



Wilmington Police Department

Directive: 5.05 Dealing with the Mentally Ill and Commitments



CALEA Standards:
1.1.3, 41.2.7

I. Purpose

The purpose of this directive is to establish procedures which will guide employees in assisting individuals who are mentally ill or those seeking voluntary admission to a mental health facility. This directive also provides guidelines for the involuntary and/or emergency commitment of individuals requiring hospitalization due to mental illness or substance abuse.

II. Definitions

A. Mental Illness - A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder.

B. Respondent - Is the person that is named on the Involuntary Commitment order or Emergency Commitment order

C. Trillium - The local organization which oversees the mental health services in the area.

III. Procedures

A. Training

The Wilmington Police Department will coordinate with Trillium to provide Crisis Intervention Training (CIT) to officers. This training will assist officers who make contact with individuals with mental illness and teach the officers how to de-escalate situations. If available, CIT certified officers will respond to calls that involve persons with mental illness. Sworn personnel will receive initial mental illness training in the BLET Academy as well as during new employee training once hired. Non-sworn will receive an initial training after hire. A mental illness related course will be given to all employees annually. The training section will administer and track this training.

The Wilmington Police Department has entered into an agreement with The New Hanover County Sheriff's Department and New Hanover County 911 to identify all CIT Officers available on every shift. New

Hanover 911 will dispatch a CIT Officer, when available, from either WPD or NHCSO for all mentally/emotionally distressed individuals.

B. Recognizing Characteristics of Mental Illness

Employees must be prepared to deal with situations involving persons who have mental illnesses and know how to respond to these situations in an appropriate and sensitive manner.

Behavior traits that may indicate to an employee that the person they are interacting with may be mentally ill include, but are not limited to the following:

1. Massive/Sudden Behavioral Shifts
2. Loss of Memory
3. Paranoia (THEY are out to get me)
4. Grandiose Ideas
5. Hallucinations and Delusions that are verbalized
6. Exaggerated or bizarre physical ailments
7. Extraordinary fright or anxiety
8. Flat Affect, no facial expressions
9. Excited and/or fast speech which does not make sense
10. Minimal self-care
11. Sleeping/eating disturbances
12. Manic or no energy
13. Thoughts or comments about suicide
14. Have stopped taking medications

C. Guidelines for employees in dealing with Persons Suspected of Being Mentally Ill during interviews and interrogations

1. The following are some guidelines and strategies for employees to use, if they deem necessary, when dealing with a mentally ill person:
 - a) Be helpful and professional;
 - b) Remain calm and avoid overreaction;
 - c) Attempt to de-escalate the situation by calming the environment and any person present at the situation;
 - d) For sworn employees, be aware that the uniform, gun, handcuffs and other equipment may frighten the person with mental illnesses and attempt to reassure him/her that no harm is intended;
 - e) Use appropriate actions or tactics as warranted to maximize personal safety;
 - f) Approach in a quiet, non-threatening manner that is mindful of personal space;
 - g) Seek out and utilize available information from persons on scene, including family members or previous call history;

- h)** Provide or obtain on-scene emergency aid when treatment of an injury is urgent;
- i)** Check for and follow procedures indicated on medical alert bracelets or necklaces;
- j)** Talk calmly in a moderated voice;
- k)** Listen to what the subject is saying;
- l)** Use simple and direct instructions and be prepared to repeat them;
- m)** Be patient and allow for potential delayed response times;
- n)** Reduce sensory distractions and extraneous noises when possible;
- o)** Empathize with the subject;
- p)** Don't argue or agree with any delusion/hallucinations a person is experiencing;
- q)** Realize no eye contact may be part of the illness and not a sign of deception;
- r)** Ask if they have a case worker/counselor/family member you can contact for them;
- s)** Take your time and don't rush the person

2. The following are some things you should generally not do when dealing with a mentally ill person, unless the circumstances of a particular situation dictate that these tactics are necessary:

- a)** Invade their personal space if possible;
- b)** Deceive them;
- c)** Threaten them;
- d)** Overload or Confuse them;
- e)** Argue or agree about delusions/hallucinations;
- f)** Joke, laugh or whisper,
- g)** Stare

D. Referral Procedures

Trillium has created a screening and assessment program in which they are the contact agency to assist officers in getting the correct level of care for a person who is suffering from a mental illness or substance abuse crisis. When an employee is in a situation where a mental health referral is needed, they should call the Trillium Call Center and relay the information needed to their staff, so the employee can be directed on how best to provide a person with assistance. The number to the Call Center (1-866-875-1757) can also be given to anyone who has a mental illness or substance abuse problem and they can contact the Call Center at their convenience directly. 911 can also contact the Call Center for the employee.

E. Voluntary Commitments

- 1.** An officer who encounters an individual in need of treatment for mental illness or substance abuse shall encourage the individual to seek voluntary admission to a treatment facility. If the

individual agrees to do so, officers shall assist in any way possible. Assistance may include transportation to a local treatment facility, if necessary. If the officer decides to transport, supervisory approval is required.

