| STRATFORD POLICE DEPARTMENT | Type of Directive:<br>**Policy and Procedure** | Updated:<br>**12-18-2023** |
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| | Title:<br>**Responding to Persons Experiencing a Mental Health Crisis** | No.<br>**7.22** |
| | Issuing Authority:<br>**Chief Joseph McNeil** | Issued:<br>**05-09-2019** |
| | Reference: Previous Title - Emergency Committal Procedures | |

**PURPOSE:**

The Stratford Police Department is often called upon to deal with individuals who are mentally or emotionally ill, dangerous to themselves or others, or gravely disabled. Connecticut General Statue 17a-503 governs the appropriate police responses with regards to these individuals.

It is the purpose of this policy to provide guidance to law enforcement officers when responding to or encountering persons experiencing a mental health crisis. For the purposes of this document, the term person in crisis (PIC) will be used.

**POLICY:**

It shall be the policy of the Stratford Police Department as set forth below.

Responding to situations involving individuals reasonably believed to be PIC necessitates an officer to make difficult judgements about the mental state and intent of the individual and necessitates the use of special skills, techniques, and abilities to effectively and appropriately 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. Applicable law of the jurisdiction shall guide the detention of PIC. It is the policy of this agency that officers be provided with training to determine whether a person's behavior is indicative of a mental health crisis and with guidance, techniques, response options, and resources so that the situation may be resolved in as constructive, safe, and humane a manner as possible.

**DEFINITIONS:**

**Person in Crisis (PIC) –** A person whose mental health symptoms or level of distress have exceeded the person's internal ability to manage his or her behavior or emotions in the immediate situation.

**Mentally Ill –** Any person with a mental or emotional condition, which has adverse effect on his/her ability to function and who requires care and treatment, and specifically excludes a person who is an alcohol-dependent or drug-dependent as defined in section 17a-680.

**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.

**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.

**Dangerous to Themselves or Others –** a substantial risk exists that physical harm will be inflicted by an individual upon his or her own person or upon another person.

**Gravely Disabled –** means that a person, as a result of mental or emotional impairment, is in danger of serious harm as a result of an inability or failure to provide for his or her own basic human needs, such as essential food, clothing, shelter, or safety, and that hospital treatment is necessary and available and that such person is mentally incapable of determining whether or not to accept such treatment because their judgment is impaired by their mental illness.

**Respondent –** A person who is alleged to be mentally ill and for whom an application for commitment to a mental institution has been filed.

**Voluntary Patient-** is a person 16 years of age or older who has applied in writing and been admitted to a hospital for psychiatric disabilities, or a person under age 16 for whom a parent or guardian has obtained admission.

**Involuntary Patient-** is one who has been hospitalized by order of a probate court after a hearing, or by certification of a qualified physician for emergency diagnosis, observation, or treatment.

**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.

**PROCEDURE - 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, as prescribed by statute. 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. Always do so in cases where the individual will be taken into custody.

2. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Team (CIT) officers, community crisis mental health personnel, crisis negotiator, or police social worker).

3. Contact and exchange information with a treating clinician or mental health resource for assistance, based on law and statute.

4. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, lower radio volume, 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.

5. Create increased distance, if possible, in order to provide the officer with additional time to assess the need for force options.

6. Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.

7. 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.

8. Ask the individual's name or by what name they would prefer to be addressed and use that name when talking with the individual.

9. 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.

10. 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 individual.

11. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.

12. Avoid topics that may agitate the individual and guide the conversation toward subjects that help bring the situation to a successful conclusion. It is often helpful for officers to apologize for bringing up a subject or topic that triggers the PIC. This apology can often be a bridge to rapport building.

13. 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.

**Taking Custody or Making Referrals to Mental Health Professionals**

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 protective custody and provide transportation to a mental health facility for an involuntary psychiatric evaluation.

d. Make an arrest.

When circumstances indicate an individual meets the legal requirements for involuntary psychiatric evaluation and should be taken into protective custody and transported to a mental health facility, 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, as well as any interviews or interrogations.

Any police officer who has reasonable cause to believe that a person is experiencing a mental health crisis and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may take such person into protective custody and take or cause such person to be taken to a general hospital for emergency examination.

The officer shall then execute a written request for emergency examination using State of Connecticut form MHCC-1, detailing the circumstances under which the person was taken into protective custody, and such request shall be left with the facility. A copy of the completed state form shall be submitted with the incident report.

Under situations that require the use of State of Connecticut form MHCC-1 it should be completed in the field prior to transport when practicable. In all cases a copy of the completed form shall be given to the hospital ER Staff and EMS personnel.

The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502 of the Connecticut General Statues.

If a person voluntarily submits to an emergency examination the aforementioned state form need not be completed. However, if the department member investigating the incident reasonably believes that such respondent will "walk out" of an examining general hospital prior to examination, the State of Connecticut form MHCC-1 shall be completed.

Department members shall use a low key, non-aggressive, compassionate, professional approach when dealing with PIC individuals. Moreover, department members shall make themselves aware of the individual's feelings avoiding ridicule, humor, or any conduct that may accentuate the problem. Only that force, which is necessary to control and protect the individual, as well as the department member(s) or third persons, shall be used. In all situations involving a PIC, officers should continue to use de-escalation techniques and communication skills to avoid escalating the situation.

**EMS Assistance**

When transport to a general hospital is needed, an ambulance shall be used. Upon arrival of the ambulance crew, it will be the responsibility of the department member(s) involved in the incident to verbally explain the circumstances, which led up to the need for committal, as they would be described on state form MHCC-1.

A department member prior to transport shall pat the respondent down for weapons. When a respondent to be transported is suspected of being a danger to others at least one department member shall ride inside the ambulance while the individual is being transported to the hospital.

Officers should be aware that the application or use of restraints may aggravate any aggression being displayed by a PIC, however, if a respondent is combative prior to transport additional restraint methods shall be used to further protect the respondent and emergency personnel. Such methods may include

handcuffs, leg restraints, stretcher straps, etc., is deemed appropriate to the situation by the investigating department member(s).

**Non-Emergency Committal**

A Probate Judge may issue a warrant for non-emergency committals. When this situation arises the warrant for a respondent would be forwarded to the police department by the Probate Court. The warrant would then be executed in accordance to the instructions listed on such warrant.

In the event that a Probate Judge issues a warrant for a respondent as stated above, but the respondent refuses to submit to an examination by the court appointed physician, the police will have the respondent transferred directly to a general hospital for examination under the authority of the warrant. Copies of the warrant will be made available to EMS and hospital admissions. The original warrant will be signed and returned to the issuing Judge of Probate.

**Documentation**

Document the incident, regardless of whether or not the individual is taken into custody. Where the individual is taken into custody or referred to other agencies, officers should detail the reasons why. Ensure that the report is as specific 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. In circumstances when an individual is transported to a mental health facility for a psychiatric evaluation, and agency policy permits, provide documentation to the examining clinicians detailing the circumstances and behavior leading to the transport