



# NASSAU COUNTY POLICE ACADEMY

## Handling Mentally Disabled Persons

**#419**

*Reviewed August 2008*

Commissioner of Police

## INTRODUCTION

As a result of their constant contact with people, Police Officers are very capable of assessing human behavior. They are often in a position to observe and evaluate the symptoms which are indicative of abnormal behavior. Some of these symptoms may also suggest mental disability, such as mental illness, mental retardation, alcoholism or drug abuse. The purpose of this Training Bulletin is to outline the appropriate measures to be taken by Police Officers when managing aided cases involving mentally disabled persons.

As any experienced Police Officer knows, handling a mentally disabled person is not an easy assignment. The Officer must attempt to accomplish three tasks simultaneously – to protect the public, to safeguard his/her own life, and to provide initial care for a sick person. As such, the principle goal when handling a mentally disabled person is to bring the person to a treatment facility without injury to the public, the mentally disabled person, or the Police officers involved.

A mentally disabled person is a person in need of assistance. In order to help this individual and protect the public, a Police Officer must be prepared to act in a professional manner, utilizing special techniques. If violence does erupt, the Officer must be familiar with the various non-lethal alternatives available. Most often, by slowing the situation down and employing a tactic of isolation and containment with the use of non-lethal equipment, these situations will end safely.

## Indicators of Emotional Disturbance

There are three types of indicators that will help in identifying that a person is emotionally disturbed.

### VERBAL CUES

#### ILLOGICAL THOUGHTS

- Loose associations (expressing a combination of unrelated or abstract topics)
- Grandiose ideas (expressing thoughts of greatness, e.g. person believes self to be Jesus)
- Ideas of persecution (expressing ideas of being harassed or threatened, e.g. CIA monitoring thoughts through TV set)
- Obsessive thoughts (preoccupation, often with death, germs, guilt)

#### UNUSUAL SPEECH PATTERNS

- Nonsensical speech or chatter
- Word repetition (frequently stating the same or rhyming words or phrases, i.e. "sing-a-song-a-ding-dong")
- Pressured speech (expressing an urgency in manner of speaking)
- Extremely slow speech

#### VERBAL HOSTILITY OR EXCITEMENT

- Talking excitedly or loudly
- Argumentative, belligerent, unreasonably hostile
- Threatening harm

### ENVIRONMENTAL CUES

Surroundings are inappropriate such as:

#### DECORATIONS

- Strange trimmings; inappropriate use of household items (aluminum foil covering window)

#### WASTE MATTER/TRASH

- "Packratting;" accumulation of trash (hoarding string; newspapers; paper bags; clutter)
- Presence of feces or urine on the floor or walls

#### CHILDISH OBJECTS

## BEHAVIORAL CUES

### PHYSICAL APPEARANCE

- Inappropriate to environment (e.g. shorts in winter, heavy coats in summer)
- Bizarre clothing or makeup

### BODILY MOVEMENTS

- Strange posture or mannerisms (e.g. continuously looking over shoulder as if being followed; holding unusual body positions for a long time)
- Lethargic, sluggish movements
- Pacing, agitation
- Repetitious, ritualistic movements

### RESPONDING TO VOICES OR OBJECTS THAT ARE NOT THERE

### CONFUSION ABOUT OR UNAWARENESS OF SURROUNDINGS

### LACK OF EMOTIONAL RESPONSE

### CAUSING INJURY TO SELF (e.g. cutting self with sharp object, cigarette burns to body)

### NON-VERBAL EXPRESSIONS OF SADNESS OR GRIEF

### INAPPROPRIATE EMOTIONAL REACTIONS – INAPPROPRIATE AFFECT

- Over-reacting to a situation in an overly angry or frightened way
- Reacting with the opposite of expected emotion (e.g. laughing at auto accident)

### When making observations:

1. Note as many cues as possible;
2. Put the cues into the context of the situation;
3. Be mindful of environmental and cultural factors.

## I. Symptoms

Police Officers should be familiar with symptoms which suggest the presence of a mental disability. Some of these symptoms are recognizable in a person who:

Is incoherent and says things that are irrelevant.

Shows significant changes in behavior as evidenced by extreme mood swings.

Has unaccountable losses of memory.

Thinks people are plotting against him.

Has grandiose ideas about himself.

Talks to himself or hears voices.

Has sensory (vision, smell, taste, etc.) experiences that are not possible or has peculiar tastes.

