I. PURPOSE

The purpose of this policy is to provide guidance to officers working with persons suspected of having mental illness.

II. POLICY

It is the policy of the Appleton Police Department that persons displaying signs of mental illness or severe emotional distress shall be afforded dignified treatment, but without compromise for the safety of the individual, citizens, or the officers involved in the incident.

Officers shall be provided with training on general indicators for recognizing persons suffering from mental illness, guidelines for interacting with persons they suspect are mentally ill, and procedures for accessing mental health resources.

III. DISCUSSION

IV. DEFINITIONS

A. Mental Illness - A mental disease to the extent that a person requires managed care and treatment. Mental illness is a substantial disorder of thought, mood, perception, orientation, or memory. This disorder, with varying degrees of severity, can grossly impair judgment, behavior, the capacity to recognize reality, or the ability to meet the ordinary demands of life. This may be caused by factors such as social, psychological, biochemical, genetic, infection, or head trauma. This disorder does not include alcoholism.

B. CIT Officer – Crisis Intervention Team Officer. A sworn police officer with the Appleton Police Department who has received specialized training in recognizing and understanding the signs and symptoms and varying degrees of mental illness and how to de-escalate a crisis.

C. Behavioral Health Officer (BHO) – This officer will be the primary contact for mental health systems/providers, governmental and private, wishing to address system or individual mental health-related concerns. The Behavioral Health Officer will work directly with other Appleton Police staff to make our services as efficient and effective as possible for our work with mental health consumers and their systems of support.
D. Crisis Worker – A county Human Services employee with specialized training in working with mental health consumers. Crisis workers are a valuable resource for assisting officers with decisions about proper placement for individuals in mental health crisis. Crisis workers assist hospital staff with finding a facility for individuals on an emergency detention.

V. PROCEDURE

A. General Indicators of Possible Mental Illness

1. While the following list is comprised of indicators of possible mental illness, officers must be mindful that they may also signify a condition other than mental illness; e.g., alcohol or drug abuse, a medical disorder, a head injury, a dementia disorder, etc. As appropriate, further assessment by a CIT officer or Crisis worker may be required. General indicators may include the following symptoms:

   a. Confusion or disorientation
   b. Diminished, inappropriate, or muted feelings or emotions
   c. Strange behaviors including inappropriate dress or unusual social behaviors
   d. Insomnia or hypersomnia
   e. Significant weight loss not attributed to dieting
   f. Extremely animated or sluggish movements
   g. Fatigue or loss of energy
   h. Inability to concentrate
   i. Recurrent thoughts of death without suicide plan or attempt
   j. Manic symptoms: great happiness, inflated self-importance, rapid flights of thought, great energy, risk taking behaviors, enhanced physical activity with little or no sleep
   k. Concrete thinking: interpreting concepts literally with difficult time understanding abstract ideas
   l. Anxiety, including panic attacks, social phobias or obsessive-compulsive thought and behavior patterns
m. Delusional: a fixed or rigid thought pattern which evidence to the contrary will not resolve (e.g., believing they are the president)

n. Hallucinations: a sensory perception despite no sensory stimulus (hearing voices, seeing monsters, feeling bugs on their skin, smelling gas, etc.)

o. Admission of specific diagnosis or of using psychotropic medication

p. Expressing thoughts or ideas that seem illogical, bizarre, suspicious or paranoid

q. Trash or other items of little worth that appear to have been collected or are inexplicably retained

r. Large amount of debris in/around residence

s. Strange decorations or ritualistic displays present in residence

B. Guidelines for Interacting with Persons Suspected of Being Mentally Ill

1. Gather as much information as possible about the individual from family, friends, human services and/or witnesses.

   a. Has the person threatened or attempted to use violence or acted dangerously toward themselves or others?

   b. Does the person have a history of mental illness?

   c. Does the person take any medications?

2. Establish a perimeter to protect the mentally ill individual.

   a. Remove distractions such as noise and/or bystanders to help diffuse the situation.

   b. Move slowly and announce your actions before initiating them, unless doing so would compromise safety.

   c. Adhere to sound tactical principles for the protection of the mentally ill person, officers, and bystanders.

3. When tactically safe to do so, communicate with the mentally ill person using the following guidelines:

   a. Remain calm and respectful.

   b. Be friendly, patient, truthful, encouraging, and remain firm and professional.
Reassure the person that you do not intend to harm them.

