# GENERAL ORDER

MINOCQUA POLICE DEPARTMENT

SUBJECT: **DEALING WITH THE MENTALLY ILL**

SCOPE: All Department Personnel
DISTRIBUTION: General Orders Manual

REFERENCE: WI State Statue: 51.15

NUMBER: 6.26
ISSUED: 03/13/2020
EFFECTIVE: 03/23/2020
☐ RESCINDS
☐ AMENDS
WILEAG 5TH EDITION
STANDARDS: 6.1.10

INDEX AS:
Emergency Detention
Mental Disorders
Mentally Ill Persons

PURPOSE: The purpose of this General Order is to provide guidance to members of the Minocqua Police Department in dealing with persons suspected of being mentally ill, and/or in need of emergency detention. While the most serious consequences of officer interactions with the mentally ill are altercations or armed confrontations, other agency personnel who may come in contact with the public need guidance and training in dealing with the mentally ill.

This General Order consists of the following numbered sections:



## I. DEFINITIONS

A. MENTAL ILLNESSES OR PSYCIATRIC DISORDERS: Are sometimes biologically based brain diseases that can severely disturb a person's ability to think, feel, and relate to other people and the environment.

B. HALLUCINATIONS AND ILLUSIONS: A sensory experience of something that does not exist outside the mind, caused by various physical and mental disorders, or by reaction to certain toxic substances and usually manifested as visual or auditory images. Although hallucinations can occur in any sensory form – auditory (sound), visual (sight), tactile (touch), gustatory (taste), and olfactory (smell) – hearing voices that other people do not hear is the most common type of hallucination in schizophrenia.

C. DELUSIONS: A fixed false belief that is not subject to reason or contradictory evidence and are not explained by a person's usual cultural concepts. Delusions may take on different themes.

D. ANXIETY: A state of apprehensive anticipation of future danger or misfortune accompanied by a feeling of dysphoria or somatic symptoms of tension. The focus of anticipated danger may be internal or external.

E. INCOHERENCE: Speech or thinking that is essentially incomprehensible to others because words or phrases or behaviors are joined together without a logical or meaningful connection.

F. PHOBIA: A persistent, irrational fear of a specific object, activity, or situation (the phobic stimulus) that results in a compelling desire to avoid it.

G. SCHIZOPHRENIA: Schizophrenia is the most chronic and disabling of the severe mental disorders. More than 2 million Americans are affected by schizophrenia. The illness, which may impair a person's ability to manage emotions, interact with others, and think clearly, typically develops in the late teens or early twenties.

Symptoms include hallucinations, delusions, disordered thinking, and social withdrawal. People with schizophrenia may have perceptions of reality that are strikingly different from the reality seen and shared by others around them. Living in a world distorted by hallucinations and delusions, individuals with schizophrenia may feel frightened, anxious, and confused.

H. DEPRESSION: A serious medical condition. In contrast to the normal emotional experiences of sadness, loss, or passing mood states, clinical depression is persistent and can interfere significantly with an individual's ability to function.

Symptoms of depression include sad mood, loss of interest or pleasure in activities that were once enjoyed, change in appetite or weight, difficulty sleeping or oversleeping, physical slowing or agitation, energy loss, feelings of worthlessness or inappropriate guilt, difficulty thinking or concentrating, and recurrent thoughts of death or suicide.

I. BIPOLAR DISORDER: Causes dramatic mood swings—from overly "high" and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between. Severe changes in energy and behavior go along with these changes in mood. The periods of highs and lows are called episodes of mania and depression. This disorder is also known as Manic-Depression.

J. SUICIDE BY COP: An act whereby a person presents a threat to a police officer in order to compel the officer or officers to use deadly force to stop that threat. The result is a suicide by the appropriate response of a trained police officer.

## II. PROCEDURE

### A. On Scene Assessment

Initially, it’s not always easy to distinguish between behavior caused by alcohol or drug abuse, mental disabilities, epilepsy, other medical conditions, and mental illness. In fact, a number of people with mental illness use drugs or alcohol, which can make it harder for police officers to evaluate and properly respond to the conduct of someone in a crisis.

The following pieces of information, gathered from bystanders, family members, medical personnel and/or officer observations at the scene, are clues that a person who is exhibiting abnormal behavior may have a mental illness:

- A history of mental illness and/or possession of medications for mental illness;
- Unresponsiveness, lack of emotion;
- Incoherent thoughts or speech;
- Inability to pay attention or concentrate;
- Bizarre appearance, movements, or behavior;
- Delusions of grandiose or exaggerated ideas;
- Hallucinations or perceptions unrelated to reality;

- Agitation, often without clear reason;
- Excessive anger, hostility, or violence;
- Excessive fears or worries;
- Withdrawal from normal activities;
- Confusion;
- Alcohol/drug use/abuse;
- Inability to cope;
- Inappropriate reactions;
- Exaggerated self-confidence; and
- Pronounced feelings of hopelessness, sadness, guilt.

