



# RESPONDING TO PERSONS WITH MENTAL ILLNESS, EMOTIONAL CRISIS OR PHYSICAL DISABILITIES

**INDEX CODE: 1830**  
**EFFECTIVE DATE: 05-01-12**

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## **I. POLICY**

A. It is the policy of the Anne Arundel County Police Department to ensure a consistently high level of service is provided to all community members. Anne Arundel County Police Department employees shall afford people who have mental illnesses or physical disabilities the same rights, dignity and access to police and other government and community services as are provided to all citizens.

B. The Americans with Disabilities Act (ADA) entitles people with mental illnesses or disabilities to the same services and protections that law enforcement agencies provide to anyone else. They may not be excluded from services or otherwise be provided with lesser services or protection than are provided to others. The ADA calls for law enforcement agencies to make reasonable adjustments and modifications in their policies, practices, or procedures on a case-by-case basis. For example, if a person exhibits symptoms of mental illness, expresses that he or she has a mental illness or requests accommodation for a mental illness (such as access to medication), Anne Arundel County Police personnel may need to modify routine practices and procedures, take more time or show more sensitivity to extend the services or protections that would be extended to someone else in a similar circumstance.

## **II. PURPOSE**

This Index Code is intended to address the varying role Anne Arundel County Police employees play in their encounters with people with mental illnesses or physical disabilities. As first responders and law enforcers, they may encounter victims, witnesses or suspects who have mental illnesses. As service personnel, officers and support staff of the department may be called upon to help people obtain psychiatric attention or other needed services. The Anne Arundel County Police Department recognizes that helping people with mental illnesses and their families obtain the services of mental health organizations, hospitals, clinics, and shelter care facilities has increasingly become a role for police, and that no single policy or procedure can address all of the situations personnel may encounter. This Index Code is intended to address the most common types of interactions with mentally ill persons and persons with physical disabilities and provide guidance to department personnel dealing with such individuals.

**III. PROCEDURES FOR PERSONS WITH MENTAL ILLNESSES**

- A. While many people with mental illnesses manage symptoms successfully with the use of medications, others who do not have access to mental health services, fail to take their medications, or do not recognize that they are ill, can experience psychiatric difficulties.
- B. When anyone with a mental illness comes into contact with the Police Department, for whatever reason or circumstance, Department personnel must take extra caution to ensure that the person's rights are not violated and that he/she understands what is occurring. Some individuals may not have educational or communication comprehension levels sufficient to fully understand the basic Miranda rights. Simply reading the rights to someone with these types of disabilities and having the individual acknowledge that they understood may not be sufficient.
- C. Officers and civilian employees must ensure that people with a mental illness receive the necessary assistance to access available services. This may require time and patience beyond what is normally provided.
- D. People with a mental illness may also be suspects or arrestees and require detention, transport, and processing. Employees must familiarize themselves with the proper methods of transport, arrest, and detention to ensure officer safety while providing all reasonable support to an arrestee with a mental illness. (Refer to Index Code 2003 and 2004.)
- E. Officers and civilian employees must recognize that responses of people with certain mental illness may resemble those of people who have abused substances such as alcohol or drugs. Individuals may appear as though they are on a substance or intoxicated but rather have not taken their prescribed medication for their mental illness.

**IV. MENTAL ILLNESS (Definitions)**

- A. 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.
- B. The terms "mental illness", "emotional illness", and "psychological illness", describe varying levels of a group of disabilities causing disturbances in thinking, feeling, and relating.
- C. It has been estimated that ten percent of the population of the United States has some type of mental illness.

