
25.0 IN CRISIS OR MENTALLY ILL INDIVIDUALS

25.01 PURPOSE

- A. This policy is to provide guidance to members when responding to or encountering situations involving persons displaying behaviors consistent with crisis or mental illness.
- B. Responding to situations involving individuals who are reasonably believed to be in crisis or to be affected by mental illness carries potential for violence; requires an officer to make difficult judgments about the intent of the individual and mental state; and necessitates the use of special skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability.

25.02 GOALS

- A. 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 involuntary detention, members shall be guided by Title 25 of Wyoming State Statutes. Members shall use this information to assist them in determining whether a person's behavior is indicative of a crisis or mental illness and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

25.03 DEFINITIONS

- A. *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 and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, etc.; 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.
- B. *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.

25.04 PROCEDURES**A. Recognizing Abnormal Behavior**

1. Members are not expected to diagnose emotional or mental conditions, but rather to recognize behaviors that are indicative of persons in crisis or affected by mental illness, with special emphasis on those that suggest potential violence and/or danger.
2. The following are generalized signs and symptoms of behavior that may suggest crisis or mental illness, although members 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.

- a. Strong and unrelenting fear of persons, places, or things. Extremely inappropriate behavior for a given context.
- b. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
- c. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments or disease).
- d. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions.
- e. Hallucinations of any of the five senses.
- f. The belief that one suffers from extraordinary physical maladies that are not possible.

B. Assessing Risk

1. Most persons in crisis or affected by mental illness are not dangerous and some may only present dangerous behavior under certain circumstances or conditions.
2. Members may use several indicators to assess whether a person who reasonably appears to be in crisis or affected by mental illness represents potential danger to themselves, the member, 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 threat 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.
 - d. The amount of self-control that the person shows, 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. 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 members 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.
3. Failure to exhibit violent or dangerous behavior prior to the arrival of the member does not guarantee that there is no danger.
4. An individual affected by emotional crisis or mental illness may rapidly change their presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger 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 members should be prepared at all times for a rapid change in behavior.

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

1. If the members determines that an individual is exhibiting symptoms of being in crisis or mental illness and is a potential threat to themselves, the member, or others, the following responses should be considered:
 - a. Request a backup officer if one is not already present.

- b. Take steps to calm the situation.
 - (1) Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet nonthreatening manner when approaching or conversing with the individual.
 - (2) Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation.
 - (3) Members should operate with the understanding that time may be an ally and generally there is no need to rush or force the situation.
- c. Provide reassurance that you are there to help and that the person will be provided with appropriate care.
- d. Communicate with the individual in an attempt to determine what is bothering him or her.
 - (1) 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.
 - (2) Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance from a counselor if available and appropriate.
- e. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.
- f. Always attempt to be truthful with the individual.
 - (1) 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.
 - (2) In the event an individual is experiencing delusions and/or hallucinations and asks the member 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.
 - (3) Validating and/or participating in the individual's delusion and/or hallucination is not advised.
- g. Request assistance from individuals with specialized training in dealing with crisis situations or mental illness (e.g., Jackson Hole Community Counselling Center).

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 detain the individual per guidelines of Title 25 in order to seek an involuntary emergency evaluation. For further direction on Emergency Mental Health Detentions see JPD OPERATIONS 9.15.
2. Offer mental health referral information to the individual and or/family members when the circumstances indicate that the individual is not a danger to themselves or others.
3. Continue to use de-escalation techniques and communication skills to avoid provoking a volatile situation once a decision has been made to detain the individual.