



Crisis Intervention & Mental Illness

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Rescinds:	None		
IACLEA Standards:	9.2.6		

I. Purpose

To provide guidance and resources for law enforcement officers when responding to or encountering individuals displaying behaviors consistent with mental illness, neurological disorders, crisis, or excited delirium.

II. General Order

The Indiana University Police Department (IUPD) shall use this directive to assist in determining whether a person’s behavior is indicative of mental illness, neurological disorders, crisis, or excited delirium. Responding to situations involving individuals who officers reasonably believe to be affected by mental illness, crisis or excited delirium carries potential for violence, and requires an officer to make difficult judgments about the mental state and intent of the individual. This necessitates the use of special police skills, techniques, and abilities to effectively and appropriately de-escalate and resolve the situation, while avoiding unnecessary violence and potential civil liability. Statutory requirements outline Immediate Detention (IC 12-26-4) and Emergency Detention (IC 12-26-5) that departmental personnel shall adhere to.

III. Recognition of Abnormal Behavior

- A. Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by mental illness, crisis, or excited delirium, with special emphasis on those that suggest potential violence and/or danger. Officers should not rule out other potential causes such as: reactions to alcohol or psychoactive drugs of abuse; temporary emotional disturbances that are situational; neurological disorders; or medical conditions.
 - 1. Officers should be aware some neurological disorders may show signs similar to that of mental illness or crisis, including but not limited to: Autism, Asperger’s syndrome, and Alzheimer’s disease.
- B. The following are generalized signs and symptoms of behavior that may suggest mental illness or crisis:
 - 1. Strong and unrelenting fear of persons, places, or things. Extremely inappropriate behavior for a given context.
 - 2. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.



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3. Abnormal memory loss related to such common facts as name or home address; although these may be signs of other physical ailments such as injury or Alzheimer’s disease.
 4. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur (“I am Christ”) or paranoid delusions (“Everyone is out to get me”).
 5. Hallucinations, of any of the five senses (e.g., hearing voices commanding the person to act, feeling one’s skin crawl, smelling strange odors).
 6. The belief that one suffers from extraordinary physical maladies that are not possible (e.g. persons who are convinced that their heart has stopped beating for extended periods of time).
- C. The following are generalized signs and symptoms of behavior that may suggest excited delirium:
1. Constant or near constant physical activity.
 2. Irresponsiveness to a police presence.
 3. Hyperthermia, an elevated body temperature, which may be seen through profuse sweating, rapid breathing, and inadequate clothing or nakedness in an attempt to “self-cool.”
 4. Extreme aggression or violence.
 5. Difficulty speaking, which may be noticed through incoherent speech, screaming, and unintelligible or animal-like noises.
 6. Insensitivity to or an extreme tolerance of pain.
 7. Excessive strength out of proportion to the subject’s size and build.
 8. Lack of fatigue despite heavy or extreme physical exertion.
 9. Paranoid or panicked demeanor.
 10. An attraction to bright lights, loud noises, or shiny objects including glass or metal.
- D. Assessing Risk
1. Most persons affected by mental illness or who are in crisis are not dangerous and some may only present dangerous behavior under certain circumstances or conditions. Officers may use several indicators to assess whether a person who reasonably appears to be affected by mental illness or in crisis represents potential danger to self, the officer, or others. These include the following:



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- a. The availability of any weapons.
 - b. Statements by the person that suggest that they are prepared to commit a violent or dangerous act. Such comments may range from a subtle innuendo to a direct threat that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
 - c. A personal history that reflects prior violence under similar or related circumstances. The person’s history might be provided by family, friends, neighbors, or is already known to the officer.
 - d. The amount of self-control, particularly physical control, the person exhibits over emotions of rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself 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.
 - e. The volatility of the environment is a particularly relevant concern that officers must continually evaluate. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated.
2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger, but it might diminish the potential for danger.
 3. An individual affected by mental illness or emotional crisis may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating “I have to handcuff you now”) or from internal stimuli (delusions or hallucinations). A variation in the person’s physical presentation does not necessarily mean they will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.

IV. Response to Persons Affected by Mental Illness or in Crisis

- A. If the officer determines an individual is exhibiting symptoms of mental illness or crisis; is a potential threat to self, the officer, or others; and/or may otherwise require law enforcement intervention as prescribed by statute, the following responses should be considered:



Indiana University Police Department

General Order G9.2.6

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1. Request a backup officer in all cases.
2. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet nonthreatening 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. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.
3. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that the person will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering the individual. If possible, speak slowly and use a low tone of voice. Relate concern for the person's feelings and allow the person to express feelings without judgment. Where possible, gather information on the individual from acquaintances or family members. 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 make other similar threats or demands, as this may 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 the individual. If the person becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as "I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)" is recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.
8. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Training (CIT) officers, community crisis mental health personnel, Crisis Negotiator).