**V. PROCEDURES FOR MEMORY IMPAIRED PERSONS**

- A. Alzheimer's disease causes intellectual deterioration in adults severe enough to dramatically interfere with occupational and social performance.
- B. This disorder is not only found in older people. The youngest diagnosed case is age 22; however, most victims are people in their 40's and 50's when diagnosed. Many Alzheimer victims have a tendency to wander, mentally and physically, sometimes in an attempt to return to their past. The rate of deterioration differs from patient to patient.
- C. Establishing a level of communication with memory-impaired persons is essential in order to render assistance. Caution should always be exercised when an officer encounters memory-impaired persons.
- D. An important function of the officer is to assist with the reuniting of memory impaired victims with family members or primary care providers in a timely fashion, utilizing available resources.

**VI. COMMON SYMPTOMS OF MENTAL ILLNESS**

- A. Although officers are not in a position to diagnose mental illness, officers should be alert to symptoms common to such illnesses.
- B. Symptoms of mental illness may vary, but all mentally ill persons experience thoughts, feelings, or behavioral characteristics, which result in varying levels of inability to cope with the ordinary demands of life.

C. While a single symptom or isolated event does not necessarily indicate mental illness, professional help should be sought if symptoms persist or worsen. The following may be useful in recognizing warning signs of mental illness:

**1. Social Withdrawal**

- a. Sitting and doing nothing.
- b. Withdrawal from family, friends, or abnormal self-centeredness.
- c. Dropping out of activities such as occupations and hobbies.
- d. Decline in academic or athletic performance.

**2. Depression**

- a. Loss of interest in once pleasurable activities.
- b. Expression of hopelessness, helplessness, inadequacy.
- c. Changes in appetite, weight loss or sometimes gain.
- d. Behaviors unrelated to events or circumstances.
- e. Excess fatigue and sleepiness, or an inability to sleep.
- f. Pessimism; perceiving the world as “dead”.
- g. Thinking or talking about suicide.

**3. Thought Disorders**

- a. Inability to concentrate or cope with minor problems.
- b. Irrational statements. Poor reasoning, memory, and judgment. Expressing a combination of unrelated or abstract topics. Expressing thought of greatness, e.g., person believes he/she is God. Expressing ideas of being harassed or threatened, e.g., CIA monitoring thoughts through TV set.
- c. Peculiar use of words or language structure. Nonsensical speech or chatter. Word repetition – frequently stating the same or rhyming words or phrases. Extremely slow speech. Pressured speech – expressing an urgency in manner of speaking.
- d. Excessive fears or suspiciousness. Preoccupation with death, germs, guilt, delusions and hallucinations.

**4. Expression of Feelings**

- a. Hostility from one formerly passive and compliant. Argumentative, belligerent, unreasonably hostile. Threatening harm to self or others. Overreacting to situations in an overly angry or frightening way.
- b. Indifference, even in highly important situations. Lack of emotional response.
- c. Inability to cry, or excessive crying.
- d. Inability to express joy.
- e. Inappropriate laughter. Reacting with opposite expected emotion – e.g., laughing at auto accident.
- f. Nonverbal expressions of sadness or grief.

**5. Behavior**

- a. Hyperactivity or inactivity or alterations between the two. Talking excitedly or loudly. Manic behavior, accelerated thinking and speaking.
- b. Deterioration in personal hygiene and appearance. Bizarre clothing or make-up, inappropriate to environment, e.g., shorts in the winter, heavy coats in the summer.
- c. Involvement in automobile accidents.
- d. Drug or alcohol abuse.
- e. Forgetfulness and loss of valuable possessions.
- f. Attempts to escape through geographic change, frequent moves, or hitchhiking trips.
- g. Bizarre behavior – staring, strange postures or mannerisms, lethargic, sluggish movements, repetitious or ritualistic movements.
- h. Decorations – inappropriate use of household items, e.g., aluminum foil covering windows.
- i. “Packratting” waste matter/trash- accumulation of trash, e.g., hoarding string, newspapers, paper bags, clutter, etc.

- j. Unusual sensitivity to noises, light, colors, clothing.
- k. Changes in sleeping and eating habits.

