WEBER COUNTY SHERIFF'S OFFICE

POLICY AND PROCEDURES

RESPONDING TO THE MENTALLY ILL

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28.42.1 Purpose

To facilitate the proper response, handling and care for individuals who are suspected of suffering from a mental illness.

28.42.2 Rationale

Sheriff's Office members are not trained as mental health clinicians nor are they expected to act in such a capacity or to diagnose specific kinds of mental illnesses. The intent of this policy is to provide basic knowledge and awareness to sheriff's office members regarding people who are believed or suspected of suffering from a mental illness, who may present unique or unusual safety and security problems regarding the health and safety of deputies, the subject or others.

28.42.3 Policy

It is the policy of this office to:

A. Respond to calls for public safety and law enforcement assistance by, or involving, people who are believed or suspected of having a mental illness.

B. Make reasonable accommodations regarding office actions for people believed or suspected of having a mental illness when necessary and practical without compromising deputy or public safety.

C. To protect the civil rights of people believed or suspected of having a mental illness.

28.42.4 Definitions

A. ADA (Americans with Disabilities Act): An Act of the U.S. Congress that makes it illegal to discriminate against anyone who is disabled and entitles the

disabled individual to the same level and types of services, including law enforcement services, as those who are not disabled.

B. Disability: A physical or mental impairment that substantially limits one or more major life activities.

C. Mental Illness: A mental disease or defect that substantially impairs a person's mental, emotional, or behavioral functioning. A mental defect may be a congenital condition, the result of injury, or a residual effect of a physical or mental disease and includes, but is not limited to, mental retardation. "Mental illness" does not mean an abnormality manifested primarily by repeated criminal conduct." (UCA 76-2-305(4))

D. Mental retardation: “A significant sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior, and manifested prior to age 22” (UCA 76-2-305(5))

E. PARENS PATRIAE - Lat. "parent of his country." Used when the government acts on behalf of a child or mentally ill person. Parens patriae refers to the "state" as the guardian of minors and incompetent people. This is the legal concept that allows a peace officer to take actions, including taking custody of, or summoning or imposing other assistance for, someone who is yet a juvenile or suffers from intellectual or mental impairment or mental illness and is not able to properly care for themselves given their situation.

28.42.5 Procedure

A. Subject Assessment - It is not intended that a deputy be able to identify specific and particular types of mental illness. It is important that deputies be familiar with major behaviors indicative of mental illness. These major behaviors include, but are not limited to:

1. Loss of memory or confusion. An inability to comprehend circumstances or articulate their intentions. Temporary or permanent memory loss or the inability to recall information that is common knowledge to most, such as ones name, address, birth date, their travel plans or reasons for their activities are some examples of information that normally should be easily recalled.

2. Delusions. Having false beliefs that are not based on reality.

3. Depression. Having deep feelings of sadness, hopelessness or even suicidal thoughts.

4. Hallucinations. Hearing voices, seeing things, smells, or tastes that are not apparent to others and have no objective source.

5. Manic behavior. Mania involves accelerated thinking or speaking and perhaps hyperactivity.

6. Anxiety. A state of panic or fright. The person may shake and tremble or sweat.

7. Incoherence. Unable to express themselves clearly. Their thoughts and comments are illogical, irrational and disjointed.

8. Extreme Paranoia. Characterized by strong or outlandish suspicions, delusions of persecution or extreme jealousy.

9. Sudden or severe changes in behavior and attitudes. Going from one mood, such as happy, to another, perhaps angry or depressed, for no logical reason.

10. Unusual or bizarre mannerisms. Behavioral characteristics which are unusual or inappropriate.

11. Hostility. Hostility and distrust towards others. Hypersensitivity to remarks or mild criticisms.

12. Withdrawn. Stand-offish, refusing to speak or engage with others.

13. Lack of cooperation.

14. Argumentative. Particularly if the arguing serves no legitimate purpose.

B. Determining the Degree of Illness – The degree to which symptoms of mental illness exist varies according to the type and severity of the person's mental illness. Some symptoms may not be manifest until the individual is conversed with. The deputy is not expected to diagnose the specific mental illness.

