1.0 PURPOSE

It is the purpose of this policy to provide guidance to Department of Public Safety employees when dealing a person experiencing a mental illness.

2.0 POLICY

It is the policy of the Department of Public Safety to provide its employees with guidelines for the recognition of persons experiencing a mental illness as well as guidelines for how to deal with them most effectively.

3.0 APPLICABILITY

This policy is applicable to all employees of the Department of Public Safety.

4.0 REFERENCES

A. 43-1-10 Emergency Mental Health Evaluation and Care, NMSA 1978

B. 32A-6-11 Emergency Mental Health Evaluation and Care, NMSA 1978

C. CALEA Chapter 41 – Patrol

5.0 DEFINITIONS

A. Mental Illness: A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning that often results in a diminished capacity for coping with the ordinary demands of life. Mental illnesses can affect persons of any age, race, religion or income. A subject may suffer from mental illness if he/she displays an inability to think rationally, exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual), and/or take reasonable care of his/her welfare with regard to basic provisions for clothing, food, shelter, or safety.

6.0 PROCEDURE

A. RECOGNIZING PERSONS SUFFERING FROM MENTAL ILLNESS

1. Employees are not expected to act as mental health clinicians, make diagnoses, or provide medical or psychiatric advice, but they should be aware of commonly encountered behaviors associated with mental disorders. Employees should not rule out other potential causes, such as reactions to narcotics, alcohol or temporary emotional disturbances that are situationally motivated.

   Mental illnesses and related disorders commonly encountered by law enforcement include, but are not limited to, the following:

   a. Thought disorders (psychosis, schizophrenia);

b. Mood disorders (bi-polar disorder, depression);

c. Anxiety disorders (panic disorders, phobias, obsessive-compulsive disorder, post-traumatic stress disorder a.k.a. PTSD);

d. Substance abuse disorders (alcoholism, drug addiction, delirium tremens or DT's, withdrawal symptoms);

e. Elder disorders (delirium, dementia, Alzheimer's disease);

f. Developmental disabilities (Down's syndrome, autism spectrum disorders); or

g. Medical conditions with behavioral symptoms (medical conditions, including cerebral palsy, diabetic emergencies, medication toxicity, etc.).

2. Recognition and Clues of Mental Disorders – Below are three types of indicators that a person may be experiencing a mental illness:

a. Verbal Clues

i. Illogical thoughts

1. Expressing a combination of unrelated or abstract topics

2. Expressing thoughts of greatness, e.g., person believes he is God

3. Expressing ideas of being harassed or threatened, .e.g, CIA monitoring thoughts through a TV set

4. Preoccupation with death, germs, guilt, etc

ii. Unusual Speech Patterns

1. Nonsensical speech or chatter

2. Word repetition-frequently stating the same or rhyming words or phrases

3. Pressured speech-expressing urgency in manner of speaking

4. Extremely slow speech

iii. Verbal Hostility or excitement

1. Talking excitedly or loudly

2. Argumentative, belligerent, unreasonably hostile

3. Threatening to harm self or others

4. Distrust of others

b. Behavioral Clues

i. Physical appearance

1. Inappropriate to environment – e.g., shorts in winter, heavy coat in summer

2. Bizarre clothing or make up, taking into account current trends – e.g. tin foil hats, earphones, etc.

ii. Body movements

1. Strange postures or mannerisms
2. Lethargic, sluggish movements
3. Repetitious, ritualistic movements – e.g. twirling of hair, walking in circles, flapping of hand etc
4. Extreme rigidity or inflexibility
5. Lack of facial expressions

iii. Seeing or hearing things that aren't able to be confirmed – e.g. one-sided conversations, hearing voices, imagined being/animals, hallucinations, etc.

