PURPOSE - The purpose of this Directive is to discuss procedures regarding the interaction of Law Enforcement Deputies with persons suspected of suffering from mental illness. This Directive will be used in conjunction with Chapter O-1, Section 12 “Mentally Ill Persons (Baker Act”), Chapter O-1, Section 11 “Marchman Act”, and Chapter O-11, Section 2 “Americans With Disabilities”. Members must be familiar with the content of each identified directive.

DISCUSSION – During encounters involving persons with mental illness, Law Enforcement Deputies must be able to observe and assess relevant aspects of the individual and the environment so that he/she can evaluate the safety of the situation, understand the condition of the individual, and use this information in reporting and responding.

11.9.1 DEFINITIONS:

A. MENTAL ILLNESS - An impairment of the ability to exercise conscious control of one’s actions, or to perceive reality, or to understand, which substantially interferes with a person’s ability to meet the ordinary demands of living. The term does not include retardation or developmental disability as defined in F.S. Chapter 393, simple intoxication, or conditions manifest only by non-dangerous antisocial behavior or drug addiction.

B. ALZHEIMER’S DISEASE – A severe neurological disorder marked by progressive deterioration of intellectual faculties and cerebral cortical atrophy.

C. AUTISM – A developmental disability that may affect all areas of functioning and interaction with others. Persons with autism may have varying degrees of communications and social skills.

D. DELUSION – A false personal belief based on incorrect inference about reality and firmly sustained in spite of what almost everyone believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary.

E. DEMENTIA – An irreversible deterioration of intellectual faculties with accompanying emotional disturbance resulting from organic brain disorder.

F. DEPRESSION – Refers to feelings of sadness, despair and unhappiness. Depression may also be a specific psychiatric diagnosis or component of illness.
G. **DISORIENTATION** – Confusion about the date or time of day, where one is (place), or who one is (identity).

H. **EUPHORIA** – An exaggerated feeling of physical and emotional well being not consistent with apparent stimuli or events; usually of a psychological origin, but also seen in organic brain diseases, toxic, and drug induced states.

I. **HALLUCINATION** – A sensory perception without external stimulation of the relevant sensory organ (eyes, ears, mouth, touch, tongue). A hallucination has the immediate sense of reality of a true perception. May be induced by emotional and other factors such as alcohol, drugs, or stress. Any sense may be involved.

J. **ILLUSION** – A misperception of a real external stimulus. An example may be misinterpreting rustling leaves as the sound of human voices.

K. **INCOHERENCE** – Speech that, for the most part, is not understandable, owing to any of the following: a lack of logical meaningful connection between words, phrases or sentences; excessive use of incomplete sentences, excessive irrelevance or abrupt changes in subject matter, idiosyncratic word usage; distorted grammar.

L. **MANIA** – Concurrently used as a suffix to indicate a morbid preoccupation with some kind of idea or activity. Example: Kleptomania (a compulsion to steal).

M. **MENTAL RETARDATION** – A developmental disability characterized by significantly impaired intellectual functioning. Learning social adjustment and maturation are impaired. Emotional disturbance is often present. The degree of retardation is commonly measured in terms of I.Q.: borderline (70-85), mild (50-70); moderate (35-50), severe (20-35), and profound (under 20).

N. **NEUROSIS** – An emotional maladaptation arising from an unresolved unconscious conflict. The anxiety is either felt directly or modified by various psychological mechanism to produce other subjectively distressing symptoms.

O. **PARANOIA** – Ideation involving suspiciousness or the belief that one is being harassed, persecuted or unfairly treated.

P. **PHOBIA** – A persistent, irrational fear of a specific object, activity or situation that results in a compelling desire to avoid the dreaded object, activity, or situation.

Q. **PSYCHOTIC** – Gross impairment in reality testing and the creating of a new reality. When a person is psychotic, the person incorrectly evaluates his or her perceptions and thoughts, and makes incorrect inferences about external reality, even in the face of contrary evidence.

R. **SCHIZOPHRENIA** – A debilitating thought disorder; causes some people to experience delusions and auditory and visual hallucinations. Persons may be withdrawn, regressive, and bizarre.
W. TOURETTE SYNDROME – A neurological disorder characterized by repeated involuntary movements and uncontrollable vocal sounds called tics.

