



LAW ENFORCEMENT OPERATIONS POLICY AND PROCEDURES

Chapter 12: Mental Health Crisis and Persons of Diminished Capacity

Revised:

Last Reviewed:

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I. PURPOSE:

This policy aims to establish general guidelines for recognizing and responding appropriately to individuals with mental health issues, in a mental health crisis, or experiencing diminished mental capacity.

It is the policy of the Technical College System of Georgia (TCSG) for TCSG Law Enforcement Officers to handle persons who are experiencing a mental health condition or diminished capacity in a manner that will minimize the potential of an injury to the person as well as any others involved.

II. DEFINITIONS:

- A. **Persons of diminished capacity**: This includes all persons encountered in the field who exhibit unusual behaviors commonly referred to as irrational, bizarre, or unpredictable. These outward observable symptoms could result from intoxication, drug use, suicidal ideations, mental illness, or medical complications.
- B. **Mentally ill**: means having a disorder of thought or mood, which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life. However, "mental illness" shall not include a mental state manifested only by repeated unlawful or antisocial conduct. **(O.C.G.A. 17-7-131)**

- C. **Professional resources:** These sources are those available to police agencies such as mental health professionals, emergency medical facilities, and detoxification centers.
- D. **Voluntary and involuntary commitments:** These are the provisions within the State that the agency can use for the civil commitment of persons requiring professional psychological intervention.
- E. **Prosecution guidelines:** TCSG Law Enforcement Officer should evaluate the necessity and method of prosecution when dealing with a person of diminished capacity. Normally misdemeanor violations by the person committed during the police control of the incident will not subject the person to a physical arrest. A supervisor will determine whether to cite or request a filing by the prosecutor supervisor will evaluate felony and/or other crimes committed upon non-agency personnel to determine whether a physical arrest is warranted. The ultimate goal is to encourage professional resource intervention for the person of diminished capacity. Physical arrest should be considered a last resort.

III. **PROCEDURE:**

A. Field control tactics

The goal of law enforcement when encountering a person of diminished capacity is to control the encounter and then determine the best course of action for the person. This tactical field response can be segmented into four (4) distinct tactical responses: Containment, Coordination, Communication, and Time.

a. Containment

Before any reasonable control and defusing techniques can be used, the subject must be contained:

1. Two (2) officers shall be dispatched to an incident involving a person of diminished capacity if available. Should an officer find themselves alone in a situation with such a person, they should request a backup officer before attempting to intercede. If necessary, officers may ask for help from surrounding law enforcement agencies.
2. Responding officers should avoid using emergency lights and sirens when responding to this type of call for service. Experience has demonstrated that this may agitate the response by the subject of the call or encounter.
3. The officers shall devise a plan that separates the subject from other civilians. This containment should respect the subject's comfort zone to reduce any unnecessary agitation. Officers should continuously evaluate this comfort zone and not compress it unless necessary.
4. Officers must ensure that on-lookers and family members are not able to become involved verbally or physically in the control methods, except in extreme cases when the officer deems their involvement is needed to achieve a successful outcome.
5. Effective containment reduces agitation, such as large groupings of persons/officers, emergency vehicle equipment, loud police radio

transmissions, and multiple persons directing communications to the subject. Containment is meant to reduce outside influences and sources of agitation.

6. Officers should move slowly, lower their voices, speak slowly, and present one idea or concept at a time.

b. Coordination

This is essential for control of the encounter and is the foundation for the development of an effective plan and use of personnel and resources:

1. One officer at the scene shall be designated or assume the position of the lead officer. This may not be the most senior officer on the scene.
2. A perimeter shall be determined to ensure that outside persons and/or family members don't become involved.
3. Officers shall limit observable indications of force. If firearms are drawn, they should be maintained in the low-ready position and, when feasible, not displayed by officers \attempting to establish communications with the subject.
4. The lead officer shall designate an officer to gather intelligence regarding the subject being encountered. This information can come from persons at the scene, neighbors and/or family, and college employees. This information can become important in determining further tactical approaches to the subject and the most appropriate form of referral.
5. The lead officer is responsible for determining what resources should be requested, including additional police personnel, specialized weapons, professional resources, and staged medical personnel.
6. When warranted, the lead officer will designate the location for a command post and staging area. This should be out of sight of the location of the subject encounter.

c. Communication

Communication with the person of diminished capacity should be planned and controlled:

1. One officer shall be designated as the command voice, and other officers shall refrain from becoming involved.
2. Verbal communication should be non-threatening. Whenever possible, use open-ended questions designed to facilitate the subject's participation. If the subject does not respond, use other communication techniques. It may be necessary to change the person designated as the command voice and determine whether that might be beneficial.
3. Sharp, authoritative commands should be avoided. Instead, the officer should use calming communicative attempts.

