



CITY OF MADISON POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE



Response to Persons with Altered State of Mind

Eff. Date: 01/14/2022

Purpose

To provide guidance for Madison Police Department (MPD) personnel when responding to or encountering situations involving persons displaying behaviors consistent with an altered state of mind, that may be caused by mental illness, emotional crisis, or the influence of drugs and/or alcohol. We recognize that most persons in an altered state of mind are not dangerous and may only present dangerous behavior in certain circumstances or conditions.

Definitions

Altered state of mind: “An altered state is any mental state(s), induced by various physiological, psychological, or pharmacological maneuvers or agents which can be recognized subjectively by the individual (or by an objective observer of the individual) as representing a sufficient deviation in subjective experience of psychological functioning from certain general norms for that individual during alert, waking consciousness” [The Wiley-Blackwell Handbook of Transpersonal Psychology].

Procedure

Responding to situations involving individuals who officers reasonably believe to be in an altered state of mind carries the potential for violence; requires officers to make difficult judgments about the mental state and intent of the individual; and necessitates the use of police skills, techniques, and abilities to effectively and appropriately resolve the situation. The goal shall be to resolve the situation as safely as possible for all individuals involved. Depending on the totality of the circumstances and the behavior of the individual, officers should consider requesting Madison Fire Department (MFD) personnel to respond and stage prior to making contact with the subject.

Only a trained mental health professional can diagnose mental illness. Officers are not expected to diagnose mental or emotional conditions, but rather, to recognize behaviors that are indicative of persons affected by mental illness or crisis, with special emphasis on those that suggest potential violence and/or danger. Officers are trained to respond to mental health related incidents in such a manner so as to de-escalate crisis situations whenever possible.

The following are generalized signs and symptoms of behavior that may suggest that a person is currently in an altered state of mind – whether due to mental illness, acute emotional crisis, or reactions to alcohol, psychoactive drugs, or medical conditions:

- Persistent fear of persons, places, or things
- Frustration and/or anxiety in new or unforeseen circumstances
- Abnormal memory loss related to basic information (e.g. name, home address, recent events)
- Delusions – fixed false beliefs
- Hallucinations – the experience of sights, sounds, or other perceptions in the absence of external stimuli not under the subject’s voluntary control
- Agitation
- Confusion or disorientation

While the above signs/symptoms may inform the ultimate resolution of the situation, officers should assess the danger a person presents to self or others as soon as is feasible. Factors that should be considered as part of any threat assessment may include:

- Availability of any weapons

- Statements by the person that suggest the person is prepared to commit a violent act
- Information provided by reliable reporters (family members, mental health professionals, etc.)
- A personal history of violence known to officers
- Inability of the person to physically control their emotions of rage, anger, fright, or agitation
- Other special circumstances consistent with Defensive and Arrest Tactics (DAAT) and departmental training

If feasible, under the totality of the circumstances, officers should attempt to slow down or stabilize the situation so that more time, options, and resources are available for the best possible resolution. Examples of de-escalation with a person in an altered state of mind may include, but are not limited, to the following:

- Effective use of back-up
 - Have only one officer communicate with the person at a time
 - Request additional personnel if indicated (e.g., Mental Health Officers (MHOs), Crisis Negotiation Team (CNT) members, etc.)
- Effective use of distance and time, when feasible
 - More distance generally creates more time to react, which allows more options to be considered (e.g. less lethal munitions, tactical shield)
 - When feasible, use additional time to increase the likelihood of a positive resolution
- Effective use of cover/concealment
 - Placing barriers between the person and officers
- Effective communication from a safe position
 - Take steps to calm the person
 - Actively listen to the person's concerns
 - Explain the person's options
 - Orient the person to reality
 - Attempt to be truthful, when possible
 - If feasible, gather additional information about the person
- Any other tactics and approaches that attempt to achieve law enforcement objectives

Once the subject and scene have been stabilized, officers should work to resolve the situation using the least restrictive measures to secure the welfare of all those concerned, to connect individuals with mental illness or Alcohol and Other Drug Abuse (AODA) issues/dependency to needed services, and to divert them from the criminal justice system whenever possible. Strong consideration should be given for a medical evaluation, particularly when the source or reason for the behavior cannot be determined or if the source is suspected drug use or a mental health crisis. This medical evaluation can be accomplished either by requesting that MFD personnel respond to the scene of the contact or by transporting the subject to emergency room depending on the circumstances.

See also: Mental Health Incidents/Crises and Intoxicated and Incapacitated Persons Standard Operating Procedures.

Original SOP: 09/15/2017
(Revised: 12/23/2019, 01/14/2022)
(Reviewed Only: 12/26/2017, 01/30/2019, 01/11/2021)