



# General Order 8

## Mental Illness & Individual Crisis Unit

Effective Date: 11-13-2018

### Purpose:

The purpose of this policy is to provide guidance to Carmel Police Department personnel when dealing with persons suspected to have a mental illness and who are in crisis or have committed a criminal offense.

### Policy:

Indiana law regarding the detention of persons with mental illness shall guide officers. Carmel Police Department personnel shall use this policy to assist them in determining whether a person's behavior is indicative of a mental illness and in dealing with those who have a mental illness and may be in crisis, in a constructive and humane manner.

Sworn officers will receive training regarding persons with a mental illness in accordance with state law. All CPD employees (Sworn / Civilian) will receive entry level training within the first year of employment and annual refresher training.

The Carmel Police Department is committed to providing appropriate assistance to all citizens. Dealing with a mentally disturbed person can be challenging. Personnel must attempt to do three (3) things:

- protect the public,
- protect your own life and,
- protect the mentally disturbed person and treat him/her as an ill person.

### Form Links

[Hamilton County Immediate Detention Form](#)

[Laird PC \(firearms already taken\)](#)

[Laird PC \(firearms NOT taken yet\)](#)

### Definitions

**Mental Illness:** (IC 12-7-2-130) A psychiatric disorder or instability that substantially disturbs an individual's thinking, feeling, or behavior and impairs the individual's ability to function. "Mental illness" may include, but shall not be limited to, intellectual disability, alcoholism, or addiction to narcotics or dangerous drugs.

**Dangerous:** (IC 12-7-2-53)

A condition in which an individual, as a result of a mental illness, presents a substantial risk that the individual will harm themselves or others.

**Gravely Disabled:** (IC 12-7-2-96)

A condition in which the individual, as a result of a mental illness, is in danger of coming into harm because the individual:

- Is unable to provide for themselves, food, clothing, shelter, or other essential human needs; or
- Has a substantial impairment or an obvious deterioration of judgment, reasoning or behavior that results in that individual's inability to function independently

**Immediate Detention:** (IC 12-26-4-1)

A law enforcement officer, having reasonable grounds to believe that an individual has a mental illness and is either dangerous or gravely disabled and in immediate need of hospitalization and treatment, may apprehend and transport the individual to the nearest appropriate medical facility. Charges may be filed if appropriate.

**Common Signs of Mental Illness**

Sometimes it is difficult to tell if someone is mentally ill. There are certain signs which may be present and for which you can observe. Some of the signs of a mentally disturbed person can be one or more of the following:

- He/she demonstrates big changes in behavior.
- He/she has strange losses of memory.
- He/she thinks people are plotting against him/her.
- He/she has grand ideas about himself/herself.
- He/she talks to himself/herself or hears voices.
- He/she sees visions, smells strange odors, or has peculiar tastes.
- He/she thinks people are watching or talking about him/her.
- He/she has bodily ailments that are not possible.
- He/she is extremely frightened or in a state of panic.
- He/she behaves in a way which is dangerous to himself/herself or others.

The mentally ill person in a crisis situation is generally afraid. During street level contacts, or other contact with a suspected mentally ill person, personnel should:

- Continually assess the situation for danger.
- Maintain adequate space between himself and the subject.
- Remain calm.
- Slowly give firm, simple, and clear directions. If possible, only one officer should talk to the subject.
- Respond to apparent feelings, rather than the content.
- Respond to any delusions or hallucinations by talking about the person's feelings rather than what he is saying, and/or
- Be helpful or offer assistance to make the person feel safer, calmer, etc.

When interacting with a suspected mentally ill person, personnel should not:

- Join into the behavior related to the person's mental illness (e.g., agreeing or disagreeing with delusions or hallucinations).
- Stare at the subject as this may be interpreted by the person as a threat.
- Confuse the subject.
- Give the person multiple choices as this may confuse him.
- Whisper, laugh, or joke about the situation as this will increase the person's suspiciousness and may increase the potential for violence.
- Deceive the person as dishonesty may increase the person's fear and suspicion; and/or touch the subject as while touching can be helpful for some individuals who are upset, for a mentally ill person in crisis it may cause more fear and lead to violence.

When interviewing and interrogating persons suspected of suffering from mental illnesses, personnel are guided by the above information. In addition, personnel shall consider the following in their interviews and interrogations:

- If any CPD personnel has reason to believe a person being interviewed is suspected to have a mental illness, the CPD personnel must evaluate if they feel the subject being interviewed understands the difference between truth and falsehood, the necessity of telling the truth, and the fact that a person who testifies falsely may be punished.
- If the CPD personnel believes the subject being interviewed does not understand right from wrong due to a mental illness, or does not understand their rights, or is in need of some other professional assistance, they should consider contacting a mental health professional or delaying the interview until a time when the subject is deemed healthy enough to complete the interview.
  - In the event of exigent circumstances, such as a missing person or an injured person, the interview of a suspected mentally ill subject may continue.
- Although alternatives to arrest should be considered in managing persons with mental illness in order to keep them out of the criminal justice system, nothing in this directive requiring mental health processes shall prevent an officer from instituting a criminal proceeding for acts committed in violation of criminal laws.

