# ILLINOIS STATE POLICE DIRECTIVE
# ENF-019, RESPONDING TO MENTALLY ILL PERSONS

| **RESCINDS:**<br>ENF-019, 2024-020, revised 04-08-2024 | **REVISED:**<br>12-05-2025 **2025-034** |
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| **RELATED DOCUMENTS:**<br>ENF-005, ENF-008, ENF-052, ENF-053, OPS-046, PER-029 | **RELATED CALEA STANDARDS (6th Edition):**<br>41.2.5, 41.2.7, 44.2.1, 44.2.3, 46.2.4 |

I. POLICY

The Illinois State Police (ISP) will provide guidance to sworn personnel for responding to persons suspected to be mentally ill.

I.A. Responding to individuals in enforcement and related situations, including interviews and interrogations, who are known or suspected to be mentally ill carries the potential for violence, requires officers to make difficult judgments about the individual's mental state and intent, and requires specialized policing skills and training to effectively and legally engage with the person to avoid unnecessary harm and protect the person's civil rights.

I.B. Given the potentially unpredictable and possibly violent nature of encounters with the mentally ill, officers should never compromise or jeopardize their own safety or the safety of others when interviewing, interrogating, or engaging with individuals displaying symptoms of mental illness.

I.C. When engaging in enforcement actions, including interviews and interrogations, officers are guided by state law regarding the questioning and detention of the mentally ill.

**NOTE:** Personnel in the Troops and Zones are encouraged to contact mental health facilities in their area for specific procedures in responding to mentally ill persons.

II. AUTHORITY

II.A. 50 ILCS 709/5-10 and 5-12(7), "The Uniform Crime Reporting Act"

II.B. 405 ILCS 5/1-100 et seq., "Mental Health and Developmental Disabilities Code"

II.C. 740 ILCS 110/1 et seq., "Mental Health and Developmental Disabilities Confidentiality Act"

III. DEFINITIONS

III.A. Mental illness (405 ILCS 5/1-129) – a mental, or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia, or Alzheimer's disease absent psychosis, a substance abuse disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct.

III.B. Person subject to Involuntary Admission on an inpatient basis (405 ILCS 5/1-119):

III.B.1. "A person with mental illness who because of their illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;

III.B.2. A person with mental illness who because of their illness is unable to provide for their basic physical needs so as to guard themselves from serious harm without the assistance of family or others unless treated on an inpatient basis; or

III.B.3. A person with mental illness who:

III.B.3.a. Refuses treatment or is not adhering adequately to prescribed treatment.
III.B.3.b. Because of the nature of their illness, is unable to understand their need for treatment, and

III.B.3.c. If not treated on an inpatient basis, is reasonably expected, based on their behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph (1) or paragraph (2) of this section."

III.C. Person subject to Involuntary Admission on an outpatient basis (405 ILCS 5/1-119.1):

III.C.1. "A person who would meet the criteria for admission on an inpatient basis as specified in Section 1-119 (Section III.B.) in the absence of treatment on an outpatient basis and for whom treatment on an outpatient basis can only be reasonably ensured by a court order mandating such treatment; or

III.C.2. A person with a mental illness which, if left untreated, is reasonably expected to result in an increase in the symptoms caused by the illness to the point that the person would meet the criteria for commitment under Section 1-119, and whose mental illness has, on more than one occasion in the past, caused that person to refuse needed and appropriate mental health services in the community."

IV. PROCEDURES

IV.A. Recognizing abnormal behavior

IV.A.1. Mental illness is often difficult for even the trained professional to identify.

IV.A.2. Officers are not expected to diagnose the nature of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to self or others.

IV.A.2.a. The following (as indicated in paragraphs IV.A.2.b. and IV.A.2.c. of this directive) are generalized signs and symptoms of behavior that may suggest mental illness although officers should not rule out other potential causes such as:

IV.A.2.a.1) Reactions to narcotics or alcohol
IV.A.2.a.2) Temporary emotional disturbances that are motivated by a situation
IV.A.2.a.3) Certain physical maladies such as diabetes

IV.A.2.b. When making judgments about an individual's mental state and the need for intervention absent the commission of a crime, officers should consider the observed symptomatic behaviors and the following characteristics.

IV.A.2.b.1) Degree of Reactions

Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. For example, the fear of people or crowds may make the individual extremely reclusive or aggressive without apparent provocation. Officers should be cognizant of and respect personal space and maintain safe, but effective distance, unless circumstances dictate otherwise.

IV.A.2.b.2) Appropriateness of Behavior

An individual who demonstrates extremely inappropriate behavior in a given situation may be mentally ill. For example, a motorist who vents their frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.

IV.A.2.b.3) Extreme Rigidity or Inflexibility

Mentally ill persons may be easily frustrated in new or unfamiliar circumstances thus they may demonstrate inappropriate or aggressive behavior in response to the situation. In some cases,

the person may present themselves as unresponsive to the officer's commands or direction.

IV.A.2.c. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:

IV.A.2.c.1) 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)

IV.A.2.c.2) Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am God!") or paranoid delusions ("Everyone is out to get me.")

IV.A.2.c.3) Hallucinations of any of the five senses (e.g. hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.)

