

2.413 MENTALLY ILL PERSONS (41.2.7.a, .d & .e)

- A. The agency will provide appropriate services to ensure the health and safety of mentally ill persons, their families, and the university community, and to proactively refer those impacted by mental illness when police action is not warranted.
- B. The commander responsible for the training function is responsible for ensuring:
 - 1. All entry level employees receive initial training regarding the identification of, response to, and reporting on mentally ill persons consistent with MPTC regulations;
 - 2. All employees receive refresher training on dealing with mentally ill persons at least every three years; and
 - 3. Documentation of this training is maintained for accreditation and other relevant purposes.

2.413.02 Recognizing Mental Illness (41.2.7.a)

- A. Employees should be alert to symptoms common to mental illness. While a single symptom or isolated event does not necessarily indicate mental illness, professional help should be sought if symptoms persist or worsen.
- B. Common symptoms of mental illness can include:
 - 1. **Social Withdrawal** such as:
 - a. Sitting and doing nothing;
 - b. Withdrawal from family and / or friends;
 - c. Dropping out of activities;
 - d. decline in academic or athletic performance.
 - 2. **Depression** such as:
 - a. Loss of interest in activities;
 - b. Expression of hopelessness or helplessness;
 - c. Changes in appetite or weight gain/loss;
 - d. Behaviors unrelated to events or circumstances;
 - e. Excessive fatigue and sleepiness or inability to sleep;
 - f. Pessimism;
 - g. Thinking or talking about suicide
 - 3. **Thought disorders** such as:
 - a. Inability to concentrate or cope with minor problems;
 - b. Irrational statements;
 - c. Poor reasoning, memory and judgment;
 - d. Expressing thoughts of greatness or ideas of being harassed or threatened;
 - e. Peculiar use of words or language structure;
 - f. Excessive fear or suspiciousness.
 - 4. **Expression of feelings** such as:
 - a. Hostility;
 - b. Indifference;
 - c. Inability to cry or excessive crying;
 - d. Inability to express joy;
 - e. Inappropriate laughter;
 - f. Nonverbal expressions of sadness or grief.
 - 5. **Behavior** such as:
 - a. Hyperactivity or inactivity;
 - b. Deterioration in personal hygiene and appearance;
 - c. Involvement in automobile accidents;
 - d. Drug or alcohol abuse;
 - e. Forgetfulness and loss of valuable possessions;
 - f. Attempts to escape through geographic change, frequent moves or hitchhiking trips;

- g. Bizarre behavior;
 - h. Inappropriate use of household decorations, such as aluminum foil covering windows;
 - i. Accumulation of waste matter or trash;
 - j. Unusual sensitivity to noises, light, colors, and clothing;
 - k. Changes in sleeping and eating habits.
6. **Cognitive Impairments** such as:
- a. Disorientation in time, place, or person;
 - b. Confusion, incoherence and extreme paranoia;
 - c. Inability to find way in familiar setting;
 - d. Inability to solve familiar problems;
 - e. Impaired memory for recent events;
 - f. Inability to wash and feed oneself, urinary or fecal incontinence and/or presence of feces or urine on the floor or walls.

2.413.04 Contacts With Mentally Ill Persons (41.2.7.c.)

- A. People with mental illnesses can be easily upset and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.
- B. Family members or friends can frequently assist in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.
- C. Guidelines for dealing with persons who possibly have mental illnesses include, but are not limited to:
 - 1. Speak calmly using short, direct phrases;
 - 2. Use non-threatening body language and keep your hands by your sides if possible;
 - 3. Eliminate commotion by moving the person to a calm environment or to remove distractions, upsetting influences, or disruptive people from the scene;
 - 4. Keep animals away;
 - 5. Understand that the person may not be able to hold a rational conversation;
 - 6. Know the delusional or hallucinatory experience is real to the person;
 - 7. Look for personal identification, medical alert bracelets or necklaces;
 - 8. Gather information from family, caregivers, or bystanders;
 - 9. Prepare for a lengthy interaction unless there is an emergency;
 - 10. Be aware that mentally ill people use different forms of communications such as signals, gestures, or demonstrate limited speaking abilities;
 - 11. Maintain a safe distance; and
 - 12. Request officers respond when non-sworn employees are dealing with mentally ill persons and believe immediate assistance is needed.
- D. Officers should generally avoid actions that include, but are not limited to:
 - 1. Moving suddenly, giving rapid orders or shouting;
 - 2. Forcing discussions;
 - 3. Having direct, continuous eye-contact;
 - 4. Touching the person, unless essential for safety;
 - 5. Crowding the person or moving into the person's comfort zone;
 - 6. Expressing anger, impatience, or irritation;
 - 7. Assuming that a person who does not respond cannot hear;
 - 8. Using inflammatory language, such as "mental" or "mental subject;"
 - 9. Offering the person multiple choices that can add to the subject's confusion;
 - 10. Challenging delusional or hallucinatory statements; and
 - 12. Misleading the person to believe that officers on the scene think, believe, for feel the way the person does.