**6. Cognitive Impairments**

- a. Disorientation in time, place, or person. Confusion, incoherence and extreme paranoia.
- b. Inability to find way in familiar settings.
- c. Inability to solve familiar problems.
- d. Impaired memory for recent events.
- e. Inability to wash and feed oneself, urinary or fecal incontinence. Presence of feces or urine on the floor or walls.

D. The degree to which these symptoms 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. Often, symptoms of mental illness are cyclic, varying in severity from time to time. Duration of an episode can also vary from weeks to months for some, and many years or a lifetime for others.

**VII. COMMON ENCOUNTERS WITH PERSON WITH MENTAL ILLNESSES**

A. Officers should be prepared to encounter a person with a mental illness at any time.

B. Common situations in which such individuals may be encountered include but are not limited to, the following:

- 1. Wandering: Individuals with mental challenges may be found wandering aimlessly or engaged in repetitive or bizarre behaviors in a public place;
- 2. Seizures: Mentally ill persons are more subject to seizures and may be found in medical emergency situations;
- 3. Disturbances: Disturbances may develop when caregivers are unable to maintain control over mentally ill persons engaging in self-destructive behaviors;
- 4. Strange and bizarre behaviors: Repetitive and seemingly nonsensical motions and actions in public places, inappropriate laughing or crying, and personal endangerment; or
- 5. Offensive, aggressive or suspicious persons: Socially inappropriate or unacceptable acts such as ignorance of personal space, annoyance of others, inappropriate touching of oneself or others, are sometimes associated with the mentally ill persons who are not conscious of acceptable social behaviors.

**VIII. RESPONSE TO PEOPLE WITH MENTAL ILLNESS**

A. Persons with mental illness can be easily upset and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.

B. Frequently, a family member or friend is of great value in calming an individual exhibiting unusual behavior such as those resulting from mental or emotional impairment.

C. The following guidelines detail how to approach and interact with people who may have mental illness, and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations. While protecting their own safety, the safety of the person with the mental illness and others at the scene, the officer should:

- 1. Speak calmly: Loud, stern tones will likely have either no effect or a negative effect on the individual;
- 2. Use non-threatening body language;

3. Eliminate commotion: Eliminate, to the degree possible, loud sounds, bright lights, sirens, and crowds, moving the individual to a calm environment, if possible;
  4. Keep animals away: Individuals with mental illness are often afraid of dogs or other large animals;
  5. Look for personal identification: Medical tags or cards often indicate mental illness and will supply a contact name and telephone number.
  6. Call the caregiver: The caregiver is often the best resource for specific advice on calming the person and ensuring both the officer's safety and the person's safety until the contact person arrives;
  7. Memory impaired persons reported missing should be handled utilizing guidelines set in Index Code 1808, Missing Persons. The level of intensity should be the same as if the missing person was a child;
  8. Prepare for a lengthy interaction: Mentally ill individuals should not be rushed unless there is an emergency.
  9. Use short, direct phrases: Too much talking can distract the mentally ill individual and confuse the situation;
  10. Be attentive to sensory impairments: Many mentally ill individuals have sensory impairments that make it difficult to process information. Officers should not touch the person unless absolutely necessary, use soft tones & gestures, avoid quick movements, use simple and direct language, and don't automatically interpret odd behavior as belligerence;
  11. In many situations and particularly when dealing with someone who is lost or has wandered away, the officer may gain improved response by accompanying the person through a building or neighborhood to seek visual clues;
  12. Be aware of different forms of communication. Mentally ill individuals often use signals or gestures instead of words or demonstrate limited speaking capabilities;
  13. Don't get angry, and;
  14. Maintain a safe distance.
- D. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there is a range of options officers should consider when selecting an appropriate resolution. These options include the following:
1. Refer or arrange transport the person for medical attention if he or she is injured or abused.
  2. Outright release.
  3. Release to care of family, caregiver or mental health provider.
  4. Refer or arrange transport to substance abuse services.
  5. Assist in arranging voluntary admission to a mental health facility if requested.
  6. Arrange transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action.
  7. Arrest if a crime has been committed.
  8. Contact the Mobile Crisis Team for assistance.

