

UW Whitewater Police



Mental Health Crisis Response

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Approved By: Chief Kiederlen	Effective Date: 1/19/2023	Revised Date: New	Revision number:

I. Purpose

It is the purpose of this general order to provide guidance to UW-Whitewater Police Department (UWWPD) officers when responding to or encountering persons experiencing a mental health crisis. For the purposes of this general order, the term person in crisis will be used.

II. 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.

III. Policy

It is the policy of UWWPD that agency personnel will be provided with training to determine whether a person’s behavior is indicative of a mental health crisis and also with guidance, techniques, response options, and resources so that the situation may be resolved in as constructive, safe and humane manner as possible.

Alternatives to arrest, such as citations, summonses, referrals, informal resolutions, and warnings should be considered to ensure the best treatment options are used and to keep those with mental health issues out of the criminal justice system.

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IV. Procedure

A. Response/Recognizing Behavior that May Indicate Mental Health Issues

1. Dynamics and circumstances of response to a call involving a person in crisis will be determined to some degree by the manner the contact is initiated.
2. Officers are not expected to diagnose mental or emotional conditions, rather to recognize behaviors that are potentially indicative of a person in crisis, with special emphasis on those that suggest potential violence and/or danger.
3. The following are generalized signs/symptoms of behavior that may suggest a person is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. Personnel should be aware that these behaviors may also signify a condition other than mental health (i.e. medical conditions, head injury, dementia, etc.).
 - 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. Delusions: a fixed or rigid thought pattern which evidence to the contrary does not resolve (believing they are the president);
 - n. Hallucinations: a sensory perception despite no sensory stimulus (hearing voices, seeing monsters, feeling bugs on their skin, 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 Personnel when Having Contact with Persons in Crisis:** The Department has established a set of guidelines for sworn officers to follow in dealing with persons they

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suspect are suffering from a mental health condition and/or are in crisis during contacts, to include interviews and interrogations which are as follows:

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 a diagnosed mental health disorder?
 - c. Does the person take any prescribed medications?
 - d. Does the person take any non-prescribed medications?
 2. Establish a perimeter to protect the person suffering from a mental health condition and/or crisis.
 - a. Remove distractions such as noise and 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 person suffering from a mental health condition and/or crisis, officers, and bystanders.
 3. When tactically safe to do so, communicate with the person suffering from a mental health condition and/or crisis using the following guidelines:
 - a. Remain calm and respectful.
 - b. Be friendly, patient, truthful, encouraging, and remain firm and professional.
 - c. Use simple, consistent language.
 - d. Reassure the person that you do not intend to harm them.
 - e. Avoid sudden movement, shouting or giving rapid orders.
 - f. Avoid forcing discussion, give them time to process.
 - g. Avoid getting too close, cornering, or touching the person without their permission.
 - h. Avoid expressing anger, impatience, or irritation.
 - i. Avoid buying into or agreeing with delusional or hallucinatory statements.
 - j. Do not use inflammatory language, make jokes or rude comments.
 - k. Do not assume a person who does not respond cannot hear or comprehend you.
 - l. Do not ask why, instead ask how or what.
- C. Options for Officers to Conclude Contacts with Persons in Crisis:** Officers shall consider the necessity of involving additional resources in evaluating a person with mental health concerns. Further assessment by a crisis intervention officer, a crisis worker, or another mental health provider may be required. The following are potential options for the officer:
1. Release of the individual with a referral made to a mental health provider.
 2. Place the individual in the custody of their family or friends.
 3. Consultation and/or evaluation with a mental health provider.

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4. Arrest and/or citation for a violation.
5. Emergency detention.

D. Emergency Detentions: The appropriate county Health and Human Services Departments shall be consulted for all potential emergency detentions. They may offer treatment options for the subject and will help facilitate medical clearance for admission to an approved mental health facility.

