



RESPONDING TO INCIDENTS INVOLVING EMOTIONALLY DISTURBED PERSONS		
✓ new: rescinds: amends:		cross-reference: accreditation standards: NYSLEAP Standard(s):
effective date: March, 2020	amend date: January, 2022	

I. PUPOSE

The purpose of this Order is to provide guidance for the members of the Tompkins County Sheriff's Office to follow when dealing with persons who may potentially be suffering from a mental illness or experiencing an emotional crisis.

II. POLICY

- A. Officers should recognize the need for officer safety during these types of incidents, but also be aware of the increased risk of in-custody death that is associated with subjects in crisis. Officers should exhaust all reasonable means before using force in these incidents. The use of OC spray, Taser, prolonged physical force and restraint techniques posing a risk of positional asphyxiating may increase the risk of in-custody death.
- B. Members of the Sheriff's Office should provide assistance to people experiencing mental or emotional difficulties who may require police assistance and community mental health resources.
- C. The Sheriff's Office will take custody of persons who are suspected of being mentally ill only as authorized by New York State Mental Hygiene Law (NYSMHL), or pursuant to the laws of arrest when a criminal offense has been committed.
- D. Members of the Sheriff's Office will use judgment based upon training, experience, and discretion, when exercising their powers of arrest under the NYSMHL, and will do so without compromising the safety of the person experiencing the emotional crisis, officers, or the community at large.

Note: Mental Hygiene Law 9.41 provides that a police officer “*may* take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others.” The statute is permissive, not mandatory; there is no requirement that police detain someone for mental health reasons.

- H. An officer who has custody of a person must provide attention to the medical and mental health needs of a person in their custody and obtain assistance and treatment of such needs, which are

reasonable and provided in good faith. *See NYS Civil Rights Law Article 3 §28 a.* Any time a person has visible injuries or complains of being injured as a result of force used against him/her by an officer, the officer must take appropriate actions to provide medical care for the injured person, when safe to do so. This includes providing first aid, requesting emergency medical services, and/or arranging for other transportation to a hospital or emergency medical facility.

The immediate mental health needs of a person shall be based upon the reasonable cause to believe that a person, who appears to be mentally ill, is conducting themselves in a manner which is likely to result in a serious harm to themselves or others.

III. RECOGNIZING AN EMOTIONALLY DISTURBED PERSON

Members of the Sheriff's Office should be mindful of the possibility of mental illness/ emotional disturbance whenever the people they encounter on patrol, or during interviews and interrogations, exhibit likely symptoms or behaviors.

A. The National Mental Health Association has provided a list of warning signs and symptoms of mental illness which includes the following:

- Confused thinking.
- Prolonged depression.
- Feelings of extreme highs and lows.
- Excessive fears, worries and anxieties.
- Social withdrawal.
- Dramatic changes in eating or sleeping habits.
- Delusions or hallucinations.
- Growing inability to cope with daily problems and activities.
- Suicidal thoughts.
- Hyperactivity/ Impulsiveness.
- Aggression or self-injurious behavior
- Denial of obvious problems.
- Numerous unexplained physical ailments.
- Substance abuse.

IV. INTERACTING WITH AN EMOTIONALLY DISTURBED PERSON

Officers responding to incidents involving an emotionally disturbed person(s) should exercise all safety precautions and as much patience, tact, and understanding as the situations allows.

- A. Incidents arising from activities of an emotionally disturbed person may be unpredictable as well as dangerous to officers, bystanders, and/or the person in crisis.
- B. In almost all cases, two officers will be dispatched to a psychiatric call, unless the secondary unit is declined by the primary unit or if there is a delay in obtaining an available secondary unit for response.
- C. A lone officer who encounters a person he/she believes to be emotionally unstable, should request back-up assistance when safe to do so.

- D. If confinement is not appropriate, or is not an immediate option, attempt to locate family, friends or acquaintances of the subject to assist in calming the person and gaining control of the situation.
- E. Officers should avoid any sudden movements or actions, and take time to carefully assess the situation.
- F. Reassure the subject, as acutely disturbed individuals are generally frightened.
- G. The use of deception with a mentally ill person should be avoided unless necessary. If the subject suspects that the officer is being deceptive, it may worsen the situation.
- H. Officers should not assume that a threat of force against the subject will help to control them. The subject may not feel threatened by the display of weapons, or the risk of injury to themselves.
- I. Persons who are emotionally disturbed may display unusual physical strength or tolerance to pain.

V. **EVALUATION BY POLICE (MHL 9.41)**

- A. Section 9.41 of the NYSMHL allows a police officer to take into custody any individual for evaluation if the person appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, and when there is a substantial risk of physical harm to:
 1. Themselves as manifested by threats of, or attempts of suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, such as, the person's refusal or inability to meet his or her essential need for food, shelter, clothing or health care, provided that such refusal or inability is likely to result in serious harm if there is no immediate hospitalization. Including all welfare checks initiated by conversations/messaging via phones, cell phones, computer, etc.
 2. Other persons as manifested by homicidal thoughts or actions, or other violent behavior likely to cause others to be in reasonable fear of serious physical harm.

