



SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
Wyndmoor, Pennsylvania

Policy 2-08

Policy Title: Mental Illness and Intellectual Disabilities

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Rescinds: None

By Authority of:

Chief of Police

I. Purpose

Mental illness can affect persons at any age or socio-economic level. When an individual with mental illness is in crisis, requiring intervention, adequate and appropriate responses must be provided to prevent a devastating outcome. The police, as primary human service providers within the community, need to be sensitive to the needs of the mentally ill and be able to respond to mental health situations in a proactive, preventative, and professionally-responsible manner. This policy is developed and implemented to provide guidance to members of the Springfield Township Police Department in fulfilling that service objective.

II. Policy

It is the policy of the Springfield Township Police Department to view mental illness emergencies as being within the scope of police service responsibility and to ensure that mental health emergencies are managed appropriately with compassion, empathy, and sensitivity to the individual and / or their significant others, while maintaining the security of the situation. It is further the policy of the Springfield Township Police Department to comply with the provisions of the Mental Health Procedures Act of 1976, by instituting this written directive outlining the practices and procedures of Springfield Township Police officers when confronting and managing mental health related situations. Similarly, it is the policy of the Springfield Township Police Department to comply with the provisions of Chapter 72, Section 7203 of the PA Law and Justice (Title 44) in regard to mental health evaluations for law enforcement officers.

III. Recognition of Mental Illness

A. Definition – Mental Illness

1. 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. Mental illnesses are considered disorders in which people undergo recurrent problems in disposition, thought, judgment, and / or strange or inappropriate behavior. These disorders may manifest themselves in any altered mental functioning such as, but not limited to:
 1. Delusions - False beliefs that are strongly held despite convincing evidence to the contrary.
 2. Hallucinations - False sensory experiences that occur in the absence of any environmental stimulus.
 3. Disorders of thought (cognition) - The inability to quickly and accurately process information rationally.
 4. Impaired reality testing - The inability to accurately reflect their present situation.
 5. Inappropriate emotional states – Bizarre, exaggerated, or absent emotive expressions.
 6. Sustained or repeated irrational self-sabotaging behavior indicating the presence of any one or more symptoms.
- C. Officers should continually evaluate persons they come into contact with to assess whether characteristics of mental illness are present and may be contributing to an individual's presenting behavior.

IV. Encountering Individuals with Mental Illness

- A. Assessing Risk Factors for Violence
 1. Historical factors increasing potential for violence
 - i. History of past non-criminal violence
 - ii. Criminal history of violent acts
 - iii. Relationship violence both reported and non-reported
 2. Clinical factors increasing risk of potential for violence
 - i. Presence of major mental illness
 - ii. Substance abuse

- iii. Personality disorders
- iv. Exposure to de-stabilizers or hazardous conditions in which they are vulnerable or which may trigger violent episodes

B. Impairment Assessment

1. Determine officer safety as primary priority
 - i. Active situation
 - a) Secure subject and make the scene safe
 - b) Continue assessment when situation stabilizes
 - ii. Static Situation
 - a) Continue assessment protocol
 - b) Monitor for safety compromises
2. Attempt to establish dialogue (mere encounter)
 - i. Establish a personal conversation bridge that has a "here and now" relevance
 - ii. Reality test for perceptual distortion parameters
 - a) Understands "person" (who they are)
 - b) Understands "place" (where they are – location)
 - c) Understands "situation" (setting – circumstances)
 - iii. Assess responses
 - a) Appropriate or inappropriate for situation
 - b) Authentic or false / dramatic presentation
 - c) Patronizing or demeaning
 - iv. Develop
 - a) Trust between the officer and subject
 - b) Baseline foundations upon which to build rapport and relationship

3. Apply effective listening skills
 - i. Empathy – to accurately and sensitively understand the other person’s experience, feelings, and concerns
 - a) Attentiveness to the person’s words, voice, and body language
 - b) Accurate restatement of the person’s essential message
 - c) Accurate reflection of the person’s moment to moment feelings
 - ii. Genuineness – to interact with the other person without any pretense so that the officer will be perceived by the subject as:
 - a) Being role free – assuming no façade
 - b) Being spontaneous – communicating in an honest and open manner
 - c) Being consistent – saying and doing the same thing
 - d) Self-disclosure – owning one’s own feelings about what is happening at the present time
 - e) Using “I” statements – to show acceptance of responsibility for one’s own thinking, feeling, and acting
 - f) Staying in the “here and now”
4. Gather as much information as possible
 - i. What was happening that precipitated the call?
 - ii. What has the subject done or said that is threatening in the current situation?
 - iii. What has the subject done or said that is threatening in the past and have they done that act?
 - iv. Who in the family are they emotionally close to?
5. Assess the following elements:
 - i. Appearance and behavior
 - a) Neat
 - b) Clean

