

DEPARTMENT GENERAL ORDER 04-14

OFFICE of the CHIEF OF POLICE
REPLACES: SOP 501.52.00

DATE: May 5, 2004

CRISIS INTERVENTION: MENTALLY ILL

I. PURPOSE.

To establish basic guidelines concerning the interaction of agency personnel with persons suspected of suffering from mental illness, and to direct and coordinate such activities in accordance with Crisis Intervention Team protocols.

II. DEFINITIONS.

Mental Illness – Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

III. GENERAL.

Section 632.305(3) of the Revised Missouri Statutes stipulates that, “a mental health coordinator may request a peace officer to take, or a peace officer may take, a person into custody for evaluation and treatment for a period not to exceed ninety-six (96) hours when such mental health coordinator or peace officer has reasonable cause to believe, as a result of personal observation or investigation, that such person is suffering from a mental disorder, and that the likelihood of serious physical harm by such person to himself or others is imminent unless such person is immediately taken into custody and transported to a mental health facility.”

The “likelihood of serious physical harm” is identified as:

1. A substantial risk that serious harm will be inflicted by an individual on their person, as evidenced by recent verbal threats, physical self-mutilation, or attempts to commit suicide.
2. A substantial risk that serious physical harm will occur to a person due to an impairment in his/her capacity to make decisions with respect to his need for hospitalization or treatment as evidenced by his inability to provide for his own basic necessities of food, clothing, shelter, safety, or medical care.
3. A substantial risk that serious physical harm will be inflicted by an individual upon another person as evidenced by recent overt acts, behavior or threats. This will include verbal threats that would place a reasonable person in fear of their personal safety.

Communications will assign two officers to each report involving a subject suffering a mental health crisis. Dispatch and field response procedures shall be in accordance with CIT guidelines.

IV. MENTAL ILLNESS RECOGNITION GUIDELINES.

Behavioral symptoms of mental illness include but are not restricted to:

1. Hallucinations

Auditory – Hearing voices.

Visual – Seeing someone or something that is not there.

Tactile – Imaginary sensations on the skin.

Olfactory – Complaint of a non-existent smell or odor.

Taste – Complaint of a taste with no basis for the claim.

2. Delusions

False beliefs about oneself.

Belief that one is receiving messages from others.

Belief that one’s thoughts are being tampered with or influenced.

Very slow or very rapid thought.

Jump from topic to topic, or excessive details.

Impaired judgement or lack of insight.

Disoriented as to place, time or family members.

3. Speech

- Rapid, incomprehensible speech.
- Made up words.
- Incoherent words or phrases.
- Word rhyming.
- Repetition of words, or other's speech.
- Slurred, monotonous speech.
- Muttering or talking to oneself.
- Verbalizations concerning homicide, suicide, or assault.

4. Facial Expression

- Lack of reaction to, or being unaware of surroundings.
- Inappropriate expressions such as unwarranted laughing.
- Abrupt, rapid change of expression/mood.
- Dazed or disoriented expression.
- Poor eye contact, rapid blinking, eye ticks.
- Expression of intense anxiety, agitation, or euphoria.

5. Motor Behavior

- Repetitive, purposeless behavior.
- Repetition of other's movements.
- Extremely slow or restless agitated movement.
- Unusual gestures or twitches.
- Bizarre posture or poses.
- Gestures mimicking suicide, homicide, or mutilation attempts.

V. OPERATIONAL CONTACT WITH MENTALLY ILL.

A. Street Contacts

Officers who encounter mentally ill persons in the course of their routine duties will make an assessment of the individual's ability and judgement to protect themselves and others from harm. The initial officer will detain and question the mentally ill individual to assist in such an evaluation, while notifying communications to dispatch a CIT officer as an assist unit.

Contingent upon the on-scene assessment, the officers may choose to:

1. Allow the individual to proceed if the mental impairment is deemed to be minor.
2. Convey the individual to his/her residence.
3. Contact a family member or guardian to respond to the scene to take charge of the person.
4. Take the individual into protective custody and convey same to a mental health facility.
5. Place the individual under arrest and return same to this Department.

Should the officers return the person to this department, the officers will process the person, and determine if the subject's case can be diverted to the mental health court. As possible, the subject will be released to a mental health facility or family member in lieu of incarceration.

