

	The University of Kansas Police Department 1501 Crestline Drive Suite 120 Lawrence, KS 66045-1501	Department Policy No. 612	
		Person with Mental Illness	
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		Last Review Date: N/A	
		KLEAP References: 8.2.4	
Approved by: Chief Nelson L. Mosley		Distribution: All Personnel	Review Schedule: Annual

I. PURPOSE

The purpose of this policy is to provide guidance to law enforcement officers when interacting with persons suspected of experiencing mental illness.

II. POLICY

Dealing with individuals in enforcement and related contexts who are known or suspected to be mentally ill carries the potential for violence, requires an officer to make difficult judgements 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. In the context of enforcement and related activities, officers shall be guided by K.S.A 59-2953 “Care and treatment for mentally ill persons.” Officers shall use this policy to assist them in defining whether a person’s behavior is indicative of mental illness and interacting with a person experiencing mental illness in a constructive and humane manner.

III. DEFINITIONS

- A. Mental Illness: also referred to as “Mental Health Issues”, is a condition characterized by impairment of an individual’s cognitive, emotional or behavioral functioning which can be caused through a variety of means, including but not limited to: social, psychological, biochemical, genetic, illness or injury.
- B. Mental Health/Substance Abuse Emergency: The person appears to be mentally impaired or suffering from a substance-induced impairment, to the extent that they may cause harm to themselves or others and there is not sufficient understanding or capacity to make reasonable decisions with respect to their need for treatment.
- C. Likely to cause harm to self or others: The person is likely, in the reasonable foreseeable future, to cause substantial injury or physical abuse to themselves, others, or substantial damage to another’s property, as evidenced by threatening behavior, attempting or cause such injury, abuse or damage. The person is substantially unable, except for reason of indigence, to provide for their basic needs such as food, shelter, health, etc. causing a deterioration of the person’s ability to function on their own.

III. PROCEDURES

A. Recognizing abnormal behavior (KLEAP 8.2.4 a.)

Mental illness is often difficult for even the trained professional to identify in a given individual. Officers are not expected to make judgements 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 cause such as reactions to narcotic, alcohol or temporary emotional disturbances that are situationally motivated. Officers should evaluate the following and related symptomatic behavior in the total context of the situation when making judgements about an individual's mental state and need for intervention absent the commission of a crime.

1. Degree of reactions
 - a. Individuals experiencing mental illness 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
 - a. An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents their frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. Extreme rigidity or inflexibility
 - a. Individuals experiencing mental illness 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 and home address, (although these may be signs of physical ailments such as injury or Alzheimer's disease);
 - b. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("The CIA is out to get me").
 - c. Hallucinations of any of the five senses (e.g. hearing voices, feeling one's skin crawl, smelling strange odors, etc.).
 - d. The belief that one suffer 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

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 weapon 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 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 person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information.
 4. Failure 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 that the person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright or agitation. Signs of lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts or 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 volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.
- C. Interacting with individuals experiencing mental illness
Should the officer determine that an individual may be experiencing mental illness and is a potential threat to themselves, the officer or others, or may otherwise require law enforcement intervention for humanitarian reasons, the following response may be taken.
1. Request a backup officer, and always do so in cases where the individual will be taken into custody. A Crisis Intervention Team (CIT) member, or an officer with equivalent training, should be summoned to the scene if available.
 2. Take steps to calm the situation. Where possible, eliminate emergency lights and siren, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, take time to assess the situation.
 3. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that they will be provided with appropriate care.
 4. Communicate with the individual in an attempt to determine what is bothering him/her. Relate your concern for their feelings and allow them to ventilate their feelings. Where possible, gather information on the subject from acquaintance 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 creates additional fright, stress and potential aggression.
 6. Avoid topics that may agitate the person and guide the conversation towards 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, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
- D. Taking custody or making referrals

Based on the overall circumstances and the officer's judgement of the potential for violence, the officer may provide the individual and family members with referral on available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