- E. For interviews and interrogations:
1. Officers should consult with mental health professionals and the Office of the State's Attorney to determine whether the persons are competent to understand their rights such as the right to prompt presentment and right against self-incrimination;
 2. Do not interpret the lack of eye contact and strange actions or responses as possible indications of deceit, deception, or evading questions;
 3. Use simple, straightforward questions;
 4. Do not employ common interrogation techniques, suggest answers, pose hypothetical conclusions, or attempt to complete statements of persons who are slow to respond; and
 5. Understand that a mentally ill person may be easily manipulated and may be highly suggestive.
- F. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there are several options available to the officer that should be used as appropriate. These options include:
1. Taking no further actions;
 2. Allowing the persons to go with or stay in the company of family members, caregivers, or mental health providers;
 3. Referring or transporting persons for medical attention if they are injured or abused;
 4. Referring or transporting individuals to substance abuse centers;
 5. Assisting in arranging voluntary admission to mental health facilities if requested consistent with **2.413.12 EPS - Voluntary Admissions**;
 6. Transporting for involuntary emergency psychiatric services evaluations consistent with **2.413.06 Emergency Psychiatric Evaluations**; or
 7. Arrest if crimes have been committed.

2.413.06 Emergency Psychiatric Services (41.2.7.c)

- A. Officers will obtain and serve emergency psychiatric services (EPS) petitions as authorized in **Health General Article (HG) § 10-620** and the following sections.
- B. A petition for emergency evaluation of an individual may be made under **HG § 10-622** only if the petitioner has reason to believe the individual:
1. Has a mental disorder, that is;
 - a. To a lay petitioner a clear disturbance in the mental functioning of another individual; or
 - b. To listed health professionals doing examinations, at least one mental disorder that is described in the version of the American Psychiatric Association's "Diagnostic and Statistical Manual - Mental Disorders" that is current at the time of the examination; and
 2. Presents a danger to the life or safety of the individual or of others.
- C. The petition for emergency evaluation of an individual may be made by:
1. A physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer, or designee of a health officer who has examined the individual;
 2. A peace officer of the State or sworn special agents of the US Secret Service or Department of Homeland Security with delegated powers under **18 USC § 3056** who personally has observed the individual or the individual's behavior; or
 3. Any other interested person.
- D. A peace officer of the State or sworn special agents of the US Secret Service or Department of Homeland Security with delegated powers under **18 USC § 3056**, physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer, or designee of a health officer may base the petition on:
1. The examination or observation; or

2. Other information obtained that is pertinent to the factors giving rise to the petition.
- E. Officers will take persons into custody for emergency evaluations if they have petitions for evaluation that:
 1. Have been endorsed by judges within the last five days; or
 2. Have been signed by physicians, psychologists, clinical social workers, licensed clinical professional counselors, clinical nurse specialists in psychiatric and mental health nursing, psychiatric nurse practitioners, licensed clinical marriage and family therapists, health officers or their designees, or other peace officers.

2.413.08 EPS - Physicians, etc.

- A. Officers will attempt to serve petitions authorized by physicians, etc. who sign Petitions for Emergency Evaluation. Officers will:
 1. Explain to petitioners the serious nature of petitions and the meaning and content of petitions;
 2. Ensure petitions are completed and signed; and
 3. Take reasonable and prudent steps to serve petitions.
- B. Physicians, etc. must complete:
 1. **CC-DC 13** Petition for Emergency Evaluation; and
 2. The section on a **CC-DC 14 for Certifications by Other Person Qualified Under HG § 10-622 and Peace Officer**. Officers must also sign this section after explaining the petitioner the serious nature of the petition and the meaning and content of the petition.
- C. Officers are not obligated to serve as petitioners when physicians, etc. do not, or will not, complete emergency petitions. In such situations, officers:
 1. May offer eligible persons opportunities to seek voluntary admissions; or
 2. Will notify a supervisor or commander if eligible persons refuse to seek voluntary admissions.
- D. Because the law does not establish how long petitions are valid when signed by physicians, etc., the five-day limit established in **HG § 10-624(a)(1)(I)** is adopted by this agency as a standard for serving petitions signed by physicians, etc. unless:
 1. Petitioners complete updated petitions;
 2. Service is approved by the Chief or a commander; or
 3. Officers are able serve as petitioners under **HG § 10-622**.

