

# FLORIDA HIGHWAY PATROL POLICY MANUAL

	<b>SUBJECT</b> DEALING WITH THE MENTALLY ILL/AUTISTIC	<b>POLICY NUMBER</b> 22.11
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**22.11.01      PURPOSE**

To provide guidelines for all employees in dealing with mentally ill persons that they may come into contact with in the course of the employee's duties.

**22.11.02      AUTHORITY**

Section 394.455, Florida Statutes

Section 943.0439, Florida Statutes

Florida Criminal Justice Standards and Training Commission - Law Enforcement Basic Recruit Curriculum, Mental Illness

**22.11.03      POLICY**

It is the policy of the Florida Highway Patrol to use compassion and discretion in dealing with persons suffering from mental illnesses. However, the Patrol recognizes that its members are not medical professionals and often must make decisions based on limited contact with individuals. At no time is this policy to be construed to require members to delay taking action, including deadly force, if the circumstances would otherwise justify such action.

**22.11.04      DEFINITIONS**

- A.      ANXIETY DISORDER** – A condition characterized by excessive nervousness, tension, apprehension, fear, or anticipation of imminent danger.
  
- B      AUTISM** – [s. 393.063, F.S.] a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests.
  
- C      AUTISM SPECTRUM DISORDER** – [s. 627.6686 and 641.31098, F.S.] means any of the following disorders as defined in the most recent edition of the

Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

1. Autistic disorder
  2. Asperger's syndrome.
  3. Pervasive developmental disorder not otherwise specified.
- D. COUNSEL** – To provide advice or a plan of action based on an assessment of the facts presented. The advice should be based on knowledge of available services and support centers in the community.
- E. DEVELOPMENTAL DISABILITY** – [s. 393.063, F.S.] a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.
- F. INTELLECTUAL DISABILITY** – [s. 393.063, F.S.] means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely.
- G. MENTAL ILLNESS** – A psychological and/or behavioral problem that impairs a person's ability to function. The four most common categories of mental illness are; psychotic disorder, mood disorder, anxiety disorder, and personality disorder.
- H. MOOD DISORDER** – A disturbance or significant problem in moods or emotional states.
- I. PERSONALITY DISORDER** – A lifelong pattern of maladaptive behavior that interferes with daily living.
- J. PSYCHOTIC DISORDER** – A condition that limits an individual's ability to accurately perceive reality.
- K. REFER** – To send or direct an individual for treatment, aid, or information based on assessment of the facts presented and on services and support agencies available in the community.
- L. RELEASE** – To allow a subject to remain in the community based on assessment of the facts presented.

#### **22.11.05 PROCEDURES**

- A. INTRODUCTION TO MENTAL ILLNESS AND RELATED MEDICAL CONDITIONS**
1. The following are characteristics exhibited by a person suffering from the four most common forms of mental illness.
    - a. Psychotic Disorder

- (1) Delusion – a false belief that an individual holds despite logical proof to the contrary.
- (2) Hallucination – a perception of seeing, hearing, smelling, or tasting that has no basis in fact.
- (3) Disorganized Thinking.

b. Mood Disorder

- (1) Major Depression – a feeling of being down, sad or dejected with an accompanying inability to concentrate. Persons with depression commonly:
  - (a) Are argumentative or easily irritated.
  - (b) Talk negatively about themselves and feel hopeless.
  - (c) Cry easily.
  - (d) Sleep or eat excessively or not enough.
  - (e) Are withdrawn.
  - (f) Have thoughts of, or threaten, suicide.
  - (g) Have difficulty concentrating.
  - (h) Lose interest in things they used to enjoy.
  
- (2) Bipolar Disorder – Alternating symptoms of depression and symptoms of mania. Persons experiencing mania commonly:
  - (a) Do not sleep or eat for extended periods.
  - (b) Have thoughts of, or threaten, suicide.
  - (c) Go on binges (e.g., spending, gambling).
  - (d) Talk very rapidly and too much.
  - (e) Have racing thoughts.
  - (f) Are fidgety and overactive.
  - (g) Are easily distracted.
  - (h) Exaggerate their importance or ability.

c. Anxiety Disorder

- (1) Phobia (excessive fear).

