CHESWOLD POLICE
Department of Public Safety

Interacting with Persons Affected by Mental Illness or in Crisis

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I. PURPOSE

The purpose of this policy is to provide guidance to employees when responding to or encountering situations involving persons displaying behaviors consistent with mental illness or crisis, and direction in the handling of individuals who may appear to be in a state of excited delirium.

II. POLICY

It is the policy of the Cheswold Police Department to follow appropriate guidelines when interacting with persons who appear to be affected by mental illness or who appear to be in crisis conditions.

It is the policy of the department that employees shall use this policy to assist them in determining whether a person's behavior is indicative of a mental illness or crisis and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

It is also be the policy of the department that the primary objectives of employees who encounter a person exhibiting behaviors symptomatic of excited delirium are rapid control of the subject and transfer to the care of emergency medical providers, as this person may be experiencing a medical emergency that could result in sudden death.

III. DEFINITIONS

Crisis: means an individual's emotional, physical, mental, or behavioral responses to an event or experience that result in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective.

Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response.

Any individual can experience a crisis reaction regardless of previous history of mental illness.

Crisis intervention team (CIT) training: means a forty (40) hour training curriculum based on the Memphis Police Department Crisis Intervention Team model of best practices for law enforcement intervention with persons who may have a mental illness, substance abuse disorder, an intellectual disability, developmental disability.

Danger or threat of danger to self, family or others: means substantial physical harm or threat of substantial physical harm upon self, family or others, including actions which deprive self, family, or others of the basic means of survival including provision for reasonable shelter, food or clothing.

Excited Delirium: A medical disorder generally characterized by observable behaviors including extreme mental and psychological excitement, intense agitation, hyperthermia often resulting in nudity, hostility, exceptional strength, endurance without apparent fatigue, and unusual calmness after restraint accompanied by a risk of sudden death.

Hypoxia: An inadequacy in the oxygen reaching the body's tissues.

Hyperthermia: Unusually high body temperature.

Hypoglycemia: Lower than usual level of blood glucose.

Mentally ill person: means a person with substantially impaired capacity to use self-control, judgment, or discretion in the conduct of the person's affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior or emotional symptoms can be related to physiological, psychological or social factors.

Positional Asphyxia: Occurs when the position of the body interferes with normal breathing. The inability to breathe creates a lack of oxygen in the body which may result in unconsciousness or suffocation. The inability to breathe properly may result from the body's position interfering with the muscular or mechanical function of breathing, from compromise or blocking of the airway or from some combination of the following:

* The body position most likely to contribute to positional asphyxia is that of being "hog- tied" (handcuffed behind the back, feet bound and raised towards hands and placed face down).

Note: Officers are strictly prohibited from the use of the "hog-tied" body position.

* However, positional asphyxia may occur even though the subject is not restrained in this manner.

* Additional factors that may contribute to positional asphyxia include:
    * The mental condition of the subject.
    * The presence of cocaine or other stimulating substances in the subject's system.
    * The anatomy of a subject.

IV. PROCEDURES

Law enforcement agencies across the country are increasingly required to respond to and intervene on behalf of people who are affected by mental illness or in emotional crisis. Persons experiencing a mental health crisis and their families rely on first responders, particularly law enforcement officers, to behave in an effective manner, treating the person affected by mental illness with compassion and respect.

Law enforcement officers who face these complex situations must be as fully prepared as possible so that they can respond in ways that ensure their safety, the public's safety, and the safety of the person in mental health crisis. Most response calls involving persons affected by mental illness are not the result of criminal behavior, but of behavior associated with emotional crisis.

Responding to situations involving individuals who officers reasonably believe to be affected by mental illness or in crisis carries potential for violence; requires an officers to make difficult judgments about the mental state and intent of the individual; and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability. The goal shall be to de-escalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities.

A. Training

1. All department officers receive documented entry level training on the recognition and handling of persons with known or suspected mental illness.

2. Refresher training on mental illness at least triennially for officers, sergeants, and lieutenants.

3. All Officers shall become CIT-trained, and shall initially attend the 40 approved crisis intervention team training, within three (3) years of service and subsequent training as required by the State of Delaware COPT. (All current officers, not certified at the time of this policy will be trained as classes become available)

4. Civilian employees shall receive initial entry level training on the recognition and handling of persons with known or suspected mental illness from their supervisor, as well as guidance from this policy.

B. Recognizing Abnormal Behavior

1. Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis.

2. Officers and civilian employees are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by mental illness or in crisis, with special emphasis on those that suggest potential violence and/or danger.

3. The following are generalized signs and symptoms of behavior that may suggest mental illness or crisis, although officers and civilian employees should not rule out other potential causes such as reactions to alcohol or psychoactive drugs of abuse, temporary emotional disturbances that are situational or medical conditions.

a. Use of repetitive words and phrases, such as "got to get home, got to get home" or "need to be safe, need to be safe," and/or use of repetitive gestures, including rocking, hand wringing, hand gestures or head movements.

b. Strong and unrelenting fear of persons, places, or things. Behavior is extremely inappropriate for a given context.

c. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.

d. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease).

e. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("Everyone is out to get me").

f. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors) and/or

g. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

C. Assessing Risk

1. Most persons affected by mental illness or in crisis are not dangerous and some may only present dangerous behavior under certain circumstances or conditions.

2. Officers and civilian employees may use several indicators to assess whether a person who reasonably appears to be affected by mental illness or in crisis represents potential danger to themselves, the officer, or others. These include the following:

a. The availability of any weapons.

b. Statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.

c. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the officer; or family, friends, or neighbors might provide such information.

d. The amount of self-control that the person displays, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.

1. A sudden, negative response to any changes in officer proximity, orientation (behind, to the side), or number of officers present may also be a sign of lack of self-control.

e. The volatility of the environment is a particularly relevant concern that officers must continually evaluate. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated.

3. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger, but it might diminish the potential for danger.

4. An individual affected by mental illness or emotional crisis may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's

physical presentation does not necessarily mean they will become violent or threatening, but officers or other employees should be prepared at all times for a rapid change in behavior.

D. Resources and Information

1. Employees may utilize the phone list to access available community mental health resources or provide useful information to the public. Note that this list is not all-inclusive.

2. Employees may advise individuals that other resources are located online, or they may contact the National Alliance on Mental Illness (NAMI).

ORDERED and EXECUTED this 30th day of June, 2020

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Christopher Workman
Chief of Police