

Responding to Disturbances Involving Mentally Ill Persons

Objective:

Explorers should be able to identify, respond to, and follow up on situations involving persons who are experiencing symptoms of mental illness. This training is designed to provide the recruit with the basic knowledge and skills necessary to handle these situations effectively. Explorers should be able to identify the characteristics of a person exhibiting mental illness, assess the situation, know the law on emergency detentions and execute a warrantless detention of a mentally ill person. Explorers should also be able to complete an emergency peace officer warrant application.

Foreword:

Peace officers, as a continuously available source of community response, will often be the first, and sometimes only, responders to a crisis situation or one involving a person with mental illness. Trained peace officers can effectively handle crises involving persons with mental illness. The approach, assessment, and intervention techniques can significantly reduce the level of danger to officers and others. A coordinated law enforcement and mental health approach to assessment and management of persons with mental illness will enhance staff safety as well as the quality of life for the person experiencing a crisis and/or mental illness.

DEFINITION OF MENTAL ILLNESS

Mental illness is a disorder which:

- A. Primarily a brain disorder
- B. Creates problems with feeling, thinking, and perception
- C. Affects a person's behavior by causing bizarre and/or inappropriate behavior
- D. Can be short term (acute) or long term (chronic)
- E. Can occur at any time during a person's life

CATEGORIES OF MENTAL ILLNESS

There are two major categories of mental illness.

1. Thought Disorders - Includes schizophrenia, and delusional conditions.

"Psychosis" means not

being in touch with reality. The term psychosis may be used to describe any type of thought

disordered condition including schizophrenia.

2. Mood Disorders - primarily affect an individual's mood, major mood disorders include

depression and mania

ESSENTIAL CHARACTERISTICS OF MENTAL ILLNESS:

- A. Abnormalities in perception

Hallucinations - A hallucination is a false perception through any one of the five senses. Most hallucinations involve hearing voices or seeing visions that are not there. Often a person with a mental illness may talk back to person/thing which is not there. Hallucinations are usually not dangerous but can be when command hallucinations order a person to commit specific acts which may involve violence

(e.g., Son of Sam Case). Hallucinations are most often associated with thought disorders, substance abuse, and neurological conditions.

B. Abnormalities in thought (illogical thoughts or false beliefs)

Delusions - is defined as a persistent false belief. Examples include:

1. The false belief that the person is being persecuted, attacked, harassed, cheated, or conspired against. Evidence of delusions are found in statements which may sound improbable (e.g., "My next door neighbor is reading my mind through the television").
2. The false belief of one's own self-importance such as belief that they are Jesus Christ or the devil, or that they possess special powers.
3. Persons with delusions seldom act on them. Occasionally individuals may act out to end the perceived persecution or display their perceived power. The individual's thoughts and actions are not based on reality and their ability to think clearly is impaired. The level of impairment can vary tremendously not only from person to person but also over time with each person.

Delusions can be associated with thought disorder, mood disorder, substance abuse, and neurological conditions.

C. Abnormalities in mood (the general feeling or emotions displayed by the person)

1. The types of emotions which may be displayed include some common feeling such as happiness, sadness, anxiety, fear, agitation, panic, apathy, and aggression.
2. The abnormal qualities of mood in mental illness may be categorized as follows:
 - a) Reduced emotional response or emotional flatness (person appears to be indifferent and/or totally apathetic)
 - b) Extremes of emotion (types and/or levels of feeling not usually experienced under normal conditions, such as feelings of ecstasy and omnipotence or terrifying fears about disintegration of his/her own body)
 - c) Inappropriate emotions (feelings which do not correspond to the situation or the content of the person's verbalizations, such as laughing while discussing the death of their child or going into rage in response to questions about what they had for dinner)
 - d) Mood swings (feelings which are easily changeable and move between extremes)

PEACE OFFICER CONTACTS WITH PERSONS EXHIBITING SYMPTOMS OF MENTAL ILLNESS

- Peace officers are routinely involved with community disturbances. These contacts sometime involve persons who are exhibiting symptoms of mental illness.
- These situations may or may not involve criminal activity and usually are not life threatening.
- In dealing with persons exhibiting symptoms of mental illness, peace officers will be faced with unusual, inappropriate, disruptive, and sometimes violent behavior.

