TYPE OF ORDER	NUMBER/SERIES	ISSUE DATE	EFFECTIVE DATE
General Order	330.17	6/5/2014	6/8/2014
SUBJECT TITLE		**PREVIOUSLY ISSUED DATES**	
Mentally Ill Persons		Supersedes GO #21 Series 2003, entitled "Emotionally Disturbed Persons"	
REFERENCE		**RE-EVALUATION DATE**	
CALEA 41.2.7		6/5/2017	
SUBJECT AREA		**DISTRIBUTION**	
Law Enforcement Operations		All Personnel	

PURPOSE:
The purpose of this policy is to instruct Department personnel in how to handle situations involving persons who display indications of mental illness.

POLICY:
It is the policy of the Providence Police Department to ensure that a consistently high level of service is provided to all community members. The Department is committed to affording to people who are mentally ill the same rights, dignity, privileges, and access to police and other government and social services that are available to all citizens.

DISCUSSION:
It is the intent of the Department to provide assistance to any persons who may suffer from mental illness. Any Department member who encounters such a person shall make every reasonable effort to ensure that the individual is diverted to the appropriate mental health agency.

Additionally, this policy is intended to address the varying roles that Department members play in their encounters with persons with known or perceived mental illness. In addition to their role of protecting the safety and welfare of the community, members need to recognize the symptoms of a person suffering from mental illness so as to protect and help such persons. As first responders and law enforcers, sworn Department members may encounter victims, witnesses or suspects who suffer from a mental illness. As service personnel, all Department members may be called upon to help persons obtain psychiatric attention or other needed services. Helping persons

suffering from mental illness and their families obtain the services of mental health organizations, hospitals, clinics and shelter care facilities has become an increasingly prominent role for law enforcement.

Overall, Department personnel are not expected to diagnose a mental illness, but to instead provide the appropriate response to the individual and the situation.

Although no single policy or procedure can address all of the situations in which Department members may be required to provide assistance to persons suffering from mental illness, this policy is intended to address the most common types of interactions Department members may encounter.

For the purpose of this General Order, the following definitions shall apply:

Mentally Ill Person/Respondent: Any individual who may be afflicted by various conditions that are characterized by impairment of the individual's normal cognitive, emotional, or behavioral functioning, as caused by social, psychological, biochemical, genetic, traumatic, or other factors such as infection or physical trauma/injury.

Approved Public Treatment Facility: A treatment facility operating either under contract with, or under the direction and control of, the Department of Mental Health, Retardation, and Hospitals (MHRH).

Mental Health Professional: A psychiatrist, psychologist, or social worker, and such other persons, including psychiatric nurse clinicians, as may be defined by state law and/or rules and regulations promulgated by the director of MHRH.

Department Member: Sworn officers and non-sworn employees holding positions involving either telephone or person-to-person contact with the public.

PROCEDURE:

I. RECOGNIZING SYMPTOMS AND BEHAVIORS OF MENTAL ILLNESS

A. Symptoms and behaviors of various mental illnesses include, but are not limited to:

1. Loss of memory.

2. Delusions.

3. Depression, deep feelings of sadness, hopelessness or uselessness.

4. Hallucinations.

5. Manic behavior, accelerated thinking and speaking.

6. Hyperactivity.

7. Confusion.

8. Incoherence.

9. Extreme paranoia.

10. Uncontrollable aggression.

11. Feelings of persecution.

12. Suicide attempts.

13. Severe changes in behavioral patterns and attitudes.

14. Unusual or bizarre mannerisms.

15. Hostility toward and distrust of others.

16. Withdrawn behavior and refusal to speak.

17. Lack of cooperation.

18. Tendency to argue.

19. One-sided conversations.

20. Nonsensical verbal communication.

B. The degree to which these symptoms/behaviors exist varies from person to person according to the type and severity of the mental illness. Many of these symptoms represent internal, emotional states that are not readily observable from a distance, but are noticeable in conversation with the individual.

C. Visual observations may also be supplemented by information obtained from friends or relatives of person under observation, or from others at the scene who know the individual's history.

D. Department members are not expected nor qualified to diagnose a mental illness, but to decide on the appropriate response to the individual and situation. Recognizing common symptoms of mental illness will help officers decide on an appropriate response and disposition, including an assessment of the potential for danger presented by the individual to themselves or to others.

E. Department members are reminded that having a mental illness is not a crime. No individual should be arrested for behavioral manifestations of mental illness that are not criminal in nature. Taking a respondent into custody can occur only when any of the following exist:

a. The respondent has committed, is, or is attempting to commit, a criminal act.

b. The respondent presents a danger to the health and safety of himself/herself or any other person.

c. The respondent is being taken into custody pursuant to a court order.

d. The respondent requires medical treatment and/or is being committed to an approved public treatment facility.