- c) Disheveled
 - d) Attitude toward the officers or others
 - e) Nervousness
- ii. Stream of thought
- a) Easy
 - b) Difficult or reluctant
 - c) One track conversation
 - d) Silent
 - e) Confused
 - f) Inappropriate responses
 - g) Expansive
- iii. Content of thought:
- a) Preoccupations or obsessions
 - b) Delusions
 - c) Derogatory comments
 - d) Grandiose statements
 - e) Unrealistic suspicions
 - f) Paranoid
 - g) Suicidal ideation
 - h) Rational or irrational thought
- iv. Affect (Is response appropriate for the situation)
- a) Happiness
 - b) Elation
 - c) Sadness

- d) Depression
 - e) Irritability
 - f) Anger
 - g) Confusion
 - h) Fear
 - i) Anxiety
 - j) Flat (no emotion)
- v. Cognition (intellectual functions):
- a) Sensorium (awareness) – alert, dull, drowsy, confused
 - b) Memory and orientation – immediate recall, memory of recent or long past events, recognition or date, location, people
 - c) Insight and judgment – feelings about present illness, the future

6. Interacting with mental illness

- i. An officer should:
- a) Continually assess the situation for danger.
 - b) Maintain adequate space between the officer and the subject.
 - c) Be calm.
 - d) Respond to apparent feelings rather than content (e.g. “you look / sound scared”).
 - e) Give firm, clear direction. If possible, only one person should talk to the subject.
 - f) Delusions and hallucinations should be responded to by talking about the person’s feelings rather than what they are saying (e.g. “that sounds frightening” or “I can see you are angry.”)
 - g) Be helpful. In most cases, individuals with mental illness will respond to questions concerning their basic needs.

- ii. An officer should not:
 - a) Stare at the subject, as this may be interpreted as a threat.
 - b) Confuse the subject - only one person should interact with the subject.
 - c) Give multiple choices.
 - d) Join into behavior related to the person's mental illness (e.g. agreeing or disagreeing with delusions / hallucinations).
 - e) Whisper, joke, or laugh, as this increases the person's suspiciousness and the potential for anger and / or violence.
 - f) Deceive the person.
 - g) Touch the person.

V. Resolution Procedures and Access to Community Mental Health Resources

- A. Situation management involving field contacts and / or interviews / interrogations
 - 1. It is important to remember that individuals with mental illnesses are often fearful and not processing information effectively during a contact with police officers.
 - 2. Effectively managing encounters requires officers to understand the "threat triad" where individuals with mental illnesses may be experiencing:
 - i. Feeling threatened – either physically or psychologically, or both.
 - ii. Feeling out of control – they may be delusional or just experiencing a subjective loss of personal control.
 - iii. Feeling out of options – they may respond with violence because they believe they have exhausted all other options.
- B. The following techniques should be considered in situation management:
 - 1. Interpersonal engagement de-escalation
 - i. Use dialogue and de-escalation techniques to slow the situation down, reduce anxiety, and improve compliance.
 - ii. Designate one officer as the contact officer and allow them to take the lead in the dialogue.

2. Reassure the individual that the officer wants everyone to be safe.
3. Model and reinforce calm behavior in helping the individual to regain a sense of control.
4. Take a problem-solving approach by deferring on an immediate decision and working through options with the individual. Encourage the person to become a willing participant. Patience and repetition should be the primary tools used by the contact officer.

C. Force Options

1. Should force options become necessary, officers shall follow the department's policy on Overcoming Resistance and Response to Active Aggression.

D. Mental Health Act

1. Voluntary Examination and Treatment

- i. Officers responding to calls for service involving mental health issues shall provide assistance to individuals, families, to other persons seeking voluntary services under the mental health act to the extent possible. Assistance may include, but not limited to:
 - a) Encouragement to seek treatment.
 - b) Transporting or arranging transport to a mental health facility.
 - c) Contacting Montgomery County Crisis Intervention.
 - d) Other mental health referrals.

