

Directive	Responding to the Mentally Ill	600-8	1 of 7
Effective Date	January 1, 2010		



Wilkesboro Police Department

Electronic Written Directives Document

I. PURPOSE

To provide the Wilkesboro Police Department with guidelines for the interaction of departmental personnel with individuals suffering or suspected of suffering from mental illness.

II. DEFINITIONS

- A. North Carolina General Statute G.S. 122C-3(21) defines mental illness as:
For an adult: An illness which lessens the capacity of the person to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control.
- B. For a minor: A mental condition other than mental retardation alone which so lessens or impairs the youth's capacity either to develop or exercise age appropriate adequate self-control, judgment, or initiative in the conduct of his/her activities and social relationships as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control.
- C. Mental retardation is defined in North Carolina General Statute's 122C-3(22). The term "mentally retarded" shall refer to an individual with significantly sub average general intellectual functioning and existing concurrently with deficits in adaptive behavior and having been manifested before age 22.

III. GUIDELINES

- A. While it may be useful to know major categories of mental disorders, the officer mainly needs to know how to recognize that a person is suffering from a mental illness and how to react.
- B. The following guidelines are to assist the officer in identifying an individual that may be suffering from a mental illness. An individual suffering from mental illness may experience drastic change in behavior and personality. Other symptoms observed that may help an officer recognize a person with mental illness is:
 - 1. Depression-intense and unremitting
 - 2. Excessive Fatigue and sleepiness or an inability to sleep

Directive	Responding to the Mentally Ill	600-8	2 of 7
Effective Date	January 1, 2010		

3. Social withdraw and isolation
4. Deterioration of social relationships
5. Inability to concentrate or cope with minor problems
6. Hostility from one formerly passive and compliant
7. Indifference, even in highly important situations
8. Dropping out of activities (and life in general)
9. Decline in academic or athletic performance
10. Drug or alcohol abuse
11. Confuse thinking
12. Forgetfulness and loss of valuable possessions
13. Extreme devastation from peer or family disapproval
14. Deterioration and abandonment of personal hygiene
15. Noticeable and rapid weight loss
16. Excessive writing (or childlike printing) without apparent meaning
17. Inability to cry or excessive crying
18. Unusual sensitivity to stimuli (noise, light, clothing)
19. Inability to express joy
20. Inappropriate laughter
21. Bizarre behavior
22. Strange posturing
23. Refusal to touch persons or objects
24. Insulation of hands with gloves, paper, etc.

Directive	Responding to the Mentally Ill	600-8	3 of 7
Effective Date	January 1, 2010		

25. Cutting oneself, threats of self mutilation
 26. Staring, not blinking or blinking incessantly
 27. Flat or unusual gaze
 28. Decreased attention span and disorientation to surroundings
 29. Paranoia, suspiciousness, believe everything has to do with them
 30. Feelings that everyone is suddenly attached to innocent comments
 31. Unable to trust anyone
 32. Believe they are exalted religious leaders or esteemed people from the past.
 33. Mania (rapidly changing ideas, constant talking, exaggerated gaiety, and physical over activity) usually accompanies grandiose ideas
 34. Visions, strange odors, and peculiar tastes
 35. Delusions-false beliefs held in spite of invalidating evidence
 36. Hallucinations- false sensations, hearing voices
 37. Exaggerated or bizarre physical ailments
 38. Other indicators are slow body movement, soft and flat voice, poor eye contact, and lack of concentration
 39. Extreme fight or anxiety; the person is easily startled, shows decreased ability to focus on a single subject, but may be hyper-alert
 40. Fear is a major emotion for many people with mental illness. Subjects may be so scared that they speak haltingly, jump at sudden sound, or freeze in terror.
- C. Many of these signs may not be readily apparent to an officer having limited contact with a subject yet one sign most noted is that the persons behavior was different and unusual. Family members and friends may provide the police officer with information on the mode of behavior changes experienced by the subject.