**IX. INTERVIEW AND INTERROGATION FOR PERSONS WITH MENTAL ILLNESS**

A. Officers attempting to conduct an interrogation with a mentally ill individual should consult with the State's Attorney's office to determine the proper course of action regarding the interrogation and the advisement of Miranda rights.

B. If the mentally ill person is a witness, officers should:

1. Not interpret lack of eye contact or strange actions as indications of deceit;
2. Use simple and straightforward language;
3. Not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond, or pose hypothetical conclusions; and
4. Recognize that the individual might be easily manipulated and highly suggestible.

**X. CUSTODY**

If an individual with a mental, emotional, or psychological illness is taken into custody, officers will make a responsible effort to use the least restraint possible and protect the arrestee from self-injury, while taking all necessary precautions. The overall circumstances and the person's potential for violence will determine if handcuffs will be used as a temporary measure to prevent injury to the individual or officer.

In a misdemeanor incident where an individual is apparently mentally ill, officers should seek non-arrest resolutions. The most desired resolution being voluntary admission to an appropriate mental health facility. However, when public safety is at issue, officers will follow Maryland Code, Health General Article §10-620 et seq., regarding involuntary emergency evaluation:

**A. Voluntary Admission**

The three following scenarios would indicate minimal officer involvement.

1. Persons who appear to be in need of psychiatric evaluation and do not appear to pose an imminent danger to themselves or others should be referred to a mental health facility. (A family member or other responsible person is often available to assist the disturbed person in seeking such treatment and should be provided with the information necessary to secure the needed help.) Mobile Crisis could also be summonsed to assist in this case.
2. Persons who have been or are under the care of a private physician should be referred to the physician if possible.
3. Persons, who voluntarily agree to psychiatric evaluation, will be taken to the closest hospital.

**B. Involuntary Admission**

1. A higher level of law enforcement intervention will be required when officers encounter the following scenarios:
  - a. The person is imminently dangerous to self or others. This includes threats of suicide and attempted suicides.
  - b. The person is unable to care for self (unable or refuses to accept intervention which would meet needs for food, clothes, shelter or physical well being.)
  - c. The person is suffering substantial physical deterioration and shows an inability to function if not treated immediately.

2. Officers can respond with the most appropriate of the following alternatives for involuntary admissions to a psychiatric hospital:
  - a. If the person in question poses no apparent threat to themselves or others (non-suicidal), a relative any responsible person may petition a Judge to order the detention and a hearing for the person who is believed to be in need of psychiatric hospitalization.
  - b. Police Officers who have personally observed the actions of the individual and/or have reason to believe that the person is in clear and imminent danger of causing personal harm to him/herself or others (including suicidal subjects), will transport that person to the closest hospital. If a suicidal subject is injured, Fire Department personnel will be summoned, and the victim will be transported to the hospital for treatment by Fire Department personnel).
    1. At the hospital the officer must complete the Petition for Emergency Evaluation form (CC-DC#13).
    2. The officer must also complete the Certification by Peace Officer form (CC-DC#14).
    3. The officer must complete an incident report detailing the circumstances of the event which led to the involuntary admission application.
  - c. If an officer is presented with valid court ordered or Physician/Qualified Person (under Maryland Code, Health Article 10-622) signed Petition for Emergency Evaluation for an individual, they will complete the Certification by Other Person Qualified under HG 10-622 and Peace Officer form (CC-DC#14) and transport the individual to the closet hospital.
- C. Suicidal Arrestees
  1. Officers will also transport all suicidal arrestees to the hospital and petition for an emergency evaluation, before any prisoner processing is completed. This includes arrestees who have a valid court ordered or Physician/Qualified Person (under Maryland Code, Health Article 10-622) signed Petition for Emergency Evaluation. The officer will remain at the hospital to guard the subject until they are seen on their emergency petition (See Index Code 2002). When the subject is subsequently discharged from the hospital, they will be transported to a District Station for processing. If the subject is committed to a mental health facility, the officer will immediately file for an Application for Statement of Charges through the Court Commissioner's Office. If a warrant is issued, the officer will follow up with the warrant section of the Sheriff's Department, to ensure that a detainer is forwarded to the mental health facility. A Police Lieutenant will determine the need for an officer to accompany a committed subject to an outside mental health facility.
  2. If a suicide attempt occurs while in police custody, Fire Department personnel will be immediately summoned to assess if the prisoner is injured. If the prisoner is injured, they will be transported to the hospital by Fire Department Personnel (See Index Code 2002) to be treated and the investigating officer will petition for an emergency evaluation. If not injured, the prisoner will be transported to the hospital by the officer. The prisoner will be guarded until their discharge from the hospital (See Index Code 2002). If the subject is committed to a mental health facility, the officer will immediately file for an Application for Statement of Charges through the Court Commissioner's Office. If a warrant is issued, the officer will follow up with the warrant section of the Sheriffs Department to ensure that a detainer is forwarded to the mental health facility. Whether injured or not, all necessary evidence will be recovered and submitted, and the Evidence Collection Unit will respond to process the scene. A Police Lieutenant will determine the need for an officer to accompany a committed subject to an outside mental health facility.