II. CALL TAKER CONSIDERATIONS

A. Gathering information is critical at all stages in assessing situations involving people who have mental illnesses, but is particularly critical at the onset. As with all calls for service, call-takers should first assess the urgency of the situation and then collect other relevant information, such as:

1. The nature of the atypical or problem behavior.

2. Events that may have precipitated the person's behavior.

3. The presence of weapons.

B. A family member, friend or concerned party calling about someone who needs help in accessing mental health or other services may volunteer additional information.

C. When dispatching calls for service involving respondents, dispatchers will provide all relevant background information to the responding officers, enabling them to arrive better prepared to address the situation.

D. The use of slang or derogatory terms to describe a respondent is improper and unacceptable.

E. When a person calls the police to report that he or she has been a crime victim or witness and indicates that he or she has a mental illness or exhibits symptoms, the call-taker should, as with all victims/witnesses of crimes, assist the person in relating the details of the crime and its location, so that officers can be efficiently dispatched to the scene.

F. When notified of a “walk-away” or escapee from a hospital or mental health facility, dispatchers will advise responding officers as to whether or not the respondent was either treated or committed as an involuntary (emergency) or voluntary (consensual) admission.

III. FIRST RESPONDER CONSIDERATIONS

A. It is essential that responding officers collect accurate information in order to better assess the situation and the potential for risk to themselves or others. Officers should speak with the individual, family members, friends, or neighbors to determine the respondent’s history, past experience, potential for physical violence, and people who may have a positive influence on the situation. Moreover, officers should gather information regarding the nature of the atypical or problem behavior, events that may have precipitated the person's behavior, and the presence of weapons.

B. People suffering from mental illnesses may experience intense psychotic crises that pose a significant risk to themselves and other people. When called to intervene in such situations, officers shall protect the respondent from harm as well as protect others from the potential harm that may be caused by the respondent. The following measures may be taken by officers to deescalate situations involving mentally ill persons:

1. Remain calm and avoid overreacting.

2. Be friendly, patient, accepting and encouraging, but remain firm and professional.

3. Summon rescue personnel when treatment of an injury is urgent.

4. Follow procedures indicated on medical alert bracelets or necklaces.

5. Ask if they are on medication or whether they have a doctor, nurse or social worker that can be contacted;

6. Indicate a willingness to understand and help.

7. Speak simply and briefly, and move slowly.

8. Always ask to see their hands.

9. If not alone, decide who will do the talking, as it is easier for the subject respondent to focus on one person. This reduces the confusion for the respondent and helps to maintain control of the situation.

10. Remove distractions, upsetting influences and disruptive people from the scene.

11. Ask for identification, home address and name of a family member that can be contacted.

12. Be aware of the surrounding environment by looking for potential weapons.

13. Understand that a rational discussion may not take place.

14. Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds ("voices") or the environment.

15. Recognize and acknowledge that a person's delusional or hallucinatory experience is real to him or her;

16. Realize that their uniform, gun, handcuffs and nightstick may frighten the person with mental illness - reassure the person that no harm is intended.

17. Announce non-tactical actions before initiating them.

18. If the person is experiencing a psychiatric crisis, attempt to have a local mental health professional (i.e., a Providence Center representative) respond to the scene.

C. Officers should avoid the following:

1. Forcing discussion.

2. Direct, continuous eye contact.

3. Touching the person (unless essential to safety).

4. Crowding the person or moving into his or her zone of comfort.

5. Expressing anger, impatience or irritation.

6. Assuming that a person who does not respond cannot hear.

7. Using inflammatory language, such as "crazy," "psycho," "mental" or "mental subject".

8. Moving suddenly, giving rapid orders, or shouting.

9. Challenging delusional or hallucinatory statements.

10. Approaching the respondent's location with emergency lights and siren activated, unless urgency is mandatory.

IV. PRACTICAL FIELD IMPLEMENTATION

A. A supervisor and officers trained in and authorized to use less-lethal weapons will be dispatched to all incidents involving mentally ill persons.

1. The highest ranking uniformed police supervisor at the scene shall be designated as the incident commander, and will coordinate police operations.

a. In those cases when the Special Response Unit (SRU) is summoned and arrives on scene, the ranking SRU supervisor

B. When an officer of this Department determines that a person who is reasonably believed to be mentally ill must be taken into custody, the following guidelines will be followed:

1. Upon arrival at the scene, responding officers shall assess the situation relative to the threat of immediate physical injury to the respondent or other persons present and request additional officers if needed.

