FORT ATKINSON POLICE DEPARTMENT POLICY	TITLE: **605 - Mental Health Crisis Response**		
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SPECIAL INSTRUCTIONS:			

I. PURPOSE

It is the purpose of this policy to provide guidance to officers when responding to or encountering persons experiencing a mental health crisis otherwise known as a person in crisis (PIC).

II. POLICY

Responding to situations involving individuals reasonably believed to be PIC requires an officer to make difficult judgments about the mental state and intent of the individual. These situations can often require the use of special skills, techniques, and abilities to effectively and efficiently resolve the situation, while minimizing violence. The goal is to de-escalate the situation safely for all individuals involved when reasonable and consistent with established safety priorities prior to proper disposition, referral or emergency detention.

It is the policy of this agency that officers be provided with training to help determine whether a person's behavior is indicative of a mental health crisis. The training along with this policy will focus on providing guidance, techniques, response options, and resources so that these situations may be resolved in the most constructive, safe, and humane manner possible.

III. DEFINITIONS

Mental Health Crisis: An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or 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 "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

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 they display 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 their welfare with regard to basic provisions for clothing, food, shelter, or safety.

IV. PROCEDURES

A. Recognizing Atypical 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 potentially indicative of PIC, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, officers should not rule out other potential causes, such as effects of alcohol or psychoactive drugs, temporary emotional disturbances that are situational, or medical conditions.

1. Strong and unrelenting fear of persons, places, or things.
2. Extremely inappropriate behavior for a given context.
3. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
4. Memory loss related to such common facts as name or home address, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer's disease.
5. Delusions, defined as 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").
6. Hallucinations of any of the five senses (e.g., hearing voices, feeling one's skin crawl, smelling strange odors, seeing things others cannot see).
7. The belief that one suffers from extraordinary physical ailments that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.
8. Obsession with recurrent and uncontrolled thoughts, ideas, and images.
9. Extreme confusion, fright, paranoia, or depression.
10. Feelings of invincibility.

B. Assessing Risk

1. Not all PIC are violent, however some may present dangerous behavior under certain circumstances or conditions. Officers may use several indicators to assess whether a PIC represents potential danger to themselves, the officer, or others. These include the following:

    a. The availability of any weapons.
    b. Threats of harm to self or others or statements by the person that suggest that they are prepared to commit a violent or dangerous act.
    c. A personal history that reflects prior violence under similar or related circumstances.
    d. The amount of self-control that the person exhibits, particularly the amount of physical control, over emotions such as 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. Indications of substance use, as these may alter the individual's self-control and negatively influence an officer's capacity to effectively use de-escalation strategies.
    f. The volatility of the environment. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated.
    g. Aggressive behaviors such as advancing on or toward an officer, refusal to follow directions or commands combined with physical posturing, and verbal or nonverbal threats.

2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger.

3. A PIC 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.

4. Context is crucial in the accurate assessment of behavior. Officers should consider the totality of circumstances requiring their presence and overall need for intervention.

C. Response to PIC

If the officer determines that an individual is experiencing a mental health crisis and is a potential threat to themselves, the officer, or others, law enforcement intervention may be required. All necessary measures should be employed to resolve any conflict safely using the appropriate intervention to resolve the issue. The following responses should be considered:

1. Request a backup officer when appropriate.
2. Request assistance from crisis workers, Human Services or a CIT trained officer when available or necessary.
3. Take steps to calm the situation. Also 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.
4. Maintain distance, if possible, in order to provide yourself with additional time to assess the need for force options.
5. Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.
6. Move slowly and do not excite the individual. Provide reassurance that officers are there to help and that the individual will be provided with appropriate care.
7. Ask the individual's name or by what name they would prefer to be addressed and use that name when talking with the individual.
8. Communicate with the individual in an attempt to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Relate concern for the individual's feelings and allow the individual to express feelings without judgment.
9. Where possible, gather information on the individual from acquaintances or family members to assist in communicating with the individual.
10. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.
11. Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the situation to a successful conclusion.
12. Attempt to be truthful with the individual. If the individual 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.)" are recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.

D. Taking Custody or Making Referrals to Mental Health Professionals

1. Based upon the overall circumstances of the situation, applicable law and statutes, and agency policy, an officer may take one of several courses of action when responding to a PIC.

a. Offer mental health referral information to the individual and/or family members.
b. Assist in accommodating a voluntary admission for the individual.
c. Take the individual into custody and provide transportation to a mental health facility for an involuntary psychiatric evaluation.
d. Make an arrest.

2. When circumstances indicate an individual meets the legal requirements for an involuntary psychiatric evaluation and should be taken into custody, or when circumstances indicate that an arrest is necessary, the officer should, when possible, request the assistance of crisis intervention specialists to assist in the custody and admission process.
3. Officers should be aware that the application or use of restraints may aggravate any aggression being displayed by a PIC. Maintain vigilance when properly restraining the subject prior to transport.
4. In all situations involving a PIC, officers should
    a. Continue to use de-escalation techniques and communication skills to avoid escalating the situation.
    b. Remove any dangerous weapons from the area.
    c. Where applicable, ensure that the process for petition for involuntary committal has been initiated by the appropriate personnel.

E. Documentation

1. Document with an incident report as required
2. Ensure that the report is as specific and explicit as possible concerning the circumstances of the incident including 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.

This policy and procedure is to be used in conjunction with all relevant existing Fort Atkinson Police Department policies, procedures, rules and regulations in such a manner as to further the pursuit of the department mission, vision, and goals.

Adrian Bump Date
Chief of Police