C. Determining Danger – Not all mentally ill subjects pose a danger to either themselves or others. There are, however, some subjects with mental illness, who may be considered a danger to themselves, a danger to the deputy, or a danger to others. When interacting with such individuals, it is important for the deputy to assess the potential dangers which may include the following:

1. The availability of weapons and the types of weapons at the subject’s disposal.

2. Threatening statements made by the subject. Such statements may range from generalized confrontational statements to those of specific threats

of violence. Such statements must be carefully considered and weighed, especially in light of the capability of the subject to carry out any threats.

3. Threatening gestures or behavior. This includes furtive movements, displays of aggression and other acts that may signal intent to cause harm to himself/herself or to others.

4. Personal history. This includes prior knowledge possessed by the deputy, alerts recorded on the dispatch system, credible information provided by family, friends or others.

D. Dealing with the Mentally Ill – Should the deputy reasonably suspect that the subject is mentally ill, and there is reason to believe that the situation poses a threat to the safety of the subject or others, the deputy should:

1. Summon backup.

2. Notify the supervisor.

3. Take steps to calm the subject. This may include shutting down flashing lights, turning off sirens and dispersing bystanders. It often helps to eliminate distractions so that the subject may concentrate on the deputy.

4. Converse with the subject in a non-threatening manner if possible. Talk to the subject in a normal or soothing tone and avoid yelling if possible.

5. Do not threaten to arrest or use force against the subject if it is not absolutely necessary. Threats of arrest or force may incite violence, particularly if the subject is not rational.

6. Avoid topics that may agitate the subject.

7. Be as honest as possible with the subject. Mental illness does not imply that the subject is not intelligent. Should the subject suspect that he/she is being lied to, their response can be unpredictable, and even dangerous, further complicating the situation.

8. Summon medical help if appropriate.

9. Be friendly and patient.

10. When feasible, announce actions first then act. Surprises can be threatening to the subject.

11. Gather and document relevant information from others regarding the subject. In addition to the usual personal and identifying information

typically gathered, other relevant information may include prior mental illness history, legal or illegal drug use or dependency, and prior criminal activity.

12. Be cognizant of deputy and public safety.

E. What to avoid – When dealing with a mentally ill subject a deputy should avoid, if possible, any of the following:

1. Sudden movements, shouting or rapid speech.

2. Threats to use force.

3. Glaring or staring at the subject. Normal eye contact is appropriate.

4. Unnecessarily touching the subject.

5. Crowding or standing too close to the subject.

6. Expressions of anger, frustration, impatience or irritation.

7. Vulgar language, demeaning comments, insults, name calling and other inflammatory statements.

8. Challenging their rationalities or delusions. It is not likely that a mentally ill subject can be debated into reality.

9. Pretending to think or feel as the subject does.

F. Options – When considering whether to arrest a mentally ill subject or to take some other action, it is important to consider the options available and the appropriateness of each option. Even in cases where a mentally ill subject has committed a crime, depending on the nature and seriousness of the crime, an arrest may not be the best remedy for the subject or the situation. Some options available to the deputy include:

1. Arrest – This action may be appropriate in cases of serious or forcible felony offenses.

2. Involuntary commitment to a mental health facility – This action may be appropriate in cases where the subject is a threat to themselves and not able to make decisions that are in their best interest or threaten others. (Parens Patriae)

3. Citation/referral for prosecution and release to a responsible adult – This may be appropriate in cases of less serious criminal conduct and when

the subject poses no real threat to anyone if under the care and supervision of the responsible adult.

4. No formal action and release to a responsible adult – This may be appropriate in cases when there is no criminal conduct, or when the criminal conduct is very minor and prosecution may not be the appropriate remedy; when the subject poses no real threat to anyone if under the care and supervision of the responsible adult.

5. Citation/referral for prosecution and release – This may be appropriate in cases of less serious criminal conduct and when the subject poses no real threat to anyone and is not a danger to himself/herself or to others.

6. No formal action and release – This may be appropriate in cases when the subject poses no real threat to anyone and is not a danger to himself/herself or to others.

