ROCKFORD POLICE DEPARTMENT
GENERAL ORDER

NUMBER: 2.01

TITLE: DEALING WITH PERSONS WITH MENTAL ILLNESS

SERIES NUMBER: 2 - OPR

SERIES TITLE: OPERATIONS

TOPICS / REFERENCE: DISTURBED PERSONS, EMOTIONAL PERSONS, MENTAL HEALTH, MENTAL ILLNESS

APPENDICES: A, B, C, D

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THIS ORDER REMAINS IN EFFECT UNTIL REVISED OR RESCINDED

POLICY:
The need to assess the mental state and intention of individuals is a routine requirement of officers performing enforcement and investigative functions. This same need also applies to those civilian personnel involved in various aspects of support services. Dealing with individuals in enforcement situations who are known or suspected to have mental/emotional illness carries the potential for violence, requires personnel to make difficult judgments about the mental state of the individual and requires special skills to effectively and legally deal with the person to avoid unnecessary violence and violations of civil rights. It is the policy of the Rockford Police Department that personnel will afford people who have mental/emotional illness the same rights, dignity and access to police and other government and community services as are provided to all citizens.

PURPOSE:

The purpose of this General Order is to provide all personnel guidelines for dealing with persons suspected of having mental/emotional illness.
These guidelines are not meant to be all-inclusive, since each incident must be dealt with on an individual basis, but are intended as broad guidelines to assist the employees and supervisors involved.

This Order is comprised of the following numbered section:

APPENDICES:

I. DEFFINITIONS:

A. Delusions: False beliefs that are deeply entrenched and clearly not based in reality and are not consistent with cultural beliefs or the person's level of intelligence and life experiences. Persons clinging to these beliefs even after the beliefs are shown to be false.

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

C. Emotional Disturbance: Milder anxiety, depression or other mood disorders that may or may not be situational in nature.

D. Hallucination: False auditory, olfactory, visual or tactile perceptions or unreal apparitions that do not correspond to the stimuli that are present and have no basis in reality. Hallucinations in one culture may not be in another (they may be considered visions or conversations with a higher being, e.g. God).

E. Illusions: Auditory, olfactory, visual or tactile perceptions that correspond to the stimuli present and may only be a trick of the eye, such as a mirage.

F. Involuntary Admission Petition: When a person is asserted to be subject to involuntary admission 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. The petition may be prepared by the director of the facility. (405 ILCS 5/3-601)

G. Mental Health Facility: Any private hospital, institution or 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. (405 ILCS 5/1-114)

H. Mental Illness: A mental or emotional disorder that substantially impairs a person's thought, perception or reality, emotional process, judgment, behavior or ability to cope with the ordinary demands of life. It does not include a developmental disability, dementia or Alzheimer's disease absent of psychosis, a substance abuse disorder or an abnormality manifested only by repeated criminal or otherwise anti-social conduct. (405 ILCS 5/1-129)

I. Persons Subjected to Involuntary Admission: A person with mental illness and who, because of his/her illness, is reasonably expected to inflict serious physical harm upon himself/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/her illness, is unable to provide for his/her basic physical needs so as to guard himself/herself from serious physical harm without the assistance of family or outside help. (405 ILCS 5/1-119)

J. Psychosis: A loss of contact with reality, typically including delusions and hallucinations.

II. RECOGNIZING ABNORMAL BEHAVIOR:

A. Mental illness is difficult for even the trained professional to diagnose under controlled circumstances. For law enforcement personnel who often confront such individuals in enforcement settings where other aggravating factors generally come into play, the task is very complex and often uncontrolled. The following are generalized signs and symptoms of behavior that may suggest mental illness, but do not rule out the potential for other causes of behavior such as reactions to alcohol or narcotics, or temporary emotional disturbances that are situational motivated. Behavior should be judged by the totality of the circumstances when making judgments about an individual's mental state and need for intervention absent of the commission of a crime.

1. Reaction: Persons with mental/emotional illness may show signs of strong and unrelenting fear of persons, places, or things. A fear of crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.

