



Revised: 6/13/2013

**245 ASSISTING THE
MENTALLY ILL**

Issued: 4/29/2011

245 ASSISTING THE MENTALLY ILL

PURPOSE

The purpose of this General Order is to establish guidelines and procedures for assisting mentally ill persons.

POLICY

The Las Cruces Police Department (LCPD) shall call upon available resources to help bring a desirable resolution to incidents involving the mentally ill in a responsible and thoughtful manner. The department will call upon a Crisis Intervention Trained (CIT) officer when available.

APPLICABILITY

This General Order applies to all employees. This General Order supersedes all previous versions.

REFERENCES

- NMSA 43-1-10 (1978), Emergency Mental Health Evaluation and Care

DEFINITIONS

Mental Illness- A substantial disorder of a person's emotional, thought or cognitive process that grossly impairs judgement, behavior or the capacity to recognize reality. A person may suffer from mental illness when he or she displays an inability to think rationally and / or exercise adequate control over behavior or impulses (for example, aggressive, suicidal, homicidal or sexual). This may include the inability to take reasonable care of his / her welfare with regard to basic provisions for clothing, food, shelter or safety.

Grave Passive Neglect- Failure to provide for one's basic personal needs, medical needs, or for one's own safety to such an extent that it is likely to result in bodily harm.

Certificate of Evaluation- A document completed by a qualified mental health provider that certifies a person, as a result of mental disorder, presents a likelihood of harm to him/herself or others, and that immediate detention is necessary to prevent such harm.



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245.01 PROCEDURE

- A. Any police contact with the public has the potential of risk of harm to the subject or the officer. Among the tools available to the officer to minimize this risk is his/her ability to assess the mental state of the person. Given the unpredictability of persons suffering from mental illness, officers should never sacrifice their safety or that of others. In the context of enforcement and related activities, officers shall be guided by New Mexico law regarding the detention of the mentally ill. Officers shall use this policy to assist them in defining whether a person's behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.
- B. When persons exhibit mental illness to the extent they are not able to care for themselves, the department's primary concern shall be the protection of that mentally ill person. Officers shall direct their efforts to assure proper medical examinations of all persons experiencing such personal crises, and should consider diverting non-violent mentally ill persons to an appropriate mental health care provider.

245.02 RECOGNIZING ABNORMAL BEHAVIOR

- A. Officers should be able to recognize behavior that is indicative of mental illness and that is potentially dangerous to him / her or others. Officers should not rule out other causes of abnormal behavior such as reactions to drugs, alcohol or temporary emotional disturbances. Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. Officers should evaluate the following symptomatic behaviors within the total context of the situation when determining a person's mental state and the need for intervention absent the commission of a crime.
 - 1. **Degree of Reaction** - Mentally ill persons may show signs of strong and unrelenting fear of persons, places or things. For example, the fear of people or crowds may make the person reclusive or aggressive without apparent provocation.
 - 2. **Appropriateness of Behavior** - A person who acts extremely inappropriate for a given situation may be mentally ill. For example, a motorist who vents frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.



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3. **Extreme Rigidity or Inflexibility** - Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may exhibit inappropriate or aggressive behavior.
4. **Other Specific Behaviors:**
 - a. Abnormal memory losses such as name address or telephone number, (This may be attributed to other physical ailments such as injury or Alzheimer's disease).
 - b. Delusions, the belief in thoughts or ideas that are false or paranoia, for example, "I am Christ" or "Everyone is out to get me"
 - c. Hallucinations of any of the five senses, for example, hearing voices, feeling one's skin crawl, smelling strange odors, etc.
 - d. Belief that the person is suffering from extraordinary physical illnesses that are not possible such as their heart has stopped beating.
 - e. Extreme fright or depression.

245.03 DETERMINING DANGER

- A. **Not all mentally ill persons are dangerous.** Some mentally ill persons may be dangerous only under certain circumstances. Specific indicators may exist to assist the officer in determining if an apparently mentally ill person represents an immediate or potential danger to him / herself, the officer, or others. Such indicators include but are not limited to the following:
 1. The availability of weapons to the person.
 2. Substantiated statements (direct threats or subtle innuendo) by the person indicating that he or she is prepared to commit a violent or dangerous act.
 3. Personal history, known or provided, that reflects prior violence under similar circumstances.
 4. Failure to commit a violent or dangerous act prior to the arrival of the officer does not guarantee that such an act will not occur.



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5. The lack of physical control the person demonstrates over his or her emotions of rage, anger, fright and agitation, characterized by:
 - a. The inability to sit still.
 - b. The inability to communicate effectively; rambling thoughts and speech.
 - c. Wide eyes.
 - d. Clutching oneself or objects to maintain control.
 - e. Begging to be left alone.
 - f. Frantic assurances that he or she is alright.
 6. The volatility of the environment is a relevant factor the officer should evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.
- B. Mental illness is not a crime and does not, in itself, justify or require intervention by police. There are many mentally ill persons who are capable of functioning on their own without danger to themselves or others, and legally cannot be taken into police custody because of their mental illness. Intervention by police is justified only when their behavior or actions demonstrate actual danger to themselves or others, or a reasonable probability of such danger exist. It is the purpose of this policy to provide guidance to law enforcement officers when dealing with suspected mentally ill persons.

