Abington Township Police Department
Policy and Procedure Manual

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I. PURPOSE

The purpose of this general order is to establish responsibilities and guidelines for dealing with persons suffering from Mental Illness.

II. POLICY

Mental illnesses can affect persons at any age or socio-economic level. The impact to the individual, their significant others, the community, and society generally can be debilitating and ultimately devastating if adequate and appropriate responses are not provided. The police, as primary human service providers within the community, need to be sensitive to the needs of the mentally ill and be able to respond to mental health situations in a proactive, preventative, and professionally responsible manner. This policy is developed and implemented to provide guidance to members of the Abington Township Police Department in fulfilling that service objective.

It is the policy of the Abington Township Police Department to view mental illness emergencies as being within the scope of police service responsibility and to insure that mental health emergencies are managed appropriately with compassion, empathy, and sensitivity to the individual and/or their significant others. It is further the policy of the Abington Township Police Department to comply with the provisions of the Mental Health Procedures Act of 1976, by instituting this written directive outlining the practices and procedures of Abington Township police officers when confronting and managing mental health related situations.

III. PROCEDURES

A. Guidelines for the Recognition of Persons Suffering from Mental Illness

1. Mental illnesses are considered disorders in which people undergo recurrent problems in disposition, thought, judgment, and/or strange or inappropriate behavior. These disorders may manifest themselves in any defective mental functioning such as, but not limited to:

a. Delusions.

(1) False beliefs that are strongly held despite convincing evidence to the contrary.

b. Hallucinations

(1) False sensory experiences that occur in the absence of any environmental stimulus.

c. Disorders of thought (cognition).

(1) The inability to quickly and accurately process information rationally.

d. Impaired reality testing.

(1) The inability to accurately reflect their present situation.

e. Inappropriate emotional states.

(1) Bizarre, exaggerated, or absent emotive expressions.

f. Sustained or repeated irrational self-sabotaging behavior indicating the presence of any one or more symptoms.

2. Members should continually evaluate persons they contact with to assess whether characteristics of mental illness are present and may be contributing to an individual's presenting behavior.

B. Encountering Individuals with Mental Illness

1. Assessing risk factors for violence.

a. Historical factors increasing risk of potential for violence.

(1) History of past non-criminal violence.
(2) Criminal history of violent acts.
(3) Relationship violence both reported and non-reported.

b. Clinical Factors increasing risk of potential for violence.

(1) Presence of major mental illness.
(2) Substance abuse.
(3) Personality disorders.
(4) Exposure to de-stabilizers or hazardous conditions in which they are vulnerable or which may trigger violent episodes.

2. Impairment Assessment

a. Determine Member safety as primary priority.

(1) Active situation

(a) Secure subject(s) and make the scene safe applying the departmental Use of Force Continuum as appropriate.
(b) Continue assessment when situation stabilizes and is static.

(2) Static situation

(a) Continue assessment protocol.
(b) Monitor for safety compromises.

b. Attempt to establish dialogue (mere encounter).

(1) Establish a personal conversation bridge which has a 'here' and 'now' relevance.

(2) Reality test for perceptual distortion parameters.

(a) Understands "Person" (who he/she is).
(b) Understands "Place" (where he/she is - location).
(c) Understands "Situation" (setting - circumstances).

(3) Assess responses.

(a) Appropriate or inappropriate for situation.
(b) Authentic or false/dramatic presentation.
(c) Patronizing or demeaning.

(4) Develop:

(a) Trust between the Member and subject.
(b) Baseline foundation upon which to build rapport and relationship.

c. Apply effective listening skills.

(1) Empathy - to accurately and sensitively understand the other person's experience, feelings, and concerns.

(a) Attentiveness - to the person's word's, voice, and body language.
(b) Accurate restatement - of the person's essential message.
(c) Accurate reflection - of the person's moment to moment feelings.

(2) Genuineness - to interact with the other person without any pretense so that the Member will be perceived by the subject as:

(a) Being role free - assuming no facade.
(b) Being spontaneous - communicating in an honest and open manner.
(c) Being consistent - saying and doing the same thing.
(d) Self-disclosure - owning one’s own feelings about what is happening at the present time.
(e) Using "I" statements - to show acceptance of responsibility for one's own thinking, feeling, thinking, and acting.
(f) Staying in the "here and now" - i.e., immediacy, staying in the present is critical in staying in touch with reality and moving toward problem resolution.
(g) Genuineness - be yourself in the immediacy of the crisis situation.

d. Gather as much information as possible.