2.413.10 EPS - Other Interested Persons

- A. Officers will assist interested persons (non-police, physicians, etc.) who believe others need emergency psychiatric services.
- B. Officers will refer interested persons to allied agencies and write "Assist Other Agency" reports when subject individuals are outside this agency's jurisdiction.
- C. When subject individuals are within this agency's jurisdiction, officers will:
 1. Serve as petitioners if they substantiate, by personal observation or from information supplied by other interested persons, the reason to believe that respondents have mental disorders and present a danger to the life or safety of the respondent or others;
 2. Refer reporting persons to the courts if officers are not able to serve as petitioners so reporting persons may attempt to have an emergency petition issued upon judicial review; and
 3. Complete agency reports.
- D. If petitions of other interested persons are authorized by the courts, officers will:
 1. Attempt to serve the petitions and/or enlist the assistance of allied agencies if respondents are no longer in this agency's jurisdiction;
 2. Ensure a copy of each petition is submitted to Central Records; and
 3. Complete agency reports.
- E. If judges do not authorize petitions submitted by other interested parties, officers will:

1. Take no enforcement action on the petition, but are encouraged to take action on any associated criminal behavior; and
2. Complete agency reports.

2.413.12 EPS - Voluntary Admissions

- A. When practical, officers may present the option of voluntary admission to potential evaluatees. However, officers will become petitioners when:
1. They personally observe the individuals;
 2. They have probable cause to believe that the individuals have mental disorders; and
 3. There is clear and imminent danger of the individuals causing personal harm to themselves or others.
- B. Officers will arrange transportation to appropriate EPS facilities for persons who voluntarily request to be admitted. Officers may conduct transports if other means are not available or are impractical.

2.413.14 EPS - Officers' Responsibilities {Revised: 04/19/21}

- A. Officers taking evaluatees into custody, restraining, and providing subsequent transportation will do so in the same manner as detainees consistent with **2.600 Arrest Procedures**.
- B. Officers must complete:
1. CC-DC 13 Petition for Emergency Evaluation; and
 2. The section on a CC-DC 14 for Certification by Peace Officer.
- C. Officers will take emergency evaluatees to nearby hospitals with psychiatric emergency facilities approved by the Department of Health and Mental Hygiene (DHMH). The only DHMH designated psychiatric emergency facilities that will be used in order of preference by this agency are:
1. University of Maryland St. Joseph Medical Center;
 2. Sinai Hospital;
 3. Franklin Square Hospital; and
 4. Northwest Hospital Center.
- D. Officers will ensure Communications personnel notify destination facilities by telephone to expect the evaluatees.
- E. OFFICERS ARE NOT REQUIRED TO STAY AT HOSPITALS WITH EVALUEES UNLESS REQUESTED TO DO SO BY EMERGENCY FACILITY PERSONNEL BECAUSE OF EVALUEE VIOLENCE. THESE INCLUDE A PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR OTHER ADVANCED PRACTICE PROFESSIONAL EMPLOYED OR UNDER CONTRACT WITH THE EMERGENCY FACILITY. In such cases:
1. Physicians are required to examine evaluatees as promptly as possible;
 2. Officers will make timely notifications to supervisory personnel; and
 3. Supervisory personnel will allow officers to stay as long as reasonable and prudent if evaluatees are violent.
- F. If evaluatees are admitted, officers will:
1. Leave evaluatees at EPS facilities; and
 2. If petitions are authorized by the courts:
 - a. Retain originals of CC-DC 13 and return of service form for prompt submission to the court;
 - b. Leave a copy of each document at the EPS facility; and
 - c. Submit a copy of each document to Central Records; or
 3. If petitions are authorized by anyone but the courts:
 - a. Leave originals of CC-DC 13 and CC-DC 14 at EPS facilities; and
 - b. Submit a copy of each document to Central Records.
- G. Officers will not transport certified evaluatees from one EPS facility to any other facility. Once care for evaluatees has been initiated by hospital staff, transportation of evaluatees to other medical facilities becomes the responsibility of the treating medical facility.

- H. If EPS personnel decline to certify evaluatees for admission, officers may, upon request of evaluatees, attempt to arrange transportation for evaluatees away from EPS facilities.
- I. Officers will ensure notifications are made to evaluatees' families or persons of interest:
 - 1. In all cases when evaluatees are juveniles; and
 - 2. As directed or requested by adult evaluatees.
- J. Officers will complete agency reports in all emergency petition cases, regardless if petitions were authorized or evaluatees were admitted. Information contained in reports will include, as applicable:
 - 1. Circumstances of the incidents;
 - 2. Description of evaluatees' behavior that leads to them being taken into custody;
 - 3. Identities of reviewing judges;
 - 4. Identities of evaluating physicians;
 - 5. Any planning that was conducted to develop action plans for serving petitions and taking evaluatees into custody;
 - 6. Actions of the evaluatees when they were taken into custody;
 - 7. Description of any injuries and how they were sustained by evaluatees or officers;
 - 8. Method used to transport evaluatees to EPS facilities;
 - 9. Names of facilities from which the evaluatees were released or accepted; and
 - 10. Evaluatees' last known locations or destinations.