Although symptoms of mental illness may be worsened by substance use, this does not change the involuntary nature of the behavior or the need for an informed, compassionate response.

B. Police Response

It is best to handle an encounter with someone displaying these behaviors or thoughts as if he or she were mentally ill until evidence indicates otherwise.

If you encounter an individual with the above symptoms, you should be prepared to respond appropriately to mental illness.

The following are suggestions for how to respond to people with mental illness. Follow as many of the suggestions as possible while protecting the safety of you, the person with mental illness, and anyone else at the scene.

Remember that people with mental illness who are aggressive or who make violent threats often feel threatened themselves and have the potential to become violent when they feel they are cornered. Police may defuse a potentially dangerous situation by being patient and remaining calm.

1. Appropriate Responses

   - Stay calm and don't overreact. Be helpful and professional.
   - Gather information from family or bystanders.
   - Indicate that you are trying to understand and help.
   - Speak simply and briefly and move slowly.
   - Remove distractions, upsetting influences, and disruptive people from the scene. Understand that you may not have a rational discussion.
   - Recognize that sensations, thoughts, frightening beliefs, sounds ("voices"), or the environment may overwhelm the person.
   - Be friendly, patient, accepting and encouraging, but remain firm and professional.
   - Be aware that your police uniform, gun, handcuffs and nightstick may frighten the person. Reassure him or her that you don't intend harm.
   - Recognize and acknowledge that the person's delusional or hallucinatory experience is real to him or her.
   - Announce your actions before initiating them.
   - Request a trained CIT trained officer when possible.
   - Engage mobile crisis services/crisis intervention.
   - Be conscientious of safety factors.
   - Take your time.
   - Ask permission, announce intentions, and tell them the obvious.
   - Use their name and build rapport.
   - Use positive words as - I'm here to help you.

2. Inappropriate Responses

   - Do not move suddenly, give orders rapidly or shout.

- Do not force discussion.
- Avoid direct, continuous eye contact.
- If possible, do not touch the person.
- Do not "crowd" the person or move into his or her "buffer zone" of comfort.
- Do not express anger, impatience or irritation.
- Do not assume that a person who doesn't respond to you cannot hear you, as mental illness does not cause deafness.
- Do not use inflammatory language, such as "wacko," "psycho," or "looney."
- Do not argue with delusional or hallucinatory statements, or mislead the person to think that you feel or think the same way.
- Do not rush and do not lose control.
- Don't talk too much, give them time to process.
- Do not rush the call, these incidents may take time.

C. Community Resources

Many of the non-dangerous/non-emergency calls the police receive involving people with mental illness are best handled by referring them to the local community programs and agencies that serve this population. Law enforcement officers should learn what community services are available, their times of operation, how to contact the community response team, and the procedures they follow.

Refer to the list of community agencies listed at the end of this General Order.

D. Disposition Determination

To help determine the appropriate disposition, evaluate the following about the individual:

- Present and past behavior;
- Dangerousness to self;
- Dangerousness to others;
- Ability to take care of him or herself;
- Availability of family or caregiver;
- Community support network;
- Whether or not he or she committed a crime; and
- The seriousness of the crime, if one was committed.

The decision about the disposition of an incident involving a person with mental illness should be appropriate to the situation and his or her condition. People who are confused, incoherent or unable to interact with others are vulnerable and should not be left on their own. Consider this a medical emergency.

E. Options for Disposition

- Release
- Release to family or caregiver
- Release and refer to a specific local program, agency or mental health provider
- Release with individual's agreement to seek examination voluntarily
- Call in mental health professional and turn individual over to professional
- Detain for involuntary examination (Emergency Detention via WI SS Chapter 51.15)
- Arrest, only if a crime has occurred

If an officer takes an individual into custody for any length of time and that individual is taking medication for his or her illness, he or she must continue to take it. If an arrest is made, the officer must advise personnel at the jail of that individual's need to continue his or her medication.

III. Emergency Detention

A. In those situations where a person is behaving in a manner that poses a serious danger to him or herself or others and must be removed from the scene, the officer will need to decide whether to arrest the person (if a crime has been committed) and/or transport him or her to a mental health facility for evaluation.

Reminder: Emergency Detention is not a CRIME.

Refer to information listed below under subheading "Wisconsin State Statute - Chapter 51.15" for criteria for detainment by a law enforcement officer.

When it has been determined that an individual is being placed under Emergency Detention, the officer is required to do the following:

- Notify Dispatch to contact the Oneida County Crisis Screener to conduct an assessment. The assessment may be onsite, telephonic, or at another location determined by the Oneida County Crisis screener and/or officer;
- Have the individual medically cleared, prior to transport to the location of detention;
- When the detained is transported to a hospital for medical clearance the following procedure shall be utilized.