245.04 ASSISTING MENTALLY ILL PERSONS

- A. When an officer believes that a subject may be mentally ill and a potential threat to him or herself, the officer, others, or may otherwise require law enforcement intervention as prescribed by statute, the following responses may be taken:
 1. Ensure that backup officers are present before taking any action.
 2. If possible, try to obtain any information on the subject from family or friends.
 3. Attempt to calm the situation:
 - a. Cease emergency lights and sirens if practical.



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- b. Disperse crowds.
- c. Approach the person in a quiet, non-threatening manner.
- d. Avoid physical contact while assessing the situation.
- e. Move slowly, being careful to avoid exciting the person.
- f. Use appropriate communication to:
 - 1. Provide reassurance that the police are there to help and that appropriate care will be provided.
 - 2. Attempt to find out what is bothering the person.
 - 3. Relate to the person's concerns, allowing him/her to vent their feelings.
- g. Avoid topics that may agitate the person, and guide the conversation towards topics that seem to ease the situation.
- h. Always be truthful. If the person perceives deception, he / she may withdraw and further complicate the situation.
- i. Do not threaten the person with arrest or physical harm.

245.05 PROCEDURES FOR EMERGENCY MENTAL HEALTH EVALUATION

- A. In accordance with NMSA 43-1-10, a law enforcement officer may detain a person for an emergency evaluation and care at a hospital in the absence of a valid court order only if:
 - 1. The person is otherwise subject to arrest.
 - 2. The officer has reasonable grounds to believe the person has just attempted suicide.
 - 3. The officer, based on personal observation and investigation, has reasonable grounds to believe the person, as a result of a mental disorder, presents a likelihood of a serious threat of harm to him / herself or others and immediate detention is necessary to prevent such harm.



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4. Immediately upon arrival at the evaluation facility, the admitting physician or his/her designee shall interview the officer.
 5. When a licensed physician or a certified psychologist has certified that the person, as a result of a mental disorder, presents the likelihood to commit serious harm to him / her or others, and that immediate detention is necessary to prevent such harm, such certification shall constitute authority for the officer to have the person transported to an appropriate treatment facility.
- B. If a person meets the criteria for an emergency mental evaluation, the officer shall place that person in protective custody, regardless of the person's "voluntariness", and transport them to the evaluation facility. Persons who are compliant and are requesting a voluntary evaluation and pose no threat to the officer do not need to be handcuffed. Persons with physical injuries requiring more than basic first aid may be transported by ambulance; officers shall take reasonable steps to ensure the safety of ambulance personnel during transport, such as riding in the ambulance or handcuffing the person where appropriate. Officers shall avoid transporting non-injured persons to the evaluation facility in an ambulance. If possible, the officer will ascertain the person's health care provider information and arrange for the person to be transported to an appropriate facility. Officers shall report all protective custody incidents using offense code **38EA – PROTECTIVE CUSTODY, SUICIDAL** or **38EB – PROTECTIVE CUSTODY, MENTAL**.

245.06 DEPLOYMENT OF THE CRISIS INTERVENTION TRAINED OFFICERS

- A. The Crisis Intervention Trained (CIT) Officers composed of uniformed and plain clothes officers who function within their respective shifts, units or teams as specialists, trained in handling calls involving the mentally ill, as well as other calls of crisis not related to mental illness.
- B. When available, CIT Officers should respond as primary officers to calls meeting the following criteria:
 1. Any incident when a mental illness precipitated a response by law enforcement.
 2. Any incident when a person poses a risk to themselves or others.
 3. Incidents involving grave passive neglect.



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C. CIT Officers draw from their training and experience to ensure that an appropriate intervention takes place during and following a crisis response.

245.07 CRISIS INTERVENTION TRAINED OFFICERS ORGANIZATION AND RESPONSIBILITIES

A. CIT Officer's responsibilities include:

1. Attending and successfully completing a CIT training course.
2. Responding, when available, as primary officer to calls in which mental illness is believed to be a factor.
3. Responding, when available, as primary officer to calls when a person represents a danger to him / herself or others.
4. Being responsible for completion of the appropriate documentation.
5. Volunteering to respond to calls for service meeting the criteria outlined in this general order, if such a call is brought to their attention.
6. Working in cooperation with mental health care providers in an effort to ensure that the most appropriate intervention response occurs.

245.08 REPORTING

Whenever an intervention is initiated by any employee, and mental illness is determined to be a factor, and the person did not meet the eligibility to be placed into protective custody, the employee shall document the encounter in an incident report using offense code **28(I) – Mentally Ill Person**, as either the primary offense code or, when appropriate, a secondary offense code.