

JACKSONVILLE POLICE DEPARTMENT

Policy: 10-22

MENTALLY ILL PERSONS/CRISIS INTERVENTION TEAM

Effective: 01-01-14

Revised: 01-18-21

PURPOSE: To provide officers with the resources necessary to effectively assist persons who appear to need some type of mental health service. This policy provides officers information on legal and procedural requirements which may assist them in providing a higher degree of services to our citizens.

POLICY: It is the policy of the Jacksonville Police Department to protect emotionally disturbed or mentally unstable persons from harming themselves or others. When an officer has probable cause to believe that an emotionally disturbed or mentally unstable person presents an immediate threat of harm to himself or others, that person shall be taken in to protective custody and transported to a facility where trained professionals can evaluate the emotional and mental status of that person.

This does not prevent or inhibit the placing of criminal charges against any person, due to mental illness. The determination of mental capacity, in regard to criminal proceedings, is a matter for consideration by a criminal court, and is not relevant to the civil commitment provisions contained in this policy.

DEFINITIONS:

- I. MENTAL ILLNESS: A.C.A. §20-47-202 (10)(A) defines “mental illness” as:
 - a. A substantial impairment of emotional processes, or the ability to exercise conscious control of one’s actions, or the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions.
 - b. May include a temporary behavioral health or mental impairment that results when an individual is under the influence of alcohol or a controlled substance to the extent that the impairment is substantial and is a manifestation of a mental health condition or a substance abuse disorder.
- II. VOLUNTARY ADMISSION: A.C.A. §20-47-204 (1)(A)(B) states any person, who believes himself to have a mental illness, disease or disorder, may apply to a hospital for admission. If the screener at the hospital shall be satisfied after examination of the applicant that he is in need of mental health treatment and will be benefited thereby, he may receive and care for the applicant for such a period of time as he or she shall deem necessary for the recovery and improvement of the person, provided the person agrees at all times to remain in the hospital.
- III. INVOLUNTARY ADMISSION CRITERIA: A.C.A. §20-47-207(c) states that a person shall be eligible for involuntary commitment if he is in such a mental condition as a result of mental illness, disease, or disorder that he poses a clear and present danger to himself or others.
- IV. CLEAR AND PRESENT DANGER TO HIMSELF: established by demonstrating that:
 - A. The person has inflicted or threatened to inflict serious bodily injury on himself or has attempted suicide or serious self-injury, and there is a reasonable probability that the conduct will be repeated if admission is not ordered; and/or
 - B. The person’s behavior demonstrates that he lacks the capacity to care for his own welfare, that there is a reasonable probability of death, serious bodily injury, or serious physical injury or

- mental debilitation, if admission is not ordered.
- V. CLEAR AND PRESENT DANGER TO OTHERS: established by demonstrating that the person has inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another, and there is reasonable probability that such conduct will occur if admission is not ordered.
 - VI. ACTIVITIES OF DAILY LIVING: (A.C.A. 20-47-803) without limitation: ambulating, transferring, eating, bathing, dressing, grooming, and toileting.
 - VII. CRISIS STABILIZATION UNIT: a public or private facility operated by or used by a behavioral health crisis intervention team in the administration of a behavioral health crisis intervention protocol.
 - VIII. CRISIS STABILIZATION UNIT CATCHMENT AREA: the geographical area that a crisis stabilization unit serves.
 - IX. CRISIS INTERVENTION PROTOCOL: the implementation of established methods and procedures, including the creation of a behavioral health crisis intervention team and establishment of a crisis stabilization unit, to address a criminal or otherwise dangerous act by a member of the public who is an individual with a behavioral health impairment, in a manner that results in the management of the individual's behavioral health impairment to the point that the individual is substantially less likely to commit a criminal or otherwise dangerous act.
 - X. CRISIS INTERVENTION TEAM (CIT): made up of volunteer officers that have received the forty (40) hour crisis intervention team specialized training with regard to mental disturbance type events.

PROCEDURES:

I. RECOGNIZING MENTAL ILLNESS

- A. Mental health problems may be related to excessive stress due to a particular situation or series of events with cancer, diabetes, and heart disease. Mental illnesses are often physical as well as emotional and psychological. Mental illness may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.
- B. The outward signs of mental illness are often behavioral. Individuals may be extremely quiet or withdrawn. Conversely, they may burst into tears or have outbursts of anger. Even after treatment has started, individuals with a mental illness can exhibit anti-social behaviors. When in public, these behaviors can be disruptive and difficult to accept.
- C. An officer's decision to hospitalize or deal with a mentally ill person informally should be based on the degree of symptoms being displayed. The burden is therefore placed on the officer, in individual instances, to accurately recognize these warning signs or symptoms.
- D. Signs or symptom which may indicate the presence of mental illnesses:
 - 1. Loss of memory/disorientation
 - 2. Delusions - These are false beliefs that are not based in reality. The individual will often focus on persecution or grandeur (he is God)
 - 3. Depression
 - 4. Hallucinations - hear voices, or see, smell, taste, or feel things
 - 5. Manic behavior - accelerated thinking and speaking or hyperactivity with no or little need for sleep - may also be delusional