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V. Response to Persons Affected by Excited Delirium

- A. If the officer determines an individual is exhibiting symptoms of excited delirium; is a potential threat to self, the officer, or others; and/or may otherwise require law enforcement intervention as prescribed by statute, the following responses should be considered:
 - 1. Multiple officers should be dispatched to the location, and request additional backup officers as needed to affect rapid control of the subject.
 - a. Officers that encounter a subject exhibiting symptoms of excited delirium should not attempt to take physical control of the subject, unless they pose a threat of serious bodily injury or death to self, others, and/or the officer, without backup units and emergency medical services on scene.
 - b. If the subject poses serious bodily injury or death to self, others, and/or the officer, officers should intervene with a level of force reasonably necessary to control the individual.
 - 2. Request emergency medical services (EMS) and monitor the subject’s physical state until their arrival.
 - a. Officers, while the subject is in restraints, should check the subject’s pulse and respiration on a continuous basis, and ensure the subject’s airway is unrestricted. Officers should be prepared to administer to CPR or an automated external defibrillator (AED) if the subject becomes unconscious.
 - b. If the subject becomes calm and breathing is not labored shortly during or after the application of restraints while officers are still experiencing labored breathing, this may be an indication the subject is in jeopardy and requires immediate medical attention to avoid cardiac arrest.
 - c. If the symptoms of excited delirium appear acute, the subject has been under duress for an extended period of time, and EMS is not readily available the officer should consider affecting control and transporting the subject to the nearest emergency medical facility.
 - d. In the event a subject exhibiting excited delirium dies in custody, coordinate with the County Medical Examiner for excited delirium specific examination, to include post-mortem body temperature checks at arrival and two additional checks at one hour intervals.



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3. Where possible, eliminate emergency lights and sirens, and disperse crowds. Have one officer slowly approach and converse with the subject in a nonthreatening manner to reduce agitation, before resorting to the use of force.
4. When the subject is responsive to verbal commands, the officer should approach and converse with the subject in a nonthreatening manner to reduce their agitation before resorting to the use of force. Provide reassurance that the police are there to help and that the person will be provided with appropriate care. Be prepared to repeat instructions or questions to the subject due to their excited stated.
 - a. Officers should not rush towards, become confrontational, verbally challenge, or attempt to intimidate the subject. The subject may not comprehend or respond positively to these actions and may lead to agitated or combative behavior.
 - b. Officers should ask the subject to sit down, this may have a calming effect.
5. Officers shall use an objectively reasonable level of force and only for the period of time required that shall de-escalate the incident and/or bring it under control in a safe manner. Officers should refer to G10-01-01 Response to Resistance Procedures to determine the type of resistance and force necessary.
 - a. Pepper Spray and impact weapons are normally ineffective due to the subject's elevated threshold of pain.
 - b. Stunning and direct mechanical responses and the use of a swarming technique are effective means of obtaining compliance when an adequate number of officers are available. Officers should use a coordinated restraint plan before implementing these approaches.
6. When restrained officers should position the subject in a manner that shall assist breathing, including placement on their side, and avoid pressure to the check, neck, or head.
 - a. Reasonable steps should be taken to avoid injury to the subject, such as moving the subject from asphalt to a grassy area to reduce abrasions and contusions.
 - b. Officers should not attempt to control continued resistance or exertion by pinning the subject to the ground or against a solid object.



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VI. Taking Custody or Making Referrals to Mental Health Professionals

- A. Based on the totality of the circumstances and a reasonable belief of the potential for violence, the officer may provide the individual and/or family members with referral information on available community mental health resources, or take custody of the individual in order to seek an involuntary emergency evaluation. Officers should do the following:
 1. Offer mental health referral information to the individual and or/family members when the circumstances indicate that the individual should not be taken into custody.
 2. Summon an immediate supervisor or the officer-in-charge prior to taking custody of a potentially dangerous individual who may be affected by mental illness or in crisis or an individual who meets other legal requirements for involuntary admission for mental examination. When possible, summon crisis intervention specialists to assist in the custody and admission process.
 - a. Officers taking custody of an individual for an involuntary admission for mental examination due to mental illness, crisis, or excited delirium shall complete and include with their case report F16-07.1 Immediate Detention Form.
 3. Continue to use de-escalation techniques and communication skills to avoid provoking a volatile situation once a decision has been made to take the individual into custody. Remove any dangerous weapons from the immediate area, and restrain the individual if necessary. Using restraints on persons affected by mental illness or in crisis can aggravate any aggression, so other measures of de-escalation and commands should be utilized if possible. Officers should be aware of this fact, but should take those measures necessary to protect their safety.
 4. Document the incident, regardless of whether or not the individual is taken into custody. Ensure that the report is as detailed and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as “out of control” or “mentally disturbed” should be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person. The reasons why the subject was taken into custody or referred to other agencies should also be reported in detail.



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VII. Related Information

Indiana University Police Department:

F16-07.1 Immediate Detention Form

G10-01 Response to Resistance

G10-01-01 Response to Resistance Procedures

F10-01.1 Response to Resistance Form

Indiana Code:

12-7-2-130 Mental Illness; 12-26-4 Immediate Detention; 12-26-5 Emergency Detention

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