(See also WCSO P&P 1.17-Alternative to Arrest, 1.18-Discretion)

28.42.6 Use of Force

A. Mentally ill subjects pose unique use of force problems to deputies in that often such individuals often lack the rational intent to cause harm. Their actions, however, can be harmful or even deadly.

B. Use of excessive force against any individual is prohibited, however, use of force, even deadly force, when appropriate, is governed by those policies in this manual that address uses of force. (WCSO P&P 1.20-Use of Force, 1.23-Deadly Force)

28.42.7 Interview and Interrogation

A. A suspect or witness with a mental illness has the same constitutional rights as a non-afflicted person. When appropriate, a mentally ill suspect should be given their *Miranda* rights and informed of their right to remain silent and their right to an attorney.

B. One complication when interviewing a mentally ill suspect is establishing whether the individual is sufficiently rational to be able to understand the accusations against them and to be able to comprehend their rights and exercise appropriate and informed judgment. When interrogating or interviewing a mentally ill subject a deputy should:

1. When appropriate, establish the suspect's comprehension of their rights by asking questions of them about each part of the Miranda Rights

warning and recording or documenting their responses. If there is uncertainty about whether the suspect understands his or her rights, consult with a superior or with a prosecutor. In some cases, it may be appropriate to locate a legal guardian before interrogation just as it would be with a juvenile offender. (See Weber County Sheriff's Policy and Procedure, 1.7- Constitutional Safeguards-Criminal Investigations, Biased Based Profiling)

2. Establish and document the level of rationality and understanding the subject is capable of exercising. Gathering corroborating information that supports their statements helps to establish their credibility and rationality.

3. Avoid trickery or confrontational interrogation tactics. A mentally ill subject may not respond as a normal suspect might. Subjects with mental illness may be unusually vulnerable to the situation and their recollections may be unintentionally altered during an interview.

28.42.8 Referral to County Human Services

The Weber County Human Services Department provides a variety of services including some mental health services. When appropriate, particularly when the deputy believes that a subject is in need of some follow-up assistance, the deputy can contact the County Human Services Department during and after business hours and consult with an official about resources and remedies available regarding the subject.

28.42.9 Arrest Control and Prisoner Transportation

A. When taking a mentally ill subject into custody, or when transporting a mentally ill subject, the deputy will do all that is feasible to keep the subject calm and under control.

B. Though the subject's mental illness may be a consideration, proper and appropriate arrest control and prisoner/passenger transportation policies and procedures should be adhered to. (WCSO P&P Chapter 47 – Prisoner and Court-Related Activities: Prisoner Transportation, WCSO P&P 1.20, Use of Force)

28.42.10 Assisting Victims and Witnesses with Mental Illness

A. When a person with a mental illness is a victim or a witness of a crime, they are entitled under ADA to the same services and professional courtesy as any other person.

B. Depending on the nature of the crime, a witness or victim with a mental illness may be more impacted by the event and their responses to the event, and to the deputy, may be more dramatic. With such people a deputy should:

1. Monitor the victim/witness closely and summon appropriate mental health or medical assistance.

2. If necessary, summon someone responsible that the victim/witness trusts to respond for emotional support.

3. Keep the victim/witness calm and free from distractions and in a comfortable setting. This may require providing the person with beverage or food to help reduce discomfort and anxiety.

28.42.11 Confidentiality

No Weber County Sheriff's Office member shall divulge information related to a person who has a mental illness without that person's consent, except as is required in the performance of official duties.

28.42.12 Mentally Retarded

A. People who have a mental handicap or are mentally retarded may exhibit many of the same characteristics as someone who has a mental illness. Though mental illness and mental retardation are very different conditions, a common characteristic is that some mentally retarded individuals struggle with reality and have difficulty making appropriate decisions just as some mentally ill individuals do.

B. The policy and procedures in this section provide guidance to deputies responding to calls involving mentally handicapped or retarded individuals as well as those calls involving the mentally ill.

28.42.13 Training

A. Deputies will receive entry level training regarding responding to calls involving individuals suspected of having mental illness during their field training period.

B. Refresher training will be given to all deputies at least every three years.