IV.A.2.c.4) The belief that one suffers from extraordinary physical maladies that are not possible, such as people who are convinced that their heart has stopped beating for extended periods of time

IV.A.2.c.5) Extreme fright or depression

IV.A.2.c.6) The presence or admission of the use of substances used for psychiatric control by psychiatrists or physicians

IV.B. Responding to the mentally ill

IV.B.1. If available, an officer with Crisis Intervention Training (CIT) should respond, interact with, or assist as needed with calls involving mentally ill persons, including assisting the Division of Criminal Investigation (DCI) with any special communication needs they may require during their interviews or interrogations of an individual suspected of having a mental illness.

IV.B.2. If the officer determines an individual may be mentally ill and is a potential threat to themselves or others or is incapable of providing for their basic physical needs to prevent harm to themselves, the officer may intervene for humanitarian reasons and/or for law enforcement purposes. (See ISP Directive ENF-052, "Clear and Present Danger Reporting,")

IV.B.3. Pursuant to 50 ILCS 709/5-10 and 5-12(7) of the Uniform Crime Reporting Act, officers dispatched to deal with a person experiencing a "mental health crisis" must report the encounter and outcome. A "mental health crisis" is when a person's behavior puts them at risk of hurting themselves or others or prevents them from being able to care for themselves.

IV.C. Taking into custody or making referrals

IV.C.1. Based on the overall circumstances and the officer's judgment regarding the potential for violence, the officer may provide the individual and family members with referrals to available community mental health resources or take custody of the individual in order to seek an involuntary emergency evaluation.

IV.C.1.a. Each Troop will maintain a list of mental health facilities and/or doctors who treat mentally ill individuals.

IV.C.1.b. The Troop will review this list on an annual basis and update the list when changes become known.

IV.C.2. Taking mentally ill persons into custody

IV.C.2.a. For officer safety reasons, a minimum of two officers are required when taking a mentally ill person into custody.

IV.C.2.b. Prior to taking a potentially dangerous individual who may be mentally ill or an individual who meets the legal requirements for an involuntary admission for a mental health examination, the officer will summon an immediate supervisor.

IV.C.2.c. If needed to assist in the custody, transportation, and admission procedures, the officer will summon an ambulance.

IV.C.2.d. Special consideration should be given when taking an individual into custody. Once a decision has been made to take an individual into custody, doing so should become the priority to take said action, but only when it can be accomplished at a time and in a manner that is as safe as possible for all parties involved to minimize any escalation or harm to those present. Prior to placing hands on the person, officers should consider announcing and explaining their actions in an effort to gain voluntary compliance, but only if it is safe to do so. Remove any dangerous weapons from the immediate area and restrain the individual if necessary.

IV.C.2.e. When the officer takes a person into custody and transports them to a mental health facility, the officer must either:

IV.C.2.e.1) Complete a petition for involuntary admission; or

IV.C.2.e.2) Provide their name, badge number, and the name of their employer to be included in the petition, since the officer is a potential witness.

IV.C.3. Make mental health referrals (crisis hotline, physician, or hospital) when, in the officer's best judgment, the circumstances do not indicate the individual must be taken into custody for their own protection, the protection of others, or for other reasons as specified by state law.

IV.C.4. A Field Report will be completed whether or not the individual is taken into custody.

IV.C.4.a. Ensure the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed.

IV.C.4.b. Specific behaviors exhibited should be documented instead of using terms such as "out of control" or "psychologically disturbed."

IV.C.4.c. The reasons why the subject was taken into custody or referred to other agencies should be reported in detail.

IV.D. Response to a psychiatric hospital or state mental facility

IV.D.1. When a psychiatric hospital or state mental facility requests ISP assistance, take the following action:

IV.D.1.a. At least two officers, designated by supervisors, will be dispatched. Additional officers may be dispatched if needed.

IV.D.1.b. At no time will officers take firearms into any psychiatric ward, except in cases where there has been report of an armed subject in the ward.

IV.D.1.b.1) Officers will secure the firearm and take the key with them.

IV.D.1.b.2) Officers are authorized to carry their oleoresin capsicum (OC) spray, Conducted Electrical Weapon (CEW) and batons into any psychiatric ward.

IV.D.1.b.3) Use of the officers' OC spray, CEW and/or baton will be in accordance with the Department's use of force directive (see ISP Directive OPS-046, "Use of Force and Intermediate Weapons").

IV.D.1.c. Upon arrival at the ward, medical staff should be consulted concerning the situation. The officer's response will be in accordance with the Department's policy and procedures, and consistent with the Department's training.

IV.D.1.d. Use only the amount of force necessary to control or restrain the patient. In many cases, an officer's presence, combined with clear and concise verbal commands, and if necessary, a show of force is enough to resolve the problem without resorting to other actions.

IV.D.1.e. Except as a last resort, handcuffs will not be used to restrain a patient in the psychiatric ward. Only hospital approved restraints will be used.

IV.D.1.f. Remain in the ward until released by the supervisor who dispatched the officer.

IV.D.1.g. If an officer is injured in any manner, by any means, they should obtain medical assistance and complete the appropriate report(s).

IV.D.1.g.1) A Field Report (see ISP Directive ENF-008, "Field Report") via the appropriate ISP report software detailing the incident regardless of whether the officer is injured.

IV.D.1.g.2) Workers' compensation reports (see ISP Directive PER-029, "Workers' Compensation").

IV.E. Training

IV.E.1. Initial training regarding responding to mentally ill persons will be provided to ISP Cadets by the ISP Academy.

IV.E.2. Refresher training on responding to mentally ill persons will be provided by the Department annually.

IV.E.3. Annual CIT to address issues on responding to mentally ill persons will be provided by the Department.

| Indicates new or revised items.

**-End of Directive-**