

## DEKALB POLICE DEPARTMENT

Subject: **Mentally Ill and Suicidal Persons**

Policy #: **405.3**

Effective Since: 8-21-03

Revision Effective: 1-1-19

FTO Training Task: # 36

Reference Material: IACP "Dealing with the Mentally Ill" Research Paper; PERF Research Paper

ILEAP Standards Covered: NA

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**PURPOSE:** It is the purpose of this policy to provide guidance to law enforcement officers when dealing with suspected mentally ill and/or suicidal persons.

**POLICY:** Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill and/or suicidal 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. 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. It is the policy of this department to afford people who have mental illnesses the same rights, dignity, and access to police and other government and community services as are provided to all citizens.

**DEFINITIONS:** Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/et al)

1. Mental Illness (405 ILCS 5/1-129) means a mental or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia or Alzheimer's disease absent psychosis, a substance abuse disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct.
2. Developmental Disability (405 ILCS 5/1-106) means a disability which is attributable to: (a) mental retardation, cerebral palsy, epilepsy or autism; or to (b) any other condition which results in impairment similar to that caused by mental retardation and which requires services similar to those required by mentally retarded persons. Such disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.
3. Intellectual Disability (405 ILCS 5/1-116) means significantly sub average general intellectual functioning which exists concurrently with impairment in adaptive behavior and which originates before the age of 18 years.
4. Mental Health Facility (405 ILCS 5/1-114) means any licensed private hospital, institution, or facility or section thereof, and any facility, or section thereof, operated by the State or political subdivision thereof for the treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons.
5. Person Subject to Involuntary Admission (405 ILCS 5/1-119) a person with mental illness and who because of his or her illness is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future which may include threatening behavior or conduct that places another individual in reasonable expectation of being harmed; or a person who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious physical harm without the assistance of family or outside help.
6. Involuntary Admission Petition (405 ILCS 5/3-601)
  - a. When a person is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a Petition to the facility director of a mental health facility in the county where the respondent resides or is present. The Petition may be prepared by the facility director of the facility.
  - b. The Petition shall include all of the following:

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1. A detailed statement of the reason for the assertion that the respondent is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence.
  2. The name and address of the spouse, parent, guardian, substitute decision maker, if any, and close relative, or if none, the name and address of any known friend of the respondent whom the petitioner has reason to believe may know or have any of the other names and addresses. If the Petitioner is unable to supply any such names and addresses, the petitioner shall state that diligent inquiry was made to learn this information and specify the steps taken.
  3. The petitioner's relationship to the respondent and a statement as to whether the petitioner has legal or financial interest in the matter or is involved in litigation with the respondent. If the petitioner has a legal or financial interest in the matter or is involved in litigation with the respondent, a statement of why the petitioner believes it would not be practicable or possible for someone else to be the petitioner.
  4. The names, addresses and phone numbers of the witnesses by which the facts asserted may be proved.
- c. Knowingly making a material false statement in the Petition is a Class A misdemeanor.

**PROCEDURES:**

- A. **Recognizing Abnormal Behavior:** Mental illness is often difficult for even the trained professional to define in a given individual. Officers are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. The following are generalized signs and symptoms of behavior that may suggest mental illness, although officers should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following behaviors in the total context of the situation when making judgments about an individual's mental state and need for intervention absent the commission of a crime.
1. Degree of Reactions. Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
  2. Appropriateness of Behavior. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
  3. Extreme Rigidity or Inflexibility. Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
  4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
    - a. Abnormal memory loss related to such common facts as name or home address, (although these may be signs of other physical ailments such as injury or Alzheimer's disease);

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- b. Delusions: the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.");
    - c. Hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.);
    - d. The belief that one suffers from extraordinary physical disorders that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time; and/or
    - e. Extreme fright or depression.
  - 5. These behaviors could also be associated with cultural or personality differences, or very stressful situations. As such, the presence of these behaviors should not be treated as conclusive proof of mental illness.
- B. **Determining Danger:** Not all mentally ill persons are dangerous, while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to himself, the officer, or others. These include the following:
  - 1. The availability of any weapons to the suspect.
  - 2. Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from indirect comments to direct threats, that, when taken in conjunction with other information, may indicate the potential for violence.
  - 3. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer; or, the person's family, friends, or neighbors may be able to provide such information.
  - 4. The absence of an unusual or dangerous act prior to arrival of the officer does not guarantee that there is no danger.
  - 5. The amount of control that the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
  - 6. The nature of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person, or a particularly hostile environment that may incite violence, should be taken into account.
- C. **Dealing with the Mentally Ill:** Should the officer determine that an individual may be mentally ill and a potential threat to himself, the officer, or others, 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.