2.413.16 EPS - Transport to Non-Designated Hospitals

- A. When it is necessary to transport evaluatees by ambulance to hospitals for medical treatment, officers will request evaluatees be transported to DHMH certified hospitals. This agency becomes responsible for providing evaluatee security at non-EPS hospitals until evaluatees are released.
- B. When evaluatees are transported by ambulance for medical reasons to facilities that are not designated EPS facilities, officers will:
 - 1. Notify interested persons, such as family members, complainants, or others, if it is determined that evaluatees will be admitted and kept for medical reasons;
 - 2. Notify supervisors of hospital emergency rooms that it is believed that evaluatees are in need of emergency evaluations based on facts known to officers;
 - 3. Notify and update supervisors on situation conditions and request guidance and assistance as necessary in providing evaluatee security; and
 - 4. Note in agency reports the names, addresses, and telephone numbers of each person notified, including the emergency room staff members.

2.413.18 EPS - Arrest of Mentally Ill Persons (70.1.6.d & .e, 70.1.8, 70.5.1.c)

- A. If evaluatees are also under arrest for criminal charges, officers will transport them to the nearest designated EPS facility and will remain with evaluatees until petitions have been acted upon.
- B. Evaluatees who are not committed will be transported to Headquarters for processing of the criminal charges. Arresting officers will ensure related information is:
 - 1. Contained in agency reports and on Detainee Screening and Property Records; and
 - 2. Passed on to other agencies or organizations taking custody of suspects.
- C. If evaluatees are involuntarily committed, and officers wish to pursue criminal charges, officers will:
 - 1. Apply for charging documents for the criminal acts; and
 - 2. If warrants are issued, obtain detainers from the courts.

2.413.20 Escaped Mentally Ill Patients

- A. Mentally ill patients who have been criminally charged and committed by courts of competent jurisdiction, and subsequently escape from confinement, may be arrested and charged with escape.
- B. Escapees who were confined to DHMH facilities pursuant to commitments to determine competency to stand trial or criminal responsibility are subject to arrest.

- C. Juveniles who escape after being committed by the court to hospitals or mental health institutions are considered to be runaways and may be taken into custody for return to appropriate locations.
- D. Individuals who are voluntarily in mental health facilities, but leave against medical advice or without authorization are not subject to police detention unless officers:
 - 1. Become EPS petitioners; or
 - 2. Arrest individuals for criminal violations as the result of their instant behavior at the time of contact.

2.413.22 Mental Health Resources (41.2.7.b)

- A. Locally available mental health care services include, but are not limited to:
 - 1. The University Counseling Center;
 - 2. GBMC, UMD St. Joseph's, and Sheppard Pratt Hospitals;
 - 3. Grass Roots Crisis Intervention Hotline;
 - 4. Maryland Mental Health Association;
 - 5. Maryland Psychological Association;
 - 6. Maryland Youth Crisis Hotline;
 - 7. Mental Health Association of Maryland;
 - 8. National Suicide Prevention Hotline;
 - 9. Turnaround – assistance for those affected by domestic violence and sexual assault / abuse; and
 - 10. Sexual Assault/Domestic Violence Hotline.
- B. Contact information for these services can be found in multiple locations, including the Communications Resource System.

2.413.24 Counseling Center (41.2.7.b)

- A. Services offered by the University Counseling Center include, but are not limited to:
 - 1. Individual and couples counseling;
 - 2. Group counseling;
 - 3. Psychiatric services;
 - 4. Alcohol and drug counseling;
 - 5. Referral to various other services on and off campus;
 - 6. Outreach and consultation on various topics; and
 - 7. Consultation about students possibly in distress.
- B. Employees will ensure University Counseling Center staff members are notified and advised of situations involving mental health matters of students.
 - 1. During normal business hours:
 - a. The Counseling Center may be called for decision-making consultations when officers are dealing with students whose psychological conditions are matters of concern; and
 - b. The Counseling Center must be called and staff notified about incidents involving current or potential clients.
 - 2. During non-business hours:
 - a. The Shift Commanders or the designated OIC will notify the Counseling Center via email of incidents related to mental health issues and emergency evaluations.
 - b. The email notification mailbox for the Counseling Center during non-business hour is cctupid-notifications@towson.edu.
- C. Employees will attempt to notify specific Counseling Center employees at the request of students' family members, friends, etc. during normal business hours.