B. Interview Contacts

Should a mentally ill person be arrested on a criminal charge, unless there are exigent circumstances, such as:

1. The mentally ill individual is violent.
2. Appears to be totally removed from reality.
3. Is unable to understand directions.
4. Is unable to effectively communicate.

they will be booked and processed in accordance with department procedure. If conditions are right, the arresting officer will advise the subject of their constitutional rights and will initiate an interview of the individual in regard to the criminal offense under investigation. An information will subsequently be applied for, regardless of whether the individual is admitted to a mental health treatment facility.

Should it be necessary for a detective or CIT officer to enter a psychiatric ward for any reason, the officer will first unload his weapon, retain the magazine on his person, and place the pistol in a weapons locker. The officer will secure the lock box and retain the key until such time as he is ready to depart the facility.

VI. ACCESSING MENTAL HEALTH RESOURCES.

A variety of mental health resources are available for CIT trained and regular sworn personnel to access. These include mental health hospitals and treatment facilities for both adults and children, community resources for youth, Behavioral Health Response organization, the Alzheimer's Association, and other similar agencies. Resource phone numbers and addresses are maintained by CIT members, and are readily available to department personnel.

VII. TRANSPORTATION PROCEDURES.

If a suspected mentally ill person has shown by his actions that he is likely to cause serious injury to himself or others, adult subjects should be transported to the Metropolitan St. Louis Psychiatric Center for evaluation and/or confinement. Youth under the age of eighteen (18) should be conveyed to Hawthorn Children's Psychiatric Hospital or the nearest hospital emergency room.

While such conveyances are routinely made in a marked police vehicle equipped with a cage, a second officer will accompany the driver. The patient will be securely restrained in the rear seat, and may be handcuffed if deemed necessary by the accompanying officers. In those instances where the mentally ill person may be extremely violent or physically ill, an ambulance should be requested to assist at the scene. At the time of transport, one or both officers may ride in the ambulance to the hospital.

If a suspected mentally ill person is at home and a complaint is made by a resident, relative, or other person, the responding officer will request the CIT officer to assist at the scene. Officers should then urge the complainant to make arrangements to accompany them and the mentally ill person to the hospital or mental health facility. If no one is at the scene to accompany the mentally ill person, CIT officers shall make every effort to locate a relative or acquaintance and have him/her contact the hospital for the purpose of providing background information relative to the evaluation of the patient by medical staff.

In the event an officer is dispatched to a residence, business, etc. to contact a relative, guardian, physician, or other qualified individual in regard to a family member, etc. who is to be admitted to a mental health facility for evaluation, the officer will visually observe the patient and review pertinent documentation, if any. The officer will then request a CIT officer assist at the scene and stand by to keep the peace while awaiting a private ambulance.

Should a suspected mentally ill person show signs of illness or injury, or when it is necessary to use force to take the person into custody, the mentally ill person will be conveyed to the hospital for examination and treatment of any physical injuries. The mentally ill person will then be conveyed to a mental health facility by the first responder and/or CIT officer.

Any person transported by a police officer to a mental health facility for evaluation, who is not admitted by that facility, shall be furnished transportation, or have arrangements made for such transportation by the police officer to return the mentally ill person to his place of residence or another appropriate place (RSMo 632.310(3)).

- A. If the person resides within the city limits he will normally be conveyed home by the responding officers, unless this would generate a situation that would require additional police action (e.g. incite peace disturbance arrest).
- B. In instances where the mentally ill person resides outside the city, the officers will attempt to accommodate the individual by transporting him to a reasonably suitable place within the city limits where he may obtain transportation to his residence outside the city. Should the officer be unable to find a reasonable solution, he should consult his supervisor or watch commander for guidance.

VIII. COORDINATION WITH CRISIS INTERVENTION TEAM.

Officers who encounter or are assigned to respond to a call involving mentally ill persons will involve CIT trained officers in the case as soon as practical. Once they arrive on the scene, CIT officers will assume operational control of the situation in compliance with the protocols established for the Crisis Intervention Team.

IX. TRAINING.

Sworn agency personnel will receive specific training in dealing with mentally ill persons utilizing available training resources. Such training shall be appropriately documented.

A. Entry Level Training

Recruit officers will complete a prescribed course of training dealing with mentally ill and handicapped persons as part of their regular training regimen at the St. Louis County and Municipal Police Academy. Such training will be appropriately documented.

B. Refresher Training

Sworn officers will be required to undergo some type of refresher training involving mentally ill persons at least once every three calendar years. Such training will originate from a legitimate source and be appropriately documented.

BY ORDER OF:

THOMAS J. BYRNE
Chief of Police

TJB: dld
CALEA reference: 41.2.8