YORKVILLE POLICE DEPARTMENT

319 -Mental Health Protocol

SUBJECT: Mental Health Protocol
EFFECTIVE DATE: November 07, 2019
DISTRIBUTION: **All Personnel**

Mental Health Procedures

PURPOSE: The purpose of this General Order is to provide guidance and procedures for Department members to use when interacting with people who are suspected to be mentally ill and/or in need of mental health treatment.

POLICY: The need to recognize the mental state of individuals is a routine requirement of officers performing enforcement, investigative and many other police functions. Dealing with individuals in enforcement situations who are known or suspected to be mentally ill carries the potential of physical harm to self or others, requires an officer to make difficult judgments about the mental state of the individual and requires special police skills to effectively and legally deal with the person to avoid unnecessary violence and violations of civil rights.[1]

The General Order will be comprised of the following sections:

- **I. Laws & Definitions**
- **II. Recognition of persons suffering from mental illness**
- **III. Determining danger**
- **IV. Crisis intervention techniques / dealing with mentally ill**
- **V. Custody and referral procedures**
- **VI. Reporting**
- **VII. Training**
- **VIII. Compliance**
- **IX. Effective Date**

I. LAWS & DEFINITIONS

A. Illinois Compiled Statutes defines a person who is subject to involuntary admission as:

1. A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;
2. A person with mental illness 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 harm without the assistance of family or others, unless treated on an inpatient basis; or

3. A person with mental illness who:
   a. refuses treatment or is not adhering adequately to prescribed treatment;
   b. because of the nature of his or her illness, is unable to understand his or her need for treatment; and
   c. if not treated on an inpatient basis, is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph (1) or paragraph (2) of this Section. (405 ILCS 5/1-119)

Delusion: False beliefs that are deeply entrenched, clearly have no basis in reality and are not consistent with cultural beliefs or the person's level of intelligence and life experiences. Persons cling to those beliefs even after they are shown to be false.

Dementia: Two or more symptoms involving progressive impairment of brain function including, but not limited to, language, memory, visual-spatial perception, emotional behavior and cognitive skills.

Developmental Disability (**405 ILCS 5/1-106**): A disability which is attributable to: (1) an intellectual disability, cerebral palsy, epilepsy or autism; or (2) any other condition which results in impairment similar to that caused by an intellectual disability and which requires services similar to those required by persons with an intellectual disability. Such disability must originate before the age of 18 years, be expected to continue indefinitely and constitute a substantial disability.

Hallucination: Auditory, olfactory or tactile false perceptions or unreal apparitions. They do not correspond to the stimuli that are present and have no basis in reality.

In-Patient Facility (405 ILCS 5/1-114): Any licensed private hospital, institution, 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.[2]

Intellectual Disability (405 ILCS 5/1-116): Significantly subaverage general intellectual functioning which exists concurrently with impairment in adaptive behavior and which originates before the age of 18 years.

Involuntary Admission; Petition (405 ILCS 5/3-601): When a person is asserted to be subject to involuntary admission on an impatient basis and is 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 director of a mental health facility in the county where the respondent resides or is present.

Mental Health Crisis: A situation where a person's normal coping mechanisms have become overwhelmed causing that person to pose an immediate and significant risk to himself/herself or others.

Mental Illness (405 ILCS 5/1-129): 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 anti-social conduct.

Intellectual Disability (405 ILCS 5/1-116): Significantly sub-average general intellectual functioning which exists concurrently with impairment in adaptive behavior and which originates before the age of 18 years.

Peace Officers; Petitions (405 ILCS 5/3-606): A peace officer may take a person into custody and transport him/her to a mental health facility when the peace officer has reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer may complete the petition under 405 ILCS 5/3-601. If the petition is not completed by the peace officer transporting the person, the transporting officer's name, badge number and employer shall be included in the petition as a potential witness as provided in section 405 ILCS 5/3-601.