2. Persons who may be subject to involuntary emergency examination and treatment

- i. A person is severely mentally disabled when, as a result of mental illness, their capacity to exercise self-control, judgment, and discretion in the conduct of their affairs and social relations, or to care for their own personal needs, is so lessened that they pose a clear and present danger of harm to others or themselves.
- ii. Determination of clear and present danger to others is shown when, within the past 30 days, the person has inflicted or attempted to inflict, serious bodily harm on another and that there is a reasonable probability that such conduct will be repeated.
- iii. Determination of clear and present danger to self is shown when, within the past 30 days:

- a) The person acted in such a manner that they would be unable, without care, supervision, and the continued assistance of others, to satisfy their need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury, or serious debilitation would ensure within 30 days unless adequate treatment was afforded.
- b) The person has attempted suicide and there is reasonable probability of suicide unless adequate treatment is afforded under this act. This includes threats to commit suicide along with the commission of acts that are in the furtherance of the threat to commit suicide.
- c) The person has substantially mutilated themselves, or attempted to mutilate themselves substantially, and that there is the reasonable probability of mutilation unless adequate treatment is afforded. This includes threats to mutilate themselves along with the commission of acts that are in the furtherance of the threat to mutilate themselves.

3. Involuntary emergency mental health examination

- i. Officers shall provide the necessary assistance to family members, or anyone with standing, who has observed the conduct necessary for an "application for examination," in contacting Montgomery County Crisis Intervention, a physician, or other authorized person, required to process an application when indicated by a person's behavior.
- ii. Officers, upon personal observation of the conduct of a person constituting reasonable grounds to believe that they are severely mentally disabled and in need of immediate treatment, and when no other family or authorized person is able to make application, shall take custody of such person and transport, or arrange for their transport, to an approved facility for an emergency examination.
 - a) Upon arrival, the officer shall complete the "Application for Involuntary Emergency Examination and Treatment" form, as required by the Mental Health Procedures Act of 1976, Section 302.
 - b) Officers shall also provide information to the receiving facility concerning the identity and observed behaviors of the person and assist with any other intake procedures as necessary.
- iii. Physicians, family members, or friends may have supplied the necessary information to obtain an involuntary commitment as per Section 302. Police officers are authorized to serve or assist in serving the Warrant for Emergency Examination. Department policies involving the serving of warrants shall be followed. When possible, it is recommended that a Montgomery County Crisis

Intervention worker be present to work together with the officers to get the person into custody with a minimum use of force.

E. Criminal Proceedings

Although alternatives to arrest should be considered in managing persons with mental illness in order to keep them out of the criminal justice system, nothing in this policy shall bar an officer from instituting any criminal proceeding for acts committed in violation of criminal or other statutory laws of the Commonwealth of municipality when such proceedings are necessary and appropriate.

F. Transportation of Individuals for Voluntary or Involuntary Examinations

Individuals being transported for voluntary or involuntary examinations who have exhibited signs of violence and / or require restraints to be utilized, or have a history of violence, should be transported by police officers. An ambulance may be requested and utilized for the transport; however, officers shall either ride with the ambulance or follow the ambulance to the appropriate facility. All policies regarding transport of individuals and the use of restraints shall be followed.

VI. Training Requirements

- A. All agency personnel who may have contact with the public shall receive entry-level training in dealing with persons suspected of suffering from mental illness.
- B. All agency personnel who may have contact with the public shall receive annual in-service training for dealing with persons suspected of suffering from mental illness.
- C. If any changes to the mental health statutes or department policy occur, training will be provided to department personnel within 90 days or as required by statute.

VII. Mandatory Mental Health Counseling Requirement for Law Enforcement Officers

- A. The department will comply with Chapter 72, Section 7203 of the Pennsylvania Law and Justice (Title 44) in regard to mental health evaluations for police officers:
 - 1. As a condition of continued employment, without cost to the law enforcement officer, the department shall provide an officer with a mental health evaluation for post-traumatic stress disorder by a licensed mental health professional for any of the following reasons:
 - a. Upon request of the law enforcement officer
 - b. Upon recommendation of the Chief of Police or another supervisor within the police department

- c. Within 30 days of an incident of the use of deadly (lethal) force during the course of law enforcement duties
2. Treatment: If a licensed mental health professional determines during a mental health evaluation that a law enforcement officer has symptoms of post-traumatic stress disorder, the law enforcement officer shall be provided with treatment by a licensed mental health care professional until the licensed mental health care professional determines that the law enforcement officer is able to resume full duties.
3. An officer shall be assigned to administrative duties if the officer either:
 - a. Fails to undergo a scheduled mental health evaluation as required under VII (A) 1 above; or
 - b. Is not yet able to resume full duties as determined by a license mental health professional.