Thinks people are watching or talking about him.

Has bodily ailments that are not possible.

Is extremely frightened or in a state of panic.

Behaves in a way which is dangerous to himself or others.

Has a previous history of mental illness.

Displays marked withdrawal – that is, not responding to people or the environment.

Is disoriented concerning time, place, or identity.

The above symptoms are general and should be evaluated in the context of circumstances. A Police Officer should note that some mentally disabled persons may not immediately display any of the cited symptoms. However, this latter group may still become suddenly dangerous to themselves or others. Persons suffering from mental disorders are usually frightened people and proper care must be taken at all times.

## II. Handling Mentally Disabled Persons

The first thing to do when you arrive on the scene is to assess the situation. Unless you see that the person is immediately dangerous, take as much time as necessary to make your evaluation. Notify the Communications Bureau of the precise location and give a brief description of the problem. Request that the Desk Officer be notified and that a Patrol Supervisor be assigned along with other needed assistance.

Try to obtain some preliminary information. Talk to the family or friends who are there. Talk to the disturbed person too, when you can. Introduce yourself and find out what is bothering him. Tell him you are there to help him. Give him time to quiet down.

The Patrol Officer should strive to maintain a one-on-one relationship with the mentally disabled person. He should try to slow the situation down as much as possible while trying to calm and maintain control of the situation. He should listen carefully and attempt not to disagree with the person; he should remain non-committal, thereby leaving the lines of communication open. The Police Officer should allow the mentally disabled person to speak as much as he likes since simply being heard by others may keep him from engaging in violent conduct. In non-violent cases, a Police Office may utilize a family member or friend as an ally to help calm and control the situation. In most instances, letting the person verbalize reduces his anxiety and fear.

Generally, mental illness is a very painful experience from which the disabled person wants relief. If the Police Officer can convey an intention to provide some help, the mentally disabled person will usually respond to verbal persuasion.

The mentally disabled person may feel that everyone is "against him." Therefore, lying to this person may cause him to act violently. Subterfuge should be used only in the presence of real and immediate danger to the Police Officer, the person involved, or the public.

In cases where a mentally disabled person is not going to be hospitalized, a referral may be made through the Desk Officer to the Nassau University Medical Center's Mobile Crisis Unit. \*This unit is designed to handle psychiatric cases, determine appropriate treatment, and hospitalize as needed.

**EDP IS SLOW  
ISOLATE  
CONTAIN or CONFINE**

\*Reference: Chief of Patrol Memo 24, June 10, 1986, Mobile Crisis Unit

## II. Searches of Mentally Disabled Persons

Searches of the mentally disabled and their belongings should be conducted prior to transport in an ambulance. In instances when a mentally disabled person must be searched, males will be searched by male Officers and females by female Officers. Officers shall provide for their own safety in the least intrusive manner; at the very least, remaining vigilant while transporting that patient to the receiving hospital. Upon arrival, hospital personnel must be informed if a search has not been made. They should be advised that a search should be made for the safety of the mentally disabled person, as well as for that of others. All property that is dangerous to life, or would facilitate an escape, should be removed during the search.

## III. Taking a Mentally Disabled Person Into Custody\*\*

A. Section 9.41 of the Mental Hygiene Law authorizes Police Officers "to take into custody any person who appears to be mentally ill and is conducting himself in a manner which is likely to result in serious harm to himself or others."

"Likely to result in serious harm" means:

1. "A substantial risk of physical harm to himself as manifested by threats of, or attempts at, suicide or serious bodily harm, or other conduct demonstrating that he is dangerous to himself," or
2. "A substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm."

\*\*Reference: Commissioner's Order 39 August 24, 1984 Departmental Emergency Ambulance Service.

B. Article 35 of the New York State Penal Law provides guidelines for Police Officers relative to the use of force. A Police Officer may use reasonable force to prevent a mentally disabled person from committing an act dangerous to himself or to others.

In addition, the Penal Law provides that "a person acting under a reasonable belief that another person is about to commit suicide or to inflict serious physical injury upon himself may use physical force upon such person to the extent that he reasonable believes it necessary to thwart such result." (P.L. 35.10 Sub. 4)

Furthermore, a Police Officer may use deadly physical force when necessary to defend himself or another person from what the Officer reasonably believes to be the use or imminent use of deadly physical force. (P.L. 35.30 Sub. 1C)

In using force, police Officers are reminded that their actions will be judged under the criteria of REASONABLENESS and NECESSITY.

