GREENVILLE COUNTY
SHERIFF'S OFFICE

GO - 240

GENERAL ORDERS

MENTALLY ILL AND EMOTIONALLY DISTURBED PERSONS

PURPOSE:

The Sheriff's Office is committed to responding to the needs of the mentally or emotionally ill in a humane and appropriate manner. Managing an encounter with a mentally ill or emotionally disturbed person can be frustrating, unfamiliar, and frequently frightening. Attempting to communicate with a person exhibiting bizarre behavior to resolve a problem can be a difficult task. The purpose of this policy is to provide:

- Guidelines for the recognition of persons suffering from mental illness.
- Procedures for accessing available community health resources.
- Guidelines for deputies to follow in dealing with persons suspected of mental illness during interviews and interrogations.
- Mandated entry level and refresher training.

Deputies should also be familiar with procedures in General Order 247 involving subjects who are considered high risk for sudden custody death.

DEFINITIONS:

The following definitions cover various terms and forms relevant to mental health crisis response. They are listed in alphabetical order and are not necessarily in the order in which they should be utilized:

Application for Involuntary Hospitalization for Mental Illness – Form used to request evaluation of an individual for mental illness. The form consists of two parts:

1. Part I is the application, which includes the petitioner's affidavit as to why possible commitment is necessary.
2. Part II documents the examining physician's diagnosis and recommendation. Additionally, Part II serves as a temporary detention order, which is active for seventy-two (72) hours after being signed by a physician.

Application for Involuntary Emergency Admission for Chemical Dependency – Form used to request evaluation of an individual for alcohol and/or drug dependency or abuse. The form consists of two parts:

1. Part I is the application, which includes the petitioner's affidavit as to why possible commitment is necessary.
2. Part II documents the physician's diagnosis and recommendation. Part II serves as a temporary detention order, which is active for forty-eight (48) hours after being signed by two physicians.

De-escalation – When possible, taking action in an attempt to stabilize a situation and reduce the immediacy of a threat so that more time, options, and resources are available to resolve the situation without the use of force or with a reduction in the force necessary.

Emergency Protective Custody (EPC) – The process of a law enforcement officer taking a person into custody for protection when there is a likelihood of serious harm to the person or others. A likelihood of serious harm to self or others due to mental or emotional illness, or alcohol or drug abuse involves:

- A substantial risk of physical harm to the person him/herself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm;

- A substantial risk of physical harm to others as manifested by evidence of homicidal or other violent behavior and serious bodily harm to them, or;

- A very substantial risk of physical impairment or injury to the person as manifested by evidence that such person's judgment is so affected that he or she is unable to protect him/herself in the community and that reasonable provision for his/her protection is not available in the community.

Emotionally Disturbed Person (EDP) – A person who is 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.

Excited Delirium – An acute mental disorder characterized by impaired thinking, disorientation, visual hallucinations and illusions. Behavior can be agitated, bizarre, destructive, and often violent. Significantly increased body temperature (hyperthermia) is part of the syndrome. Excited delirium may be part of the spectrum of manic-depressive psychosis, chronic schizophrenia and/or acute drug intoxication (cocaine, PCP, alcohol, amphetamines, etc.).

Involuntary Commitment – The process of detaining a person who is endangering him/herself or others for medical treatment. Only a medical doctor can determine if commitment is necessary.

Mental Illness – Any of 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 infection or head trauma.

Mentally Ill – A person suffering from mental illness. For purposes of this policy the term "mentally ill" will also refer to Emotionally Disturbed Persons and those suffering from chemical abuse or influence.

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.

Voluntary Commitment – The process when a person voluntarily enters a mental health treatment center on his/her own accord.

RECOGNIZING SIGNS AND SYMPTOMS:

A deputy responding to the scene is not expected to diagnose any specific mental illness but is expected to recognize symptoms that may indicate mental illness is a factor in the incident. Many of these symptoms represent internal, emotional states not readily observable from outward appearances, though they may become noticeable in conversation with the individual.

Signs and Symptoms of Mental Illness:

- **Loss of memory/disorientation**. Temporary or permanent memory losses may be symptoms of a disturbance. This is not the common forgetting of everyday things, but rather the failure to remember the day, year, where one is, or other obvious personal information.
- **Delusions**. These are false beliefs not based in reality. They can cause a person to view the world from a unique or peculiar perspective. The individual will often focus on persecution (e.g., believes others are trying to harm him or her) or grandeur (person believes he or she is God, very wealthy, a famous person, or possesses a special talent or beauty).