Persons Subject to Involuntary Admission (405 ILCS 5/1-119): Person subject to involuntary admission on an inpatient basis means:

A. A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;
B. A person with mental illness 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 harm without the assistance of family or others, unless treated on an inpatient basis; or
C. A person with mental illness who:
    1. Refuses treatment or is not adhering adequately to prescribed treatment;
    2. Because of the nature of his or her illness, is unable to understand his or her need for treatment; and
    3. If not treated on an inpatient basis, is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph (1) or paragraph (2) of this Section.
D. In determining whether a person meets the criteria specified in paragraph (1), (2), or (3), the court may consider evidence of the person's repeated past pattern of specific behavior and actions related to the person's illness.

Psychosis: A loss of contact with reality which typically includes delusions and hallucinations.

Admittance (405 ILCS 5/4-400): Under Illinois Law, any person 18 years of age or older may be admitted on an emergency basis to a facility under court order under this article if the court determines: (1) that he or she is intellectually disabled; and (2) that he or she is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future and (3) that immediate admission is necessary to prevent such harm.

Good Faith Exception (405 ILCS 5/6-103): 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".

Clear & Present Danger (430 ILCS 65/1.1): A person who:

A. Communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or

B. **Demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by** a physician, clinical psychologist, qualified examiner, school administrator, or **law enforcement official**.

II. RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS

A. Mental illness is often quite difficult to define in a given individual. Department members are not expected to make judgments of mental or emotional disturbance, but rather to recognize behavior that is potentially destructive and/or dangerous to oneself or others. The following guidelines, which can be used on the street as well as during interviews and interrogations, are generalized signs and symptoms of behavior that may suggest the presence of a mental illness. Department members should not rule out other potential causes including, but not limited to, reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Department members should evaluate the following related symptomatic behavior in the total context of the situation when making judgments about the individual's mental state and need for intervention, absent the commission of a crime.

B. 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.

C. Individuals who demonstrate extremely inappropriate behavior for a given context may be ill. For example, motorists who vent their frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.

D. Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.[3]

E. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

1. Abnormal memory loss related to such common facts as name, home address, etc., although these may be signs of other physical ailments such as injury or Alzheimer's disease.
2. 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").
3. Hallucinations of any of the five senses (hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.)
4. The belief that one suffers from extraordinary physical maladies that are not possible, such as a person who is convinced that his/her heart has stopped beating for extended periods of time.
5. Obsession with recurrent and uncontrolled thoughts, ideas and images. Extreme confusion, fright or depression.

F. Mental illness can also be evident when individuals display sudden changes in lifestyle which include, but are not limited to, an unwillingness to live up to commonly accepted rules and responsibilities, sudden and drastic mood swings, serious lack of judgment

regarding money, job, family, and property, or marked and extreme departures in dress and sexual behavior.

G. Other cases of abnormal behavior may include some of the characteristic behavior of the mentally ill but should not be confused with mental illness. These include the following:
    1. Subnormal intellectual capacity and deficiencies in a person's ability to deal effectively with social conventions and interaction. The intellectually disabled may display behaviors that are rational but are similar to younger persons who are not so disabled. By contrast, the mentally ill may not be impaired intellectually and may act in many instances as rational, functional members of society. Their behavior generally fluctuates between the normal and the irrational. The intellectually disabled individual does not demonstrate this type of behavioral fluctuation. An intellectual disability is evident during a person's early years and is a permanent condition for life. The intellectually disabled individual does not engage in violent behavior without the types of provocations that may initiate violence among the non-intellectually disabled person.
    2. Persons suffering from Cerebral Palsy exhibit motor dysfunctions that may be confused with some characteristics of either the intellectually disabled or the mentally ill. These include awkwardness in walking, involuntary and uncontrollable movements or seizures and problems in speech and communication.
    3. Autistic persons often engage in compulsive behavior or repetitive and peculiar body movements. They may also display unusual reactions to objects or people they see around them, appear insensitive to pain, and may be hyperactive, passive, or susceptible to tantrums. Such persons may also appear disabled in some areas, but highly capable or gifted in others.

