



**PENNSYLVANIA STATE POLICE  
DEPARTMENT DIRECTIVE**

July 24, 2020  
Distribution L

SUBJECT: AR 7-3, Incidents Involving Persons with Mental Illness/Mental Health Emergencies

TO: Area, Troop, and Station Commanders; Bureau and Office Directors

FROM: Colonel Robert Evanchick *Robert Evanchick*  
Commissioner

1. Attached is the new AR 7-3. Personnel shall review this new regulation in its entirety.

INSTRUCTIONS

Remove these pages:	Insert these pages:
iii and iv	iii and iv
None	1 through 5

2. AR 7-3 is available in its entirety in the eLibrary.

3. This Change Sheet shall be inserted into the back of the AR Manual immediately behind Change Sheet No. 1393.

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## INCIDENTS INVOLVING PERSONS WITH MENTAL ILLNESS/ MENTAL HEALTH EMERGENCIES

### 3.01 PURPOSE

The Department recognizes that mental illness is common. Furthermore, mental illness can range from mild to severe cases and can begin at any age, from childhood through later adult years. Additionally, the Department recognizes that personnel, in the course of their assigned duties, may encounter an incident(s) involving a person(s) with a mental illness/mental health emergency. Accordingly, the purpose of this regulation is to provide Department personnel with policies, procedures, and guidelines for the handling of incidents involving persons with mental illness/mental health emergencies.

### 3.02 POLICY

- A. It is the policy of the Department to establish guidelines and procedures for effective communication and recognition while handling incidents involving a person(s) with a mental illness/mental health emergency. Individuals who are mentally ill may have limited ability to comprehend, communicate, and/or reason. Consequently, this can make it difficult for a person who is mentally ill to interact with the police. Therefore, it is important that personnel understand how to recognize and appropriately respond to exhibited behaviors of a mentally ill person.
- B. Members and enforcement officers shall ensure that all incidents involving persons with a mental illness/mental health emergency are handled in conformance with this regulation and all other applicable Department policies, procedures, training documents, and materials.

### 3.03 DEFINITIONS

- A. **Mental Illness:** A health condition that changes a person's thinking, feelings, and/or behavior and that causes the person distress and difficulty with functioning in work, social, and/or family activities.
- B. **Severely Mentally Disabled:** A person, as a result of a mental illness, whose capacity to exercise self-control, judgement, and discretion in the conduct of their affairs and social relations, or to

care for their own personal needs, is so lessened that they pose a clear and present danger of harm to others or to themselves, as defined in the Mental Health Procedures Act of July 9, 1976.

### 3.04 GENERAL INFORMATION

The Mental Health Procedures Act of July 9, 1976, is an act relating to mental health procedures in providing for the treatment and rights of mentally disabled persons, for voluntary and involuntary examination and treatment, and for determinations affecting those charged with a crime or under sentence. Under this act, members have the authority, with or without a warrant, to take a person to an approved facility for an emergency examination if the person's actions constitute reasonable grounds to believe they are severely mentally disabled and in need of immediate treatment.

### 3.05 GUIDELINES FOR RECOGNITION OF CHARACTERISTICS OF MENTAL ILLNESS

- A. Mental illness refers collectively to all diagnosable mental disorders and health conditions involving significant changes in thinking, emotion, and/or behavior. Mental illnesses take many forms. Some are mild and only interfere in limited ways with daily life, and others are so severe that a person may need care in a hospital. According to the American Psychiatric Association, mental disorders and mental health conditions include, but are not limited to, autism spectrum disorder, gender dysphoria, intellectual disability, major depressive disorder, personality disorder, post-traumatic stress disorder, schizophrenia, and substance-related and addictive disorders.
- B. There are many behaviors associated with people suffering from mental illness. These behaviors may include one or more of the following:
  - 1. Delusions or false beliefs.
  - 2. Hallucinations.
  - 3. Inappropriate emotional states (e.g., bizarre, exaggerated, or absent emotional expressions).
  - 4. Staring blankly or not moving for long periods of time.
  - 5. Rapid mood swings.