- **Depression**. Depression involves deep feelings of sadness, hopelessness, or uselessness.
- **Hallucinations**. It is not unusual for some people with mental illness to hear voices, or to see, smell, taste, or feel imaginary things. The person experiences events that have no objective source, but are nonetheless real to him or her. The most common hallucinations involve seeing and/or hearing things, but can involve any of the senses (e.g., a person may *feel* bugs crawling on his or her body; *smell* gas that is being used to kill him or her; *taste* poison in his or her food; *hear* voices telling him or her to do something; or *see* visions of God, the dead, or horrible things).
- **Manic behavior**. Mania involves accelerated thinking and speaking or hyperactivity with no apparent need for sleep and sometimes accompanied by delusions of grandeur.
- **Anxiety**. Feelings of anxiety are intense and seemingly unfounded. The person is in a state of panic or fright; may have trembling hands, dry mouth, or sweaty palms; or may be "frozen" with fear.
- **Incoherence**. A person may have difficulty expressing him-or herself clearly and exhibit disconnected ideas or thought patterns.
- **Response**. People with mental illness may process information more slowly than expected.

Some additional types of behavior may also be signs of mental illness. These behaviors can include severe changes in behavior, unusual or bizarre mannerisms, hostility or distrust, one-sided conversations, confused or nonsensical verbal communication. Deputies may also notice inappropriate behavior, such as wearing layers of clothing in the summer. It should be noted that these behaviors can also be associated with cultural and personality differences, other medical conditions, drug or alcohol abuse, or reactions to very stressful situations. *As such, the presence of these behaviors should not be treated as conclusive proof of mental illness.* They are provided only as a framework to aid deputies who must understand what questions to ask and to decide what services, resources, or support are needed to resolve the cause of the incident. Officers should obtain additional information at the scene from family, friends, or health professionals who are familiar with the individual's behavior.

Deputies should be aware that substance abuse disorders can mimic many mental disorders; substance use can *mask* many mental disorders; and some physical disorders, such as diabetes or Parkinson's, may seem to be mental and/or substance abuse disorders.

Due to the complexity of diagnosing mental illness, it will often be impossible for deputies to distinguish mental illness from substance abuse disorders.

Deputies should be aware that some medications used to treat mental illnesses have side effects that may also require attention. For example, medications may cause tremors, nausea, extreme lethargy, confusion, dry mouth, constipation, or diarrhea. *It is important not to mistake these side effects as evidence of alcohol or drug use.*

CALL FOR SERVICE:

Determining that mental illness is a factor in a call for service is an essential first step to providing appropriate police response. This determination begins with the Communications Center. The person with a mental illness may be a crime victim, an offender, a witness, or simply a person experiencing a mental health crisis.

As with all calls, Communications Specialists should gather information to assess safety issues that the responding deputy might encounter, including whether weapons are involved, whether the person poses a danger, if the person with mental illness is at risk of being victimized, and whether there is a history of violence.

If the call for service involves an individual in mental crisis, specifically threatening physical harm to themselves or others, the responding deputy's road supervisor should determine, while the deputy is en route, whether the Department of Mental Health's Community Crisis Response and Intervention hotline should be contacted. CCRI helps assist deputies with the emergency involuntary commitment process. The road supervisor should communicate approval to dispatch as soon as is feasible to reduce response times. If approved, dispatch will then contact CCRI and provide them with the incident location and relevant details so they can send a mental health professional to the scene to assist the deputy. In the event that CCRI assistance is not approved by the road supervisor while the deputy is en route, the responding deputy may call CCRI directly and request assistance once they are on scene, anytime.

ON SCENE ASSESSMENT:

Deputies encounter people, of all ages, with mental illness in five general situations:

1. As a crime victim.
2. As a witness to a crime.
3. As the subject of a nuisance call.
4. As a possible offender.
5. As a danger to themselves.

It is critical for the deputy who responds to the scene to recognize whether mental illness may be a factor in the incident, and to what extent, before deciding which response is best.

DECIDING TO ARREST OR TO NOT ARREST:

Mental papers will take precedence over any criminal charges, except in exigent circumstances, and then only with the approval of a Platoon Commander or higher. Individuals will be transported to the prescribed mental care facility or hospital for treatment and/or commitment prior to being placed into detention. A hold should be placed on any subject that has pending criminal charges and is committed to a mental health facility prior to incarceration.