(1) What was happening that precipitated the call?

(2) What has the subject done or said that is threatening in the current situation?

(3) What has the subject done or said that is threatening in the past and have they done that act?
(4) Who in their family are they emotionally close to?

e. Assess the following elements.

(1) Appearance and behavior:

(a) Neat
(b) Clean
(c) Disheveled

(d) Attitude toward the Member or others
(e) Nervousness

(2) Stream of thought:

(a) Easy
(b) Difficult or reluctant
(c) One track conversation
(d) Silent
(e) Confused
(f) Inappropriate responses
(g) Expansive

(3) Content of thought:

(a) Preoccupations or obsessions
(b) Delusions
(c) Derogatory comments
(d) Grandiose statements
(e) Unrealistic suspicions
(f) Paranoid
(g) Suicide idealization
(h) Rational or irrational thought

(4) Affect:

(a) Happiness
(b) Elation
(c) Sadness
(d) Depression
(e) Irritability
(f) Anger
(g) Confusion
(h) Fear
(i) Anxiety

(5) Cognition (intellectual functions):

(a) Sensorium (awareness) - alert, dull, drowsy, confused

(b) Memory and orientation - immediate recall, memory of recent or long past events, recognition or date, location, people.

(c) Insight and judgment - feelings about present illness, the future.

f. Interacting with the mentally ill.

(1) The mentally ill person in a crisis situation is generally afraid. Therefore, Members should consider the following in their interactions:

(a) You should:

i) assess the situation for dangerousness continually;

ii) maintain adequate space between you and subject;

iii) be calm;

iv) respond to apparent feelings rather than content (i.e., "You look/sound scared");

v) give firm, clear direction. The subject is probably already confused and may have trouble making even the simplest decision. It is recommended that one person talk to subject;

vi) delusions and hallucinations should be responded to by talking about the person's feelings rather than what they are saying (i.e., "That sounds frightening", "I can see you are angry");

vii) be helpful. In most cases, mentally ill persons will respond to questions concerning their basic needs (e.g., safety). "What would make you feel safer/calmer, etc."

(b) You should not:

i) stare at subject as this may be interpreted as a threat;

ii) invade personal space;

iii) stand behind the subject;

iv) confuse the subject - One person should interact with the subject. If direction or command is given, follow through;

v) give multiple choices - Giving multiple choices increases the person's confusion.

vi) join into behavior related to the person's mental illness (e.g., agreeing/disagreeing with delusions/hallucinations);

vii) whisper, joke, or laugh - Increases the person's suspiciousness with potential for anger and/or violence;

viii) deceive the person - Being dishonest increase fear and suspicion; person will likely discover the dishonesty and remember it in any subsequent contacts;

ix) touch the person - Although touching can be helpful to some people who are upset, for the disturbed mentally ill person it may cause more fear and lead to anger and/or violence.

g. Interviews and Interrogations

(1) If members determine a mentally ill person must be interviewed or interrogated, members will contact the on-duty Assistant District Attorney for directions on the proper procedure to be followed.

C. Resolution Procedures

1. Situation Management

a. It is important to remember that individuals with mental illnesses are often fearful and not processing information effectively during an encounter with sworn Members.

b. Effectively managing encounters requires Members understand the "Threat Triad" where individuals with mental illness may be experiencing:

(1) Feeling threatened

(a) Either physically threatened, psychologically threatened, or both.

(2) Feeling out of control

(a) They may be delusional or just experiencing a subjective loss of personal control.

(3) Feeling out of options

(a) They may respond with violence because they believe they feel they are out of any other options to regain control.

2. The following techniques should be considered in situation management:

a. Interpersonal engagement de-escalation.

(1) Use dialogue and de-escalation techniques to slow the situation down, reduce anxiety, and improve compliance.

(a) Slowing down the situation allows the individual more time to process communication and to comply with instructions.

(2) Designate one Member as the contact ("speaking") Member and allow them to take the lead in the dialogue.

b. Reassure the individual that the Member wants everyone to be safe.

c. Model and reinforce calm behavior in helping the individual to regain a sense of control.

