



WHITEMARSH TOWNSHIP POLICE DEPARTMENT Lafayette Hill, Pennsylvania	
General Order <input checked="" type="checkbox"/> Special Order <input type="checkbox"/>	ORDER NUMBER 2.7.8

Subject: Mental Illness		
Relevant Pennsylvania Law Enforcement Accreditation Commission Standards: 2.7.8		
Date of Issue April 29, 2020	Effective Date April 29, 2020	Expiration Date Until Amended or Rescinded
Amends	Rescinds All Previous General orders Relative to Subject	
Authorization: Chief Christopher P. Ward		
Distribution <ol style="list-style-type: none"> 1. General Order Manuals 2. Master Records File 3. Training Verification for all Personnel 		

I. PURPOSE

The purpose of this general order is to establish responsibilities and guidelines for dealing with persons suffering from Mental Illness.

II. POLICY

Mental illness can affect persons at any age or socio-economic level. The impact to the individual, their significant others, the community and society generally can be debilitating and ultimately devastating if adequate and appropriate responses are not provided. 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 Whitemarsh Township Police Department in fulfilling that service objective.

It is the policy of the Whitemarsh Township Police Department to view mental illness emergencies as being within the scope of police service responsibility and to insure that mental health emergencies are managed appropriately with compassion, empathy and sensitivity to the individual and/or their significant others. It is further the policy of the Whitemarsh 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 Whitemarsh Township police officers when confronting and managing mental health related situations.

III. PROCEDURES

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

- i. Assessing risk factors for violence**
 - 1. Historical factors increasing risk of potential for violence**
 - a. History of past non-criminal violence**
 - b. Criminal history of violent acts**
 - c. Relationship violence both reported and non-reported**
 - 2. Clinical Factors increasing risk of potential violence**
 - a. Presence of major mental illness**
 - b. Substance abuse**
 - c. Personality disorders**
 - d. Exposure to de-stabilizers or hazardous conditions in which they are vulnerable or which may trigger violent episodes**
- ii. Impairment Assessment**
 - 1. Determine Member safety as a primary priority**
 - a. Active situation**
 - i. Secure subject(s) and make scene safe applying the departmental Use of Force Continuum as appropriate.**
 - ii. Continue assessment when situation stabilizes and is static.**
 - b. Static situation**
 - i. Continue assessment protocol**
 - ii. Monitor for safety compromises**
 - 2. Attempt to establish dialogue (mere encounter)**
 - a. Establish personal conversation bridge which has a “here” and “now” relevance.**

b. Reality test for perceptual distortion parameters.

- i.** Understands “Person” (who he/she is)
- ii.** Understands “Place” (where he/she is- location)
- iii.** Understand “Situation” (setting- circumstances)

c. Assess responses

- i.** Appropriate or inappropriate for situation
- ii.** Authentic or false/dramatic presentation
- iii.** Patronizing or demeaning

d. Develop:

- i.** Trust between the Member and the subject
- ii.** Baseline foundation upon which to build rapport and relationship

3. Apply effective listening skills

a. Empathy- to accurately and sensitively understand the other person’s experience, feelings and concerns.

- i.** Attentiveness- to the person’s words, voice and body language.
- ii.** Accurate restatement- of person’s essential message.
- iii.** Accurate reflection- of person’s moment to moment feelings.

b. Genuineness- to interact with the other person without any pretense so that the Member will be perceived by the subject as:

- i.** Being role free- assuming no façade

b. Stream of thought

- i. Easy**
- ii. Difficult or reluctant**
- iii. One track conversation**
- iv. Silent**
- v. Confused**
- vi. Inappropriate responses**
- vii. Expansive**

c. Content of thought

- i. Preoccupations or obsessions**
- ii. Delusions**
- iii. Derogatory comments**
- iv. Grandiose statements**
- v. Unrealistic suspicions**
- vi. Paranoid**
- vii. Suicide idealization**
- viii. Rational or irrational thought**

d. Affect

- i. Happiness**
- ii. Elation**
- iii. Sadness**
- iv. Depression**
- v. Irritability**

- vi.** Anger
 - vii.** Confusion
 - viii.** Fear
 - ix.** Anxiety
- e.** Cognition (intellectual function)
- i.** Sensorium (awareness)- alert, dull, drowsy, confused
 - ii.** Memory and orientation- immediate recall, memory of recent or long past events, recognition of date, location, people.
 - iii.** Insight and judgement- feeling about present illness, the future.

