health
Contact information:
3073 Panthersville Road
Decatur, GA 30034
(404) 657-2273
5. Atlanta VA Medical Center
Contact information:
1670 Clairmont Road
Decatur, GA 30033
(404) 321-6111

4.7 Training

CALEA 5th edition standard 41.2.7 d, e

- 4.7.1 The training coordinator will ensure that all new sworn employees and dispatchers receive entry-level training on assisting mentally ill people through basic mandate or other means if necessary.
- 4.7.2 The training coordinator will provide refresher training on mental illness to all sworn employees and dispatchers annually.

5. DEFINITIONS

Mental Illness: Mental illness is a term used for a variety of disorders causing severe disturbances in thinking, feeling, and relating to others. Persons suffering from mental illness have a substantially diminished capacity for coping with the ordinary demands of life.

6. CANCELLATION

This directive cancels SOP 8-04c, “Assisting Mentally Ill People”.

7. REFERENCE

CALEA 6th edition standard 41.2.7

O.C.G.A. 37-3-41, 37-3-42, 37-3-5, 37-7-5

GT Procedures and Services in Mental health.