iv. Loss of memory/disorientation – Significant memory loss, such as name, day, year, or familiar people such as family and loved ones

v. Confusion about or unawareness of surroundings

vi. Lack of emotional response

vii. Causing injury to self

viii. Nonverbal expressions of sadness or grief

ix. Disordered thinking and speech

x. Despondent – Depressed, angry, guilty, suicidal

xi. Mania – Racing thoughts, compressed speech, hyperactivity, irritability, euphoria, decreased need for sleep

xii. Inappropriate emotional reactions

1. Overreacting to situations in an overly angry or frightening way
2. Reacting with the opposite of expected emotions – e.g., laughing at an automobile accident.
3. Easily frustrated in new or unforeseen circumstances
4. Intense feeling of fear or dread
5. Despondent – Depressed, angry, guilty, suicidal

c. Environmental Cues – Surroundings are inappropriate, such as:

i. Decorations

Strange trimmings, inappropriate use of household items, e.g., aluminum foil covering windows

ii. Waste matter/trash

1. "Pack ratting" – accumulation of trash, e.g., hording string, newspapers, paper bags, clutter, etc.
2. Presence of feces or urine on the floor or walls

iii. Childish objects

3. When making observations, personnel should note as many cues as possible, put the cues into the context of the situation and be mindful of environmental and cultural factors.

4. Employees are expected to familiarize themselves with local mental health organizations, as well as the types of services available in their areas of responsibility as well as the Crisis Intervention Officers in their Districts to use as resources.

B. DETERMINING LEVEL OF PERCEIVED DANGER

1. Employees may use several indicators to determine whether a person experiencing an apparent mental illness represents an immediate or potential danger to him/herself, the employee, or others. The following factors alone may not determine a level of danger, but may assist an employee in making a proper assessment:

   a. The availability of any weapons to the person;

   b. Statements by the person that suggest to the employee that the individual is prepared to commit a violent or dangerous act;

   c. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the employee, or family, friends or neighbors may be able to provide such information; or

   d. The amount of control the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.

C. LAW ENFORCMENT RESPONSE

1. A person experiencing a mental illness who is in a crisis situation is generally scared. Should the employee determine that an individual may be mentally ill and a potential threat to self, the employee or others, he/she may require law enforcement intervention for humanitarian reasons, as prescribed by statute. The following guidelines should be followed:

   a. When interacting with a mentally ill person personnel should:

      i. Continually assess the situation for danger;

      ii. Maintain adequate space between the employee and subject;

      iii. Remain calm;

      iv. Give firm, clear directions;

      v. Have only one employee talk to the subject, if possible;

vi. Respond to apparent feelings, rather than content;

vii. Respond to delusions and hallucinations by talking about the person's feelings rather than what he/she is saying; and/or

viii. Be helpful, or offer assistance to make the person feel safer/calmer, etc.

b. When interacting with a mentally ill person, personnel should not:

i. Join into the behavior related to the person's mental illness, e.g., agreeing/disagreeing with delusions or hallucinations;

ii. Stare at the subject (this action may be interpreted as a threat);

iii. Confuse the subject (one employee should interact with the subject);

iv. Give multiple choices (giving multiple choices increases the subject's confusion);

v. Whisper, laugh or joke (this will increase the subject's suspiciousness increasing the potential for violence);

vi. Deceive the subject (being dishonest increases fear and suspicion); and/or

vii. Engage in any unnecessary contact (although touching can be helpful to some people who are upset, for the disturbed mentally ill person, it may cause more fear in the person and lead to violence).

2. Employees shall use the utmost care and exercise a heightened level of employee safety when interviewing or interrogating individuals who are suspected of suffering from mental illness. When possible, employees should have a Crisis Intervention Team Officer present and a recording of the interview shall be made.

3. When communicating with persons experiencing a mental illness, employees need to remember to address the mental illness as an aspect of the person's life and not to label the person with the mental illness (i.e., state the person is experiencing signs and symptoms of dementia and avoid stating the person is demented).

D. TAKING INTO CUSTODY OR MAKING REFERRALS

1. Based on the overall circumstances and the employee's judgment of the potential for violence, the employee may provide the individual and family members with referrals to available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

2. The employee may make mental health referrals when, in the best judgment of the employee, the circumstances do not indicate that the individual must be taken into custody for his own protection or the protection of others, or for other reasons as specified by state law.