6. Interacting with the mentally ill

- a.** The mentally ill person in a crisis situation is generally afraid. Therefore, Members should consider the following in their interactions:
 - i.** You should:
 - 1.** Assess the situation for dangerousness continually
 - 2.** Maintain adequate space between you and subject
 - 3.** Be calm
 - 4.** Respond to apparent feelings rather than content (i.e. “You look/ sound scared”)
 - 5.** Give firm, clear direction. The subject is probably already confused and may have trouble making even the simplest decision. It is recommended that one person talk to subject.

6. Delusions and hallucinations should be responded to by talking about the person's feelings rather than what they are saying (i.e. "That sounds frightening", "I can see you are angry")
7. Be helpful. In most cases, mentally ill persons will respond to questions concerning their basic needs (e.g., safety) "What would make you feel safer/calmer, etc."

ii. You should not:

1. Stare at subject as this may be interpreted as a threat;
2. Invade personal space;
3. Stand behind the subject;
4. Confuse the subject- One person should interact with the subject. If direction or command is given, follow through;
5. Give multiple choices- Giving multiple choices increases the person's confusion;
6. Join into behavior related to the person's mental illness (e.g., agreeing/disagreeing with delusion/hallucinations);
7. Whisper, joke or laugh- Increases the person's suspiciousness with potential for anger and/or violence;
8. Deceive the person- Being dishonest increase fear and suspicion; person will likely discover the dishonesty and remember it an any subsequent contacts;

- 9.** Touch the person- Although touching can be helpful to some people who are upset, for the disturbed mentally ill person it may cause more fear and lead to anger and/ or violence.

7. Interviews and Interrogations

- a.** If members determine a mentally ill person must be interviewed or interrogated, members will contact the on-duty Assistant District Attorney for directions on the proper procedure to be followed.

c. Resolution Procedures

i. Situation Management

- 1.** It is important to remember that individuals with mental illnesses are often fearful and not processing information effectively during an encounter with sworn members.

- 2.** Effectively managing encounters requires Members understand the “Threat Triad” where individuals with mental illness may be experiencing:

a. Feeling Threatened

- i.** Either physically threatened, psychologically threatened or both.

b. Feeling out of control

- i.** They may be delusional or just experiencing a subjective loss of personal control.

c. Feeling out of options

- i.** They may respond with violence because they believe they feel they are out of any other options to regain control.

ii. The following techniques should be considered in situation management

- 1.** Interpersonal engagement de-escalation.

a. Use dialog and de-escalation techniques to slow the situation down, reduce anxiety and improve compliance.

i. Slowing down the situation allows the individual more time to process communication and to comply with instructions.

b. Designate one Member as the contact (“speaking”) Member and allow them to take the lead in the dialogue.

2. Reassure the individual that the Member wants everyone to be safe.

3. Model and reinforce calm behavior in helping the individual to regain sense of control.

a. Control and dignity are two important factors in the contact equation.

4. Take problem-solving approach by deferring on an immediate decision and working through options with the individual.

a. By encouraging the person to become a willing participant in the dialogue, a measure of dignity and control will be elevated in the individual.

b. Patience and repetition should be primary tools used by the contact Member.

iii. Force Options

1. When force options become necessary, Members should utilize the department’s Use of Force Continuum, as provided for in General Order 1.3.1, engaging with the level of force that is reasonable to overcome the threat and/or resistance.

d. Procedures for Accessing Available Community Mental Health Resources

i. Mental Health Act

1. Voluntary examination and treatment

need for nourishment, personal or medical care, shelter or self-protection and safety, and that there is a reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment was afforded.

2. 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 which are in the furtherance of the threat to commit suicide.
3. 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 which are in furtherance of the threat to mutilate themselves.

3. Involuntary emergency mental health examination

a. Application for Examination

- i. Members 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 Emergency Services, a physician, or other authorized person, required to process an application when indicated by a person’s behavior.

b. Emergency examination without a warrant.

violations of criminal or other statutory laws of the Commonwealth or municipality.

e. Required Sworn Member Entry Level Training

- i.** Each sworn member will receive training in Mental Illness during required Municipal Police Officer Education and Training Commission required basic training.

f. Refresher Training at Lease Every Three Years

- i.** Each sworn member will receive refresher training on Mental Illness at least every three years.

- 1.** The training will be documented.

- ii.** Each sworn member will receive update training on mental illnesses if there are changes in statutes or Departmental policy.

- 1.** The training will occur within 90 days of any updates or changes and will be documented.