1. Make mental health referrals when, in the best judgement of the officer, the circumstances do not indicate that the individual must be taken into custody for their own protection or the protection of others. Mental health resources can be accessed by contacting Bert Nash, Lawrence Memorial Hospital, and Headquarters. (KLEAP 8.2.4 c.)
2. Officers should consider utilizing the Douglas County Mobile Response Team (MRT). This team can be contacted via the Douglas County Crisis Line 785-841-2345, and the individual experiencing mental illness must agree for the MRT to respond.
3. An officer may take a person into custody when the officer established reasonable belief that the individual is either mentally ill or suffers from an alcohol or substance abuse problem which is likely to result in one of the following conditions:
 - a. An officer has reasonable belief formed upon investigation that a person may be an individual with an alcohol or substance abuse problem subject to involuntary commitment and is likely to cause harm to themselves or others if allowed to remain at liberty.
 - b. The officer has reasonable belief, formed upon investigation, that person is a mentally ill individual and because of such person's mental illness is likely to cause harm to themselves or others if allowed to remain at liberty.
4. Officers initiating taking somebody into protective custody because of mental illness or an alcohol or substance abuse problem will transport the person to a suitable mental health/medical health location, in a police vehicle, unless the person's medical condition necessitates an ambulance.
5. Upon arrival at the health care facility, officers will remain with the patient while they are evaluated by a hospital physician or psychologist and arrangements are made for placement, or until the officer is released by hospital staff.
6. If the evaluating physician or psychologist determines the person is not a danger to himself or others, the officer will offer the person the following choices:
 - a. To be released immediately.
 - b. To be transported back to the location where they are taken to custody.
 - c. To be taken to another location, within reason.
7. Officers who are summoned to Watkins Health Center to transport an individual determined by staff at the facility to need additional mental health resources, will transport the person to the mental health facility designated by facility staff. Applicable detention, custody and search and seizure provisions still apply.
8. When transporting a person taken into protective custody outside of the City of Lawrence, or when transporting a potentially dangerous person, a minimum of two officers will transport the person. At least one of the officers, if staffing allows, will be of the same sex of the person transported.

9. A person may, if reasonable, voluntarily commit themselves to a treatment facility. Officers may provide reasonable assistance in transporting these persons to an appropriate facility.
 - a. At the discretion of the supervisor, officers may be directed to provide transportation of a reasonable distance as a public service.
- E. Interviews/interrogations (KLEAP 8.2.4 b.)

In addition to the above guidelines, individuals who are believed to be suffering from mental illness, officers are reminded that established case law pertaining to Miranda still applies.

 1. All individuals, including those suffering from mental illness, must understand their rights. The following guidelines are provided to assist in determining whether an individual understands their rights.
 - a. Do not accept simple “yes” or “no” responses from the individual. Ask the individual to describe, in their own words, the rights you have just explained to them.
 - b. If the individual simply repeats the wording just provided to them, it is important for officers to determine and establish that the individual understands each of their rights. To further that goal, the following questions can be utilized to make such determinations.
 - (i) Can you tell me what “rights” are?
 - (ii) Can you give me an example of a right you have?
 - (iii) Why is a lawyer important?
 - (iv) Why do you want to talk to me instead of a lawyer?
 - (v) Can you explain why you do not have to talk to me?
 - c. Officers may consider having the individual’s attorney, guardian or caretaker present.
- F. Documentation
 1. Officers will request a case number and document the incident whether or not the individual was taken into custody. Officers will ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as “out of control” or “psychologically disturbed” should be replaced with the 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.
 2. In cases where a person was taken into custody pursuant to this policy the officer will complete, a narrative report-
- G. Continuing commitment
 1. The University of Kansas Police Department will maintain strong ties with local governmental and private agencies involved in the care and treatment of the mentally ill. Members of the department will attend meetings with involved agencies as necessary.
 2. The department will conduct training for all employees on dealing with mentally ill persons during their initial training period and provide periodic refresher training thereafter.