- (2) Obsessive-compulsive disorder (OCD) (intrusive thoughts and impulses resulting in ritualistic behavior).
    - (3) Post-Traumatic Stress Disorder (PTSD).
    - (4) Panic Attack.
    - (6) Mental re-experience of war.
    - (7) Chest pains or discomfort, sweating, trembling, choking, or feelings that one is going to die.
  - d. Personality Disorder
    - (1) A pattern of hurting him or herself or of taking risks.
    - (2) Self-defeating behaviors.
    - (3) A distorted world view.
    - (4) A pattern of violating others' rights.
    - (5) Difficulty with interpersonal relationships.
    - (6) Limited success at work or daily living.
    - (7) Odd or eccentric thoughts or behaviors.
2. Some Conditions Not Considered Mental Illness
- a. Intellectual disability.
  - b. Developmental disabilities.
  - c. Intoxication.
  - d. Drug use or addiction.
3. There are medical conditions that have symptoms similar to mental illness.
- a. Examples of emergency conditions include:
    - (1) Severe hypoglycemia (low blood sugar).
    - (2) Diabetic ketoacidosis.
    - (3) Severe reaction to a new medication.
    - (4) Brain injury from head trauma.
  - b. Examples of non-emergency conditions include:
    - (1) Epilepsy.

- (2) Advanced AIDS.
- (3) Mild reaction to a new medication.
- (4) Dementia from illnesses such as Alzheimer's disease.

**B. ASSESSMENT OF POSSIBLY MENTALLY ILL PERSONS**

1. When responding to a mental health crisis, members are to:
  - a. Protect the subject.
  - b. Stabilize the situation.
  - c. Intervene to prevent further problems.
2. First contact or triage.
  - a. Assess for:
    - (1) Medical emergency.
    - (2) Nature of criminal activity, if relevant.
    - (3) Current level of danger or risk.
    - (4) Nature of problem: mental illness or substance abuse.
  - b. To determine whether the person needs medical, substance abuse, or mental health intervention, ask the subject and people who know the subject specific questions designed to assess the person's condition. If the nature of the condition cannot be quickly determined, request assistance from emergency medical personnel.
3. Intervention – The following is a list of principles that members should use in attempting to resolve a mental health crisis:
  - a. Minimize environmental stimulation
  - b. Be aware of space
  - c. Establish a partnership
  - d. Be respectful
  - e. Listen, reflect, and clarify
  - f. Ask questions
  - g. Use simple communication
  - h. Reward positive behavior

- i. Respect threats, deflect abuse
- j. Be aware of nonverbal cues
- k. Use common sense

C. FACILITATING TREATMENT AND CARE

1. Based on the assessment, members are to make note of:
  - a. Any physical injury or medical condition requiring EMS.
  - b. Criminal activity requiring law enforcement action or arrest.
  - c. Need for protective custody (i.e., Baker Act or Marchman Act).
2. In addition to basic civil rights, section 394.459, Florida Statutes extends certain rights to mentally ill persons, including:
  - a. The right to be treated fairly and with dignity.
  - b. The right to a physical examination within 24 hours of admission to a treatment center if they are at the treatment center 12 hours or longer.
  - c. The right to the least restrictive treatment available. This means that the subject must be provided outpatient treatment if confinement to a hospital is not medically necessary.
  - d. The right to informed patient consent to treatment.
  - e. The right to care and custody of personal effects at times when patient access to them is deemed inappropriate.
  - f. The right to quality treatment.
3. Response Options.
  - a. Arrange EMS backup for a physical medical emergency.
  - b. Counsel and release, or refer the individual to an appropriate health or support agency.
  - c. Counsel and release the individual to family, friends or another support network, and refer to an appropriate agency.
  - d. Obtain the subject's agreement to seek voluntary examination.
  - e. Seek protective custody: detain the subject for involuntary examination based on Baker Act (s. 394.463) or Marchman Act (s. 397.677) criteria.
  - f. If warranted, arrest or charge the individual for criminal behavior. Arrest procedures outlined in FHP Policy 11.05 shall be followed.