2. Behavior: An individual who demonstrates extreme inappropriate behavior for a given situation 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. Rigidity/Inflexibility: Persons with mental/emotional illness may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

4. Other characteristics: Persons with mental illness may exhibit one or more of the following:

   a. Delusions of grandeur (I am Christ) or paranoid delusions (everyone is out to get me);

   b. Hallucinations of any of the five senses (hearing voices, feeling one's skin crawl, smelling strange odors, etc.). Alcohol or drugs can also induce hallucinations;

   c. False or highly unlikely physical maladies such as believing that one's heart has stopped beating for an extended period of time; or

   d. Extreme fright, confusion, or depression.

B. Officers should not confuse mental illness with abnormal behavior that is the product of other physical afflictions. These include the following:

1. Developmental Disabilities: Developmental Disabilities refer to subnormal intellectual capacity and deficiencies in a person's ability to deal effectively with social conventions and interaction. Usually does not engage in violent behavior without the types of provocations that may initiate violence in any person;
2. Cerebral Palsy: Persons suffering from cerebral palsy exhibit motor dysfunction that may, at first glance, be confused with some characteristics of either the developmentally disabled or persons with mental illness. These include awkwardness in walking, involuntary and uncontrollable movements, seizures and problems in speech and communication; and
3. Autism: Persons with autism often engage in compulsive behavior or repetitive and peculiar body movements. They can become very distressed over minor changes in their environment. Such persons may also appear developmentally disabled in some areas, but highly capable or even gifted in others.

III. DETERMINING DANGER:

A. Many persons with mental/emotional illness are dangerous while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether a person with mental/emotional illness represents an immediate or potential danger to themselves, the officer, or others. These include the following:

1. The availability of weapons to the subject;
2. Statements by the subject that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendoes to direct threats that, when combined with other information, present a more complete 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, friend, or neighbors who may be able to provide helpful information;

4. Failure of the disturbed individual to act prior to arrival of the officer does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger;
5. The amount of control the subject demonstrates is significant, particularly the amount of physical control of emotions of rage, anger, fright, or agitation. Signs of lack of control may 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 suggest that the subject is close to losing control; and
6. The instability of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the subject or a particular environment, which may incite violence, should be taken into account.

IV. DEALING WITH MENTAL/EMOTIONAL ILLNESS:

A. Police response to the person with mental/emotional illness is determined to some degree by the manner in which the contact is initiated. Due to the unpredictable nature of many persons with mental/emotional illness, officers must remain particularly conscious of their own safety and the safety of others.

B. When an officer encounters a person with a mental/emotional illness that may be a potential threat to themselves, the officer, or any other person, who may require other law enforcement intervention for humanitarian reasons, the following responses may be taken:

1. Request a backup officer, especially in cases where the individual will be taken into custody;
2. Request that an on duty member of the Department's Crisis Intervention Team (CIT) respond to the scene if available:
   a. An updated call back list of CIT trained members is maintained under the Reports section in the Employee tab in the InTime Scheduling System.
3. Take steps to survey the situation and the scene for indications of violence, medication containers, weapons, objects or persons who are the focus of the subject's attention or anger, or any other environmental conditions causing distress to the subject;
4. Begin to calm the situation by asking back up units to turn off lights or sirens, disperse crowds, and assume a quiet non-threatening manner as you approach or converse with the subject;
5. Officers may need to assume a physically defensive posture when approaching the subject while at the same time attempting to build rapport;
6. Provide reassurance that the police are there to help;
7. Communicate with the subject in an attempt to determine what is bothering them. Relate your concern for their feelings and allow them to express their feelings;

8. Avoid making threats of arrest or threats to the subject themselves, as this could increase additional fright, stress and potential aggression;
9. Avoid topics that tend to agitate the subject and guide the conversation toward topics that help bring the individual back to reality; and
10. Always attempt to be truthful with the subject. If the subject becomes aware of your deception, they may withdraw from the contact or even strike out in anger.

C. While the person with mental/emotional illness may not be in command of their behavior at all times, they do not necessarily lack intellectual abilities or insight. They may be provoked by demeaning, condescending, arrogant, or contemptuous attitudes of others, including police officers.

