

POLICE DEPARTMENT HANOVER PARK, ILLINOIS



DIRECTIVE: 590-S

REFERENCE STANDARDS: 1.1.3 and 41.2.7

SUBJECT: Mental Health Procedures

PURPOSE: To provide guidance for Department members when handling persons who are suspected to be mentally ill and /or in need of mental health treatment and to provide procedures to be used by Department members coming into contact with such individuals.

POLICY: The need to assess the mental state and intention of individuals is a routine requirement of officers performing enforcement and investigative functions. Dealing with individuals in enforcement situations who are known or suspected to be mentally and/or emotionally ill carries the potential for conflict, and requires certain skills to effectively and legally deal with the person to avoid unnecessary conflict and the use of force. Members of the Hanover Park Police Department will act in accordance with the Illinois Mental Health and Developmental Disabilities Code and the United States Americans with Disabilities Act.

LAW AND 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. **Mental Retardation (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 a political subdivision thereof for the treatment of persons with mental illness

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VILLAGE OF HANOVER PARK

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and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons.

5. **Dangerous Conduct (405 ILCS 5/1-104.5)** means threatening behavior or conduct that places another individual in reasonable expectation of being harmed, or a person's inability to provide, without the assistance of family or outside help, for his or her basic physical needs so as to guard himself or herself from serious harm.

6. **Involuntary/Emergency Admissions and Petitions**

While the criteria for Involuntary Admission of the Mentally Ill differs slightly from the criteria for Emergency Admission of the Mentally Retarded, the petition form is the same and process is substantially similar.

a. **Person Subject to Involuntary Admission (405 ILCS 5/1-119)** means:

- (1) a person with mental illness and who because of his or her illness is reasonably expected to engage in dangerous conduct which may include threatening behavior or conduct that places that person or another individual in reasonable expectation of being harmed;
- (2) a person with mental illness and 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 outside help;
- (3) a person with mental illness who, because of the nature of his or her illness, is unable to understand his or her need for treatment and who, if not treated, is reasonably expected to suffer or continue to suffer mental deterioration or emotional deterioration, or both, to the point that the person is reasonably expected to engage in dangerous conduct.
- (4) 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.

b. **Involuntary Admission Petition (405 ILCS 5/3-601)**

- (1) 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.
- (2) The petition shall include all of the following:
 - (a) 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.
 - (b) 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.

- (c) 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.
- (d) The names, addresses and phone numbers of the witnesses by which the facts asserted may be proved.
- (3) Knowingly making a material false statement in the petition is a Class A misdemeanor.
- c. **Emergency Admission of the Mentally Retarded (405 ILCS 5/4-400)**
 A person 18 years of age or older may be admitted on an emergency basis to a facility under this Article if the facility director of the health facility determines:
 - (1) that he/she is mentally retarded;
 - (2) that he/she is reasonably expected to inflict serious physical harm upon himself/herself or another in the near future; and
 - (3) that immediate admission is necessary to prevent such harm.
- d. **Emergency Admission of the Mentally Retarded Petition (405 ILCS 5/4-401)**
 - (1) A petition for emergency admission may be submitted to the facility director of a facility by any interested person 18 years of age or older. The petition shall include:
 - (a) a detailed statement of the basis for the assertion that the respondent meets the criteria of 405 ILCS 5/4-400 including a description of any act or significant threat supporting the assertion;
 - (b) the name and address of the spouse, parent, guardian, and close relative or, if none, any known friend of the respondent;
 - (c) a statement of the petitioner's relationship to the respondent and interest in the matter;
 - (d) the name, address and phone number of any witness by which the facts asserted may be proved.
 - (2) The petition may be prepared by the facility director of a facility.

THE AMERICANS WITH DISABILITIES ACT (ADA)

1. **Protected Individuals:** Those who currently have or have a history of a physical or mental impairment that substantially limits one or more major life activities and those who are regarded as having such an impairment, whether they have the impairment or not.
2. **Physical Impairments:** Physiological disorders or conditions, cosmetic disfigurement, or anatomical loss. Specific examples include: orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, HIV disease, drug addiction and alcoholism.
3. **Mental impairments:** Include mental or psychological disorders, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

4. **Exclusions:** The following conditions are specifically excluded from the definition of "disability".
 - (a) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, other sexual behavior disorders, compulsive gambling, kleptomania, pyromania, and psychoactive substance use disorders resulting from current illegal use of drugs.
 - (b) Individuals who pose a direct threat to the health or safety of others are not protected by the ADA.

UNITED STATES CODE (42 USCA 12131)

1. **Public Entity** means any State or local government; any department, agency, special purpose district, or other instrumentality of a State or local government.
2. **Qualified Individual With a Disability** means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

ILLINOIS COMPILED STATUTES (**405 ILCS 5/6-103(a) and (d)**)

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 the Mental Health and Developmental Disabilities Code 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.

