RESPONDING TO PERSONS AFFECTED BY MENTAL ILLNESS OR IN CRISIS

Model Policy

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Subject
Responding to Persons Affected by Mental Illness or in Crisis

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I. PURPOSE

It is the purpose of this policy to provide guidance to law enforcement officers when responding to or encountering situations involving persons displaying behaviors consistent with mental illness or crisis.

II. POLICY

Responding to situations involving individuals who officers reasonably believe to be affected by mental illness or in crisis carries potential for violence; requires an officer to make difficult judgments about the mental state and intent of the individual; and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability. The goal shall be to de-escalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities. In the context of enforcement and related activities, officers shall be guided by this state's law regarding the detention of persons affected by mental illness or in crises. Officers shall use this policy to assist them in determining whether a person's behavior is indicative of mental illness or crisis and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

III. DEFINITIONS

Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety.

Crisis: An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

IV. PROCEDURES

A. Recognizing Abnormal Behavior

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 or in crisis, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest mental illness or

crisis, although officers should not rule out other potential causes such as reactions to alcohol or psychoactive drugs of abuse, temporary emotional disturbances that are situational, or medical conditions.

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.
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); and/or
6. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

B. Assessing Risk

1. Most persons affected by mental illness or 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 himself or herself, the officer, or others. These include the following:
   a. The availability of any weapons.
   b. Statements by the person that suggest that he or she is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats 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 may already be known to the officer—or family, friends, or neighbors might provide such information.
   d. The amount of self-control that the person, particularly the amount of physical control 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 his or her 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 he or she will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.

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

If the officer determines that an individual is exhibiting symptoms of mental illness or in crisis and is a potential threat to himself or herself, the officer, or others, or may otherwise require law enforcement intervention as prescribed by statute, the following responses should be considered:

1. Request a backup officer. Always do so in cases where the individual will be taken into custody.
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 him or her. 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 and/or 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, he or she 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).

D. Taking Custody or Making Referrals to Mental Health Professionals
   1. 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:
   2. 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.
   3. 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.
   4. 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.
   5. 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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IACP National Law Enforcement Policy Center Staff: Philip Lynn, Manager; Sara Dziejma, Project Specialist; and Vincent Talucci, Executive Director, International Association of Chiefs of Police.