

March 15, 2024

Members of the House Public Safety Finance and Policy Committee:

On behalf of NAMI Minnesota, we are writing in support of HF 4118. “Excited delirium” has become a common term in the law enforcement community. Most notably, the so-called syndrome gained attention in the response to and eventual murder of George Floyd in Minneapolis. The Minnesota Department of Human Rights and the U.S. Department of Justice made clear critiques of excited delirium in their investigations into the Minneapolis Police Department and a ban on any excited delirium training is a part of the consent decree with MPD and the MDHR.ⁱ We share these human rights and justice concerns.

Excited delirium is not recognized as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders or the World Health Organization’s International Classification of Diseases. Moreover, the American Medical Association,ⁱⁱ the American Psychiatric Association,ⁱⁱⁱ the American Academy of Emergency Medicine,^{iv} and the National Association of Medical Examiners^v have all come out in the last several years stating that they do not recognize excited delirium as a diagnosis. The American College of Emergency Physicians (ACEP) formed a task force in 2009 to look at excited delirium and recognized it then as a medical condition, but even they changed their stance last year recognizing that similar symptoms may exist, but the term “excited delirium” is not sufficiently defined for use in clinical settings.^{vi}

It is important to recognize that these organizations are not denying that people in crisis or under the influence of substances can be unpredictable. But these professionals have recognized that the term “excited delirium” is more associated with biased policing and excessive use of force, particularly against Black people, than it is with any verified clinical criteria. One study stated, “There is no existing evidence that indicates that ExDS (excited delirium) is inherently lethal in the absence of aggressive restraint.”^{vii} BIPOC individuals and others who have had traumatic experiences with police may have adapted to have anxiety around the police, for legitimate reasons, and react with intense panic when treated aggressively or restrained. We recently heard from our partner in the Mental Health Legislative Network sharing their lived experience as a Black provider and saying, “Black men have reported that if the first words from an officer are a *command* rather than an *inquiry* then they know that an assault is coming.”

Perhaps more practically, law enforcement do not need to know the ins and outs of clinical diagnoses. They rely on the expertise of others to inform how they make split decisions in the heat of a moment. Even when ACEP accepted excited delirium as a possibly valid diagnosis, they acknowledged that “De-escalation techniques may be effective and should be used when possible.”^{viii} The real harm of excited delirium is not an inaccurate technical definition, but that it teaches law enforcement to fear people in crisis and undermines actual evidence-based crisis intervention techniques. This is why training is critical.

We want to be clear and affirm that law enforcement have a dangerous job, but we wholeheartedly believe that real crisis intervention and de-escalation techniques will go much further to keep citizens and officers safe. We believe that training for officers does not need to be muddied with confusing and inaccurate information on people with mental illnesses, and this is often at the heart of our advocacy – *having a mental illness or substance use disorder alone does not make a person dangerous*. Please support HF 4118.

Sincerely,

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ⁱ https://mn.gov/mdhr/assets/Court%20Enforceable%20Agreement_tcm1061-571942.pdf

ⁱⁱ <https://www.ama-assn.org/press-center/press-releases/new-ama-policy-opposes-excited-delirium-diagnosis>

ⁱⁱⁱ <https://www.psychiatry.org/getattachment/7769e617-ee6a-4a89-829f-4fc71d831ce0/Position-Use-of-Term-Excited-Delirium.pdf>

^{iv} <https://apps.aagem.org/UserFiles/ExcitedDeliriumStatement.pdf>

^v <https://name.memberclicks.net/assets/docs/Excited%20Delirium%20Statement%203%20-%202023.pdf>

^{vi} <https://www.acep.org/news/acep-newsroom-articles/aceps-position-on-hyperactive-delirium>

^{vii} Strömmer, E.M.F., Leith, W., Zeegers, M.P. *et al.* The role of restraint in fatal excited delirium: a research synthesis and pooled analysis. *Forensic Sci Med Pathol* **16**, 680–692 (2020). <https://doi.org/10.1007/s12024-020-00291-8>

^{viii} <https://www.acep.org/siteassets/new-pdfs/education/acep-task-force-report-on-hyperactive-delirium-final.pdf>