THE DYNAMICS OF BEHAVIORS OF PERSONS WITH MENTAL ILLNESS

Behaviors associated with mental disorder will depend on the severity of the affliction. With the onset of the disorder, the individual will generally exhibit three general characteristics symptomatic with a mental disorder:

- The behaviors and mood of the person are inappropriate to the setting
- The behavior of the person tends to be inflexible
- The behavior of the person tends to be impulsive

Persons who are emotionally disturbed may:

- Have a lower tolerance for stress than the average person
- Respond in what seems to be an exaggerated way to lower amounts of stress

The behavior of a person with mental illness

- Unusual and upsetting to others
- Generally not an immediate threat to that person or others

VERBAL CUES

1. Illogical Thoughts

- Loose associations (expressing a combination of unrelated or abstract topics)
- Grandiose ideas (expressing thoughts of greatness, e.g., person believes self to be Jesus)
- Ideas of persecution (expressing ideas of being harassed or threatened, e.g., CIA monitoring thoughts through TV set)
- Obsessive thoughts (preoccupation, often with death, germs, guilt)

2. Unusual Speech Patterns

- Nonsensical speech or chatter
- Word repetition (frequently stating the same or rhyming words or phrases, i.e., "sing-a-song-ding-dong")
- Pressured speech (expressing an urgency in the manner of speaking)
- Rapid flow of unrelated thoughts
- Unclear speech that does not communicate an idea
- Speech which is incoherent - words that do not fit together
- Makes up new words
- Repeats same words and phrases
- Fails to or is slow to respond to simple questions, has blank stares
- Extremely slow speech

3. Extreme and Inappropriate Verbal Hostility or Excitement

- a. Talking excitedly or loudly
- b. Unreasonably hostile, argumentative, belligerent
- c. Threatening harm

B. BEHAVIORAL CUES

1. Physical Appearance

- a. Inappropriate to environment (e.g., heavy coats in the summer)
- b. Bizarre clothing or makeup

2. Body Movements

- a. Strange posture or mannerisms (e.g., continuously looking over shoulder as if being followed; holding unusual body positions for a long time)
- b. Lethargic, sluggish movements
- c. Pacing, agitation
- d. Repetitious, ritualistic movements
- e. Impulsive and erratic behavior

3. Responding to Voices of Objects That Are Not There

4. Confusion About or Unawareness of Surroundings

5. Lack of Emotional Response

6. Causing Injury to Self (e.g., cutting self with sharp object, cigarette burns on body)

7. Extreme or Inappropriate Expressions of Sadness or Grief

8. Inappropriate Emotional Reactions

- a. Overreacting to situation in an overly angry or frightened way
- b. Reacting with opposite of expected emotion (e.g., laughing at auto accident)
- c. Rapid switch to severe depression

C. ENVIRONMENTAL CUES

Surroundings are inappropriate, such as:

1. Decorations

- a. Strange trimmings; inappropriate use of household items (e.g., aluminum foil covering window)
- b. Pictures or windows turned over

2. Waste Matter/Trash

- a. "Pack-ratting"; accumulation of trash (e.g., hoarding string, newspapers, paper bag; clutter)
- b. Presence of feces or urine on the floor or walls

3. Childish Objects

TOTALITY OF CUES INVOLVING PERSONS WITH MENTAL ILLNESS

A. Seek information from witness and the individual

- 1. Questions for family members or witnesses:

- a. Has the individual threatened or attempted to use violence, or acted dangerously towards self or others?
- b. Has the individual threatened or attempted suicide?
- c. Has the individual been neglecting personal care or bodily functions?
- d. Has the individual recently suffered a traumatic experience?
- e. Does the individual have a history of mental illness?
- f. Does the individual take medication or have any physical handicapping condition?