- C. When it becomes necessary to take a mentally disabled person into custody, sufficient assistance, including a Patrol Supervisor and ESB personnel must be requested. A lone Police Officer should not attempt to take a mentally disabled person into custody unless it is absolutely necessary.

The mentally disabled person should be maneuvered into a location where it is most advantageous for police personnel. This location should be one where the mentally disabled person can be physically overpowered with the least risk of injury to himself or other persons. The kitchen or bathroom are two rooms that should be avoided, since these rooms provide a source of potential weapons that may be used against the Officer or others. However, if the mentally disabled person does not respond to verbal persuasion and does not want to leave the kitchen or bathroom, deal with him there and be alert for potential weapons.

All unnecessary persons at a scene should be directed to leave. Confining the event and giving it little notoriety reduces the chances that a violent episode will take place. Attempt to ascertain from family members at the scene if the subject has a history of mental illness or violent conduct. Also ask if the subject is presently on any medication, since this may be the cause of his unusual behavior. The Police Officer at the scene should make a mental note of the location of the building's exits and entrances. He should also note the swing of the doors so that he can avoid being pinned against a door should the subject become violent.

A mentally disturbed person should never be left alone while in police custody. He should be kept under observation at all times. A Police Officer should not be misled by a calm façade or fooled by trickery, since mentally disabled persons are capable of planning an escape or other dangerous acts.



#### IV. The Use of Non-Lethal Restraining Devices

When restraining devices must be employed to take the mentally disabled person into custody, the following are effective techniques suggested for use.

- a. Wrist locks.
- b. Arm-twists.
- c. Triangular bandages.
- d. Handcuffs.

(Extreme caution should be exercised in the use of handcuffs, for if they are improperly applied, the handcuffs may be used as a weapon against the Officer.)

- e. Pepper spray
- f. Reeves stretcher
- g. \*Other non-lethal devices and equipment utilized by ESU (capture nets and poles, restraining poles, taser, etc.)

\*Reference: Patrol Order 73, September 18, 1985

When using any of these techniques, it is essential that Police Officers realize that their own safety, the safety of the person involved, and the safety of the public are of utmost importance. Police Officers should keep in mind that the person they are handling is mentally disabled and often has little or no control over his illness or actions.

#### V. Violent Mentally Disabled Persons

The violent mentally disabled person poses special problems for the Police. The following are suggested procedures that may be employed when verbal persuasion has failed. Each situation has many variables, and the following are set forth as general guidelines.

- A. The Patrol Officer should remember that the mentally disabled person is sick, not aware of his behavior and, in most cases, not a criminal. The Police Officer must impress upon the mentally disabled person that he is there to help him.
- B. Requests adequate assistance including a Patrol Supervisor – a lone Police Officer should not attempt to handle this person, except when absolutely necessary.
- C. Distract the subject – try flattery only when true, or initiate a verbal discussion about an unrelated topic. Use object-oriented questions which require an answer easy for the person to give. Keep the subject talking.
- D. Remove dangerous objects from the reach of a subject.

- E. When two Officers approach the subject, use the triangle pattern keeping the strong side (weapon) away from the subject.

Subject

P.O.

P.O.

Note: When three Officers are at the scene, if possible, have one approach from the rear.

P.O.

Subject

P.O.

P.O.

- F. When subduing the subject, if necessary, use any device as a shield in order to protect yourself from injury.

- G. If the subject has a weapon:

- a. Seek cover when appropriate.
- b. Evaluate the situation.
- c. Do not take the weapon from him; have him place it on the table or floor.
- d. Use only reasonable and necessary force.

- H. If the Officer is in a situation in which he is legally justified in using Deadly Physical Force, he may apply the carotid restraint to gain control of the subject.

Caution: When applied, the average subject may be rendered unconscious in 5 to 15 seconds.

The subject's reaction may be like a seizure:

- a. Eyes roll back.
- b. Body quivers
- c. Loss of bladder or bowel control.

After the subject is unconscious:

- a. Handcuff
- b. Check vital signs.
- c. Render first aid or other medical aid, if needed.
- d. Have subject checked by medical personnel.