D. Detention Center Inmates

In the event that the Detention Center needs the Police Department to perform or participate in processing an Emergency Petition on an inmate, who is to be released when there is no mental health professional on staff and available at the Detention Center to perform this Emergency Petition, the Detention Center will call 911 and notify the communications operator of the situation. An officer will respond to the Detention Center and may either conduct the Emergency Petition him or herself, if he or she is able to observe directly that the inmate is a threat to the safety of himself/herself or others; or the officer may contact the Police Department's Mobile Crisis Unit to come to the Detention Center facility to perform the necessary Emergency Petition. The Detention Center will provide a room or other appropriate area in which the officer and/or Mobile Crisis Unit personnel can meet with the inmate and necessary Detention Center staff, who will share as much information as possible with the officer, or mental health professional on the Mobile Crisis Unit, to allow the petitioning person to best assess the threat posed by the inmate.

**XI. AVAILABLE MENTAL HEALTH RESOURCES**

There are several community mental health resources available to the officer.

- A. The Anne Arundel County "Warm" Line:  
Police Line Only (410-590-4932)  
Community Hotline (410-768-5522)

The warm line is open 24 hours a day, 7 days a week and can assist the officer with appropriate referrals. The officer should call the warm line and talk to a counselor about the situation. The counselor can assist with housing, therapy, and mental health evaluations. They also have a Mobile Crisis Team that may be able to respond to the scene and assist in evaluating the person. (See Index Code 1611, Mobile Crisis Team)

- B. The Anne Arundel County Police Chaplains (For procedural guidelines see Index Code 609)

- C. Anne Arundel County Mental Health  
(410-222-7858)

- D. State Mental & Health Hygiene  
(877-463-3464)

- E. Anne Arundel Medical Center  
(443-481-6810)

- F. North Arundel Hospital  
(410-787-4565)

- G. YWCA  
(410-222-6800)

The Domestic Violence Hotline is an available resource to officers for domestic related issues.

The Sexual Assault & General Crisis Hotline is a 24 hours a day, 7 days a week resource to officers for sexual assault and general crisis counseling issues.  
(410-222-7273 or 410-222-RAPE)

- H. Department of Social Services  
(410-421-8400)

- I. The Family Tree  
(800-243-7337)

The Family Tree is an available resource for officers to provide family members for general crisis and support issues.