2. Questions for mentally ill person:

- a. What is your name?
- b. Where do you live or sleep?
- c. Where are you right now?
- d. What date/day/time is it?
- e. When did you last eat?
- f. When did you last sleep and for how long?
- g. Are you going to hurt yourself?
- h. Tell me what 's going on.
- i. What kind of problems are you having?
- j. Are you going to hurt someone?
- k. Are you supposed to take any medication(s) and are you taking your medication(s)?
- l. Do you have a doctor and for what is your treatment?
- m. What types of fears do you have and what is causing those fears?
- n. What are your plans, what are you going to do now?

(The questions should be asked in a manner to elicit more than a simple yes or no answer.

The person should be asked in a manner that allows for the individual to explain the problem or situation).

B. Watch for as many cues as possible. This helps develop a clear picture of the situation.

C. Be aware of the situation as a whole and that taking cues out of context distorts the situation.

D. Be sensitive to cultural and environmental factors in assessing bizarre or inappropriate behavior and/or speech.

Some examples of cultural and environmental differences are:

- 1. Some homeless persons wear many layers of clothing because they always carry all their possessions with them.
- 2. It is not abnormal/decisional for Haitian woman to say that she has been pregnant for over eight years. This is called "Perdition" and is a culturally generated means of allowing a woman who has fertility problems to save face.

INITIAL TASKS TO ACCOMPLISH IN RESPONDING TO A SITUATION POSSIBLY INVOLVING A PERSON WITH A MENTAL ILLNESS

A. Protect the public and safeguard your own life.

1. Make a cursory overview of the situation to assure you immediate safety and the safety of others.
2. Be aware of the need for continuous attention to safety throughout the incident.

B. Assess whether the person may be mentally ill

1. Identify the primary symptoms indicating mental illness.
2. Get as much information as possible about the person prior to arriving at the scene. (Keep in mind that the officer's initial information may have been passed on by several persons and may be distorted).

C Sources of information

1. Dispatcher
2. Officer's observations at the scene
3. Reports from third parties (families, friends)
4. Person's statements
5. Computer file and/or other central files

D. Important information to obtain

1. Indicators that subject is mentally ill
2. Events leading to the situation
3. History of subject's involvement with police, and/or psychiatric treatment and/or substance abuse treatment.
4. Whether currently under doctor's care, name of doctor, and any medication being taken.

E. Assess danger to subject or others.

ASSESSING THE PROBABILITY OF VIOLENCE

Though only very few persons with mental illness are dangerous or violent, you will undoubtedly run into these situations as a peace officer. Handling a violent person is difficult and sometimes dangerous work. But the more you know about it, the less difficult and dangerous it will be. A peace officer must be able to determine if there is evidence of violence or potential for violence.

A. Evidence of Violence

1. Is there ongoing violence?
 - a. Situation may be dangerous even if violence is not directed at people.
 - b. Violence which is clearly directed at a specific person presents a more serious situation.
 - c. Is anyone involved in the situation already injured?

B. Potential for Violence

1. Is there a weapon at the scene? This includes any weapons, even if not immediately involved in the situation. (Note that normal household items can be used as weapons).
2. Is subject in bathroom or kitchen? (These rooms are the most dangerous)
3. Is the subject barricaded in a room or house?
 - a. Are there pills, weapons, other dangerous items in the room?
 - b. Does the room have windows?
4. Is the subject holding a hostage?
5. Is there a history of violence?
 - a. Arrest for violent crimes, hospitalization for dangerous behavior, spouse or child abuse, and any self reported violent behavior are indicators that the person may be more likely to resort to violence, especially if the current circumstances are similar to those in which the past violence occurred.
 - b. Direct questioning of the family. "Do you ever worry that ____ will hurt someone"?
 - c. Direct questioning of the person. "What is the most violent thing you ever did"? "Do you ever feel you might physically hurt someone"? "What is the closest you ever came to hurting someone"?