1. Wisconsin statute 51.15 requires a substantial probability of harm and a police officer's Affidavit for Temporary Custody.
2. An officer placing an individual under emergency detention shall follow the procedures specified on the Emergency Detention Form.
3. Per Wisconsin State Statute 51.15, the person must be suffering from mental illness, drug dependency or a developmental disability. The substantial probability of harm may be evidenced by the following:
 - a. Recent threats or attempts at suicide or serious bodily harm.
 - b. Attempts or threats to harm others.
 - c. Others are placed in reasonable fear of violent behavior and physical harm, as evidenced by a recent overt act, attempt or threat to do physical harm.
 - d. Physical impairment or injury to him or herself due to impaired judgment as manifested by a recent act or omission.
 - e. Behavior manifested by a recent act or omission that due to mental illness or drug dependency he or she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, debilitation or disease is likely to ensue.

E. In circumstances when an individual is transported to a mental health facility for an involuntary psychiatric evaluation through Walworth County Crisis, the following information needs to be submitted to Walworth County within twenty-four hours:

1. Statement of Emergency Detention by Law Enforcement Officer form, found on the T Drive [REDACTED]
2. Police report(s).
3. Notice of rights (given to our agency by Walworth County Dept. Of Health and Human Services).
4. This information shall be faxed to Walworth County Clerk of Courts at [REDACTED]

F. Accessing Available Community Mental Health Resources

1. Available campus community mental health resources for students include:
 - a. University Health and Counseling Services (UHCS)
 - i. Open Monday through Friday during regular business hours.
 - ii. Call 262-472-1305 any time for more information or to speak with an on-call professional, or;
 - iii. Visit <https://www.uww.edu/uhcs/counseling-services> to see available services.

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- b. Additional resources can be accessed by contacting a representative from other campus departments, such as Campus Assessment Response and Evaluation (CARE) Team, Dean of Students Office, University Housing, Center for Students with Disabilities, and Veterans Affairs.
2. Available campus community mental health resources for employees include:
 - a. Employee Assistance Program (EAP)
 - i. 24 hour, 7 days a week counseling and online services available.
 - ii. Call 833-539-7285
 - iii. More information is available by visiting <https://www.uww.edu/adminaffairs/hr/eap>.
 - b. Winther Counseling Services
 - i. Open Monday through Thursday from 9 am to 7 pm during the academic year.
 - ii. Call 262-472-2842 to schedule an appointment, or;
 - iii. Visit <https://www.uww.edu/coeps/counselored/winther-counseling-services>.
 - iv. This service is also available to the public.
 3. Available greater community mental health resources include:
 - a. Walworth County Health and Human Services
 - i. For residents of Walworth County only
 - ii. Call 262-741-3200 during regular business hours and ask to speak with a crisis worker.
 - iii. Visit their website at <https://www.co.walworth.wi.us/351/Behavioral-Health>.
 - b. There is a Walworth County Health and Human Services mental health professional assigned to the Whitewater area that is available upon officer request to come to mental health calls on the UW-Whitewater campus, including calls on the Jefferson County portion of campus.
 - i. Requests to use this resource can be put through dispatch, or the mental health professional may self-dispatch.
 - ii. This resource is available based on availability of the mental health professional.
 - c. Jefferson County Health and Human Services
 - i. For residents of Jefferson County only
 - ii. Call 920-674-3105 to discuss treatment options available.
 - iii. Visit their website at: https://www.jeffersoncountywi.gov/departments/human_services/treatment_for_mental_health_alcohol_drugs/index.php
 - d. Rock County Health and Human Services
 - i. For residents of Rock County only
 - ii. Call the 24-Hour Crisis Line at 608-757-5025

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iii. Visit their website at

<https://rockcountywi.prod.govaccess.org/departments/human-services/counseling-other-treatment-programs-behavioral-health/crisis-services/-fsiteid-1#!/>

G. Documentation of Contacts with Persons Suspected of Suffering Mental Health Issues

1. 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.
2. 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.

H. Training for UWSPD Personnel

1. While the most serious consequences of interactions with persons suffering mental health issues are altercations or armed confrontations with sworn personnel, other agency personnel who may come in contact with the public also need guidance and training in dealing with the mentally ill. In recognition of this, training is also given to nonsworn staff, including administrative staff and Campus Service Officers.
 - a. UWSPD will have documented entry level training of all agency personnel; and
 - b. Documented annual refresher training.
2. Training will be reviewed and/or updated annually to reflect updates or changes from campus or county partners.