- J. Anne Arundel County Department of Health, Substance Abuse, Addition and Treatment  
(410-222-7428)
- K. National Alliance for the Mentally Ill  
Anne Arundel County  
(410-467-7100)

**XII. PROCEDURES FOR COMMUNICATING WITH PEOPLE WHO ARE DEAF OR HARD OF HEARING**

- A. The Anne Arundel County Police Department has specific legal obligations under the Americans with Disabilities Act to communicate effectively with people who are deaf or hard of hearing. As with other physical or mental disabilities, people who are deaf are entitled to a level of service equivalent to that provided to other persons. Effective communication with a person who is deaf is essential to successful investigation and conflict resolution.
- B. Various types of communication aids are used to communicate with people with hearing disabilities. Those include:
  - 1. The use of gestures or visual aids to supplement communication.
  - 2. The use of a notepad and pen or pencil to exchange written notes.
  - 3. The use of an assistive listening system or a device that amplifies the sound.
  - 4. The use of a qualified oral or sign language interpreter.

The type of aid that will be required for effective communication will depend on the individual's usual method of communication, and the nature, importance, and duration of the communication at issue. In order to serve each individual effectively, primary consideration should be given to providing the type of communication aid or service requested by the individual. Officers should find out from the person who is deaf, what type of auxiliary aid or service he or she needs. Officers should defer to those expressed choices, unless:

- There is another equally effective way of communicating, given the circumstances, length, complexity, and importance of the communication.
- Doing so would fundamentally alter the nature of the law enforcement activity in question or would as determined by the Chief of Police, cause an undue administrative or financial burden.

- C. Communications will maintain a list of sign language and oral interpreting services that are available and willing to provide qualified interpreters as needed. Supervisors will request those services when applicable.
- D. Communications has the capacity to receive communications by use of a telecommunications device for deaf people. Calls are placed by using a teletypewriter (TTY) and typed correspondence is received by our Communications Section.

**XIII. SERVICE ANIMALS IN PLACES OF BUSINESS**

**A. *Under the Americans with Disabilities Act (ADA), privately owned businesses that serve the public, such as restaurants, hotels, retail stores, taxicabs, theaters, concert halls, and sports facilities, are prohibited from discriminating against individuals with disabilities. The ADA requires these businesses to allow people with disabilities to bring their service animals onto business premises in whatever areas customers are generally allowed.***

**B. *The ADA defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a state or local government.***

*Service animals perform some of the functions and tasks that the individual with a disability cannot perform for him or herself. Guide dogs are one type of service animal, used by some individuals who are blind. This is the type of service animal with which most people are familiar. But there are service animals that assist persons with other kinds of disabilities in their day-to-day activities.*

*The service animal must be permitted to accompany the individual with a disability to all areas of the facility where customers are normally allowed to go. An individual with a service animal may not be segregated from other customers.*

*A business may exclude any animal, including a service animal, from their facility when that animal's behavior poses a direct threat to the health or safety of others. For example, any service animal that displays vicious behavior towards other guests or customers may be excluded. You may not make assumptions, however, about how a particular animal is likely to behave based on your past experience with other animals. Each situation must be considered individually.*

*Although a public accommodation may exclude any service animal that is out of control, it should give the individual with a disability who uses the service animal the option of continuing to enjoy its goods and services without having the service animal on the premises.*

#### **XIV. TRAINING**

A. In order to prepare personnel who, during the course of their duties, may have to deal with persons with mental illnesses or physical disabilities in an appropriate manner, the Anne Arundel County Police Department shall provide entry level police officers, Booking Officers, Animal Control Officers, and Police Communications Officers with training on this subject, and will provide refresher training at least every three (3) years.

B. Newly hired personnel shall receive training in department procedures set forth in this Index Code as follows:

1. Sworn personnel – Entry Level Training Program.
2. Civilian personnel listed above – New hire orientation.

C. Refresher training for all personnel will include, but not be limited to:

1. Shift briefings
2. In-Service programs

**XV. PROPONENT UNIT:** Training Academy.

**XVI. CANCELLATION:** This directive cancels Index Code 1830, dated 08-15-11.