11.9.2 GUIDELINES FOR RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS:

A. The following are possible signs of mental illness:
   1. Subject appears to be having a conversation with an invisible person.
   2. Subject states he/she is hearing voices.
   3. Subject states his/her actions were directed by a higher power.
   4. Subject appears extremely paranoid and afraid.
   5. Subject is extremely violent for no apparent reason.

B. The most common categories of mental disorders:
   1. Psychotic Disorder – person is unable to accurately perceive reality. Schizophrenia is the most common psychotic disorder.
   2. Mood Disorder – major feature is a disturbance in thinking, a significant problem in mood or emotional states. Major types of mood disorders are: major depression and bipolar disorder (manic depressive illness involving symptoms of depression alternating with mood elevation ... person feels high and excitable).
   3. Anxiety Disorder – person has excessive sensations of nervousness, tension, apprehension, fear, or anticipation of eminent danger.
   4. Personality Disorder – a lifelong pattern of maladaptive behaviors that interfere with daily living. Some personality disorders are characterized by people being odd or eccentric in some disorders people are mostly anxious or fearful, while in others people are dramatic, emotional or erratic.

C. The following are not considered to be mental disorders:
   1. Developmental disabilities (i.e. autism, mental retardation)
   2. Intoxication
   3. Drug use or addiction (However, people with mental illness frequently are abusers of alcohol and drugs.)

D. The following are some signs of mental retardation:
   1. Subject appears confused or lost;
   2. Subject has difficulty understanding and/or answering questions;
   3. Subject may talk and respond in a child-like manner, has limited vocabulary or a speech impairment;
   4. Subject has a short attention span;
   5. Subject may be crying.

E. The following are some signs of autism:
   1. Repetitive movements, such as rocking back and forth;
   2. Obsessive compulsive behavior, such as stacking or rearranging items;
   3. Aversion to being touched;
4. Inability to make eye contact;
5. Repeating what others say;
6. Displaying temper tantrums.

11.9.3 RISK ASSESSMENT:

A. Regardless of the situation presented, first and foremost, Deputies must always consider their own safety. Once the area is secure, the Deputy may proceed with the investigative and assessment process. This process includes attention to:
   1. Any physical injury or medical condition which requires EMS;
   2. Criminal activity requiring arrest;
   3. Assessment for possible protective custody (Baker or Marchman Act).

B. Deputies must observe and assess relevant aspects of the individual and the environment:
   1. What is the nature of the environment? (Accessibility, presence of bystanders, potential cover/concealment)
   2. What has taken place?
   3. Who is involved?
   4. Is the person delusional or suffering from hallucinations?
   5. Consider the subjects appearance: dress, grooming, posture, gestures, facial expressions.
   6. Consider the subjects speech: rate, volume, pace, abnormalities.
   7. Use this information in reporting and responding.

C. Responding Deputies should talk to other persons present to find out what has transpired. If a family member is present, ask him/her if the subject is on medication, alcohol, or illicit drugs. Ask if the subject has a history of mental illness or retardation.

D. During observation of behaviors that appear to be symptoms of mental illness, it is important to recognize that these same symptoms may actually be signs of a medical condition that requires immediate attention, i.e., diabetes (if blood sugar levels are out of balance); drug and alcohol abuse (may trigger drug-induced psychosis, suicidal thoughts and other anti-social violent behavior).

   EMS should be notified.

11.9.4 CRISIS INTERVENTION:

A. When responding to a person in a mental health crisis, Deputies shall endeavor to:
   1. Protect the subject and others;
   2. Stabilize the situation;
   3. Intervene to prevent further problems.

B. The following guidelines should be used by Deputies during situations which involve interactions with persons suspected of having a mental illness:
   1. Minimize stimulation in the environment.

(Revised 4/1/2011)
2. Keep instructions simple; keep environment as calm as possible; speak in a low, non-threatening voice. Be direct and always try to use simple concrete communications. Avoid continuous eye contact.

3. Don't threaten or intimidate. Reinforce positive behavior: "Thanks for lowering your voice a little – that really helps me out."

4. Respect threats – deflect abuse:
   a. Take all threats seriously – at least respect their intent;
   b. Ignore verbal abuse. Don't become irritated.
   c. Avoid power struggle; keep focused on the issues at hand.