V. INTERVIEW AND INTERROGATION:

A. Officers will afford every individual investigated, interviewed or interrogated their constitutional rights. An individual's rights are not diminished because of their mental illness.

B. When possible, the individual should be interviewed in a calm setting, free from distraction. Officers should ensure the person has access to water, food and restroom facilities.

C. The admissibility of a suspect's statement will depend on evidence that they understood their rights and understood and answered the questions willingly.

D. When administering the Miranda warnings, officers should make every effort to determine the extent to which the individual's illness, impairs their ability to comprehend and give informed consent. Medications taken to treat mental illnesses may also impair comprehension and ability to give informed consent.

E. When officers doubt an individual's capacity to understand their rights, they shall ask the individual to explain each of the Miranda warnings in their own words and make a record of the individual's explanations. If the officer believes that the individual does not have an understanding of their rights, questioning of the individual related to the criminal investigation should cease.

VI. TAKING CUSTODY OR MAKING REFERRALS:

A. Based on the overall circumstances of the situation, applicable state law (405 ILCS 5/3-606 and 5/3-601 (See **Appendix A**), and Department policy, an officer may take one of several courses of action when dealing with an individual who is suspected of having mental/emotional illness. These options generally fall into one of these response categories:

1. Counsel and/or referral when a criminal offense or violence is not involved and there are not sufficient grounds for taking the person into custody for their protection or the protection of others. It is often best to make mental health referrals or provide some basic guidance on behalf

of the individual. Information may be provided directly to the individual or with their family, friends or other support systems, if available and present;

2. If time permits, request the assistance of professional personnel or a trained crisis intervention specialist who may be better able to provide guidance and suggestions to officers, the subject, and the subject's family or friends. If Department Crisis Intervention Team specialists are available they may come to the scene with a supervisor's approval. The subject may have an assigned caseworker through any number of organizations whose practice may be to allow caseworkers to come in person to a scene or speak with the subject via telephone. The subject may also voluntarily agree to be transported to a mental health facility. Officers will provide transportation in such cases or in cases where requested to do so by Rosecrance Ware Center staff;
3. A peace officer may take a person into custody and transport them to a mental health facility on an involuntary basis based on Illinois Statute (405 ILCS 5/3-606). Once a decision has been made to take a subject 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 subject if necessary.

NOTE: Using restraints on a person with mental/emotional illness can aggravate their aggression; therefore, officers should take necessary measures to protect their own safety.

B. When an individual is involuntarily taken into custody for mental health treatment under Illinois statute 405 ILCS 5/3-606, but not under arrest, that individual will be transported to the emergency room of any of the three hospitals in Rockford. The individual should generally be transported to the emergency room closest to the scene. In all cases where an officer of the Rockford Police Department places an individual into custody for mental health treatment under Illinois statute 405 ILCS 5/3-606, the Petition for Involuntary/Judicial Admission (MHDD Form 5) will be completed per Illinois statute 405 ILCS 5/3-601. Failure to complete the MHDD Form 5 may result in cases being dismissed. See **Appendix B** for guidance on how to properly fill out the MHDD Form 5.

C. When officers encounter subjects in need of mental health services who are not eligible for inpatient treatment per Illinois statute 405 ILCS 5/3-606, officers should first encourage those subjects to:

1. Take advantage of the various treatment services provided by the Rosecrance Crisis Triage Center (605 Mulberry St. / 815-968-9300), when applicable:
   - **a.** Determine if the individual is willing and eligible to be treated at the Rosecrance Crisis Triage Center. To be eligible, the individual must be at least 18 years of age, not under the influence of drugs or alcohol, not in need of immediate medical attention, and not violent or physically aggressive; or
   - **b.** If the individual is willing and eligible for treatment at the Triage Center, call the Rosecrance Ware Center, (815) 968-9300, and ask to speak with the Triage Center staff. The Triage Center staff will

conduct a screening of the individual's mental health needs directly over the phone to determine if the individual should be transported either to the Triage Center or to the nearest hospital. The Triage Center staff will inform the officer where to transport the individual at the conclusion of the screening.