## VI. Duties of a Patrol Supervisor

The Patrol Supervisor is responsible for providing the supervision at a scene involving a mentally disabled person which ensures that responding police personnel are properly deployed and sufficient in number to properly manage the situation. Therefore, supervisors shall:

1. Respond to the scene (Desk Officers shall assign appropriate supervisory personnel).
2. Evaluate the situation upon arrival and verify that the appropriate initial notifications have been made to the Communications Bureau.
3. Follow Hostage Negotiations procedures when appropriate and request the Hostage Negotiating Team, when necessary.
4. Maintain security of the areas and establish police lines.
5. Keep the Desk Officer informed of the current status of the situation.
6. Establish control related to the use of force. Members concerned must be guided by the appropriate sections of Article 35 of the New York State Penal Law.
7. Direct the use of alternative measures in conjunction with Emergency Services Unit (ESU) according to the circumstances. (Pepper Spray, capture net, restraining equipment, etc.)

## VII. Conclusion

Danger presents itself in many forms during contact with persons who behave abnormally. Violence directed at the Police Officer, the public, or the mentally ill person himself, may erupt suddenly. Therefore, a Police Officer should always be concerned with the safety of the public, the mentally disabled person, and his own safety. The resolution of a situation involving a mentally disabled person is a successful one when every step has been taken to prevent further distress or injury to the individuals involved.



# Department Procedure

PROCEDURE TITLE

**Mentally Disabled Persons**

PROCEDURE NUMBER

OPS 1155

REVISION

1

**POLICY**

The policy of the Police Department is to assist persons who are in need. **This includes rendering necessary aid in a humane and sensitive manner to persons who appear to be suffering from mental illness or disability.**

**PURPOSE**

To establish procedures for assisting mentally disabled persons.

**DEFINITIONS**

**Likely to result in serious harm:**

1. a substantial risk of physical harm to himself as manifested by threats of, or attempts at, suicide or serious bodily harm, or other conduct demonstrating that he is dangerous to himself, *or*

**Note:** Other conduct may include the person's refusal or inability to meet his essential need for food, shelter, clothing, or health care.

2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

**Note:** The Mental Hygiene Law (MHL) §9.41 authorizes a Police Officer to take into custody any person who appears to be mentally ill and is conducting himself in the above described manner. The custody is for transportation to a hospital for psychiatric evaluation.

**Mobile Crisis Outreach Team (MCOT):** a group consisting of physicians and/or Qualified Mental Health Professionals who will respond to any location within Nassau County to make assessments of individuals who appear to be having psychiatric problems. The MCOT operates out of the Nassau University Medical Center (NUMC).

**Note:** Police Officers should make referrals to the MCOT when they encounter a person who may need evaluation, but does not meet the MHL standards for an emergency hospital admission.

**Qualified Mental Health Professional (QMHP):** a licensed psychologist, certified social worker, or registered professional nurse approved by the Commissioner of the Department of Mental Health to serve on an MCOT.

**SCOPE**

All Members of the Department.

**SOURCES**

- Commissioner's Order 39-84, (Departmental Emergency Ambulance Service)
- MHL §9.41. (Emergency Admissions-Police Powers)
- §9.58. (Powers of MCOT)
- PL Article 35. (Defense of Justification)
- Teletype Order 285-90. (Electronic Immobilization Device-Taser)
- Training Bulletin 55 Revised 06/87. (Handling Mentally Disabled Persons)

**RULES**

1. Members of the Department will not use any restraint technique during transport that dangerously inhibits a restrained person's breathing.

ISSUING AUTHORITY

Commissioner

SIGNATURE

William J. Willet

EFFECTIVE DATE

08/31/2001

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REPLACES  
PROCEDURE

## Police Officer

OPS 1155 Revision 0, dated 09/01/96.

1. *Assesses* the situation.
2. If at any point when dealing with a mentally disabled person the circumstances develop into a hostage/barricade situation,
  - a. *requests* the following:
    - (1) additional assistance,
    - (2) Patrol Supervisor,
    - (3) notification to the Desk Officer,
  - b. *initiates* the Hostage/Barricade Incidents Procedure. [See OPS 12112]
3. *Secures* the area.
4. *Obtains* background information on the mentally disabled person such as the following:
  - a. mental/medical history,
  - b. prescription/illegal drugs being taken,
  - c. current problem,
  - d. behavior prior to police arrival,
  - e. past violent behavior.
5. *Treats* as an aided case [See OPS 1110] if the behavior *is not* due to mental illness. [End of Procedure]
6. If the mentally disabled person requests to go to the hospital, [Go to step 13].
7. *Determines* if the mentally disabled person is conducting himself in a manner which is likely to result in serious harm to himself or others.