5. Use repetition – many individuals will not hear because of their mental illness. In a clear, calm voice, repeat the instructions ... be persistent.

6. Gain trust – accomplish this through clear and concise words and actions.

7. Use "I" statements – take responsibility for what is happening, do not blame others. Examples of assertion based statements:
   a. What I am trying to do is to make sure that nobody gets hurt and that you, yourself are safe.
   b. What I want you to do right now is to sit down here with me so we can talk about you taking your medicine like the doctor said.
   c. What I want you to do now is to come with me so we can help you to safety and get you back on your medication.

8. Keep the subject focused. Subject may be psychotic or confused, unable to concentrate or cooperate for reasons beyond their control.

9. Ask the subject questions about mental illness or using substances. Get as much information as possible.

C. Don't be rushed, don’t lose control, remain calm. Take the time needed to contain and stabilize the crisis scene.

11.9.5 DISPOSITION OPTIONS:

A. Choices for disposition of incidents involving persons with mental illness range from releasing the person on his or her promise to seek help, to placing them in a receiving facility for mental health evaluation under Baker Act, or for detoxification and treatment for substance abuse under Marchman Act, or arrest. (See section O-1.12 for arrest criteria.)

B. Consider medical attention under the following instances:
   1. Subject is an older person;
   2. Substance abuse is suspected;
   3. There are obvious signs of injury or subject reports significant medical condition;
   4. Subject is lethargic, or consciousness/alertness seems clouded;
   5. Subject mental state; loss of reason or not making sense;
   6. Family input based on subject’s mental state and history.

C. See appropriate sections of this Manual for information regarding specific procedures for:
11.9.6 INTERVIEW AND INTERROGATION GUIDELINES:

A. When questioning a person who is suspected of having a mental illness, or a developmental disability about criminal activity, it is recommended that a guardian, lawyer, or support person be present to ensure that the individual’s rights are protected.

B. Persons with mental illness, and developmental disabilities often do not understand the Miranda warning. Many persons may answer yes after they are read the Miranda warnings even when they do not understand their rights. When reading the Miranda warning to someone with mental illness, autism, or mental retardation, use simple words and modify the warnings to help the subject understand. It is important to determine whether the person genuinely understands the principles, protections, and concepts within the warnings.

C. The local office of the National Alliance for the Mentally Ill (NAMI) may be contacted to assist with interviews, or provide advice on how best to proceed with a person who is suspected of having mental illness, autism, or mental retardation.

D. Questioning a person with autism - Be specific and direct when questioning. Some individuals may act as if they do not hear the questions, or may repeat exactly what the Deputy has said. This does not mean that the subject is acting belligerent. The autistic individual may have little control as to what he/she is able to verbally communicate, and may not understand the question. Speak slowly and clearly, do not use slang, be patient. Investigate any admission of guilt carefully, as it may not be true.

E. Questioning a person who is developmentally disabled– Keep sentences short. Use simple language, speak slowly and clearly. Ask for concrete descriptions, colors, clothing, etc. Break complicated questions into smaller parts. Whenever possible use pictures, symbols, and actions to help convey meaning. Take time giving or asking for information. Avoid confusing questions about reasons for behavior. Repeat questions more than once or ask a question in a different way. Use firm and calm persistence if the person doesn’t comply or acts aggressive. Don’t ask questions in a way to solicit a certain answer. Don’t ask leading questions. Phrase questions to avoid “yes” or “no” answers, ask open-ended questions.

11.9.7 TRAINING:

(REvised 4/1/2011)
A. Entry level training regarding interaction with persons suspected of suffering from mental illness is provided through the Florida Department of Law Enforcement, Basic Recruit Curriculum during the Law Enforcement Academy. Newly hired deputies that are not required to attend the full Law Enforcement Academy will receive training during in-service or through shift briefing training.

B. Refresher training shall be provided at least every three years for all Law Enforcement and Community Service Deputies and will cover the following:
   1. Recognition of persons suffering from mental illness;
   2. Crisis intervention;
   3. Procedures for accessing available community resources;
   4. Interview and interrogation guidelines.

APPROVED BY
SHERIFF KEVIN RAMBOSK