III. DETERMINING DANGER

A. 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/herself, the officer or others. These include the following:
    1. The availability of any weapons to the subject.
    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 subtle innuendos to direct threats that, when taken in conjunction with other information, create a more complete picture of the potential for violence.
    3. A personal history that reflects prior violence under similar or related circumstances. The disturbed person's history may be known to the officer, family, friends, or neighbors who may be able to provide helpful information. All efforts should be made to obtain as much background information on the person as possible.
    4. Failure of the disturbed individual to act prior to arrival of the officer does not guarantee there is no danger, but it does tend to diminish the potential for danger.
    5. The amount of control that a 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 alright may also suggest that the individual is close to losing control.

6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particular combustible environment that may incite violence should be taken into account.

B. **Petition for Involuntary/Judicial Admission (Attachment A)**
The petition may be signed by any person 18 years of age or older, who can attest to the need for mental treatment of a person.

C. **Court Order for Temporary Detention and Examination**
This is a court order signed by a judge and authorizing a Peace Officer to take custody of a person in need of mental health treatment and transport that person to a mental health facility. The person taken into custody for examination may not be held for more than twenty-four (24) hours.

IV. CRISIS INTERVENTION TECHNIQUES/DEALING WITH MENTALLY ILL

A. Guidelines for Contacts on the Street/Interviews and Interrogations
1. When an officer determines that a person has a mental illness and poses a potential threat to oneself, the officer, or others, the officer shall remember that his/her personal safety and that of others is paramount and all necessary measures shall be employed to resolve any conflict safely utilizing the appropriate force to resolve the issue. The following represents proven techniques that will assist the officers in handling potentially mentally ill individuals:[4]
    a. Request a backup officer especially in cases where the individual may need to be taken into custody. When possible, a supervisor should respond to assist the primary officer.
    b. 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. If violent or destructive acts have not occurred, avoid physical contact and take time to assess the situation.
    c. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that he/she will be provided with appropriate care.
    d. Communicate with the individual in an attempt to determine what is bothering him/her. Relate your concern for how the person is feeling and allow the person to express his/her feelings. Do not dispute delusions or pretend to see or hear hallucinations; simply communicate empathy about how they are affecting the person.
    e. When possible, gather information about the person from acquaintances or family members to better assess the situation at hand.
    f. Do not threaten the individual with arrest, or in any other manner, as this will create additional fright, stress, and potential aggression.
    g. Avoid topics that may agitate the person and guide the conversation by asking simple questions to determine if the person is oriented (name, address, telephone number, time of day, day of week, date, etc.)
    h. Always attempt to be truthful with a mentally ill individual. If the subject becomes aware of a deception, he/she may wish to withdraw from the contact in distrust and become hypersensitive or retaliate in anger.

V. CUSTODY AND REFERRAL PROCEDURES

A. When a determination is made that the person poses a risk of harm to himself/herself or others and in situations where the person is unable to care for his/her basic needs, he/she must be transported to the nearest emergency room for an evaluation.
B. When an on-scene determination is difficult to make due to extenuating circumstances, medical personnel may be consulted by phone or requested to respond to the incident location for assistance.
C. If the person is cooperative and agrees to go to the hospital, the Bristol Kendall Fire Department ambulance shall be contacted for transport.
D. When an individual is reluctant or unwilling, the officer should try and work with the individual to get them to go to the hospital voluntarily. If the individual is still unwilling, the individual may be taken into protective custody for an involuntary admission for evaluation. Officers may restrain the individual by use of handcuffs, flexcuffs, or other restraints if necessary. Officers should be aware that the use of restraints on mentally ill persons may aggravate their aggression.[5]
    1. Transportation shall be made by a Bristol Kendall Fire Department ambulance or designated mutual aid unit. When an individual is physically combative, a police officer shall ride in the ambulance.
    2. As a result of personal observations, the primary officer shall prepare a Petition for Involuntary Judicial Admission. This petition will assert that the person is in need of evaluation and must be completed fully by describing the behavior and actions that resulted in the decision that the person was in need of a mental health evaluation. The officer will deliver the petition and the person to the medical staff of the emergency room or hospital. If the petition is not completed by the peace officer transporting the person, the transporting officer's name, badge number, and employer shall be included in the petition as a potential witness as provided in Section 3-601 of the Mental Health and Developmental Disabilities Code.
E. An Incident Report shall be completed documenting in detail what occurred on any call involving a mental health crisis.