I. Recognizing Abnormal Behavior (**41.2.7a**)

- A. Mental illness is quite often difficult 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 guidelines 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 related symptomatic behavior 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. 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 mentally ill. Examples would include an individual attacking another person with no provocation, or wearing no/minimal clothing outside in extremely cold weather.
3. Extreme Frustration – Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

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

1. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions.
2. Hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, etc.). Hallucinations involving hearing or seeing things that are not based in reality are most common. Hallucinations may also be induced by drugs or alcohol.
3. The belief that one suffers from extraordinary physical maladies that are not possible, such as a person who is convinced that their heart has stopped beating for extended periods of time.
4. Obsession with recurrent and uncontrolled thoughts, ideas, images. Extreme confusion, fright or depression.
5. Mental illness can also be evident when individuals display sudden changes in lifestyle, which includes but is 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.

C. Physical causes of abnormal behavior may include some of the characteristic behavior of the mentally ill but should not be confused with mental illness. There are important differences between individuals suffering from medical conditions and the mentally ill. These include the following:

1. Mental Retardation – refers to subnormal intellectual capacity and deficiencies in a person's ability to deal effectively with social conventions and interaction. The mentally retarded may display behaviors that are rational but that are similar to younger persons who are not retarded. 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 mentally retarded individual does not demonstrate this type of behavioral fluctuation. Mental retardation is evident during a person's early years and is a permanent condition for life, whereas mental illness may develop during any period of an individual's life. The mentally retarded individual may or may not engage in violent behavior without the

types of provocations that may initiate violence among the non-retarded person.

2. Cerebral Palsy – persons suffering from cerebral palsy exhibit motor dysfunctions that may be confused with some characteristics of either the mentally retarded or the mentally ill. These include awkwardness in walking, involuntary and uncontrollable movements, or seizures and problems in speech and communication.
3. Autism – autistic persons often engage in compulsive behavior or repetitive and peculiar body movements. They can become very distressed over minor changes in their environment. 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 retarded in some areas, but highly capable or gifted in others.
4. Abnormal memory loss related to such common facts as name or home address may be signs of physical ailments, such as injury or Alzheimer's disease.

D. 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 him/herself, 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 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, paint 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.
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 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 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.

7. The officer should attempt to determine if the person is under the influence of drugs or alcohol. Substance abuse is common among the mentally ill. The use of alcohol or other drugs has the potential for increasing violent behavior.

II. Dealing With The Mentally Ill (41.2.7.c)

A. Should the officer determine an individual may be mentally ill and expected to engage in dangerous conduct, or may otherwise require law enforcement intervention for humanitarian reasons as prescribed by statute, the following responses should be taken:

1. Request a backup officer, especially 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 he/she will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him/her. Relate concern for his or her feelings and allow him or her to express their 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 threaten them 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 or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

B. Taking Custody Or Making Referrals - Based on the overall circumstances and the officer's judgment of the potential for violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual in order to seek an involuntary or emergency evaluation. (41.2.7.b)

1. Make mental health referrals when, in the best judgment of the officer, the circumstances do not indicate the individual must be taken into custody for his or her own protection or the protection of others or for other reasons as specified by state law.
2. If time permits, request the Shift Supervisor respond prior to 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. Once a decision has been made to take an individual custody, it should be done 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 their safety.

4. The incident should be documented on an Incident/Offense Report whether or not the individual is taken into custody. Ensure the report is as explicit as possible concerning the circumstances of the incident and the type of behavior observed. Terms such as “out of control” or “psychologically disturbed” should be replaced with descriptions of the specific behaviors involved. The reasons why the subject was taken into custody or referred to other agencies should be reported in detail.
5. Involuntary admission petitions by police officers (**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 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 of this Chapter.”
6. Persons may also be ordered by the court for temporary detention and examination per (**405 ILCS 5/3-607**). “The court may order a peace officer to take the person into custody and transport him to a mental health facility.”

III. Emergency Admittance Forms

- A. Petition for Involuntary/Judicial Admission (Appendix 1) - 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. If an officer detains, transports or takes a person into custody to get the person to a hospital for an involuntary commitment, the officer may complete the petition for involuntary admission.
- B. Certificate of Need for Hospitalization (Appendix 2) - This form is prepared by a physician, qualified examiner, or clinical psychologist to certify the need for hospitalization. No person admitted to the hospital on a Petition may be detained for more than twenty four (24) hours without the completion of this form by the examining physician. If the Certificate is not completed, the person Petitioned as in need of mental health treatment must be released.
- 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.
- D. These forms are an important legal element in the process and without them a person who is mentally ill cannot be legally restrained. Copies of these forms will be kept in the Report Writing Room and should be kept in officer's briefcases. These forms are also available in the Emergency Room of Hospitals.

IV. Procedures for Detention and Transportation (1.1.3)

A. When a person who has been arrested by this Department demonstrates a need for mental health treatment by engaging in dangerous conduct, he/she will be transported to the nearest hospital emergency room for an evaluation. If for some reason, the individual has a preference for a particular hospital, the person will be taken to that hospital, if feasible.