**I. Immediate Detention I.C. 12-26-4**

Each of the following three criteria must be present for detention under I.C. 12-26-4.

A law enforcement officer, before detaining under this law, must have reasonable grounds to believe the following:

1. That the person is mentally ill.
2. That the person is dangerous either to himself/herself or others or gravely disabled as defined above; and

3. That the person is in need of immediate hospitalization and treatment.

A. Procedures

1. Completely fill out the Immediate Detention form, paying special attention to the narrative section. A detailed, complete narrative will increase the likelihood for the detainee to get necessary care rather than being released.
2. Contact Aspire with the following information:
  - Name and date of birth of patient
  - Home address of patient
  - Reason for Immediate Detention
  - Name of the doctor who is currently providing the patient's care.
3. Transport the patient to the designated hospital along with a copy of the fully completed Immediate Detention form, or any other documentation concerning the mental status of the person (i.e., Hospital Report Forms).
4. Complete a case report.
5. The officer shall notify the Individual Crisis Unit (ICU) Coordinator so that a follow-up can be conducted.

II. **Criminal Offender**

Individuals who do not qualify for an Immediate Detention but have committed a criminal offense for which they can be arrested pursuant to IC 35-33-1-1 and who are suspected of having a mental illness are subject to arrest and should be properly charged.

A. Procedures

1. Place subject under arrest for criminal charge.
2. Fill out the proper criminal information.
3. Allegations in the probable cause affidavit must support the criminal charge filed.
4. Contact a supervisor to advise of possible mental illness.
5. Detail observations including information supporting possible mental illness in arrest narratives.
6. Transport suspect to the Hamilton County Jail and notify jail personnel of possible mental illness. Jail personnel will make the determination if the subject is to be held in a padded cell.
7. The officer shall notify the ICU Coordinator so that a follow-up can be conducted.

### **III. Individuals that qualify for both Immediate Detention and Arrest**

If a crime has been committed and the suspect qualifies for immediate detention, the criminal offense should take precedence. If probable cause exists the accused should be transported to the Hamilton County Jail and jail personnel must be made aware of any possible mental illness (i.e., threats of suicide, depression etc.). If an officer feels the arrest is not the best course of action, a supervisor should be consulted. If there is a consideration of taking the subject for immediate detention in lieu of an arrest, a factor to be considered and weighed heavily on the side of an arrest is if the crime has been committed against a person, i.e., battery. Consideration of the victim is paramount in these cases.

- The supervisor will determine the best course of action:
- Immediate detention at location recommended by Aspire (if possible) and file criminal charges “long form”; or
- Make outright criminal arrest and have subject detained at the Hamilton County Jail

The ICU Coordinator shall be notified so that follow-up can be conducted.

### **IV. Firearm Seizures from Dangerous Persons; Firearm in Possession of a Dangerous Person (Laird Law)**

As it applies to the seizure of firearms, an individual is “Dangerous” (IC 35-47-14-1) if:

- (1) the individual presents an imminent risk of personal injury to the individual or another individual; or
- (2) the individual may present a risk of personal injury to the individual or another individual in the future and the individual:
  - (A) has a mental illness (as defined in IC 12-7-2-130) that may be controlled by medication, and has not demonstrated a pattern of voluntarily and consistently taking the individual’s medication while not under supervision; or
  - (B) is the subject of documented evidence that would give rise to a reasonable belief that the individual has a propensity for violent or emotionally unstable conduct.

The fact that an individual has been released from a mental health facility or has a mental illness that is currently controlled by medication does not establish that the individual is dangerous for the purpose of this section.

- When an officer encounters an individual who the officer believes is dangerous, based on the above definition, the officer may seize any

firearms to which the officer has lawful rights to access or obtain a warrant to search for and seize the weapon(s).

- The officer will complete a case report/probable cause detailing why the officer believes the person is dangerous.
- The probable cause will be forwarded to the Hamilton County Prosecutor's Officer along with supporting documentation.
- All firearms will be placed in the property room with the notation "Firearms Seized from a Dangerous Person. Hold For Safe Keeping. Not To Be Returned" and shall be held as evidence.
- The officer shall notify the ICU Coordinator so that a follow up can be conducted

#### **V. Individual Crisis Unit**

The Individual Crisis Unit (ICU) is a community partnership that includes law enforcement and community health care providers working together to provide assistance to mental health consumers and their families.

While all CPD personnel are trained to recognize and deal with individuals experiencing mental illness, behavioral and emotional distress, Individual Crisis Unit Officers receive additional training in mental health awareness, de-escalation techniques and the coordination of mental health or other services.

An ICU Coordinator will be selected to administer and supervise the program.

1. ICU officers become "first responders", when available, for calls involving mental illness. They are not "on-call". They simply have advanced training in the area of mental illness and dealing with those in crisis and may be available to respond to calls during the normal course of their duties.
2. ICU officers will work with the community to help restore citizens to a "pre-crisis level" of functioning.
3. ICU personnel attend a 40-hour multi-training curriculum provided by mental health providers, legal experts, and family advocates. Training to become an ICU officer shall include, but not be limited to:
  - Signs and symptoms of a mental illness
  - Legal issues
  - Specialized populations
  - Psychopharmacology
  - De-escalation techniques and
  - Effective use of community resources.