P.O. 226 Mentally Ill Persons/Substance-Related or Addictive Disorder Persons			
Effective From:	11/03/2025	Effective To:	Current

P.O. 226 – Mentally Ill Persons/Substance-Related or Addictive Disorder Persons

1. PURPOSE
   - i) The purpose of this order is to set forth policy and procedures regarding the interaction of agency personnel with persons suspected of suffering from mental illness. It is the policy of the Department that all officers, when confronted with an emotionally disturbed person, will take appropriate action, balancing the needs of the individual with the safety of the community.
2. RECOGNITION
   - i) Officers are occasionally called upon to control or restrain an individual when mental illness provokes antisocial behavior. Suicide attempts, violent behavior, imaginary persecution, hallucinations, delusions of grandeur, and other deviations from what is considered normal or expected behavior are indications of mental illness. Careful observation of the individual, including how they talk, what they say, and how they behave, can lead an officer to believe a person is suffering from some type of mental illness. The visual observations may also be supplemented by information obtained from friends or relatives of the individual. The information-gathering process can aid an officer who must determine how to handle the situation. Some specific indicators to look for and note are:
     - a) Determination of whether injured or ill.
     - b) Past history.
     - c) Behavior requiring hospitalization.
     - d) Identification of any unusual or criminal behavior.
3. AUTHORITY FOR PROTECTIVE CUSTODY
   - i) LRS 28:53(L) outlines requirements for dealing with the mentally ill.
   - ii) A peace officer or a peace officer accompanied by an emergency medical services (EMS) trained technician may take a person into protective custody and transport them to a treatment facility for a medical evaluation when, as a result of their personal observation, the peace officer or emergency medical services technician has reasonable grounds to believe the person is a proper subject for involuntary admission to a treatment facility because the person is acting in a manner dangerous to themselves or dangerous to others, is gravely disabled, and is in need of immediate hospitalization to protect such a person or others from physical harm. The person may only be transported to one of the following:
     - a) A community mental health center.
     - b) A public or private general hospital.
     - c) A public or private psychiatric hospital.
     - d) A detoxification center.
     - e) A substance abuse clinic.
     - f) A substance abuse inpatient facility.
   - iii) Upon arrival at the treatment facility, the escorting peace officer shall then be relieved of any further responsibility and the person shall be immediately examined by a physician, preferably a psychiatrist, or a psychiatric mental health nurse practitioner who is acting in accordance with a collaborative practice agreement, who shall determine if the person shall be voluntarily admitted, admitted by emergency certificate, or discharged.
   - iv) If a peace officer transports a person to a treatment facility and no emergency certificate for that person has been issued in accordance with the provisions of this Section, then only a psychiatrist may admit the person to the facility.
   - v) In the case of a person suffering from a substance-related or addictive disorder and where any of the above facilities are unavailable, the peace officer and emergency medical service

technician may use whatever means or facilities available to protect the health and safety of the person suffering from a substance-related or addictive disorder until such time as any of the above facilities become available. In taking a person into protective custody, the peace officer and emergency medical service technician may take reasonable steps to protect themselves. A peace officer or emergency medical service technician who acts in compliance with this section is acting in the course of their official duty and cannot be subjected to criminal or civil liability as a result thereof.

4. PROTECTIVE CUSTODY
   - i) Officers may take an individual into protective custody whenever the person:
     - a) Is a danger to themselves.
     - b) Is a danger to others.
     - c) Is gravely disabled and immediate hospitalization is necessary to protect such a person or others from harm.
   - ii) Officers must personally observe the conduct or rely on a statement from an EMS technician who has personally observed the conduct that led to the conclusion that the subject is in one of the above categories.
   - iii) Officers should carefully document their observations or those of the EMS technician in a report whenever an individual is taken into protective custody. The report will include the name and ID number of all EMS technician witnesses and the name, address, and telephone number of any civilian witnesses/complainants.
5. TRANSPORTATION
   - i) Injured patients will be transported by EMS.
   - ii) An officer must accompany the ambulance. The officer shall utilize their discretion to determine whether they actually ride in the ambulance or follow in their unit.
   - iii) Ambulatory patients may be transported either by EMS or by police unit.
   - iv) If there is any doubt as to the physical condition of the patient, they will be evaluated by EMS.
   - v) Patients will not be transported by EMS merely to restrain them.
   - vi) Patients will be physically restrained during transportation unless there is a physical condition that would make restraints unnecessary.
   - vii) Patients who exhibit violent tendencies require particular attention.
   - viii) Violent patients may have their legs restrained.
   - ix) Patients will be transported sitting up, in the rear seat, seat-belted, never prone.
   - x) If at any time the patient loses a functional level of consciousness (voluntary movement and/or speech), paramedics should be called, or the patient will be transported immediately to the closest emergency medical facility.
6. INTERVIEWS AND INTERROGATIONS OF MENTALLY ILL PERSONS
   - i) Interviews of persons who exhibit behavioral cues of mental illness or developmental disability should be conducted with care. Primary considerations should be the safety of all involved and the protection of the person's rights. Parents, caregivers, or mental health professionals may be used to assist during the interview process.
   - ii) Interrogations should be conducted with the same consideration for safety and respect of rights as an interview, keeping in mind the constitutional protections afforded to a suspect. The following additional measures will be taken when questioning a suspect who suffers from mental illness or who is developmentally disabled.
     - a) Use language that is easily understood by the suspect and is appropriate to their level of understanding.
     - b) At each step in the proceeding, have the suspect acknowledge that they understand what is occurring in a way that an objective observer would find informed and voluntary. Do not accept only a yes-or-no response; have the suspect elaborate.
     - c) Document all applicable observations and additional steps taken in the offense or arrest report.

iii) When a mentally ill or developmentally disabled person is booked, the person accepting custody should be advised of any debilitating injury or condition identified.

7. TRAINING

i) All employees shall receive initial training and annual refresher instruction on interacting with persons displaying mental illness or developmental disabilities.