B. Documentation

1. Officers effecting a mental hygiene arrest will complete a TCSO Request for Examination of a Person Form and provide the original to the hospital, a copy to the EMS service that transported, and a copy for the case file. Officer will also complete an incident report and submit it to their supervisor for review. *See Attachment A.*
2. The officer shall email the completed Request for Examination of a Person form to the Tompkins County Mental Health Department and document this action in the narrative of their incident report. *Updated 01/2022*

➤ Tompkins County Mental Health Department at gaidepartment@tompkins-co.org

Note: A subject taken into custody, *only* under MHL 9.41 should not be processed through Livescan and a Spillman booking should not be completed. The subject should be entered into Spillman as “Person Interviewed.”

C. Transports

1. Transporting mental health arrests under section 9.41 of the NYSMHL can be made by ambulance with an officer following directly behind or riding in the ambulance to the hospital, or in a patrol vehicle if deemed more appropriate by the officer(s). Officers should consider the subjects known medical condition/history when making this decision.
 - Officers are authorized to restrain, including handcuff, leg shackle and waist chain, subjects taken into custody under NYSMHL only when necessary.
 - Ambulance and/or Emergency Department personnel should be made aware of violent tendencies or aggressive suicidal tendencies and should be advised regarding the use of restraints.
 - If officers use restraints on a subject that is being transported by ambulance, an officer shall ride in the back of the ambulance during the transport to the hospital in case there is a medical emergency that requires the removal of the restraints.
 - If an officer is transporting the subject to the hospital, they should provide or cause to be provided a phone call to the charge nurse of the Emergency Department with an estimated time of arrival so that they can work on assigning a room.
 - Direct Line (607) 274-4514
 - Before being transported to a mental health facility, all persons will be searched for weapons, dangerous articles, or other items the individual could use to harm himself or other. This search will include, but it not limited to, a pat down of all clothing and body surfaces.
 - Any weapon, dangerous articles, or other items found will be properly secured. Weapons of any kind, and items of evidentiary in nature, will be properly logged and secured in an evidence locker.
 - All other personal property will accompany the individual to the hospital, where it can be returned after the evaluation and release.

D. Officer Custody

1. The mental health patient is the responsibility of the arresting officer and at no time is the patient to be left unattended unless hospital or security personnel properly relieve the officer of custody. Unless instructed otherwise by hospital staff or a police supervisor, officers are not required to remain at the hospital once properly relieved of custody.

E. Pending Criminal Charges

1. If a mental hygiene patient is also charged criminally, information must be noted on the Request for Examination of a Person Form and relayed to both the attending hospital staff and hospital security.
 - a. An appearance ticket may be issued, if appropriate.
 - b. If an appearance ticket cannot be issued, the patient may need to be guarded until custody is turned back over to the Sheriff's Office.

VI. **MENTAL HEALTH ILLNESS OR CRISIS (OTHER THAN MHL 9.41)**

When a person suspected of suffering from a mental illness and/or is in crisis, but the circumstances *do not* meet the standards of section 9.41 in the NYSMHL, officers may suggest voluntary admittance to a mental health care facility or the utilization of other referral services. In this case the officer shall complete a service report to document the incident.

- A. Community members may be referred to the Tompkins County Mental Health Department by calling their office during regular business hours.
- B. Officers may utilize the Tompkins County Mobile Crisis Team by requesting that dispatch contact them directly, or refer the subject and/or a support person to the Crisis Line at 1-607-272-1616 and/or the Tompkins Suicide Prevention & Crisis Services National Line at 1-800-273-TALK. Officers may also refer community members to Tompkins 211 for assistance with resources.
 1. Officers may temporarily detain a subject in order to facilitate an evaluation by the Mobile Crisis Team. Officers should make all efforts to detain the subject in a safe and comfortable place.
 - If the MCT determines the subject should be transported to a mental health facility, the officer will facilitate the transport of the subject. The same procedures for transport and relief from custody as for MHL 9.41 apply.
 - If, after evaluation by the MCT, it is determined that the subject does not pose an immediate threat the subject must be released.
- C. If the officers have established in-person contact with the individual, they should remain with the person until counseling services are arranged.
 1. Officers may escort the person to the location where services are being provided with supervisor approval.
- D. Officers should make referrals to the C.A.R.E. team for follow-up when appropriate. These referrals should be emailed to the Road Supervisor email group.

VI. TRANSPORTING MENTALLY ILL PATIENTS BY SPECIAL REQUEST UNDER THE NYSMHL

- A. Officers must be presented with a completed NYSMHL Form with the section marked directing a police officer to take the individual into custody before taking an individual into custody for NYSMHL 9.37, 9.43, 9.45 and 9.55.
1. **9.37** – Involuntary admission on certificate of a director of community services or designee.
 2. **9.43** – Emergency admissions for immediate observation, care and treatment; powers of courts.
 3. **9.45** – Emergency admissions for immediate observation, care and treatment; powers of directors of community services or other outreach programs that have been the authority to do so.
 4. **9.55** – Emergency admissions for immediate observation, care and treatment; powers of qualified psychiatrists.
 5. **9.57** – Emergency admissions for immediate observation, care and treatment; powers of emergency room physicians.
- B. Transport
1. Transport of the individual will be made following the same procedures for transport and relief from custody as for MHL 9.41 apply.

VII. TRAINING

- A. All entry level recruit officers will receive mental illness awareness training at the police academy as part of the Basic Course for Police Officers course curriculum.
- B. All sworn TCSO members will receive periodic training on dealing with persons with mental illness and/or in emotional crisis.

Attachment:

- A. [Request for Examination of Person Form](#)

By Order Of



Derek Osborne
Sheriff