

2.422 EMERGENCY PSYCHIATRIC EVALUATIONS

- A. When persons with mental disorders present a danger to the life or safety of themselves or others, emergency professional assistance may be rendered to them by initiating Petitions for Emergency Evaluation (Maryland District Court Forms DC 13 and DC 14 - petition) by:
1. Completion of petitions by interested parties, followed by judges' authorizations and Emergency Psychiatric Service (EPS) evaluations;
 2. Completion of emergency petitions and clinical summaries by licensed physicians, certified psychologists, clinical social workers, or local health officers followed by evaluations by physicians;
 3. Implementation of court orders mandating evaluations; or
 4. Completion of petitions by peace officers who have personally observed the persons, followed by evaluation by physicians.
- B. Petitions signed by judges are valid only five days from the dates petitions are signed. There are no expiration dates when petitions are signed by physicians, psychologists, clinical social workers, health officers, or peace officers.
- C. Officers may take persons into custody and petition for emergency psychiatric evaluations consistent with HG 10-622(a) when:
1. They have personally observed subject persons or any other information is obtained that is pertinent to the factors giving rise to the petition;
 2. They have probable cause to believe that subject persons have a mental disorder; and
 3. The individual presents a danger to the life or safety of themselves or others.
- D. Officers may also take persons into custody for emergency evaluations if they have petitions for evaluation that:
1. Have been endorsed by judges within the last five days; or
 2. Have been signed by physicians, psychologists, clinical social workers, health officers, or other peace officers.
- E. Officers taking evaluatees into custody will do so in the same manner as detainees consistent with **2.600 Arrest Procedures**.
- F. EPS staff members may request officers remain at the facilities to assist with evaluatees. HG 10-624(a)(4) requires physicians to examine evaluatees as promptly as possible if officers are required to remain.
1. Officers must make timely notifications to supervisory personnel when requested to assist with evaluatees.
 2. Officers will remain and assist only as long as necessary and prudent.
- G. Officers will take emergency evaluatees to the nearest emergency facility. The certified Emergency Psychiatric facilities, in order of their distance from the university are:
1. Adventist Healthcare White Oak Medical Center;
 2. Prince George's County Hospital;
 3. Greater Laurel, Beltsville Hospital; and
 4. Southern Maryland Hospital.

2.422.05 Police Officers as Petitioners

The duties of officers acting as petitioners include, but are not limited to:

- A. Ensuring destination EPS facilities are notified;
- B. Transporting evaluatees to the closest designated EPS facility;
- C. Consulting with EPS staff and completing petitions;
- D. Remaining with evaluatees until care and custody is assumed by EPS facilities;
- E. Completing agency required reports; and
- F. Submitting a copy of all petitions to the Records Unit.

2.422.10 Physicians, etc. as Petitioners

- A. HG 10-624(a)(ii) obligates officers attempt to serve petitions authorized by physicians, certified psychologists, clinical social

workers, county health officers or designees who sign Petitions for Emergency Evaluation.

- B. If petitions are completed by physicians, health officers, clinical social workers, or certified psychologists, the officer will:
1. Ensure petitions are completed and signed;
 2. Take reasonable and prudent steps to serve petitions;
 3. Complete mandatory agency reports; and
 4. Submit a copy of each petition to the Records Unit.
- C. Officers are under no obligation to serve as petitioners when physicians, health officers, or certified psychologists do not, or will not, complete petitions for persons they believe should be evaluated at EPS facilities. In such situations, officers:
1. May offer eligible persons opportunities to seek voluntary admissions;
 2. Will notify supervisory or administrative ranked personnel if eligible persons refuse to seek voluntary admissions; or
 3. Serve as petitioners if they personally develop sufficient information to do so.

2.422.15 Voluntary Admissions

- A. Consistent with HG 10-609, individuals 16 years old or older may apply for voluntary admissions to EPS facilities provided:
1. They have mental disorders;
 2. The mental disorders are susceptible to care or treatment;
 3. They understand the nature of requests for admission;
 4. They are able to give continuous assent to retention by EPS facilities; and
 5. They are able to ask for their release.
- B. When practical, officers may present the option of voluntary admission to potential evaluatees. However, officers will become petitioners when:
1. They have personally observed subject persons or any other information is obtained that is pertinent to the factors giving rise to the petition;
 2. They have probable cause to believe that subject persons have mental disorders; and
 3. The individual presents a danger to the life or safety of themselves or others.
- C. Officers will attempt to arrange transportation to appropriate EPS facilities for persons who voluntarily request to be admitted. Officers may conduct transports if other means are not available or are impractical.