4. Accessing Mental Health Providers
  - a. For assistance in locating an appropriate mental health provider, members may contact a local law enforcement agency.
  - b. Listings of mental health providers are available at the Department of Children and Families web site or local office.
  - c. Members should contact a provider prior to referral or delivery for admission to ensure that appropriate assistance is available.
  - d. Procedures required by the provider for referral or admission shall be followed.
  - e. Procedures for involuntary admission under the Baker Act or Marchman Act (s. 397.677-397.6772, F. S.) shall be followed.

#### D INTERVIEWS – GENERALLY

When conducting an interview with a mentally ill person or other individual outlined in this policy, members should observe the following considerations.

1. Assess whether the person is stable enough to participate in an interview.
2. If possible, determine if the person is prescribed any medications for a mental illness, and as applicable:
  - a. The type of medication
  - b. Whether the person is taking the medication as prescribed
3. Take effort to ensure the person understands the investigative process (e.g., detailed explanation of the interview process, having a trusted friend present).
4. Avoid any activity that would be perceived by the person or others as coercive in consideration of the person's mental state.

#### E INTERVIEWS – AUTISM SPECTRUM DISORDERS (ASD) s. 943.0439

1. When interviewing/interrogating a person diagnosed with autism or an autism spectrum disorder, *and upon the request of the person (or their parent or guardian)*, members shall make a good faith effort to ensure a psychiatrist, psychologist, mental health counselor, special education instructor, clinical social worker, or related professional is present at all interviews or interrogations of the person.
2. Pursuant to law, the professional must “have experience treating, teaching, or assisting patients or clients who have been diagnosed with autism or an autism spectrum disorder or related developmental disability or is certified in special education with a concentration focused on persons with autism or an autism spectrum disorder.” However, it is not the member's responsibility to ensure the person meets those qualifications.

3. Members are not required to verify a person's statement that they have autism or an autism spectrum disorder.
4. Members are not required to summon or demand a professional as described above on behalf of the person, for any interview or interrogation.
5. All expenses related to the attendance of a professional at an interview or interrogation are the responsibility of the requesting parent, guardian or individual.
6. Members will render reasonable assistance to the person to be interviewed, and/or their parent or guardian in contacting such a professional (e.g., use of telephone or directory).
7. Members will utilize reasonable judgment in deciding whether or not to delay (or how long to delay) an interview or interrogation to facilitate the presence of a professional as described above.
8. Failure to have a professional as described above present at the time of the interview or interrogation is not a basis for suppression of any statement or the contents of the interview or interrogation.

#### D. REPORTING

Pursuant to s. 397.6772, F.S. a member initiating protective custody under authority of the Marchman Act must use the standardized DCF form (available on the SafetyNet forms page). Additionally, no entry or other record may be made to indicate that the person has been detained or charged with any crime.

Excluding initiating Marchman Act protective custody, encounters with persons described in this policy requiring law enforcement action shall be documented on a report and any other applicable form (e.g., traffic crash or use of control).

#### E. TRAINING

1. Training in dealing with mentally ill / autistic persons shall be provided to each recruit class as a part of the basic recruit curriculum.
2. All other entry-level employees shall receive training in dealing with mentally ill / autistic persons.
3. Refresher training shall be provided to all employees at least every three years.
4. The nature of the training may vary but shall include:
  - a. Guidelines for the recognition of persons suffering from mental illness.
  - b. Procedures for accessing available community mental health resources.

- c. Specific guidelines for sworn members to follow in dealing with persons they suspect are mentally ill during contacts on the street as well as during interviews and interrogations.
- 5. All training shall be documented and maintained in the employee's official training record at the FHP Academy or electronic transcript.