RELATING TO PERSONS WITH MENTAL ILLNESS:

In *Pinehurst v. Armstrong* (2016), the U.S. Court of Appeals for the Fourth Circuit ruled that the government's interest in seizing an unarmed, mentally ill person to prevent him from harming himself does not justify a degree of force that risks substantial harm to the subject. The officer must de-escalate the situation and adjust the application of force downward.

Deputies should approach and interact with people who may have mental illness with a calm, non-threatening manner, while also protecting the safety of all involved.

Guiding principles:

- Speak calmly and quietly.
- Keep a reasonably safe distance and remember your personal safety.
- Get beyond strong language hurled at you.
- Respond to rage with quiet assurance.
- Slow down the pace.
- Be willing to repeat yourself.
- Ask, "Are you taking medications?"
- Listen carefully and don't interrupt.
- Be respectful.
- Do not challenge his or her delusions.
- Make no sudden moves.
- Do not try to hurry a resolution.
- Be patient and take your time.
- Stabilize the scene using de-escalation techniques appropriate for people with mental illness.

VIOLENT BEHAVIOR - Studies have shown that the potential for violence increases considerably when mentally ill people use alcohol or drugs. Maintenance of a calm demeanor and use of de-escalation techniques can help to prevent violent behavior.

Most people with mental illnesses are not violent, but for their own safety and the safety of others, deputies should be aware that some people with mental illness who are agitated and possibly deluded or paranoid might act erratically, sometimes violently. If the person is acting erratically, but not directly threatening any other person or him or herself, he or she should be given time to calm down. Violent outbursts are usually of short duration. It is better that the deputy spend 15 or 20 minutes waiting and talking than to spend five minutes struggling to subdue the person.

DE-ESCALATION TECHNIQUES:

Deputies should do the following to de-escalate potentially violent behavior:

- Remain calm and avoid overreacting.
- Provide or obtain on-scene emergency aid when treatment of an injury is urgent.
- Follow procedures indicated on medical alert bracelets or necklaces.
- Indicate a willingness to understand and help.
- Speak simply and briefly, and move slowly.
- Remove distractions, upsetting influences, and disruptive people from the scene.
- Understand that a rational discussion may not take place.
- Recognize the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds ("voices"), or the environment.
- Be friendly, patient, accepting, and encouraging, but remain firm and professional.
- Be aware that a uniform, gun, and handcuffs may frighten the person with mental illness, and reassure the person that no harm is intended.
- Recognize and acknowledge that a person's delusional or hallucinatory experience is real to him or her.
- Announce actions before initiating them.
- Gather information from family or bystanders.

Deputies should not do the following:

- Move suddenly, giving rapid orders or shouting.
- Force discussion.
- Maintain direct, continuous eye contact.
- Touch the person (unless essential to safety).

- Crowd the person or move into his or her zone of comfort.
- Express anger, impatience, or irritation.
- Assume that a person who does not respond cannot hear.
- Use inflammatory language, such as "crazy," "psycho," "mental," or "mental subject."
- Challenge delusional or hallucinatory statements.
- Mislead the person to believe that officers on the scene think or feel the way the person does.

EVALUATION AND COMMITMENT:

In almost all cases, it is the likelihood of a person's dangerousness to self or to others that is the primary trigger for involuntary commitment.

Many people with mental illness today have some broad understanding of involuntary commitment laws and of their rights under these laws. More broadly, many who have been in treatment have learned to understand their illness, to monitor their symptoms, and ideally, to manage their condition. Some patients have arranged to provide information to emergency responders (e.g., through wallet cards) on whom to contact in the event of a crisis. Someone with a mental illness who is expressing a preference for particular actions, medications, or modes of treatment may be speaking from experience. The person's requests should be relayed to any treatment professional called to the scene or consulted in follow-up to an incident.

"Advance directives" are legal mechanisms by which a patient's preference for particular medications or treatment alternatives can be expressed prior to a crisis, much as many in the general population execute "living wills" or other legal documents outlining their wishes should medical crises leave them unable to express themselves. Deputies should be familiar with this mechanism and aware of the possibility that a person with mental illness may wish to follow the steps outlined in his or her advance directive. In cases where the advance directive is followed, the person with mental illness may more readily agree to become engaged in services, thereby eliminating the need for involuntary commitment.

