

The International Association of Chiefs of Police (IACP) implemented a model policy on “Dealing with the Mentally Ill in 1997. The policy asserts:

Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill carries the potential for violence, requires an officer to make difficult judgments about the mental state and intent of the individual, and requires special police skills and abilities to effectively and legally deal with the person so as to avoid unnecessary violence and potential civil litigation. Given the unpredictable and sometimes violent nature of the mentally ill, officers should never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness.

In the context of enforcement and related activities, officers shall be guided by this state’s law regarding the detention of the mentally ill. Officers shall use this policy to assist them in defining whether a person’s behavior is indicative of mental illness and dealing with the mentally ill in a constructive and humane manner.

Should the officer determine that an individual may be mentally ill and a potential threat to himself, the officer, or others, may otherwise require law enforcement intervention for humanitarian reasons as prescribed by statute, the following responses may be taken.

1. Request a backup officer, and always do so in cases where the individual will be taken into custody.



2. Take steps to calm the situation.



Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation.

3. Move slowly and do not excite the disturbed person.



Provide reassurance that the police are there to help and that he will be provided with appropriate care.

4. Communicate with the individual in an attempt to determine what is bothering him.

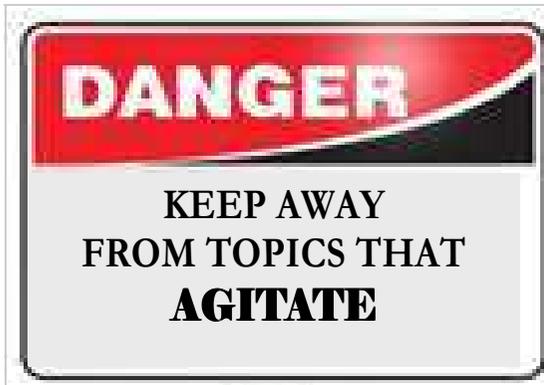


Relate your concern for his feelings and allow him to ventilate his feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate assistance in communicating with and calming the person.

5. Do not threaten the individual with arrest or in any other manner as this will create additional fright, stress, and potential aggression.



6. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.



7. Always attempt to be truthful with a mentally ill individual.



If the subject becomes aware of a deception, he may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

8. Once a mentally disturbed or emotionally disturbed person has been controlled, officers should consider whether common restraint tactics may be more dangerous to the individual due to the subject's mental status.



9. As with any use of force, officers should always provide an immediate medical response to individuals who are exhibiting signs or complaining of injury or illness following a use of force.



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Jack Ryan's

*Dealing with the Mentally Ill
and Emotionally Disturbed
in the
Use of Force Context.*



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