

WOLFEBORO POLICE DEPARTMENT

SOP 4.22

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[Note: This written directive is for the internal governance of the Wolfeboro Police Department and, as provided by RSA 516:36, is not intended and should not be interpreted to establish a higher standard of care in any civil or criminal action than would otherwise be applicable under existing law.]

By Order of:
Dean J. Rondeau, Chief of Police

DEALING WITH THE MENTALLY ILL

Policy To establish a policy and procedure regarding the interaction of employees with persons suffering from or suspected of suffering from a mental illness.

Purpose The Wolfeboro Police Department shall cooperate and work with mental health facilities as necessary and appropriate as it concerns interacting with persons suffering from or suspected of suffering from mental illness.
To cover the following:

Recognizing Guidelines	Training Resources
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Recognizing

Mental illness refers to any of the various conditions characterized by impairment of an individual's normal cognitive, emotional, behavioral functioning, caused by social, psychological, biochemical, genetic, or other factors; such as infection or head trauma.

Mental disorders are characterized by abnormalities in cognition, emotion or mood, or the highest integrative aspects of behavior, such as social interactions or planning of future activities.

Persons suffering from any of the severe mental disorders (illnesses) have a variety of symptoms that may include inappropriate anxiety, disturbances of thought and perception, dysregulation of mood, and cognitive dysfunction.

Excited delirium is characterized as a condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength. It is a result of

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a neural chemical imbalance in the brain. Excited delirium arises most commonly in subjects with a history of serious mental illness; and/or acute or chronic drug abuse.

The most common and disabling manifestations of mental disorders are anxiety, psychosis, mood disturbances, and cognitive impairments.

Anxiety is a state of apprehension, uncertainty, and fear resulting from the anticipation of a realistic or fantasized threatening event or situation, often impairing physical and psychological functioning. Anxiety disorders include generalized anxiety disorder, panic attacks, phobias, obsessive-compulsive disorder, and post-traumatic stress disorder.

Common signs of acute anxiety include:

- a. Feeling of fear or dread;
- b. Trembling, restlessness, and muscle tension;
- c. Rapid heart rate;
- d. Lightheadedness or dizziness;
- e. Perspiration;
- f. Cold hands/feet; and/or
- g. Shortness of breath.

Psychosis is a severe mental disorder, with or without organic damage, characterized by derangement of personality and loss of contact with reality and causing deterioration of normal social functioning. Psychotic disorders include schizophrenia and manic-depressive illness. Common signs of psychosis include:

- a. Hallucinations;
- b. Delusions;
- c. Disorganized thoughts and behaviors;
- d. Loose or illogical thoughts; Agitation;
- f. Flat or blunted affect;
- g. Lack of concrete thoughts;
- h. Inability to experience pleasure (Anhedonia); and/or
- i. Poor motivation, spontaneity, and initiative.

Disturbances of mood characteristically manifest themselves as a sustained feeling of sadness or sustained elevation of mood. Disorders of mood include major depression and bipolar disorder. Symptoms commonly associated with disturbances of mood include;

- a. Persistent sadness or despair;
- b. Insomnia;
- c. Decreased appetite;

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- d. Psychomotor retardation;
- e. Anhedonia (the inability to experience pleasure);
- f. Irritability; Apathy, poor motivation, social withdrawal;
- h. Hopelessness;
- i. Poor self-esteem, feelings of helplessness;
- j. Suicidal ideation;
- k. Persistently elevated or euphoric mood;
- l. Inappropriately high self-esteem;
- m. Psychomotor agitation;
- n. Decreased sleep;
- o. Racing thoughts and distractibility;
- p. Poor judgment and impaired impulse control; and/or
- q. Rapid or pressured speech.

Disturbances of cognition refer to an impaired ability to organize, process, and recall information. Disorders of cognition include dementia and Alzheimer's disease. Symptoms associated with disturbances of cognition include:

- a. Short term memory loss or impairment;
- b. Impaired attention span;
- c. Impaired concentration;
- d. Inability to perform higher intellectual functions;
- e. Impaired language abilities; and/or
- f. Inability to perform activities of daily living.

Officers are trained as part of their basic law enforcement curriculum and during in-service training to recognize possible verbal, behavioral, or environmental cues that could suggest the existence of a mental illness.

Verbal Cues -- these may include:

- (1) Illogical thoughts
 - (a) Expressing a combination of unrelated or abstract topics.
 - (b) Expressing thoughts of greatness, (e.g., person believes he is God).
 - (c) Expressing ideas of being harassed or threatened, (e.g., CIA Monitoring thoughts through TV set).
 - (d) Preoccupation with death, germs, guilt, etc.
- (2) Unusual speech patterns
 - (a) Nonsensical speech or chatter
 - (b) Word repetition -- frequently stating the same or rhyming words or phrases.
 - (c) Pressured speech -- expressing urgency in manner of speaking.
 - (d) Extremely slow speech.
- (3) Verbal hostility or excitement
 - (a) Talking excitedly or loudly.
 - (b) Argumentative, belligerent, unreasonably hostile.
 - (c) Threatening harm to self or others.

Behavioral Cues -- these may include:

- (1) Physical appearance
 - (a) Inappropriate to environment – (e.g., shorts in winter, heavy coats in Summer).
 - (b) Bizarre clothing or makeup, taking into account current trends
- (2) Bodily movements:
 - (a) Strange postures or mannerisms.
 - (b) Lethargic, sluggish movements.
 - (c) Repetitious, ritualistic movements.
- (3) Seeing or hearing things that aren't able to be confirmed.
- (4) Confusion about or unawareness of surroundings.
- (5) Lack of emotional response.
- (6) Causing injury to self.
- (7) Nonverbal expressions of sadness or grief.
- (8) Inappropriate emotional reactions.
 - (a) Overreacting to situations in an overly angry or frightening way.
 - (b) Reacting with opposite of expected emotion – (e.g., laughing at auto Accident).

Guidelines for dealing with the Mentally Ill.

Contact with Persons Who Are Mentally Ill.

The two federal laws which prohibit discrimination based on disability are the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

Both Title II of ADA and Section 504 require that first responders provide victims of a crime, who have a disability, with an equal opportunity to benefit from and participate in all programs, services, and activities of the law.

As a first responder, a situation may arise where you are required to make reasonable modifications to accommodate crime victims who have a disability.

Provide for victims who are mentally challenged with care by a family member, guardian or mental health service provider before leaving the scene.

Offenders

If the individual with a mental illness is the offender, the officer may determine that an involuntary commitment to a mental facility is necessary. The officer's shift supervisor shall proceed directly to the location. In this case, the officer will restrain the accused and follow emergency commitment procedures.

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The officer will still proceed with the criminal process once the situation is stabilized.

Call for Assistance

Responding to a call involving an individual with a mental disorder who is requesting assistance or resource information.
The officer shall refer the individual or family members to an appropriate mental health service provider.
If a voluntary or involuntary commitment is determined to be appropriate, the officer will assist the individual or family in the process.

Mental Health Resources

Dispatch maintains a list and options that are current.

Guidelines

REDACTED

Training

The NH Police Academy provides a block on Mental Illness.
An in-service refresher class on Mental Illness will be given periodically .