PROCEDURES FOR COMMITMENT:

In the event that an individual needs to be involuntarily committed, only a mental health professional, (*i.e.*, medical doctor), can determine whether or not commitment is necessary. These situations can arise as both emergencies (wherein the individual poses an immediate serious risk of harm to themselves or others) or as a non-emergency (wherein the individual does not pose an immediate or

serious risk of harm). The following procedures govern in these circumstances:

Emergency Involuntary Commitment – Deputies who encounter an individual experiencing a mental health emergency, wherein they pose an *immediate* threat of physical harm to themselves or others (such as making suicidal or homicidal statements or actions), should utilize the Community Crisis Response and Intervention Hotline at 1-833-DMH-CCRI (364-2274). Calling this hotline will alert the Department of Mental Health to the emergency, resulting in the dispatch of a mental health professional to your location. This on-scene mental health professional will spearhead the involuntary commitment process and work with Probate Court to procure an Order of Detention for the individual.

It should be noted that before a deputy or dispatch contacts CCRI regarding an individual with a potential mental health emergency, the following information should be gathered:

- The name and date of birth of the individual in crisis.
- The nature of the call (potential suicide, mental health breakdown, etc.).
- Whether the individual is under the influence of alcohol or narcotics.
- If the individual is making statements regarding self-harm or harm to others.

In the event that CCRI does not have the staffing to assist, then follow the procedures below for non-emergency involuntary commitment.

Non-Emergency Involuntary Commitment – A petitioner (such as a family member—not the deputy) must first go to the local mental health center—not to Probate Court—to complete the documents necessary for judicial commitment. This is appropriate for situations where the individual is engaged in a *pattern of behavior* that demonstrates mental health problems (or when the individual needs to be committed, but does not want law enforcement to be involved in the process). If a mental health professional determines that involuntary commitment is necessary, a hearing will be scheduled to decide whether or not the individual needs treatment in a hospital or as an outpatient. In either type of commitment, Probate Court may order inpatient, outpatient, or a combination of treatments.

Mental Transports - If a physician certifies treatment is needed, the patient is to be transported to the facility named in the process application. No person taken into custody for a mental or chemical

dependency/abuse examination is to be placed in the Detention Center. At 08:00 each morning, the Greenville Police Department transports all mental patients to facilities out of the county, regardless of where patients live in the county. The same occurs at 17:00 hours with Sheriff's Office personnel transporting patients. If the examining physician does not certify treatment is needed, the patient is to be immediately released.

UNIQUE SITUATIONS INVOLVING COMMITMENT:

Individuals in Jail - Probate Court cannot arrange to have anyone examined who is in the custody of the Greenville County Detention Center. Petitioner is to contact the Detention Center to request examination by medical personnel on staff at the jail.

Children – A child under the age of eighteen can receive treatment with consent of his or her legal guardian. If a child will not cooperate in obtaining treatment, petitioner may pursue Involuntary Commitment by following the previously described adult procedures through the appropriate mental health center. A child age 16 or older may seek treatment through his or her local mental health center.

Patients of Private Psychiatrists – Petitioner seeking emergency commitment of a person (because of harm to self or others) who is under the care of a private psychiatrist is to contact the psychiatrist. If the physician wants to evaluate this person, he or she will complete the necessary documents and make the appropriate referrals for commitment. Warrant Services will serve the Order of Detention and transport the person to the private psychiatrist for examination.

MENTAL PAPERS SERVED / MENTAL TRANSPORTS:

Whenever mental papers are served and/or a mental patient is transported, an Incident Report (Code-5) is to be completed documenting the following:

1. Place of issue of the paper or commitment.
2. Detailed subject information.
3. The name of the person who issued the papers (i.e. name of judge, physician).
4. Beginning mileage/end mileage.
5. Location where the papers were served or from where patient was picked-up.
6. Location to where the patient was transported.
7. Any unusual circumstances that occurred during the overall process.

TRAINING: All deputies receive documented entry level training in this policy during Field Training. All deputies receive documented triennial refresher training in this policy.

COMMUNITY MENTAL/EMOTIONAL HEALTH RESOURCES:

Community Crisis Response and Intervention Hotline	1-833-DMH-CCRI (364 - 2274)
Greenville Clinic 124 Mallard St., Greenville	241-1040
Piedmont Clinic 20 Powderhorn Rd., Simpsonville	963-3421
Greer Mental Health 220 Executive Dr., Greer	879-2111
Greenville County Alcohol and Drug Abuse Commission a/k/a The Phoenix Center 1400 Cleveland St., Greenville	467-3913

Hobart Lewis, Sheriff