



**CHEVY CHASE  
VILLAGE  
POLICE  
DEPARTMENT**

*[Signature]*

Police Chief: John Fitzgerald

**GENERAL ORDER: 5-25 RESPONDING TO PERSONS WITH  
MENTAL ILLNESS**

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DISTRIBUTION:    **All Personnel**

**I. POLICY**

- A. Agency personnel shall afford people with mental illnesses the same rights, dignity and access to police, Village government and community services at the same levels provided to all citizens.
- B. The Americans with Disabilities Act (ADA) requires equal treatment for people with disabilities in all state and local government services, including law enforcement. The ADA requires law enforcement agencies to make reasonable adjustments and modifications in policies, practices, or procedures on a case-by-case basis. For example, if a person exhibits symptoms of mental illness, agency personnel may need to modify routine practices and procedures by taking more time and showing more sensitivity to extend the services or protections that would be extended to someone who does not display these symptoms.

**II. PURPOSE**

This policy is intended to address the most common types of interactions with mentally ill persons and provide guidance to agency personnel when dealing with such individuals.

**III. GUIDELINES**

- A. Many people with mental illnesses manage symptoms successfully with the proper use of medications, while others may experience psychiatric difficulties if they do not have access to mental health services, fail to take their medications or simply do not recognize that they are ill.
- B. All employees must ensure that people with mental illness receive the necessary assistance to access our services. This requires time and patience beyond what is normally provided.
- C. Individuals with a mental illness may 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.
- D. Officers and agency personnel must recognize that responses from people with certain mental illnesses

may resemble those of people who have abused substances such as alcohol or drugs. Individuals may exhibit signs that they are intoxicated when in fact they have not taken their prescribed medications.

**IV. MENTAL ILLNESS**

- 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. Practitioners estimate that ten percent of the U. S. population has some type of mental illness.

**V. MEMORY IMPAIRED PERSONS**

- A. Alzheimer's disease causes intellectual deterioration in adults severe enough to dramatically interfere with occupational or social performance.
- B. Alzheimer's disease is a progressive, degenerative brain disorder that fits under the broad category of dementia. Many Alzheimer victims tend to wander and can have difficulty distinguishing between fantasy and reality.
- C. Establishing a level of communication with memory impaired persons is essential in order to render assistance. Officers should exercise patience and communicate calmly and slowly when encountering memory-impaired persons.
- D. One important function of the officer is to assist with the reuniting of memory-impaired persons with family members or primary care providers in a timely fashion utilizing available resources.

**VI. COMMON SYMPTOMS**

- A. Symptoms of mental illness may vary but mentally ill persons have thoughts, feelings, or behavioral characteristics which may result in an inability to cope with the ordinary demands of life. 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 prove useful in recognizing warning signs of mental illness.

- Social withdrawal
- Sitting and doing nothing
- Withdrawal from family, friends; abnormal self-centeredness
- Dropping out of activities such as occupations and hobbies
- Decline in academic or athletic performance
- Loss of interest in once pleasurable activities
- Expression of hopelessness, helplessness, inadequacy
- Changes in appetite, weight loss or gain
- Behaviors unrelated to events or circumstances
- Excessive fatigue or inability to sleep
- Pessimism and perceiving the world as “dead”
- Thinking or talking about suicide
- Inability to concentrate or cope with minor problems
- Irrational statements, poor reasoning, memory, *or* judgment
- Expressing ideas of being harassed or threatened
- Nonsensical speech, word repetition, extremely slow speech
- Argumentative, belligerent or hostile behavior
- Inability to cry or excessive crying
- Nonverbal expressions of sadness or grief
- Hyperactivity or inactivity or alterations between the two
- Deterioration in personal hygiene and appearance
- Drug or alcohol abuse
- Forgetfulness or loss of valuable possessions
- Inappropriate use of household items, e.g. aluminum foil covering windows
- Accumulation of trash, hoarding string, newspapers, etc.
- Disorientation in time *and/or* place
- Becoming disoriented in familiar settings

B. The degree to which these symptoms exist varies from person to person. Many of these symptoms represent internal, emotional states that are not readily observable from a distance but are noticeable in conversation with the person.

## VII. RESPONSE TO PEOPLE WITH MENTAL ILLNESS

- A. *Some* 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 as a result of 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 mental illness and others at the scene, the officer should:
- speak calmly *and softly*; loud, stern tones will likely have either no effect or a negative effect on the individual
  - use non-threatening body language and if possible, keep your hands by your sides
  - eliminate to the degree possible all loud sounds, bright lights, sirens, and crowds and try moving the individual to a calm environment
  - look for personal identification or medical tags which often provide a contact name and telephone number
  - contact the caregiver who often is the best resource for specific advice on calming the person and ensuring officer’s safety until the caregiver arrives
  - prepare yourself for time consuming interactions as mentally-impaired persons should not be rushed unless there is an emergency; *allow plenty of time for answers to come*
  - repeat short, direct phrases as too much talking can distract and cause confusion
  - *Some* mentally ill persons have sensory impairments that make it difficult to process information. Officers should avoid touching the person unless absolutely necessary; use soft gestures, avoid quick movements and do not automatically interpret odd behavior as belligerent
  - be conscious of different forms of communication as mentally ill persons often use signals or gestures instead of words to communicate
  - do not get angry, maintain calmness and patience
  - maintain a safe distance

D. Once sufficient information is collected about the nature of the incident and the situation is stabilized, officers may exercise a wide range of options when selecting an appropriate disposition.