2. The individual's family members or friends may be able to provide valuable information necessary for evaluating the need for treatment. Therefore, officers should encourage family members to assist the individual in applying for admission.
3. Officers are not required to remain with the individual during voluntary admission processing once they are at a treatment facility.

F. Involuntary Commitments

1. 911 Center
When notified by the Clerk of Court or Magistrate of the issuance of commitment orders, 911 personnel will notify the appropriate field supervisor to pick up the order.
2. Field Supervisor - Evaluate the commitment order to determine priority for service.
 - a. Immediate Priority – Immediate life threatening situation
 - b. Secondary Priority – No immediate life threatening situation
 - c. If determined to meet the criteria for Immediate Priority, the order will be assigned for service as soon as possible. If determined to meet the criteria for Secondary Priority, the order will be served as soon as practical, with consideration of staffing levels and other calls for service.
3. Police Officer
 - a. Upon receipt of an involuntary commitment order, the assigned officer is responsible for making every effort to serve the order.
 - b. Upon assuming custody of the respondent, the officer is responsible for completing a thorough search of the individual and removing all weapons, potentially dangerous objects, drugs, and other contraband from the respondent.
 - c. Law enforcement officers, to the extent possible, will advise involuntary commitment respondents when taking them into custody that "they are not under arrest and have not committed a crime, but are being transported to receive treatment and for their own safety and that of others".
 - d. Law enforcement officers, upon being advised by EMS that the attending physician will involuntarily commit respondents for treatment who are intoxicated or on drugs, should assist EMS. The officer should turn in a copy of the emergency commitment certification issued

- by the physician with the officer's preliminary report.
- e.** Unless exigent circumstances exist (emergency commitments), a transporting officer or attendant shall be the same sex as the respondent unless the transporting officer allows a family member of the respondent to accompany the respondent in lieu of an attendant of the same sex as the respondent. NCGS 122C-251 (d)
 - f.** In providing transportation required by this section, the law enforcement officer may use reasonable force to restrain the respondent if it appears necessary to protect themselves, the respondent, or others.
 - g.** Respondents who display violent behavior and pose a threat to themselves or others may require transport by Emergency Medical Services. An officer shall accompany the respondent during this transport.
 - h.** The officer shall transport the respondent to the designated area facility. The officer will remain with the respondent for a reasonable time (not to exceed one (1) hour), unless an extension of time is approved by a department supervisor.
 - i.** The officer will complete the return of service for the custody order on both copies of the order, documenting the respondent being taken into custody and presented to the area facility. One copy of the order will be left with the respondent.
 - j.** The officer will return their copy of the commitment papers to the records section.
 - k.** The officer will return to the area facility if they are dispatched for transportation of the respondent to his/her place of residence upon their release.
 - l.** The officer will not enter any facility in which the possession of all or any approved departmental equipment is prohibited.
 - m.** If any serious problems are experienced with the respondent or any staff members of any area facility or other agency involved with the service of the custody order, the officer will immediately contact the field supervisor.

G. Emergency Commitments

The same responsibilities shall apply to Emergency Commitments as those set out above for Involuntary Commitments, with the following considerations and exceptions:

- 1.** Emergency commitment procedures are available in those circumstances where an officer is confronted by an individual who requires immediate hospitalization to prevent harm to him/herself or others. Such an individual will usually exhibit violent behavior and may require restraint. If possible, officers should first attempt to obtain the assistance of the individual's

family members or friend(s) in presenting the individual for emergency commitment, rather than initiating the proceedings themselves.

2. Officers may take the individual into custody and transport him/her directly to the designated medical facility to be examined by a physician.
3. Officers should request notification of hospital personnel while en-route to the hospital.
4. If the examining physician finds the individual to be mentally ill and dangerous to him/herself or others and in need of treatment, they must authorize an emergency commitment. The notarized physician's certificate shall serve as the custody order. Appearance before a magistrate is not required under those circumstances. However, if the examining physician finds the individual to be a substance abuser, appearance before a magistrate **IS** required. Appearance before a magistrate must be by the officer or petitioner who accompanied the respondent to the hospital. Another officer shall be required to stand by with the respondent until the petitioning officer returns with a custody order.
5. Officers are urged to use discretion before deciding to resort to an emergency commitment.

H. Forced Entry or use of force to effect the service of a commitment order

When serving commitment orders, officers shall use the same level of force and entry into a private premises standard that apply to effectuation of an arrest. Officers shall properly report any use of force as required by this department's use of force policy.

When an officer reasonably believes that it is urgently necessary to save life, prevent serious bodily harm, or avert or control public catastrophe, the officer may take one or more of the following actions:

1. Enter buildings, vehicles, and other premises.
2. Limit or restrict the presence of persons in premises or areas.
3. Exercise control over the property of others.

I. Reporting

The officer who is assigned to serve a Commitment or Treatment Order and who takes into custody and transports the individual named in the order to a treatment facility, shall complete an Incident Report to document the details of their activities in relation to the commitment proceedings. The documentation shall include the names of any witnesses, officers, or others the respondent come into contact with during the proceedings.