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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 to assist in communicating with and calming the person.
5. Do not threaten the individual with arrest or in any other manner as this may 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. Understand that a rational discussion may not take place.
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.

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### **D. Making Referrals**

1. Based on the overall circumstances and the officer's judgment of the lack of potential for violence with the person being able to care for himself, the officer may provide the individual and family members with referrals on available community mental health resources: Kishwaukee Hospital, Ben Gordon Center, and Reality House.
2. Make mental health referrals when, in the best judgment of the officer, the circumstances do not indicate that the individual must be taken into custody for his own protection or the protection of others or for other articulable reasons. Officers can advise of the available community mental health resources listed above.
3. Officers should make an arrest when a crime has been committed or take custody of the individual in order to seek an involuntary emergency mental evaluation when the criteria exist.

### **E. Taking Custody of the Mentally Ill**

1. Taking a person with a mental illness into custody can occur when:
  - a. The individual has committed a crime;
  - b. The individual is at significant risk of causing harm to self or others; specific behaviors could include: attempted suicide, written or verbal threats of suicide, inflicting bodily harm, failure to attend to basic needs such as food, clothing, and shelter that must be attended to in order to avoid serious harm, attacking or harming another, or threatening to attack or harm another;
  - c. In response to a court order or directive of a mental health or medical practitioner who has legal authority to commit a person to a mental health facility;
  - d. The individual has escaped from a mental health facility after being involuntarily committed.
2. Advise an immediate supervisor or the officer in charge when taking into custody a potentially dangerous individual who may be mentally ill, or an individual who meets other legal requirements for involuntary admission for mental examination.
3. Canine teams should not be used to apprehend the mentally disturbed if no crime is involved.
4. When possible, request of the individual to voluntarily seek mental evaluation.
5. When possible, summon an individual's case worker, family, or other person of trust to assist in the custody and admission procedures.
6. Once a decision has been made to take an individual into custody, do it as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area and restrain the individual if necessary. Using restraints on mentally ill persons can aggravate their aggression. Officers should be aware of this fact but should take those measures necessary to protect everyone's safety.
7. If the individual has committed a crime, officers should consider if an arrest and formal charges are appropriate, or if a mental health evaluation and/or referral is more appropriate. Officers should seek advice from their supervisor if necessary.

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8. If the individual has committed a crime and is going to be taken into custody and formally charged, it may still be necessary to complete an emergency medical transport for a mental evaluation if the criteria exist.
  9. Transport of the mentally ill to a medical facility shall be performed by ambulance. The ambulance crew may request officer assistance during transport for the safety of the individual and the crew.
  10. If an officer arranges for emergency medical transport of a person for the purpose of involuntary committal for a mental evaluation, the officer must complete the Involuntary Admission Petition at the hospital, being as descriptive as possible in the narrative.
  11. Complete a report on the incident whether or not the individual is taken into custody.
    - a. Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed.
    - b. Terms such as "out of control" or "psychologically disturbed" should be replaced with descriptions of the specific behaviors involved.
    - c. The reasons why the subject was taken into custody or referred to other agencies should be reported in detail.
  12. When interviewing a suspect who has a mental illness, be particularly careful in the administering of Miranda rights, as the warning must be comprehended by the individual.
  13. Officers having contact with a person who has a mental illness should keep related information confidential except to the extent that revealing information is necessary to conform to departmental reporting procedures or official mental health/medical proceedings.
  14. Illinois Compiled Statutes provides that all persons acting in good faith and without negligence in connection with the preparation of applications, petitions, certificates or other documents for the apprehension, transportation, examination, treatment, habilitation, detention or discharge of an individual under the provisions of this act incur no liability, civil or criminal, by reason of such acts. An act of omission or commission by a peace officer acting in good faith rendering emergency assistance or otherwise enforcing the ILCS does not impose civil liability on the peace officer or his or her supervisor or employer unless the act is a result of willful or wanton misconduct. [405 ILCS 5/6-103(a) and (d)]
- F. Officers will receive documented initial training on this policy during their initial field training.
- G. The department will participate in Crisis Intervention Team (CIT) training as required and is a proponent of this concept.
- H. Officers will receive documented refresher training on this policy and related CIT concepts at least every three years.

**Policy originally issued 8-21-03; this revision becomes effective on 1-1-19 by authority of the Chief of Police .**

NOTE: This policy and procedure summarizes the department's position on this specific matter. This policy is for general direction and guidance primarily designed for use by the department's members. This policy is for internal use only and does not create or enlarge an officer's liability in any way. This policy shall not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this policy, if proven, can only form the basis of an internal departmental complaint and then only in a non-judicial administrative setting.

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