(405 ILCS 5/3-606) *– A peace officer may take a person into custody and transport him to a mental health facility when the peace officer has reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer may complete the petition under Section 3-601. If the petition is not completed by the peace officer transporting the person, the transporting officer's name, badge number, and employer shall be included in the petition as a potential witness as provided in Section 3-601.*

(405 ILCS 5/3-601)

(a) When a person is asserted to be subject to involuntary admission on an inpatient basis 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:

1. A detailed statement of the reason for the assertion that the respondent is subject to involuntary admission on an inpatient basis, 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.

F. Emergency Admittance Forms are an important legal element in the process and without them, a person who is mentally ill cannot be legally restrained.
    1. Petitions for Involuntary/Judicial Admission may be signed by a peace officer or a person 18 years of age or older who can attest to the need for mental evaluation and possible hospitalization.
    2. A Certificate of Need for Hospitalization is prepared by a physician to certify the need for hospitalization. No person admitted to the hospital on a petition may be detained for more than four (4) hours without the completion of this form by the examining physician. If the certificate is not complete, the person petitioned as in need of mental health treatment must be released.
    3. A Court Order for Temporary Detention and Examination is signed by a judge and authorizes a peace officer to take custody of a person in need of mental health treatment and transport that person to a mental health facility. The person taken into custody for examination may not be held for more than 24 hours.

G. Making Referrals/Accessing Community Mental Health Resources
    1. Mental health referrals are available to individuals and family members regarding community mental health resources when, in the best judgment of the Department member, the circumstances do not dictate that the individual be taken into protective custody. Ideally, people should be directed to contact one of the following resources:
    2. Kendall County Health Department Mental Health Division (630) 553-6314
    3. National Alliance for the Mentally Ill (800) 950-6264
    4. National Suicide Prevention Lifeline (800) 273-8255
    5. Rush Copley Hospital 2000 Ogden Ave, Aurora, IL 60505 630-978-6200
    6. Provena Mercy Center 1325 N. Highland Ave, Aurora, IL 60506 630-859-2222

*****It shall be the Officers responsibility to obtain all the necessary report information of those involved and document such on an incident/offense report.*****

VI. REPORTING

A. On a monthly basis the Support Services Deputy Chief or their designee will report all incidents to the Illinois State Police where our agency was dispatched to handle a situation of an individual experiencing a mental health crisis or incident. This will include any use of force, including any action that resulted in the death or serious bodily injury of a person or the discharge of a firearm at or in the direction of the person.

VII. TRAINING

A. All Department personnel shall receive documented entry level training on dealing with the mentally ill.
B. Documented refresher training for all personnel shall be required yearly.

VIII. ATTACHMENTS

Attachment A: Petition for Involuntary/Judicial Admission
Attachment B: Kendall County Community Services Directory

IX. COMPLIANCE

It is the responsibility of all Officers, Supervisors, and Administrative Personnel to comply with all sections of this directive. This Policy supersedes all previous written and unwritten policies and procedures of the Yorkville Police Department on the above subject.

X. EFFECTIVE DATE

This Policy shall be effective as of: November 07, 2019

By order of,

James Jensen
Chief of Police