1. The officer who is aware of the person's behavior will prepare, or facilitate the preparation of, a Petition for Involuntary/Judicial Admission in duplicate. This Petition will assert that the person is in need of treatment and must be completed fully where applicable.
2. The officer will deliver, or facilitate the delivery of, the Petition and the person to the medical staff of the emergency room or hospital. It is imperative the Petition completely describes the behavior and actions that resulted in the decision that the person is in need of mental health treatment.
3. The duplicate copy of the Petition will be retained and attached to the Incident/Offense Report.
4. If the person is hospitalized as a result of the Petition, it will be the responsibility of the Shift Supervisor to ensure the provisions of Department Directive 575-S, Section XXXIII. (Prisoner Emergency Health Care Procedures).

B. When a person requires mental health treatment and is not charged with or is not subject to an investigation of a crime, the following procedure will be followed:

1. When an officer comes into contact with a person who manifests the conditions as outlined in this Department Directive, the officer will take the following steps:
 - a. If the officer is the only person able to attest to the behavior of the person, the officer will complete the Petition for Involuntary/Judicial Admission in duplicate and transport that person to the hospital for an evaluation either by ambulance or by police vehicle. Remain at the hospital with the individual until there is sufficient transmittal of information to allow the doctor to make an evaluation of the person.
 - b. If a relative, spouse or other person over the age of 18 years attests to the behavior of the person to be hospitalized, the officer will ask the person to complete the Petition for Involuntary/Judicial Admission in the manner that has been described. The form may be completed at the hospital if necessary. The person attesting to the need for medical treatment of another will accompany the police officer to the hospital for the purpose of providing the necessary information to the examining doctor. If an officer detains, transports or takes a person into custody to get the person to a hospital for an involuntary commitment, the officer may complete the petition for involuntary admission. 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 (405 ILCS 5/3-601).

2. A mental health worker or a psychiatric worker may present a Petition to a police officer, requesting they transport a person to a hospital for an evaluation.
 3. It is required that the person attesting to the behavior alleged to require mental health treatment must be personally present to verbally verify the allegations, should the Petition be left for the officer with a third party.
- C. In the event a physician, qualified examiner, or clinical psychologist calls the police to a residence to transport a person in need of medical treatment, the officer will require the physician, qualified examiner, or clinical psychologist complete a Certificate, prior to removing and transporting the individual to the hospital. This form should be completed in duplicate with one copy accompanying the individual to the hospital and a copy being attached to an Incident/Offense Report.
1. If it is impractical for the physician, qualified examiner, or clinical psychologist to complete the Certificate at the residence of the person to be transported, the officer(s) will ask that the physician, qualified examiner, or clinical psychologist respond to the hospital as soon as possible.
 2. If the physician, qualified examiner, or clinical psychologist has telephone contact with the officers in regards to a person in need of mental health treatment, and if the physician, qualified examiner, or clinical psychologist states he/she will attest to the fact that the person is in need of treatment, officers may take the person into custody for the purpose of transporting the person to the hospital.
- V. Persons on Unauthorized Leave from a Mental Health Institution
- A. Upon notification of an absence by an Illinois Department of Mental Health Institution, the appropriate information regarding the individual will be provided to officers on the street. If the individual is believed to be enroute to the Hanover Park area or resides in Hanover Park, periodic checks will be made in order to locate the individual.
 - B. When a person who has been arrested is identified as being on unauthorized leave, the arresting officer will notate this on the arrest report. The notation "**Do Not Release on Bond**" will be placed in the prisoner log also. The officer will also notify the institution that the reported the person as missing that the person is in custody and what the status of the charges are.
 - C. Arrangements to transfer the custody of the individual will be the responsibility of the arresting officer and the Supervisor on duty. A Recognizance Bond may be issued at this time.
- VI. Venue (41.2.7b)
- A. Any person who has a valid health insurance plan may be taken to any facility that is mutually agreed upon by the family, the involved individual and the officer.

B. Any person who does not have health insurance and is in need of mental health treatment will be taken to a state-operated facility. Pursuant to the Illinois Department of Public Health guidelines, the residents of Hanover Park who are in need of mental health treatment will be sent to:

1. Cook County
Ecker Mental Health Clinic/Psychological
Emergency Program (PEP) at Sherman Hospital
934 Center St.
Elgin, IL 60120
847-742-9800
2. DuPage County residents will first be evaluated by:
DuPage County Health Department/Access and Crisis Center
420 N. County Farm Road
Wheaton, IL 60187
630-462-1700

The assessments for DuPage County can be performed at the Police Station, a hospital emergency room or in the individual's private residence. The crisis unit has targeted their response time to within one (1) hour. The crisis unit will then make arrangements for the Certificate and for admission to:

Elgin Mental Health Center
750 S. State Street
Elgin, IL 60120
847-742-1040

VII. Training

- A. Department members will receive training on dealing with the mentally ill/emotionally disturbed persons. Sworn members will receive this training in the police academy. Non-sworn members will receive this training as arranged by the Lieutenant of Support Services. **(41.2.7d)**
- B. Department members will receive re-training at least every three years that will be documented by the Lieutenant of Support Services. **(41.2.7e)**