2.422.20 Admission Authorized/Denied

- A. If evaluatees are admitted, officers will:
1. Obtain a copy of each petition submitted; and
 2. Leave evaluatees and petitions at EPS facilities;
- B. If evaluatees are not accepted for evaluation at the closest designated EPS facility, officers will obtain reasons for refusals and names of officials so refusing. Evaluatees will then be transported to the Prince George's Hospital Center.
- C. Officers will not transport certified evaluatees from one EPS facility to any other facility.
- D. If EPS physicians decline to certify evaluatees for admission, officers may, upon request of evaluatees, return them to locations of initial contact or locations near the agency's primary jurisdiction close to where initial contacts were made.

2.422.25 Transport to Non-Designated Hospitals

When the fire department, for medical reasons, transports evaluatees to facilities which are not designated EPS facilities, officers will:

- A. Await evaluatee's release and take them to the nearest designated EPS facility within the county, if it is determined that evaluatees will be treated and released within a reasonable time;
- B. Notify interested persons, such as family members, complainants, or others, if it is determined that evaluatees will be admitted and kept for medical reasons;

- C. Notify supervisors of hospital emergency rooms that it is believed that evaluatees are in need of emergency evaluations based on facts known to officers; and
- D. Note in agency reports the names, addresses, and telephone numbers of each person notified, including the emergency room staff members.

2.422.30 Incident Reports

- A. Officers will complete reports whenever petitions are served or attempted to be served.
- B. Information contained in reports must include, but is not limited to:
 - 1. Circumstances of the incidents;
 - 2. Description of evaluatee's behavior that lead to them being taken into custody;
 - 3. Identities of evaluating physicians;
 - 4. Names of facilities from which the person were released or accepted; and
 - 5. If applicable, addresses where evaluatees were returned to.

2.422.35 Escaped Mental Patients

- A. Mental patients who have been criminally charged and committed by courts of competent jurisdiction, and subsequently escape from confinement, may be arrested and charged with escape.
- B. Civilly or voluntarily committed patients who leave institutions without authorization are not subject to police detention unless they are detained for criminal violations.
- C. Escapees who were confined to facilities of the Department of Health and Mental Hygiene pursuant to commitments to determine competency to stand trial or criminal responsibility are subject to arrest.
- D. Juveniles who escape after being committed by the court to hospitals or mental health institutions are considered to be runaways and may be taken into custody for return to appropriate locations.

2.422.40 Arrest of Mentally Disordered Subjects

- A. If evaluatees are also under arrest for criminal charges, officers will transport them to the nearest designated EPS facility and will remain with evaluatees until petitions have been acted upon.
- B. Evaluatees who are not committed will be transported to the RPC for processing of the criminal charges.
- C. If evaluatees are involuntarily committed, and officers wish to pursue criminal charges, officers will:
 - 1. Apply for charging documents for the criminal acts; and
 - 2. If warrants are issued, obtain detainers from commissioners. Detainers will be sent to facilities holding the individuals.

2.422.45 Training

- A. This agency will conduct documented initial training for dealing with persons suspected of suffering from mental illness for entry level sworn personnel and other new employees.
- B. This agency will conduct refresher in-service training for dealing with persons suspected of suffering from mental illness with all personnel annually.

2.422.50 Guidelines for Recognition of persons suffering from mental illness

- A. Mental illness can be defined as any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.
- B. Employees should be alert to symptoms common to mental illness.
- C. Although symptoms of mental illness may vary, all mentally ill persons have thoughts, feelings, or behavioral characteristics which result in an inability to cope with the ordinary demands of

life.

- D. While a single symptom or isolated event does not necessarily indicate mental illness, professional help should be sought if symptoms persist or worsen.