ASSESSING DANGER TO SELF

A. Evidence of self abuse

1. Does the suicide attempt involve a weapon?
2. Is subject injured or currently attempting suicide?

B. Potential for self injury

1. Does the subject have the means to harm himself/herself?
2. Is subject talking about suicide, or has subject left a suicide note?
 - a. Statements of suicidal intent are a strong indicator of potential for suicide.
 - b. Research has shown that of every ten persons who kill themselves, eight have given

- definite warning.
- c. In assessing for this factor, be aware of any statements of intent even those made in
 - sarcastic or joking manner.
- 3. Does the person have a specific suicide plan?
 - a. Studies have indicated that most people who die by suicide have made a deliberate
 - plan to do so.
 - b. The more specific and realistic the plan, the greater the potential for suicide.
- 4. Has the person made a previous suicide attempt?
 - a. Within the adult population of the United States approximately 80% of people who
 - kill themselves have made at least one previous suicide attempt.
 - b. People who have made a highly lethal attempt are more at risk for subsequent suicide
 - than those who have made an attempt using a method of low lethality.
- 5. Has subject recently taken any drugs or alcohol?
 - a. Persons who are under the influence of drugs or alcohol often do not think rationally,
 - they are more likely to become anxious and depressed; they become less inhibited.
 - b. Because of these effects, they present a serious potential for suicide.
- 6. Does the subject appear depressed? This is one of the most common indicators; approximately
 - 60-79% of all suicides are committed by depressed persons who exhibit some of the following
 - signs of depression:
 - a. Extreme sadness or crying
 - b. Apathy-loss of interest in people and activities
 - c. Loss of appetite
 - d. Unusually slow reactions
 - e. Difficulty concentrating
 - f. Sleep disturbance
 - g. Emotional flatness
 - h. Tension and agitation or withdrawal
 - i. Pessimism
 - j. Emotional outbursts
- 7. Has the person experienced major life change? Loss of job or loved one; burst of anger or
 - frustration before a chance to think things out.
- 8. Does person have medical problems? Pain and suffering and/or loss of independence, income,
 - dignity.
- 9. Does person seem hopeless? Hopelessness has been found to be a stronger indicator of suicide
 - intent than depression alone. Statements indicating hopelessness are "There is nothing to look
 - forward to" or "There is no way to make things better."
- 10. Does person see suicide as their only option?

11. Is person making final arrangements (wills, giving away possessions etc.)?

Examples of dangerous to self:

- An individual has indicated by words or actions an intent to commit suicide or inflict bodily harm on self.
- The individual exhibits such gross neglect for their personal safety that they receive or are at risk of receiving serious injury.
- The individual's statements or actions indicate a specific plan by which to commit suicide or inflict harm on self.
- The individual's plans or means are available or within the individual's ability to carry out.

Examples of danger to others:

- An individual has indicated by words or actions an intent to cause bodily harm to another person.
- The individual's threats or intentions are specific as to the particular person to whom harm would be done.
- The individual, though not focused on a particular person, is agitated, angry, and appears explosive.
- The individual is engaging in or intends to engage in acts or behavior of such an irrational, impulsive or reckless nature, such as destruction of property or misuse of a vehicle, as to put others directly in danger of harm.

ASSESSMENT OF NONVERBAL COMMUNICATION

When assessing the situation, the officer should be alert to the way the verbal messages are being sent:

A. Tone of voice

1. What emotion is being expressed through tone of voice?
2. Does the tone correspond to the content?

B. Facial expression

1. What emotion is being conveyed by the facial expression (fear, anger, and sadness)? Does the facial expression correspond to the verbal content?

C. Body language

1. Do postures and gestures correspond to the verbal content?
2. What signs in body language may suggest violence before it occurs?
 - a. Clenched fists
 - b. Red face
 - c. Crossed arms

D. Personal space

1. Distance between parties to the communication.
2. Give examples that standing very close to a stranger may likely be intended as threatening,

while moving away from the person may be an expression of fear.

SUMMARY

In order to make accurate assessments of incidents involving persons with mental illness, it is essential to:

- A. Gather complete and accurate information.
- B. Evaluate that information in the context of the whole picture.
 1. The physical environment in which the situation is occurring.
 2. The social environment; the culture the subject comes from.
- C. Approaching a suicidal person
 1. Remember that suicidal subjects may attempt to have others kill them.
 2. Remain CALM -- display of tension can heighten a critical situation.
 3. Make a PLAN and follow it -- rushing to rescue subject increases risk to all.
 4. BE ALERT -- crisis situations are unstable; CONTINUOUSLY EVALUATE the crisis. **Remember that the suicidal person may become homicidal.**
 5. If suicidal gestures are not apparent, ASK SUBJECT ABOUT SUICIDAL INTENT. Are you thinking of killing yourself?
 6. CHECK OUT THE SITUATION - What means is the person planning to use to commit suicide How are you planning to kill yourself? Do you have the means to kill yourself? When are you planning to kill yourself? What time of day are you planning to kill yourself? Remove the means - Insist that the person put away or get rid of any firearms, medications, or sharp objects. It is important that you convince the person to put away or give up the means rather than take them from the person. A show of force, rather than trust and rapport, can often trigger the suicide. Notify and meet with significant others - With the suicidal person's knowledge, locate and talk with close friends and family to gain further insight into the problem.
- D. What to say to a suicidal person
 1. Have empathy. "I can see that you're hurting a lot right now".
 2. Redirect their attention by talking about what they are feeling rather than focusing on the act. "I want things to get better for you; what are you thinking about?"
 3. Offer alternatives. "What else could you do right now to make yourself feel better?" "Would you like to speak to a friend or relative"?
 4. Let the person talk about suicidal thoughts and feelings without expressing shock or condemnation.
 5. Convey information that suicidal thoughts are not unusual in severe depression (normalize the situation). This may allow the person to feel less guilty and/or less isolated. Offer realistic hope - Providing false hope, stretching the truth, or denying the seriousness of the problem will not benefit the person in any way. Rather, you should stress that the problem can be overcome. Emphasize the temporary nature of the feelings the person is experiencing and how the proper authorities can help the person overcome those feelings.
 6. Help the person to identify their pain. Ask "Where are you hurting?". Let the person feel comforted with "I am here to help you and you are not alone".
- E. Actions to avoid in suicide situations
 1. DO NOT make SUDDEN MOVES -- use this as a last resort.
 2. DO NOT leave the subject unattended.
 3. DO NOT deny the subject's suicidal feelings.

4. DON'T RUSH/PRESSURE subject to make decisions or to abandon suicide plan.

Take Concrete Action

- The lethality of the situation has a direct effect on what role you should take.
- If you believe the risk of harm to self likely and/or if the person seems confused, disorganized and anxious, a firmer leadership role may be more effective.
- If the risk to self or others is low and the person is able to act on his/her own behalf, assume a more facilitative role.
- Convey to the person that your role is, to aid him/her in implementing an immediate solution to his/her problem.
- Whatever role you determine to use, the basic procedures are:
- Remove or have removed any means that the person may have of harming himself/herself.
- Notify and meet with significant others to gain more information and if appropriate, enlist others in helping with the situation. (Be cautious that significant others may be part of the precipitating problem.)
- Offer realistic hope. Do not try to paint an overly optimistic picture but do convey the idea that solutions are possible.
- Establish a specific plan of action. In the event that the person does not meet the criteria for emergency detention, see that the person receives help.

Texas Law On Emergency Detention

CHAPTER 573. EMERGENCY DETENTION SUBCHAPTER A. APPREHENSION BY PEACE OFFICER

§ 573.001. Apprehension by Peace Officer Without Warrant

- (a) A peace officer, without a warrant, may take a person into custody if the officer:
- (1) has reason to believe and does believe that:
 - (A) the person is mentally ill; and
 - (B) because of that mental illness there is a substantial risk of serious harm to the person or to others unless the person is immediately restrained; and
 - (2) believes that there is not sufficient time to obtain a warrant before taking the person into custody.
- (b) A substantial risk of serious harm to the person or others under Subsection (a)(1)(B) may be demonstrated by:
- (1) the person's behavior; or
 - (2) evidence of severe emotional distress and deterioration in the person's mental condition to the extent that the person cannot remain at liberty.
- (c) The peace officer may form the belief that the person meets the criteria for apprehension:
- (1) from a representation of a credible person; or

(2) on the basis of the conduct of the apprehended person or the circumstances under which the

apprehended person is found.

(d) A peace officer who takes a person into custody under Subsection (a) shall immediately transport

the apprehended person to:

(1) the nearest appropriate inpatient mental health facility; or

(2) a facility deemed suitable by the county's mental health authority, if an appropriate inpatient

mental health facility is not available.

