



Persons With Mental Illness

<i>Original Date of Issue</i> August 15, 2005	<i>General Order Number</i> 05-01
<i>Effective Date of Reissue</i> April 23, 2018	<i>Section Code</i> OPS-07
<i>Reevaluation Date</i> April 2021	<i>Amends</i> OPS-07 Previous Version
<i>C.A.L.E.A.</i> 1.2.6, 41.2.7	<i>Reference</i> (see "INDEX AS:")

INDEX AS:

Use of Force
Discretion
Prisoner Transport

Arrests
Mental Illness

I. PURPOSE

The purpose of this policy is to provide guidance when a person with a suspected mental illness has contact with members of the Iowa City Police Department.

II. POLICY

Department personnel shall afford people with mental illnesses the same rights, dignity and access to police services provided to all citizens. The Americans with Disabilities Act (ADA) requires equal treatment for people with disabilities in all state and local government services, including law enforcement. The ADA requires law enforcement agencies to make reasonable adjustments and modifications in policies, practices, or procedures. If a person exhibits symptoms of mental illness, personnel may need to modify routine practices and procedures by taking more time and showing more sensitivity to extend services or protections. This policy is intended to address the most common types of interactions with mentally ill persons and provide guidance to department personnel when dealing with such individuals.

III. DEFINITIONS

- A. *Mental Illness*: Under Iowa Code §229.1(8), *mental illness* means every type of mental disease or mental disorder, except that it does not refer to mental retardation as defined in Iowa Code §222.2(5), or to insanity, diminished responsibility, or mental incompetency as the terms are defined and used in the Iowa criminal code or in the rules of criminal procedure, Iowa court rules.
- B. *Seriously Mentally Impaired or Serious Mental Impairment*: Under Iowa Code §229.1(16), *Seriously Mentally Impaired or Serious Mental Impairment* describes the condition of a person with mental illness and because of that illness lacks sufficient judgment to make responsible decisions with respect to the person's hospitalization or treatment, and who because of that illness meets any one of the following criteria: (a) Is likely to physically injure the person's self or others if allowed to remain at liberty without treatment; (b) Is likely to inflict serious emotional injury on members of the person's family or others who lack reasonable opportunity to avoid contact with the person with mental illness if the person with mental illness is allowed to remain at liberty without treatment; or (c) Is unable to satisfy the person's need for nourishment, clothing, essential medical care, or shelter so that it is likely that the person will suffer physical injury, physical debilitation, or death.
- C. *Applicable Employees*: Those employees of the Iowa City Police Department, in addition to sworn officers, who are reasonably likely to interact with persons suffering from mental illness during the course of their regular duties. Applicable employees include Community Service Officers, Station Masters, Records Personnel, and Animal Services.

IV. PROCEDURES

A. GUIDELINES FOR THE RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS.

The following are generalized signs and symptoms of behavior that may suggest mental illness although officers and applicable employees should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situational motivated. Officers and applicable employees should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and the need for intervention.

1. Degree of Reactions – Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things.
2. Appropriateness of Behavior – A mentally ill individual may demonstrate extremely inappropriate behavior for a given context.

3. Extreme Rigidity or Inflexibility – A mentally ill individual may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
4. In addition, a mentally ill person may exhibit one or more of the following characteristics:
 - a. Abnormal memory as to such common facts as name or address.
 - b. Delusions – the belief in thoughts or ideas that are false, such as delusions of grandeur or paranoia.
 - 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 suffers from extraordinary physical maladies or abilities that are not possible.
 - e. Extreme fright or depression.

B. GUIDELINES FOR OFFICERS ENCOUNTERING MENTALLY ILL SUBJECTS.

Should an officer determine that an individual may be mentally ill and a potential threat to himself, the officer, or others, or may otherwise require law enforcement intervention the following steps should be taken.

1. Request a backup officer, and always do so when an individual will be taken into custody.
2. Take steps to calm the situation. Assume a quiet non-threatening manner when approaching or conversing. 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 that appropriate care will be provided.
4. Talk with the person and try to determine what is bothering them. When possible and appropriate, obtain information from others that may assist in communicating with and calming the person.
5. Do not verbally threaten the individual with arrest or other action, as this will create additional fright, stress and potential aggression.
6. Avoid topics that may agitate the person.
7. Always attempt to be truthful with a mentally ill individual. If the person becomes aware of a deception, they may withdraw from the contact in distrust and become hypersensitive or retaliate in anger.

8. Alternatives to arrest should be considered to ensure the best treatment options are used.

C. PROCEDURES FOR ACCESSING COMMUNITY MENTAL HEALTH RESOURCES.

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

1. Make mental health referrals when, in the best judgment of the officer, circumstances do not indicate that the individual must be taken into custody for their own protection or for the protection of others.
2. When the officer reasonably determines that a subject is mentally ill, and because of that illness may be a danger to themselves or to others, the subject shall be transported to University of Iowa Hospitals and Clinics Emergency Treatment Center for evaluation. If the individual is cooperative and agreeable with this decision, this action may be taken on a voluntary basis. If the person is uncooperative, and the officer has reasonable grounds to believe that the mentally ill person is likely to physically injure the person's self or others if not immediately detained, the officer may without warrant take or cause that person to be taken to the University of Iowa Hospitals and Clinics pursuant to Iowa Code §229.22.
3. Once a decision has been made to take an individual into custody, do it as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area and pat the subject down. For non-criminal transport, the officer will decide if the use of restraints is warranted. Using restraints on mentally ill persons can aggravate their aggression however officers should take those measures necessary to protect their own safety.
4. The hospital should be notified of the pending arrival particularly if the person is violent or extremely uncooperative.
5. On arrival at the hospital, the officer shall, either in person or by written report, describe the circumstances leading to the detention of the mentally ill person to the examining physician and appropriate staff.
6. Subjects taken to the hospital for evaluation will not be left unattended until authorized personnel of the hospital indicate there is no longer a need for law enforcement presence.
7. The involved officer will prepare a report regardless if it is a voluntary or involuntary commitment.

D. TRAINING

Officers and applicable employees shall receive documented initial and ongoing training regarding interaction with persons suspected of suffering from mental illness. Documented refresher training shall take place annually for agency personnel.

Jody Matherly, Chief of Police

WARNING

This directive is for departmental use only and does not apply in any criminal or civil proceeding. The department policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third-party claims. Violations of this directive will only form the basis for departmental administrative sanctions.