D. In cases when subjects need or want to go to a hospital (inpatient facility) as a voluntary admission, officers should check with attending hospital staff regarding the completion of the MHDD Form 5. The hospital staff may prefer the officer to complete the MHDD Form 5 in cases where the where the officer has sufficient basis to do so. This can at times, ensure the treatment of subjects, who may otherwise change their minds regarding treatment.

E. For numerous reasons, the transportation of subjects with mental illness by officers of this Department has been a confusing and troublesome issue:

1. If the individual is eligible for inpatient treatment per Illinois statute 405 ILCS 5/3-606, they must be transported to a suitable inpatient facility (i.e. one of the three Rockford hospital emergency rooms); or

2. In most of the circumstances where personnel of Rosecrance Ware Center are making request for transportation from their facility to a hospital, the counselor will have filled out a second MHDD Form 5 on the subject and the officer would not have to fill out a second MHDD Form 5 at the hospital.

F. As stated in 405 ILCS 5/6-103(d) (See **Appendix A**), officer's acting in good faith in rendering assistance or otherwise enforcing the Mental Health and Developmental Disabilities Code are provided limited civil liability.

VII. CLEAR AND PRESENT DANGER:

A. It is the policy of the Rockford Police Department, in compliance with Illinois State Law (430 ILCS 65/8.1), to ensure Department personnel make timely notification to the Illinois State Police (ISP) when there is a determination that a person poses a "Clear and Present Danger". This reporting process is intended to prevent individuals determined to pose a clear and present danger from having access to firearms or firearm ammunition by denying or revoking the individual's FOID Card (See **Appendix C**), and See **Appendix D** for the Illinois State Police Clear and Present Danger Reporting Instructions for Law Enforcement Officials and School Administrators form.

VIII. TRAINING:

A. Newly hired personnel, sworn and civilian, will receive documented training in procedures set forth in this order.

B. Refresher training for all Rockford Police Department personnel will be conducted and reviewed annually.

C. The Rosecrance Ware Center and the National Alliance for the Mentally Ill (NAMI) may partner to provide this training, which will consist of the following:
   1. Identifying a mental/emotional illness;
   2. How to handle persons suspected of having mental/emotional illness; and
   3. How to diffuse a crisis with a person suspected of having mental/emotional illness.

ALL GENERAL ORDERS REMAIN IN EFFECT UNTIL REVISED OR RESCINDED.

ANY MEMBER OF THE DEPARTMENT MAY, BY VIRTUE OF EXPERTISE OR POSITION OF FUNCTION, BE DESIGNATED TO AUTHOR OR PROVIDE SOURCE MATERIAL FOR A WRITTEN DIRECTIVE. THE OVERALL AUTHORITY TO ISSUE, MODIFY OR APPROVE WRITTEN DIRECTIVES IS DESIGNATED TO THE CHIEF OF POLICE. HOWEVER, AUTHORITY AND RESPONSIBILITY TO ISSUE DIRECTIVES IS DELEGATED TO THE FOLLOWING.

ALL GENERAL ORDERS ARE SCHEDULED TO BE REVIEWED ANNUALLY BY THE GENERAL ORDER REVIEW COMMITTEE AND WHEN NECESSARY, REVISED OR CANCELED IN ACCORDANCE WITH THE PROCEDURES FOR REVIEWING WRITTEN DIRECTIVES ESTABLISHED IN GENERAL ORDER 1.10 – WRITTEN DIRECTIVES.

ALL NEW AND REVISED GENERAL ORDERS SHALL BE APPROVED BY THE CHIEF OF POLICE BEFORE ISSUE/REISSUE.

ANY EMPLOYEE WITH SUGGESTIONS FOR REVISIONS AND/OR IMPROVEMENTS TO THIS ORDER ARE ENCOURAGED TO SUBMIT THEIR IDEAS TO THEIR RESPECTIVE DISTRICT COMMANDER OR BUREAU CHIEF.

BY ORDER OF

_____ **04/18/2017**

Daniel G. O'Shea

Chief of Police