  - The officer shall obtain a signature of the screener on the copy of the STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER. If the screener is not on scene, enter the screener's name on the form.
  - When a detainee is at a hospital for medical clearance the location of detention is the medical hospital to be entered on the form, NOT the medical clearance hospital. The officer will submit a copy of the STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER to the medical hospital staff (both medical clearance and detention hospitals), and either remain with the individual, if a flight or safety risk, or place a police hold on the individual for individuals admitted for medical clearance i.e. overdose detainees. (If a police hold is placed on an individual for the purpose of an emergency detention the officer shall complete the Departments "Notice of Police Hold" form. The original remains with the hospital staff the officer keeps a photo copy for the file).
  - Complete an offense field report, include a copy of the STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER and if applicable a copy of the Notice of Police Hold form in the case file. Officers must complete an offense field report prior to the end of their shift.
  - The officer will then turn over the original STATEMENT OF EMERGENCY DETENTION BY LAW ENFORCEMENT OFFICER, a copy of their offense field report and if applicable the Notice of Police Hold form to the Oneida County Corporation Counsel for court.
  - Once medical clearance is obtained, arrangements need to be made to transport the individual to the location of detention and stand by until the individual is admitted into the facility.

B. Chapter 51 - Interpretation

In the event an officer has a question regarding any aspect of WI SS Chapter 51, this information should be shared with the Chief or designee. They supervisor may contact the Oneida County Corporation Council for advise/resolution.

C. Wisconsin State Statute - Chapter 51.15

Emergency Detention is not a CRIME.

1. Criteria for Detainment by a Police Officer:

2. A law enforcement officer or other person authorized to take a child into custody under Chapter 48 or to take a juvenile into custody under Chapter 938 may take an individual into custody if the officer or person has cause to believe that such individual is mentally ill, drug dependent or developmentally disabled, and that the individual evidences any of the following:

- A substantial probability of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.

- A substantial probability of physical harm to other persons as manifested by evidence of recent homicidal or other violent behavior on his or her part, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm on his or her part.

- A substantial probability of physical impairment or injury to himself or herself due to impaired judgment, as manifested by evidence of a recent act or omission. The probability of physical impairment or injury is not substantial under this subdivision if reasonable provision for the individual's protection is available in the community and there is a reasonable probability that the individual will avail himself or herself of these services or, in the case of a minor, if the individual is appropriate for services or placement under s. 48.13 (4) or (11) or 938.13 (4). Food, shelter or other care provided to an individual who is substantially incapable of obtaining the care for himself or herself, by any person other than a treatment facility, does not constitute reasonable provision for the individual's protection available in the community under this subdivision.

- Behavior manifested by a recent act or omission that, due to mental illness or drug dependency, he or she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness or drug dependency.

- No substantial probability of harm under this subdivision exists if reasonable provision for the individual's treatment and protection is available in the community and there is a reasonable probability that the individual will avail himself or herself of these services, if the individual can receive protective placement under s. 55.06 or, in the case of a minor, if the individual is appropriate for services or placement under s. 48.13 (4) or (11) or 938.13 (4).

D. Rights of the Detained Individual:

Upon delivery of the individual, the treatment director of the facility, or his or her designee, shall determine within 24 hours whether the individual shall be detained, or shall be detained, evaluated, diagnosed and treated, if evaluation, diagnosis and treatment are permitted under sub. (8), and shall either release the individual or detain him or her for a period not to exceed 72 hours after delivery of the individual, exclusive of Saturdays, Sundays and legal holidays. If the treatment director, or his or her designee, determines that the individual is not eligible for commitment under s. 51.20 (1) (a), the treatment director shall release the individual immediately, unless otherwise authorized by law.

If the individual is detained, the treatment director or his or her designee may supplement in writing the statement filed by the law enforcement officer or other person, and shall designate whether the subject individual is believed to be mentally ill, developmentally disabled or drug dependent, if no designation was made by the law enforcement officer or other person. The director or designee may also include other specific information concerning his or her belief that the individual meets the standard for commitment. The treatment director or designee shall then promptly file the original statement together with any supplemental statement and notification of detention with the court having probate jurisdiction in the county in which the individual was taken into custody. The filing of the statement and notification has the same effect as a petition for commitment under s. 51.20.

E. Training

Training of this General Order and this topic will be conducted for all new officers via integration into the New Officer Field Training Program. Updates will be dispersed on an annual basis by

utilizing a combination of the following training formats: In-service, Training/Legal Update and Training Bulletins.

F. Community Resources:

1. Oneida County Crisis Intervention 715-369-2215

2. National Suicide Prevention Lifeline 1-800-273-8255

3. Ascension St. Mary's Hospital 715-361-2000 (Ask for Behavioral Health Unit)

4. Limberg and Associates Counseling LLC 715-356-6146

David J Jaeger

David J. Jaeger
Chief of Police

This General Order cancels and supersedes any and all written directives relative to the subject matter contained herein.

Initial 10/13/2017