(e) A jail or similar detention facility may not be deemed suitable except in an extreme emergency.

(f) A person detained in a jail or a non-medical facility shall be kept separate from any person who is

charged with or convicted of a crime.

§ 573.002. Peace Officer's Application for Detention

- (a) A peace officer shall immediately file an application for detention after transporting a person to a facility under Section 573.001.
- (b) The application for detention must contain:
 - (1) a statement that the officer has reason to believe and does believe that the person evidences mental illness;
 - (2) a statement that the officer has reason to believe and does believe that the person evidences a substantial risk of serious harm to himself or others;
 - (3) a specific description of the risk of harm;
 - (4) a statement that the officer has reason to believe and does believe that the risk of harm is imminent unless the person is immediately restrained;
 - (5) a statement that the officer's beliefs are derived from specific recent behavior, overt acts, attempts, or threats that were observed by or reliably reported to the officer;
 - (6) a detailed description of the specific behavior, acts, attempts, or threats; and
 - (7) the name and relationship to the apprehended person of any person who reported or observed the behavior, acts, attempts, or threats.

§ 573.025. Rights of Persons Apprehended or Detained

- (a) A person apprehended or detained under this chapter has the right:
 - (1) to be advised of the location of detention, the reasons for the detention, and the fact that the detention could result in a longer period of involuntary commitment;
 - (2) to a reasonable opportunity to communicate with and retain an attorney;
 - (3) to be transported to a location as provided by Section 573.024 if the person is not admitted for emergency detention, unless the person is arrested or objects;
 - (4) to be released from a facility as provided by Section 573.023;
 - (5) to be advised that communications with a mental health professional may be used in proceedings for further detention; and
 - (6) to be transported in accordance with Sections 573.026 and 574.045, if the person is detained under Section 573.022 or transported under an order of protective custody under Section 574.023.
- (b) A person apprehended or detained under this subtitle shall be informed of the rights provided by this section:
 - (1) orally in simple, non-technical terms, within 24 hours after the time the person is

- admitted to a facility, and in writing in the person's primary language if possible; or
- (2) through the use of a means reasonably calculated to communicate with a hearing or visually impaired person, if applicable.

Discussion Points on Warrantless Apprehension:

Q: A peace officer may apprehend a mentally ill person on the testimony of a credible witness. What constitutes/does not constitute a credible witness?

A: A credible witness is one upon whom another can rely upon to speak the truth. A physician or mental health professional is considered as credible a witness as any other citizen.

Q: A peace officer must believe three things before he/she can apprehend a mentally ill person. What are these criteria?

A:

1. the person is mentally ill; and
2. because of that mental illness there is a substantial risk of serious harm to the person or to others unless the person is immediately restrained; and
3. believes that there is not sufficient time to obtain a warrant before taking the person into custody.

Q: How can a peace officer determine if a person is "mentally ill" or "deteriorating" without the benefit of training as a psychologist?

A: The officer only has to have "reason to believe" that the person is mentally ill because of his/her behavior or statements others have made about that person. For example, if there is sufficient cause to arrest the person for his actions, but the officer believes the person may have a mental illness contributing to their actions, it may be more appropriate to divert the person from jail and instead take him/her to an appropriate facility for an examination. The officer should document the facts that led him/her to believe that the person is mentally ill.

COMMUNICATING WITH A PERSON WITH MENTAL ILLNESS

People who have a mental illness have symptoms and characteristics that require adaptations in the way you communicate. This style of communication will increase your chances of being understood. The following table shows symptoms of mental illness and corresponding adaptations. Always speak in a calm, patient, and reassuring tone to voice.