6. Impaired reality testing.

NOTE: This list is not all inclusive. Additionally, these behaviors may be changed or intensified by the use of alcohol, illicit drugs, or failure to take applicable prescribed medications.

- C. Department personnel shall continually evaluate individuals they encounter during an incident to assess whether characteristics of a mental illness are present and may be contributing to an individual's presenting behavior.

3.06 GUIDELINES/PROCEDURES FOR INCIDENTS INVOLVING PERSONS WITH MENTAL ILLNESS/MENTAL HEALTH EMERGENCIES

- A. If a member/enforcement officer, while investigating an incident, determines a person may be suffering from a mental illness, they shall endeavor to do the following, as applicable/appropriate:

1. Assess risk factors for violence.
  - a. Historical factors that increase the risk of potential for violence (e.g., criminal history, previous reporting/documentation within the Records Management System/Computer-Aided Dispatch system, and previous personal encounters).
  - b. Clinical factors increasing risk of potential for violence (e.g., presence of mental illness, substance abuse, exposure to destabilizers, or hazardous conditions in which the person is vulnerable or which may trigger violent episodes).
2. Contact the appropriate Communications Desk-Unit and request an additional member(s)/enforcement officer(s) be dispatched to assist with the incident.
3. Take steps to calm/de-escalate the situation, when feasible (e.g., turn off emergency lights and sirens; disperse crowds; assume a quiet, non-threatening manner when approaching/conversing with the individual(s), provide reassurances that you are there to help and that they will be provided with the appropriate care).

- B. When incidents occur involving persons with a mental illness/mental health emergency, personnel shall act in accordance with the applicable provisions of AR 10-4, Services.
- C. When applicable, members and enforcement officers shall act in accordance with the Mental Health Procedures Act.
- D. Members and enforcement officers shall ensure that arrests, interrogations, and warrantless searches and seizures are conducted in accordance with the provisions of FR 1-4, Arrests, Interrogations, and Warrantless Searches and Seizures.
- E. Members and enforcement officers shall act in accordance with the provisions of FR 7-7, Juveniles, when handling incidents involving juveniles with a mental illness/mental health emergency.
- F. When the transportation of an individual with a mental illness is required, members shall act in accordance with the provisions of FR 7-2, Prisoner Security and Transportation.
- G. When applicable, members and enforcement officers shall act in accordance with the provisions of FR 9-1, Use of Force.

3.07 TRAINING

- A. Cadets and enforcement officer trainees shall receive entry-level training on mental illness/mental health emergencies.
- B. Members and enforcement officers shall receive additional/update training on mental illness/mental health emergencies at least once every three years.

3.08 DUTIES AND RESPONSIBILITIES

- A. Director, Bureau of Training and Education:
  - 1. Ensure cadets and enforcement officer trainees complete the required Department training courses on incidents involving persons with mental illness/mental health emergencies and the Mental Health Procedures Act.

2. Ensure update and refresher training on mental illness/mental health emergency policies, procedures, and guidelines is administered at in-service training for members and enforcement officers at least once every three years.
  3. Ensure training records of all members and enforcement officers are maintained and updated, as necessary.
- B. Troop Commanders and Bureau/Office Directors:
1. Ensure members and enforcement officers under their command attend and complete scheduled Department training on mental illness/mental health emergencies.
  2. Ensure members and enforcement officers under their command handle all incidents involving persons with mental illness/mental health emergencies in conformance with this regulation and all other applicable Department policies, procedures, and training.
- C. Members and Enforcement Officers:
1. Complete the required Department training related to mental illness/mental health emergencies.
  2. Handle all incidents involving persons with mental illness/mental health emergencies in conformance with this regulation and all other applicable Department policies, procedures, and training.