(1) Control and dignity are two important factors in the contact equation.

d. Take a problem-solving approach by deferring on an immediate decision and working through options with the individual.

(1) By encouraging the person to become a willing participant in the dialogue, a measure of dignity and control will be elevated in the individual.

(2) Patience and repetition should be primary tool used by the contact Member.

3. Force Options

a. When force options become necessary, Members should utilize the department's Use of Force Continuum, as provided for in General Order 1.3.1, engaging with the level of force that is reasonable to overcome the threat an/or resistance.

D. Procedures for Accessing Available Community Mental Health Resources

1. Mental Health Act.

a. Voluntary examination and treatment.

(1) Members responding to calls for service involving mental health issues shall provide assistance to individuals, families, or other persons seeking voluntary services under the mental health act to the extent possible.

(2) This assistance may include, but not be limited to, engaging in dialogue of encouragement to seek treatment, transporting or arranging transportation to a mental health facility, arranging for contact with Montgomery County Crisis Intervention or other mental health referrals.

b. Persons who may be subject to involuntary emergency examination and treatment.

(1) Severely mentally disabled.

(a) A person is severely mentally disabled when, as a result of mental illness, their capacity to exercise self-control, judgment and discretion in the conduct of their affairs and social relations, or to care for their own personal needs, is so lessened that they pose a clear and present danger of harm to others or to themselves.

(2) Determination of clear and present danger.

(a) To others - Is shown when, within the past 30 days

i) The person has inflicted or attempted to inflict serious bodily harm on another and that there is a reasonable probability that such conduct will be repeated.

(b) To self - Is shown when within the past 30 days:

i) The person acted in such a manner that they would be unable, without care, supervision and the continued assistance of others, to satisfy their need for nourishment personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment was afforded.

ii) The person has attempted suicide and there is reasonable probability of suicide unless adequate treatment is afforded under this act. This includes threats to commit suicide along with the commission of acts which are in the furtherance of the threat to commit suicide.

iii) The person has substantially mutilated themselves, or attempted to mutilate themselves substantially, and that there is the reasonable probability of mutilation unless adequate treatment is afforded. This includes threats to mutilate themselves along with the commission of acts which are in the furtherance of the threat to mutilate themselves.

c. Involuntary emergency mental health examination.

(1) Application for Examination.

(a) Members shall provide the necessary assistance to family members, or anyone with standing, who has observed the conduct necessary for an "application for examination," in contacting Montgomery County Emergency Services, a physician, or other authorized person, required to process an application when indicated by a person's behavior.

(2) Emergency examination without a warrant.

(a) Members, upon personal observation of the conduct of a person constituting reasonable grounds to believe that they are severely mentally disabled and in need of immediate treatment, and when no other family or authorized person is able to make application, shall take custody of such person and transport, or arrange for their transport, to an approved facility for an emergency examination.

(b) 302 Commitment paperwork can be completed prior to arrival at the facility, as follows:

i) Pre-write commitment paperwork;
ii) Fax to Building 50 for pre-approval;
iii) Once approval is received the subject can be transported by the member or Building 50 will send an ambulance for transport.

(c) If paperwork is not completed prior to arrival at the approved facility, the custodial member shall complete the "Application for Involuntary Emergency Examination and Treatment" form (Attachment A), as provided for in the Mental Health Procedures Act of 1976, Section 302.

(d) In addition to the application, Members shall provide information to the receiving facility concerning the identity and observed behaviors of the person and assist with any other intake procedures required of the facility.

d. Criminal proceedings not barred by proceeding with mental health examinations.

(1) Criminal charges must be included in the 302 Commitment.

(2) Nothing in this general order requiring mental health processes shall bar a Member from instituting criminal proceeding for acts committed in violations of criminal or other statutory laws of the Commonwealth or municipality.

E. Required Sworn Member Entry Level Training

1. Each sworn member will receive training in Mental Illness during required Municipal Police Officer Education and Training Commission required basic training.

F. Refresher Training at Least Every Three Years.

1. Each sworn member will receive refresher training on Mental Illness at least every three years.

a. The training will be documented.

2. Each sworn member will receive update training on mental Illnesses if there are changes in statutes or Departmental policy.

a. The training will occur within 90 days of any updates or changes and will be documented.