2. If the respondent is unarmed and not violent, and is willing to be taken into custody voluntarily, he/she may be taken into custody without the specific direction of a supervisor.

3. If the respondent is unarmed and not violent, but is not willing to be taken into custody:

a. Do not attempt to take the respondent into custody without the specific direction of a supervisor.

b. Establish police lines and attempt to isolate and contain the respondent while maintaining a zone of safety approximately 20 feet from the respondent.

c. Confirm that a police supervisor and a rescue are responding to the scene if not present.

d. The incident commander shall assess the situation and direct officers to take the respondent into custody if he/she becomes willing to be taken into custody voluntarily. If the respondent will not willingly submit to be taken into custody, the incident commander shall:

i. Establish firearms control with the on-scene officers. Officers shall not use their firearms or use any other

lethal physical force unless their lives or the life of another person is in imminent danger.

ii. Deploy riot shields if appropriate.

iii. Summon CEW and LLM officers to the scene if not present.

iv. Ensure that police lines are established.

v. Notify the Officer in Command of the Uniformed Division (OIC) and request that a Department crisis negotiator respond to the scene.

vi. If necessary, request the assistance of an interpreter; the respondent's family or friends; local clergymen; prominent local citizens; any other individual who might reasonably offer assistance; and/or any public or private agency deemed appropriate for possible assistance.

vii. Determine and implement the most reasonable course of action necessary to resolve the situation, in accordance with all applicable Department policies, including those pertaining to the use of force.

4. If the respondent is contained and is believed to be armed or violent, but due to containment poses no immediate threat of danger to any person, no additional action will be taken without the authorization of the incident commander at the scene.

   a. Upon arrival, the incident commander shall implement the steps outlined in (IV)(B)(3), above, that are applicable to the given situation.

   b. The incident commander shall have the authority to determine the best tactical course of action to take in accordance with situational parameters and Department policy.

   c. Additionally, the OIC shall consider requesting the activation of the Department's Special Response Unit, in accordance with General Order 380.07, "Special Response Unit".

5. If the respondent's actions constitute an immediate threat of serious physical injury or death to any person, officers shall take reasonable measures to terminate or prevent such behavior. Lethal force will be used only as a last resort to protect the life of any persons present.

D. When physical restraint of the respondent is necessary:

1. Remove property that is dangerous to life or will aid escape.

2. Once the respondent is restrained, he/she shall be transported by rescue to Rhode Island Hospital for evaluation.

   a. Restraining equipment, including handcuffs and leg restraints, may be used if the respondent is violent or resistive, or upon direction of an examining physician.

   b. When possible, a female respondent should be accompanied by another female or by an adult member of the female respondent's immediate family during transport.

3. One officer shall ride in the rescue for each respondent that is transported.

4. Upon arrival at the hospital, the examining physician shall be informed of the type of less lethal force and/or restraining devices used, if applicable.

5. Safeguard the respondent at the hospital until examined by a psychiatrist or until medical facility security officers take the patient into custody.

6. Inform hospital personnel and any relief officers of the circumstances which brought the respondent into police custody.

E. Whenever a Department member comes into contact with an adult person who is suffering from mental health issues, the member shall consider availing themselves of the resource outlined in Memorandum #12 Series 2012, "The Providence Center Community Diversion Program".

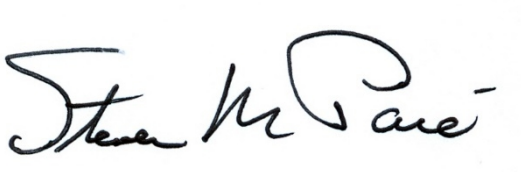
V. TRAINING

A. The Commanding Officer of the Administrative Division shall ensure that all recruits attending the Providence Police Training Academy receive training pertinent to the topic of dealing with mentally ill persons.

B. All affected Department personnel shall receive initial training pertaining to dealing with mentally ill persons during orientation. Additionally, the Commanding Officer of the Administrative Division shall ensure that Department personnel receive refresher training in this same topic at least once every three years.

NOTE: This order is for internal use only, and does not enlarge an officer's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third-party claims. Violations of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

APPROVED:



STEVEN M. PARÉ
COMMISSIONER
DEPARTMENT OF PUBLIC SAFETY

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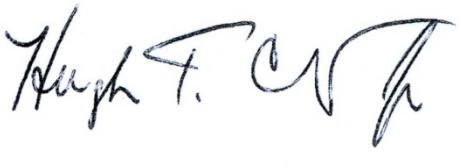

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