3. Once a decision has been made to arrest or take an individual into custody, it should be done as soon as possible to avoid prolonging a potentially volatile situation. If released to a detention facility, the employee should advise personnel of any abnormal statements made by the individual and document those statements on the booking sheet. Employees may take a subject into custody

without a court order according to §*43-1-10, NMSA 1978, Emergency Mental Health Evaluations and Care,* under the following circumstances:

a. The individual is otherwise subject to lawful arrest;

b. The employee has reason to believe the individual has just attempted suicide;

c. The employee, based on observations and investigation, has reasonable grounds to believe the person, as a result of mental disorder, presents a likelihood of serious harm to self or others and that immediate detention is required to prevent such harm; or

d. A licensed physician or a certified psychologist has certified that the person, as a result of a mental disorder, presents a likelihood of serious harm to self or others and that immediate detention is necessary to prevent such harm.

4. A child may be detained or transported for an emergency mental health evaluation and care without a court order by a peace officer according to *§32A-6A-19, NMSA 1978, Emergency Mental Health Evaluation and Care,* under the following circumstances, if the officer:

   a. Has reasonable grounds to believe the child has just attempted suicide;

   b. based upon personal observation and investigation, has reasonable grounds to believe that the child, as a result of a mental disorder, presents a likelihood of serious harm to self or others and that immediate detention is necessary to prevent such harm. The peace officer shall convey the peace officer's beliefs to the admitting physician or licensed psychologist immediately upon the officer's arrival at the evaluation facility (*OPR.62 Attachment A* may be utilized for this documentation. If the document is utilized, a copy should be attached to the offense incident report).

   c. has certification from a clinician that the child, as a result of a mental disorder, presents a likelihood of serious harm to self or others and that immediate intervention is necessary to prevent the harm; or

   d. has an involuntary placement order issued by a tribal court that orders the child to be admitted to an evaluation facility.

5. A peace officer shall immediately transport a child detained under this section to an evaluation facility. In the case of an extreme emergency, the child may be held for a period of up to twenty-four hours in temporary emergency placement in:

   a. a foster home licensed to provide specialized or therapeutic care;

   b. a facility operated by a licensed child services agency that meets standards promulgated by the department for the care of children who present the likelihood of serious harm to themselves or others; and

   c. residential care on an emergency basis.

6. A child shall not be held for the purposes of emergency mental health evaluation or care in a jail or other facility intended or used for the incarceration of adults charged with criminal offenses or for the detention of children alleged or adjudicated to be delinquent children.

7. The director of an evaluation facility shall complete an emergency evaluation upon the request of a child's legal custodian, a peace officer, a detention facility administrator or the administrator's designee or upon the certification of a clinician. A court order is not required under this section. If an application is made to a court, the court's power to act in furtherance of an emergency admission shall be limited to ordering that:

   a. the child be seen by a clinician prior to transport to an evaluation facility; and

   b. a peace officer transport the child to an evaluation facility.

8. The admitting physician or licensed psychologist shall evaluate whether reasonable grounds exist to detain the child for evaluation and treatment, and, if reasonable grounds are found, the child shall be detained. If the admitting physician or licensed psychologist determines that reasonable grounds do not exist to detain the child for evaluation and treatment, the child shall not be detained but shall be released to the custody of the child's legal custodian.

9. Upon arrival at an evaluation facility, the child shall be informed orally and in writing by the evaluation facility of the purpose and possible consequences of the proceedings, the allegations in the petition, the child's right to a hearing within seven days, the child's right to counsel and the child's right to communicate with an attorney or a guardian ad litem and an independent mental health professional of the child's own choosing. A child shall have the right to receive necessary and appropriate treatment.

10. A peace officer who transports a child to an evaluation facility pursuant to the provisions of this section shall not require a court order to be reimbursed by the referring county.

11. If a child is transported to or detained at an evaluation facility and is not released to the child's legal custodian, the peace officer transporting the child shall give written notice thereof as soon as possible within twenty-four hours to the child's legal custodian, together with a statement of the reason for taking the child into custody

12. In all cases, the New Mexico Children, Youth and Families Department should be notified by the peace officer by contacting their Statewide Central Intake.

E. DEPARTMENTAL TRAINING

1. Commissioned officers, recruits and non-commissioned personnel shall be provided documented, entry-level training on recognizing and responding to individuals suspected of suffering from mental illness.

2. Commissioned officers and non-commissioned personnel shall be provided documented refresher training on this subject at least every three (3) years.

7.0 ATTACHMENTS

NONE

8.0 APPROVAL

APPROVED BY: S/ Scott Weaver **DATE:** April 30, 2018
DPS Cabinet Secretary