<u>BEHAVIOR or CHARACTERISTIC</u>	<u>ADAPTATION</u>
Confusion about what is real	Be simple and straightforward
Difficulty in concentrating	Be brief, repeat if needed
Over stimulation	Limit input, don't force discussion
Poor judgment	Don't expect rational discussion
Preoccupation with internal world	Get their attention first
Agitation	Recognize agitation and if possible, allow the person an exit, let them "save face", give them "their space"
Fluctuating emotions	Don't take words or actions personally
Fluctuating plans	Stick to one plan
Little empathy for others	Recognize this as a symptom
Withdrawal	Initiate conversation
Belief in delusions or hallucinations	Don't argue; respond to needs and feelings
Fear	Stay calm
Insecurity	Be caring and accepting
Low self-esteem	Stay positive and respectful

**WHEN DEALING WITH A PERSON WITH A MENTAL ILLNESS,
A PEACE OFFICER SHOULD NOT:**

- A. JOIN in behavior related to the person's mental illness, such as agreeing/disagreeing with
delusions/hallucinations
- B. STARE at the subject. This may be interpreted as a threat.
- C. CONFUSE the subject. One person should interact with the subject if direction or command is given
and follow through.
- D. GIVE MULTIPLE CHOICES. Giving multiple choices increases the subject's confusion.
- E. WHISPER, JOKE, or LAUGH. This will increase subject's suspiciousness and the potential for
violence.
- F. DECEIVE the subject. Being dishonest increases fear and suspicion. The subject will likely discover
the dishonesty and remember it in any subsequent contacts.
- G. TOUCH. Although touching can be helpful to some people who are upset, to others it may cause more
fear in the person and lead to violence.
- H. RELY ON YOUR WEAPONS. Remember you are dealing with a deranged individual, and he will not
react in a conventional manner to orders. The use of a weapon must be restricted to defending your life
and that of other persons.

**WHEN DEALING WITH A PERSON WITH A MENTAL ILLNESS,
A PEACE OFFICER SHOULD**

1. Continuously Assess for Danger
2. Maintain Personal Space
3. Be Calm
4. Give Firm, Clear Directions
5. Respond to Needs/Feelings
6. Be Helpful

Is it appropriate to use the "warrantless apprehension" provision when there is not enough time to get a warrant and the peace officer needs to respond to a true emergency?

YES, in fact, a warrantless detention is the preferred method of emergency detention because of the very nature of the situation requiring intervention. If an officer comes in contact with a person who truly meets the criteria for emergency detention, there should never be time to secure a warrant. If a person shows a substantial likelihood of causing serious risk and imminent harm to self or others unless immediately restrained, common sense tells us that we would be remiss in leaving the person in such a state in order to

obtain a warrant. The officer's belief of substantial likelihood of imminent harm can be based on behavior observed or reliably reported. If, for example, an officer arrives on a scene where a person is preparing to harm or is harming himself/herself or another person, and the individual appears to require psychiatric care, the harm may be demonstrated by emotional distress and deterioration as well as by behavior.

NOTE: The danger must be specific and imminent. Persons with mental illness cannot be treated involuntarily because of vague, ambiguous and unspecific or potentially dangerous behavior. A person with a mental condition does not necessarily indicate risk because he/she is hearing voices or is paranoid. Many persons with mental illness function quite well despite such symptoms.

APPLICATION FOR EMERGENCY DETENTION

CHECK WHICH FACILITY IS USED FOR THE EMERGENCY DETENTION:

_____ Crisis Center, 711 E. Josephine, San Antonio
_____ Medical Center Hospital, 4502 Medical Drive, San Antonio

_____ OTHER _____

The Applicant, _____,
makes this

[name and official title of Peace Officer]

application for the emergency detention of

_____ [name of person to be detained]

who was apprehended on the _____ day of _____,
200, ___ at _____ AM/PM at _____
_____,

[site of apprehension]

Emergency detention is sought for the following reason(s):

- 1) I have reason to believe and do believe that the person evidences mental illness or is a chemically dependent person; and
- 2) I have reason to believe and do believe that the person evidences a risk of serious harm to self or others which is described below:

3) I have reason to believe and do believe that the risk of harm is imminent unless the person is immediately restrained.

4) My above-stated beliefs are based on the following specific recent behavior, overt acts, attempts, and/or threats:

_____ which were _____ observed by me and/or _____
_____ reliably reported
to me by _____

_____ [name off person reporting behavior]
who is _____ is not _____ related to the Proposed Patient as follows: _____

Executed on the day of _____, 200__, at _____
AM/PM.

[signature of detaining officer]

[Signature of Detaining Facility Personnel]