

# Cobb County Police Department

## Policy 5.05

### MENTAL ILLNESS

<b>Effective Date:</b> August 27, 2020	<b>Issued By:</b> Chief C.T. Cox
<b>Rescinds:</b> Policy 5.05 (October 1, 2019)	<b>Page 1 of 6</b>
The words “he, his, him,” which may appear in this policy, are used generically for clarity and ease of reading. These terms are not meant to imply gender and relate to all employees of the Department.	

#### I. POLICY

The policy of the Department is to provide for the safe and ethical treatment of individuals who may be mentally ill or display characteristics indicative of mental illness.

#### II. STATUTORY GUIDANCE

OCGA 37-3-1 et al, outlines the legal limitations of both the medical and law enforcement communities involved with the mentally ill. Essentially, the foundation of the law is the principle of “Least Restrictive Environment.” The premise of this principle is that a person who is mentally ill may only be restricted as much as necessary to meet treatment goals for the individual. Unless a physician indicates otherwise, being mentally ill is not sufficient cause to place someone in custody.

#### III. RECOGNIZING ABNORMAL BEHAVIOR

Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments concerning the mental or emotional state of individuals but rather to recognize behavior that is potentially destructive and/or dangerous to individuals or others. The following are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behaviors in the total context of the situation when making decisions for possible intervention regarding an individual’s mental state.

##### A. Degree of Reaction

Mentally ill persons may show signs of strong and unrelenting fear of persons, places or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

##### 1. Appropriateness of Behavior

An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents

his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.

2. Extreme Rigidity or Inflexibility

Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation. However, this fact does not necessarily restrict an officer from responding to any threatening acts with physical control techniques, detention or arrest.

3. Other signs

In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

- a. Abnormal memory loss related to such common facts as name, home address, or other information that should be commonly known by the individual (although these may be signs of other physical ailments such as injury or Alzheimer's disease).
- b. Delusions, the belief in thoughts or ideas that is false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.").
- c. Hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.).
- d. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.
- e. Extreme fright or depression.

**B. Interaction with the Mentally Ill**

The following guidelines detail how to approach and interact with a person who may have mental illnesses and who may be a crime victim, witness or suspect. These guidelines should be followed in all contacts, whether on the street or during more formal interviews and interrogations.

1. Request a backup officer, and always do so in cases where the individual will be taken into custody.
2. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening

manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, or does not appear impending, avoid physical contact, and take time to assess the situation.

3. Move slowly and do not excite the disturbed person. Provide reassurance that the police are there to help and that he will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him. Relate your concern for his feelings and allow him to ventilate his feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
5. Recognize that a person's delusional or hallucinatory experience is real to him.
6. Generally, do not threaten the individual with arrest or in any other manner as this will create additional fright, stress and potential aggression.
7. Avoid topics that may agitate the person and guide the conversation towards subjects that help bring the individual back to reality.
8. Always attempt to be truthful with a mentally ill individual. If the subject becomes aware of a deception, he may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
9. The individual must have threatened or demonstrated some sort of harm to the public or him/herself prior to taking the individual into protective custody.
10. Care should be taken when dealing with mentally ill persons during interviews and interrogations. Mentally ill persons should never be left alone and if there is any indication of unpredictable or violent behavior two officers should be with the person at all times.

#### **IV. PROCEDURES**

The following procedures should be used when considering law enforcement action:

- A. An officer may transport an individual whom he has probable cause to believe has committed a crime to a receiving facility (generally a local Cobb County Emergency Room hospital facility or Behavior Health Crisis Center at 1758 County Services Pkwy) for an evaluation if his behavior provides the officer with probable cause that the person is mentally ill and involuntary treatment is necessary. Pursuant to OCGA 37-3-42, the individual will remain in the police

officer's custody until the physician signs the committal form (10-13 or 20-13). Charges do not have to be formally tendered prior to transporting the individual to the receiving facility.

1. If the crime is a misdemeanor, it is at the discretion of the officer to obtain an arrest warrant if a committal has been made. Additionally, the officer may advise the victim of warrant procedures.
2. If the crime involves domestic violence, or is a felony, the officer should obtain an arrest warrant. If the officer does not obtain an arrest warrant, the incident report should be marked as active, and forwarded to the appropriate investigative unit for follow-up investigation.

