

# Responding to Behavioral Health Crises

## CLUES FOR IDENTIFYING BEHAVIORAL HEALTH CRISIS

- Looking tired or fatigued, clothing unkempt, poor hygiene.
- Having angry outbursts/defensive.
- Talking fast.
- Being provocative or overtly sexual.
- Appearing restless, pacing.
- Expressing hopelessness or fear.
- Expressing feelings of power or invincibility.
- Input from family members when available (including “what is happening now?” and “what has worked in the past?”).

## DISORDERS, DISABILITIES, SYMPTOMS, & SUGGESTED RESPONSES

### MOOD DISORDERS

- **Definition:** a serious change in mood, affect, or emotions in a persistent manner.
- **Examples:** depression, bipolar.
- **Symptoms:**
  - Euphoria
  - Delusions of grandeur
  - Sudden feelings of rage/impulsivity/hyperactivity
  - Intense sadness
  - Impaired thinking
  - Suicidal thoughts
- **Police response:**
  - Respect the individual’s perceptions, don’t try to convince them that things aren’t so bad.
  - Listen non-judgmentally.
  - Provide reassurance, promote hope, but don’t minimize the person’s suffering.
  - Be persistent about the need for professional help. Rejecting help is a characteristic of depression.
  - Be vigilant for hints of suicidal thinking.

### ANXIETY DISORDERS

- **Definition:** constant, uncontrollable worry, fear, or dread that is not based on facts.
- **Examples:** PTSD, generalized anxiety, panic disorder.
- **Symptoms:**
  - Overwhelming fear or panic
  - Uncontrollable obsessive thoughts
  - Jumpiness
  - Increased substance abuse
- **Police response:**
  - Stay calm and don’t be influenced by the individual’s level of excitement.
  - Be aware of medication needs.
  - Use general de-escalation tactics (e.g., speak and move slowly, active listening)



continued

### THOUGHT DISORDERS

- **Definition:** thoughts and language that are disordered or illogical, and may include delusional, scattered, or bizarre content.
- **Examples:** schizophrenia, psychosis (lose contact with reality), mania, delirium.
- **Symptoms:**
  - Hallucinations
  - Delusions
  - Inability to process information or make decisions
  - Illogical speech
  - Decreased working memory
  - Trouble with focus and attention
- **Police response:**
  - Approach individual in calm, non-threatening manner.
  - Avoid excitement (loud noises, sudden movements, disperse any crowd).
  - Do not deceive the person.
  - Ignore verbal abuse and verbal provocation.
  - Use physical restraint sparingly.
  - Provide reassurance.
  - Use short, clear, direct sentences.
  - Be patient.

### INTELLECTUAL / DEVELOPMENTAL DISABILITIES

- **Definition:** may act younger than their age. Limited ability to learn, reason, and make decisions. Difficulty with conversations, social nuance, and everyday activities like following directions, waiting, and safety awareness.
- **Examples:** autism, cerebral palsy, Down Syndrome.
- **Symptoms:**
  - May avoid eye contact.
  - Difficulty expressing themselves and understanding others.
  - May be overly social, atypical, and/or anxious.
  - Unusual insistence on rules, routines, and rigid thinking (take words literally).
  - May be comforting for them to pace, hand flap, vocalize, or hold a treasured item.
  - May have sensitivities to lights, sounds, touches, etc.
- **Police response:**
  - Be aware the individual may be frightened or confused, and may not respond typically to authoritative commands.
  - Ask questions one at a time and wait for a response to each question.
  - Use direct language, “sit here” instead of “take a seat.”
  - Look to family members or staff for guidance.
  - Explain what’s going to happen next in simple, one-step terms.
  - If behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen. Physical intervention should be a last resort to prevent injury to the individual or another.