- Refer or transport the person for medical attention if injured or abused
- Disengage and conclude the interaction without taking any action
- Release to care of family, caregiver or mental health provider
- Refer or transport to substance abuse services
- Assist in arranging voluntary admission to a mental health facility if requested
- Transport for involuntary emergency psychiatric evaluation if the person's behavior meets the criteria for this action

### VIII. INTERVIEW AND INTERROGATION

A. Officers attempting to conduct an interview of a mentally ill or cognitively impaired person must consider whether, based upon the nature of the mental illness or cognitive impairment, the person is able to understand her/his situation, the interviewer's questions, and the consequences of the answers. These considerations are especially critical if the person is being interviewed as a suspect.

B. Interviewing officers should keep the following in mind:

- Do not interpret lack of eye contact or strange actions as indicative of deceit
- Use simple and straightforward language
- Do not employ common interrogation techniques, suggest answers, attempt to complete thoughts of persons slow to respond
- Recognize that the individual might be easily manipulated and highly suggestible

### IX. CUSTODY

A. If an individual with a mental, emotional, or psychological illness is taken into custody, officers will make responsible efforts to use the least restraint possible and protect the arrestee from self-injury. 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 person or the officer. Officers may wish to consider a transport by Fire/Rescue personnel and utilize leather restraints.

B. In a misdemeanor incident where an individual is apparently mentally ill, officers should seek

non-arrest resolutions. The most desired resolution is voluntary admission to an appropriate mental health facility or reuniting the person with caregivers. However, when public safety is at issue, officers will follow Maryland Code, Health General Article 10-620 et seq., regarding involuntary emergency evaluation:

1. INVOLUNTARY ADMISSION: A higher level of law enforcement intervention is required when officers encounter the following scenarios:

- i. The person is imminently dangerous to self or others.
- ii. The person is unable to care for self (unable or refuses to accept intervention which would meet minimum needs for food, clothes, shelter or physical well being).
- iii. 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 immediate threat to themselves or others, a relative or 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 personally observe the actions of the individual and have reason to believe that the person is in clear and imminent danger of causing personal harm to himself or others, should be transported to Suburban hospital or another appropriate facility.

i. At the hospital the officer must complete the Petition for Emergency Evaluation form (CC-DC #13).

ii. The officer must also complete the Certification by Peace Officer form (CC-DC #14).

iii. The officer must complete an event report detailing circumstances of the event which led to the involuntary admission application.

### X. AVAILABLE RESOURCES

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

- **Montgomery County Crisis Center—**  
**1301 Piccard Drive, Rockville, MD 20850:**  
the crisis center is open 24/7 and can assist the officer with appropriate referrals. The officer should call the center and talk to a counselor who can assist with housing, therapy, and mental health evaluations. The center also has a Mobile Crisis Team that may be available to respond to the scene and assist in evaluating the person.
- **Montgomery County Police’s Victim Assistance Unit:** *Each district station has a specialist as follows:*
  - ◇ 1st District Station Specialist (Rockville) – [REDACTED]
  - ◇ 2nd District Station Specialist (Bethesda) – [REDACTED]
  - ◇ 3rd District Station Specialist (Silver Spring) – [REDACTED]
  - ◇ 4th District Station Specialist (Wheaton) – [REDACTED]
  - ◇ 5th District Station Specialist (Germantown) – [REDACTED]
  - ◇ 6th District Station Specialist (Gaithersburg) – [REDACTED]
- Montgomery County Hotline [REDACTED] the Mental Health Association sponsors the hotline and is staffed 24/7 and can be used by anyone.
- Suburban *Hospital*: the officer can use this resource for voluntary or involuntary admissions.
- **National Alliance for the Mentally Ill, Montgomery County branch, 9210 Corporate Blvd Suite 170, Rockville, MD 20850 301) 949-5852:** this group works with family members of mentally ill persons.

- Local conferences and training programs

**XI. TRAINING**

- A. Newly hired personnel shall receive training in department procedures set forth in this General Order.
- B. Refresher training for personnel will include but is not limited to:
  - Field Training Program
  - Roll Call Binder
  - Policy review during periodic personnel meetings
  - In-Service programs

This document voids the previous version dated 5/15/2008.