**B.** If the incident does not involve a crime, the officer is authorized to transport an individual to a receiving facility when:

1. The individual requests to be transported, and is 12 years of age or older. In this circumstance, the officer may request an ambulance to provide for the transport.
2. The individual is under the age of 18, and the individual's parent or guardian requests that the individual be transported to a receiving facility. The parent or guardian must give consent for the treatment.
  - a. The parent or guardian must provide consent to the officer prior to transport and then meet the officer at the hospital.
  - b. If the parent or guardian is unwilling or unable to meet the officer at the hospital, the officer will contact the Crimes Against Children's Unit.
3. The individual has been declared legally incompetent and the individual's guardian requests that the individual be taken to a receiving facility.
  - a. Generally, legal documents from the Cobb County Probate Court should be available for the officer's review.
  - b. The Cobb County Sheriff's Office can be requested to assist the officer in determining the appropriate course of action.
4. Returning an escapee from a mental facility.

This person must have been a patient at the facility pursuant to a valid doctors or court order. The officer must verify the order.
5. Emergencies. In a situation where (1) according to competent medical judgment, (2) the proposed surgical or medical treatment are reasonably

necessary and (3) a person authorized to consent is not readily available and (4) any delay in treatment could reasonably be expected to jeopardize the life or health of the person affected or result in disfigurement or impaired faculties. O.C.G.A. 31-9-3.

a. By definition, the following assumes a person is unable to give consent for himself:

1. Unconsciousness; or
2. Unresponsiveness due to injury or U.I.

b. Generally, a legally recognized guardian can give consent for a person if the person (patient) is unable to consent for himself. It is important to note that O.C.G.A. 31-9-7 states that “Nothing in this chapter shall be construed to prevent a person at least 18 years of age to refuse to consent to medical treatment of his own person.”

C. In all instances where a subject has committed no criminal offense, but the officer believes the individual may need mental health services, every attempt should be made to convince the individual to accept voluntary transport to a receiving facility. If an individual refuses transport:

1. Efforts should be made to contact family and friends, or other available resources (e.g. clergy, crisis hotlines, etc.). Threats of arrest should never be made.
2. Physicians may be contacted for documentation purposes; however, pursuant to OCGA 37-3-41 a physician must “personally examine” the individual. No one should be transported by phone recommendation or a promise that the physician will sign the committal upon arrival at the receiving facility.
3. Documentation must be clear that every opportunity was given to assist the individual.
4. Supervision will be notified if the individual poses a credible violent threat to himself or others.
5. In the event that the officer believes involuntary committal may be appropriate, but no legal justification exists for the officer to involuntarily transport the individual to an emergency receiving facility, the officer may have Radio contact the Georgia Crisis Access Line. In some situations, the officer may provide information on the Georgia Crisis Access Line to a responsible adult on the scene. The decision whether to remain on the scene is discretionary and is based upon legal considerations and the totality of the circumstances. Factors to consider regarding remaining at the scene include but are not limited to the presence of weapons at the

scene, whether the individual has threatened others, whether the individual has made a credible threat on their own life, whether the individuals has previously attempted suicide, and whether there is another responsible adult on the scene.

- D.** Fire/EMS personnel should attempt to examine the individual. If a refusal is given, police personnel may sign the refusal form as witnesses only.
- E.** Personnel on the scene should contact their respective supervision before making decisions to transport.

## **V. INCIDENT REPORT PROCEDURES**

- A.** If the incident does not involve a criminal offense, the Incident Report should be titled for the circumstances. Most commonly the reports will be titled “Emotionally Disturbed Person” (NIBRS 99DB), or “Suicide Attempt” (NIBRS 99DD). If the incident involves a crime, the crime should be the title of the report. In the “Other Offenses” section of the report, the mental illness should be included (generally as above).
- B.** Documentation should only indicate the person’s behavior or observable actions. A mere statement or terminology indicating the officer’s opinion of the individual’s mental status should not be used (i.e. the person was acting “crazy”, “bizarre”, or “demented”). Officers should describe the abnormal behavior. The only exception is to quote another party (such as a family member who states that the person is schizophrenic, etc.).

## **VI. TRAINING**

Training on mentally ill persons will be provided during mandate and every year to the Department at large.

## **VII. CONCLUSION**

In all situations, all personnel on the scene should make a team effort for an appropriate and effective solution. All recommendations for intervention should be considered when approaching individuals displaying characteristics of possible mental illness.