Avoid sudden movement, shouting or giving rapid orders.

Avoid forcing discussion; give them time to process.

Avoid getting too close, cornering, or touching the person without their permission.

Avoid expressing anger, impatience, or irritation.

Avoid buying into, or agreeing with delusional or hallucinatory statements.

Don not use inflammatory language, make jokes or rude comments.

Do not assume a person who does not respond cannot hear or comprehend you.

Do not ask why, instead ask how or what.

4. Officers shall consider involving additional resources in evaluating the mentally ill person’s needs. These resources may include a CIT officer, Crisis worker, or any of the additional resources identified in Appendix A.

5. Officers shall recognize that because of the complex nature of mental illness, traditional call resolutions such as arrest or hospitalization may not be appropriate. Officers may use an available CIT officer as a resource to aid in alternative call resolution. When it is determined that the person needs emergency detention due to mental illness, officers shall refer to the policy entitled, Emergency Detentions.

6. Interviews and interrogations

a. Mentally ill individuals may be significantly less likely to understand their Miranda rights and officers should consider the need for a more thorough explanation of those rights.

b. Officers should be mindful that certain indicators often associated with deception might appear more frequently in persons with mental illness due to their illness or the medications they are taking.

c. Officers should be mindful that persons suffering from mental illness might, without knowing or intending to do so, provide unreliable, misleading, or self-incriminating information.

C. Report Guidelines

1. Whenever an officer has reason to believe mental health-related issues are a factor
in a reportable incident, the officer should designate mental health as being a “circumstance” in the Spillman report.

D. Crisis Intervention Team (CIT)

1. Duties of Crisis Intervention Team Officers

   a. As available, respond as the primary officer to calls for service in which behaviors and/or statements suggest that mental illness is likely a causal factor.

      (1) The role of the CIT officer as a primary responding officer should be limited to those situations in which mental illness is a likely causal factor and intervention other than an emergency detention may be appropriate.

      (2) Calls for service in which an emergency detention is requested or appears likely shall be assigned to the next available officer, regardless of whether that person has received CIT training. As needed, the assigned officer may consult a CIT officer for guidance.

   b. Serve as a resource for officers engaged in calls for service in which mental illness is suspected of being a causal factor. Such assistance may include:

      (1) Assessment of the situation

      (2) Assist with de-escalation

      (3) Provide information on community resources

      (4) Aid with alternative placements to hospitalization

      (5) Report writing

   c. In conjunction with the BHO, monitor persons having contact with the police department for those who may be at risk of mental health related crises in the future. This may be done by self-initiated activities or follow-up based on information received from other officers or employees.

2. An officer seeking CIT guidance or assistance on a call for service involving mental illness shall remain the assigned officer and be responsible for any investigation, follow-up, and necessary reports.

3. Requests for assistance regarding mental health/illness issues that do not require the dispatch of an officer shall be forwarded to the BHO officer.
E. Mental Health Intervention Training

1. During the Field Training Program, new officers shall, at a minimum, be given training on the CIT program and handling calls involving mental illness.
Appendix A
Mental Health Resources

- Calumet County Crisis: 206 Court St. Chilton WI 53014. 849-1400
- Catalpa Health: 444 N. Westhill Blvd. Appleton WI 54914. 750-7000
- Eastwood Crisis Bed: 430 S. Kensington Dr. Appleton WI 54915. 830-3376
- Mercy Behavioral Health Outpatient Treatment. 515 S. Washburn Oshkosh WI 54901 236-8570
- Outagamie County Crisis Intervention (24/7): 410 S. Walnut St. Appleton WI 54911. 832-4646
- St. Elizabeth’s Hospital Emergency Room: 1506. S Oneida St. Appleton WI 54915. 738-2100
- St. Elizabeth’s Hospital Child/Adolescent Behavioral Health Unit: 1506 S. Oneida St. Appleton WI 54915. 738-2490
- St. Elizabeth’s Hospital Adult Behavioral Health Unit: 1506 S. Oneida St. Appleton WI 54915. 738-2350
- ThedaCare Regional Medical Center: 130 Second St. Neenah WI 54956. 729-2063
- Winnebago County Crisis: 220 Washington Ave Oshkosh WI 54901. 722-7707