4. It has been found that threats to arrest or use force are not productive when dealing with persons with diminished capacities. Instead, reassure the subject that the police are there to help them.
5. Be always truthful.
6. Officers must constantly analyze what effect, if any, their efforts are having on the subject. This is essential to identify areas that appear to agitate the subject, and which should be avoided.
7. Normally, family members should not be used to establish communication. This frequently exacerbates the situation. Officers may use their discretion and choose to speak with friends and family away from the scene.

d. Time

Time is the concept of elongating the encounter rather than hastening it:

1. History has shown that the longer the encounter is allowed, the better the chance for a successful and safe resolution.
2. Increasing the time of the encounter and using defusing techniques allows the subject to reflect upon their predicament.
3. Creating time also allows the field units to be supported by deploying additional police personnel, specialized equipment, and medical support personnel.
4. Time encourages the ability to communicate and create a relationship between the subject and the command voice.

e. Commitment procedures

The primary purpose of police response to an incident involving a person of diminished capacities is to control the situation and ensure that the person receives the most appropriate form of professional resources.

1. In determining the most appropriate form of professional resources, and referrals, officers should consider the information provided by professional resources, known persons, and family members.
2. It is important for the officers on the scene to determine what, if any, ongoing threat potential the subject poses to themselves, their family, community, and the officers. This threat potential may necessitate an involuntary commitment procedure rather than simply handing off the subject to the family for a voluntary commitment.
3. The officer shall use the resources of local crisis intervention personnel, if available when making this commitment decision.

f. Commitment

1. Consent
 - i. It must be free and voluntary.
 - ii. It cannot be induced by fear of prosecution for an unfounded offense.

- iii. If an officer must use force to get the person into the ambulance, this is not valid consent.
- 2. Returning an escapee from a mental facility. (O.C.G.A. 37-3-5 & 37-7-5)
 - i. This person must have been a patient at the facility pursuant to a valid doctors or court order.
 - ii. ii. The officer must see the order.
 - iii. The officer must write a report.
- 3. A doctor can issue a 10-13 order to involuntarily commit a person after personally examining the patient within the last 48 hours. O.C.G.A. 37-3-41(a).
 - i. A doctor must personally examine the patient – not by phone.
 - ii. This order expires seven (7) days after it is executed.
 - iii. Officer must write a report if we serve the order.
- 4. The Probate Court can issue an “order to apprehend” based on affidavits of two adults that have seen the person within 48 hours that swear to the fact set in their affidavits that give them a reason to believe the person is mentally ill, and in need of involuntary treatment. O.C.G.A. 37-3-41(b)
 - i. It can be any two (2) adults (e.g., police, neighbors, family, firefighters, etc.)
 - ii. This order expires seven (7) days after it is executed.
 - iii. The officer must write a report if the police serve this order.
- 5. The police can take a patient involuntarily for treatment if:
 - i. The officer has probable cause to believe the suspect has committed a penal offense, **and**
 - ii. There is probable cause to believe they are mentally ill and need involuntary treatment. O.C.G.A. 37-3-42(a) / 37-7-42(a).
 - iii. The officer must stay at the hospital with the person until the doctor signs the order.
 - iv. If the doctor does not elect to commit the person, they should be charged with the offense and transported to the local jail.
 - v. The officer must write a report.
- 6. Emergencies

In a situation where:

 - i. According to competent medical judgment,
 - ii. A proposed surgical or medical treatment is reasonably necessary and

- iii. A person authorized to consent under O.C.G.A. 31-9-2 is not readily available and
- iv. Any delay in treatment could potentially jeopardize the life or health of the person affected or result in disfigurement or impaired faculties. O.C.G.A. 31-9-3. This assumes a person cannot consent for themselves, i.e., the person is unconscious due to injury or under the influence.
- v. If the preceding criteria are met, persons listed in O.C.G.A. 31-9-2 can give consent for a person if the patient is unable to consent for himself.

NOTE: 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 from refusing to consent to medical treatment for themselves.

g. Use of restraints when dealing with persons of diminished capacities

These persons may present officers with conflicting considerations in determining the best means for restraint and transportation. The ultimate mission is to safeguard the interests of the subject and transporting officers. In some cases, an ambulance may be required.

h. Reporting requirements

Officers shall prepare all required reports whether the subject of the call is arrested, committed, or released. This can provide valuable information for future contacts and, when available, allows the agency to provide information to the statewide data system.

**SPECIAL INSTRUCTIONS:
GEORGIA LAW ENFORCEMENT CERTIFICATION PROGRAM
(GLECP) STANDARDS INCLUDED: None**

This policy is for the Law Enforcement Agencies of the Technical College System of Georgia use only and does not apply to any criminal or civil proceeding. The policy shall not be construed as creating a higher standard of safety or care in an evidentiary sense concerning third-party claims. Violations of this policy will form the basis for departmental administrative sanctions only. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.