Directive	Responding to the Mentally Ill	600-8	4 of 7
Effective Date	January 1, 2010		

D. The following behavior may indicate impending violence:

1. Facial expression- staring or no eye contact, clenched jaw, flaring nostrils, turning red
2. Verbal expression- cursing, talking loudly, threatening, complaining, talking excessively
3. Body Language- increased muscle tension, clinched fists. Excessive or abrupt movements, pacing, folded arms, head held down
4. Appearance- unkempt, clothes representative of aggression i.e. fatigue

E. An officer may feel that the subject is dangerous if the subject displays any of the above listed hostile behavior clues.

F. When dealing with persons believed to have mental illness officer will:

1. When possible, obtain as much information as possible about the dispatcher and others such as the complainant and/or family members and neighbors prior to contact. Questions: Is subject on medications and if so, what kind and is the person taking the medications. Is the person violent and what sets them off? Does the subject have access to any weapons?
2. Assess the individual at contact by looking at their appearance; are the clothing worn strange; are they dirty and disheveled; are there weapons; watch the eyes and face. Also be aware of the person's behavior, such as speech that is illogical, irritated or angry; body movement that is agitated, abrupt, and repetitive and body language that is threatening.
3. During contacts on the street officers will take time to assess the individual and environment unless the person is endangering self or others.
 - a. Give the person time to quiet down
 - b. Try to find out what is going on
 - c. Be a good listener
 - d. Do not give the impression that there is no time for them
 - e. Do whatever is possible to provide a non-threatening environment

Directive	Responding to the Mentally Ill	600-8	5 of 7
Effective Date	January 1, 2010		

- f. Keep a safe distance
- g. Use normal yet firm voice
- h. Summarize what the individual said, making sure the facts are straight
- i. Use a non-judgmental manner
- j. Avoid trigger words such as mental health, mental hospital, commitment, or crazy
- k. Encourage the person to talk
- l. Do not threaten or abuse
- m. Avoid behavior that might appear threatening
- n. Avoid standing over a sitting individual
- o. Be aware of facial expressions
- p. If numerous officers, avoid surrounding
- q. Minimize unnecessary sensory input, such as noises and crowds
- r. Call back-up if at all possible. Do not act alone.
- s. Do not take anger personally
- t. Try not to lie or deceive the individual. Try negotiating instead

G. Officer's must remain alert.

1. The subject may exhibit burst of extreme strength and may appear impervious to pain, especially if intoxicated by drugs
2. Individual is unpredictable and may not respond in the manner expected by the officer
3. Do not be fooled by sudden return to reality; the person can just as quickly return to crisis.

Directive	Responding to the Mentally Ill	600-8	6 of 7
Effective Date	January 1, 2010		

- H. If physical force becomes necessary for one officer alone should preferably not attempt to restraint. Disordered persons often have short bursts of extreme strength.
1. Try to maneuver the person into an area where he/she is at least likely to hurt upon being restrained.
 2. Know where your firearm is at all times.
 3. **THINK SAFETY AND TREATMENT—YOU ARE NOT ARRESTING.**
 4. Conduct a thorough search of the person for officer and patient safety.
 5. If involuntarily commitment becomes necessary, the commitment procedures set forth in this Document and by the state statute will be followed.
- I. Interviews and interrogations will be conducted in compliance with constitutional rights granted to all. If the officer has reason to believe that the subject, due to mental illness, is incapable of understanding and waiving the constitutional rights in custody interviews or interrogations will be done.
- J. During interviews or interrogations officers will:
1. Use normal yet firm voice
 2. Summarize what the individual said, making sure the facts are straight.
 3. Avoid trigger words such as mental health, mental hospital, commitment, or crazy.
 4. Encourage the person to talk.
 5. Do not threaten or abuse
 6. Avoid behavior that might appear threatening
 7. Be aware of facial expressions
 8. If numerous officers, avoid surrounding
 9. Try not to lie or deceive the individual.

Directive	Responding to the Mentally Ill	600-8	7 of 7
Effective Date	January 1, 2010		

IV. TRAINING

Documented training on the response to the mentally ill is conducted during Basic Law Enforcement Training for all sworn personnel. Documented training on the department's policy on responding to persons with mental illness will be conducted at least every three years.

V. REFERENCES

CALEA 41.2.7