**Note:** Police Officers may get called to the scene to assist the MCOT. The physician or QMHP from the MCOT will make the determination as to the mentally disabled person's likelihood to cause serious harm.
8. If the MCOT is at scene,
  - a. *verifies* the identification of the MCOT physician or QMHP by viewing either of the following:
    - (1) Nassau County Department of Mental Health photo identification,
    - (2) copy of the QMHP designation letter,
  - b. *receives* a completed copy of OMH Form 482, Mobile Crisis Outreach Team Authorization for Transport, from the MCOT physician or QMHP if the mentally disabled person will be transported.
9. If the mentally disabled person *is not* conducting himself in a manner which is likely to result in serious harm to himself or others,
  - a. *notifies* the Desk Officer,
  - b. *considers* referral to MCOT [See Appendix H], through the Desk Officer,
  - c. *reports* the disposition of the assignment.

Police Officer	<p>10. If the mentally disabled person <i>is</i> conducting himself in a manner which is likely to result in serious harm to himself or others,</p> <ol style="list-style-type: none"> <li><i>secures</i> the immediate area,</li> <li><i>notifies</i> Communications Bureau (CB) of the precise location,</li> <li><i>requests</i> a Patrol Supervisor,</li> <li><i>notifies</i> the Desk Officer the mentally disabled person will be taken into custody.</li> </ol> <p>11. <i>Requests</i> Highway Patrol Bureau Emergency Services Unit for specialized restraining equipment [See OPS 12230] if the mentally disabled person is:</p> <ol style="list-style-type: none"> <li>extremely violent, <i>or</i></li> <li>armed with a weapon other than a firearm [See Glossary] or longarm <i>and</i> does not pose a threat to non-department member.</li> </ol> <p><b>Note:</b> The situation is a hostage/barricade incident if the mentally disabled person is armed with a firearm or longarm, <i>or</i> is armed with any weapon and poses a threat to a non-department member.</p>
Patrol Supervisor	<p>12. <i>Responds</i> to scene when requested or deemed necessary, <i>and</i></p> <ol style="list-style-type: none"> <li><i>evaluates</i> the situation,</li> <li><i>verifies</i> that initial notifications to CB have been made,</li> <li><i>establishes</i> control related to the use of force,</li> <li><i>directs</i> the use of Specialized Restraining Equipment [See OPS 12230] if needed.</li> </ol>
Police Officer	<p>13. <i>Requests</i> a Nassau County Police Ambulance and additional Police Officers if needed.</p> <p>14. <i>Maintains</i> control of the mentally disabled person.</p> <p>15. <i>Searches</i> the mentally disabled person.</p>
AMT/Police Officer	<p>16. <i>Use</i> soft restraints, when available, on a non-violent mentally disabled person.</p> <p>17. <i>Place</i> a violent mentally disabled person on his back in the Reeves stretcher, <i>and</i></p> <ol style="list-style-type: none"> <li><i>replace</i> handcuffs, if used, with soft restraints,</li> <li><i>secure</i> each hand separately to the respective handle on the Reeves stretcher,</li> <li><i>place</i> the Reeves Stretcher on the trundle so the aided person is on his left side facing the AMT in the ambulance,</li> <li><i>monitor</i> respiratory rate and quality.</li> </ol> <p>18. <i>Place</i> the mentally disabled person in ambulance.</p>
Police Officer	<p>19. <i>Unloads</i> weapon when guarding the mentally disabled person during transport.</p>
AMT/Police Officer	<p>20. <i>Ride</i> in the back of the ambulance with mentally disabled person.</p>

**Mentally Disabled Persons**

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**AMT/Police Officer**

21. *Keep* the ambulance temperature cool if the mentally disabled person's behavior is possibly due to cocaine intoxication.
22. *Transport* the mentally disabled person to NUMC *except* in the following cases:
  - a. an MCOT physician or QMHP directs that the mentally disabled person be taken to another hospital, *or*
  - b. the mentally disabled person has a serious medical condition that requires transport to the nearest hospital.

**Assisting Officer**

23. *Drives* the ambulance to the hospital.

**Police Officer**

24. *Delivers* OMH Form 482 to the hospital personnel.
25. *Prepares* an aided report and *notes*, in the narrative section, the name of the physician or QMHP who authorized the transportation, if applicable.