WEST NORRITON TOWNSHIP POLICE DEPARTMENT

Subject: Mental Health		Policy # 2.7.8
Accreditation 2.7.8		
Effective Date: December 30, 2009	Revised Date: 03/28/2022	
By Authority Of: Chief Michael A. Kelly	Signature: Michael A. Kelly	

2.7.8 MENTAL HEALTH

A. PURPOSE:

It is the purpose of this order to establish policy and procedures regarding the involuntary commitment of mentally ill persons.

B. POLICY:

Based upon the Mental Health Procedures Act the following list of procedures shall be used when dealing with the **involuntary commitment** of mentally ill persons.

C. PROCEDURES:

1. It is possible that members of this Department may come in contact with mentally ill persons under two separate circumstances.

   a. You may come in contact with a mentally ill person while on patrol or through a dispatched call;
   b. The Department may receive a Mental Health Warrant or other paper requiring a subject named be taken into custody and transported to a medical care facility.

2. Guidelines for Recognition of Characteristics of Mental Illness

   a. Definition - Mental Illness

      i. Any of various conditions characterized by impairment of an individuals normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

   b. Mental illnesses are considered disorders in which people undergo recurrent problems in disposition, thought, judgment, and/or strange or inappropriate behavior. These disorders may manifest themselves in any altered mental functioning such as, but not limited to:

      i. Delusions.

         1) False beliefs that are strongly held despite convincing evidence to the contrary.

      ii. Hallucinations.

         1) False sensory experiences that occur in the absence of any environmental stimulus.

iii. Disorders of thought (cognition).

1) The inability to quickly and accurately process information rationally.

iv. Impaired reality testing.

1) The inability to accurately reflect their present situation.

v.. Inappropriate emotional states.

1) Bizarre, exaggerated, or absent emotive expressions.

vi. Sustained or repeated irrational self-sabotaging behavior indicating the presence of any one or more symptoms.

c. Officers should continually evaluate persons they come into contact with to assess whether characteristics of mental illness are present and may be contributing to an individual's presenting behavior.

3. The following procedures shall be followed when you come in contact with an individual who is obviously mentally ill and acting in a manner which indicates he/she is placing himself/herself or someone else in danger. This may include the threat to commit suicide along with an indication that the subject may carry out that threat; the threat to harm other persons and acting in a manner that would indicate he/she may carry out those threats; or coming in contact with a subject unable to take care of his own basic needs and with no responsible person to take care of those needs. For use in the petition, the behavior being cited must have occurred in the last thirty (30) days.

   a. In the above situations determine as to whether there is probable cause for you to petition the subject for involuntary commitment under Section 7301 of the Mental Health Procedures Act.
   b. Your probable cause should be based upon behavior you witnessed not solely on information you have learned from others.
   c. If you have witnessed limited behavioral problems but not enough to substantiate a petition on your own you may gather information from others, ie: family members, etc., and co-petition along with the person who supplied additional information. Then you can contact the Montgomery County Emergency Services at Building 50 of the Norristown State Hospital to help determine if you have sufficient probable cause to take the person in custody on a 302 commitment.
   d. If you did not witness unusual behavior but receive information from others that would indicate a subject should be petitioned and an interested party is willing to do the petitioning contact Building 50 and have the person who witnessed the behavior talk to the case worker. The caseworker will take the information from the petitioner, determine whether it is sufficient for a petition and if so contact the proper person for authorization for transportation of the subject to a designated medical care facility.
   e. This of course may take a bit of time and would probably require an officer to maintain contact with the subject during the time it takes to have the petition formulated and approved.
4. The following procedure will be followed when a crisis intervention worker calls or appears with a Mental Health Warrant for service.

a. Arrange to meet with the case worker preferably at station so the warrant can be copied for Department records. The meeting may need to be elsewhere if an emergency situation exists.
b. Make copies of papers/warrant for Department records and attach to the Incident Report.
c. An attempt will be made to serve the papers with as little delay as reasonably possible. Proceed to the scene followed by the case worker and proceed with service of the warrant. Keep in mind your safety and the safety of those around you are your main concern. You are in charge at the scene of the warrant service. The case worker is there for consultation and advice if requested.
d. There may be occasions when a family member or other interested person will deliver a Mental Health Warrant for service. The Department may also receive warrant by fax. These warrants will be served without delay. We should receive a phone call from the Building 50 in reference to these warrants before we receive the warrant. If this has not occurred verify the warrant with Building 50 prior to service of the warrant.
e. You may transport mental health patients picked up on warrants or about to be petitioned to Building 50.

5. In cases where the subject being petitioned has committed violations of the law, those charges should be brought against the subject without regard to the subject being committed to a mental health unit. When evidence allows, file the appropriate charges against the actor in addition to filing for a 302 commitment.

6. Under no circumstances will there be less than two (2) officers handling a Mental Health Commitment. Should this create a problem due to shortage of manpower, follow departmental procedures for calling out an additional officer.

D. TRAINING

1. All officers shall be trained on recognizing and responding to mentally ill persons.

2. All officers shall receive updated training on the policy and any changes in the laws governing the mental health procedures annually or within 90 days of any changes in the laws or as required by statute.