- E. Common symptoms of mental illness can include:

1. **Social Withdrawal** such as:
 - a. sitting and doing nothing;
 - b. withdrawal from family and/or friends;
 - c. dropping out of activities;
 - d. decline in academic or athletic performance.
2. **Depression** such as:
 - a. Loss of interest in activities;
 - b. Expression of hopelessness or helplessness;
 - c. Changes in appetite or weight gain/loss;
 - d. Behaviors unrelated to events or circumstances;
 - e. Excessive fatigue and sleepiness or inability to sleep;
 - f. Pessimism;
 - g. Thinking or talking about suicide
3. **Thought disorders** such as:
 - a. Inability to concentrate or cope with minor problems;
 - b. Irrational statements;
 - c. Poor reasoning, memory and judgment;
 - d. Expressing thoughts of greatness or ideas of being harassed or threatened;
 - e. Peculiar use of words or language structure;
 - f. Excessive fear or suspiciousness.
4. **Expression of feelings** such as:
 - a. Hostility;
 - b. Indifference;
 - c. Inability to cry or excessive crying;
 - d. Inability to express joy;
 - e. Inappropriate laughter;
 - f. Nonverbal expressions of sadness or grief.
5. **Behavior** such as:
 - a. Hyperactivity or inactivity;
 - b. Deterioration in personal hygiene and appearance;
 - c. Involvement in automobile accidents;
 - d. Drug or alcohol abuse;
 - e. Forgetfulness and loss of valuable possessions;
 - f. Attempts to escape through geographic change, frequent moves or hitchhiking trips;
 - g. Bizarre behavior;
 - h. Inappropriate use of household decorations(i.e. aluminum foil covering windows);
 - i. Accumulation of waste matter or trash;
 - j. Unusual sensitivity to noises, light, colors, and clothing;
 - k. Changes in sleeping and eating habits.
6. **Cognitive Impairments** such as:
 - a. Disorientation in time, place, or person;
 - b. Confusion, incoherence and extreme paranoia;
 - c. Inability to find way in familiar setting;
 - d. Inability to solve familiar problems;
 - e. Impaired memory for recent events;
 - f. Inability to wash and feed oneself, urinary or fecal incontinence and/or presence of feces or urine on the floor or walls.

2.422.55 Procedures for Accessing Available Community Mental Health Resources

- A. There are several community mental health resources available to employees.
- B. Mental Health Resources include, but are not limited to, the following:
 1. University of Maryland Counseling Center
 2. University of Maryland Health Center
 3. Adventist Healthcare White Oak Medical Center;
 4. Prince George's County Hospital;

5. Greater Laurel, Beltsville Hospital;
 6. Southern Maryland Hospital;
 7. Mental Health Association of Prince George's County;
 8. National Alliance for the Mentally Ill (NAMI); and
 9. On Our Own of Prince George's County.
- C. Employees can contact these agencies 24 hours a day/7 days a week for assistance with individuals that they suspect are mentally ill.
- D. Phone numbers for all agencies can be found in ROLODEX in the RMS.

2.422.60 Response to Individuals with Mental Illness

- A. Persons with mental illness can be easily upset and may engage in tantrums or self-destructive behavior. Minor changes in daily routines may trigger these behaviors.
- B. Frequently, a family member or friend can assist in calming an individual exhibiting unusual behavior as a result of mental or emotional impairment.
- C. The following specific guidelines detail how to approach and interact with a person who may have mental health issues 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. While protecting their own safety, the safety of the person with mental health issues, and the safety of others at the scene, officers should:
1. Speak calmly to the individual;
 2. Use non-threatening body language and keep your hands by your sides if possible;
 3. Eliminate commotion by moving individual to a calm environment if possible;
 4. Keep animals away;
 5. Look for personal identification;
 6. Call the caregiver for advice on calming the individual and ensuring officer safety;
 7. Memory impaired persons reported missing should be handled consistent with 2.438 Missing Persons;
 8. Prepare for a lengthy interaction unless there is an emergency;
 9. Repeat short, direct phrases;
 10. Be attentive to sensory impairments;
 11. Accompany the individual through buildings or neighborhoods to seek visual clues;
 12. Be aware of different forms of communication; and
 13. Maintain a safe distance.
- D. Once sufficient information has been collected about the nature of the situation, and the situation has been stabilized, there are several options available to the officer. These options include:
1. Refer or transport the individual for medical attention if they are injured or abused;
 2. Release the individual with no further action;
 3. Release the individual to a family member, caregiver, or mental health provider;
 4. Refer or transport the individual to a substance abuse center;
 5. Assist in arranging voluntary admission to a mental health facility if requested consistent with **2.422.15 Voluntary Admissions**;
 6. Transport for involuntary Emergency Psychiatric Evaluation consistent with **2.422 Emergency Psychiatric Evaluations**; or
 7. Arrest if a crime has been committed.