Policy Title: **Mental Illness and Severe Agitation**	Effective Date: March 17, 2025		Policy Number: **5.42**
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Attachments:	Kent van der Kamp, Sheriff		

I. PURPOSE

It is the purpose of this policy to provide guidance to Deschutes County Sheriff's Office personnel when making contact with mentally ill persons.

II. POLICY

Contact with persons who are known to be or may be mentally ill carries the potential for law enforcement use of force and requires a deputy to make difficult judgments about the mental state and intent of the person.

In determining a course of action, deputies shall take into account all information that indicates that a person may have a mental illness. Deputies do not have the training or experience to determine whether a person is actually mentally ill, they must recognize symptoms and behaviors that may indicate the person is mentally ill and to the extent feasible consider those symptoms or behaviors when deciding how to interact with the person. In some cases, a deputy may know that the person has a diagnosed mental illness due to prior interactions with the person, but they will still not know with certainty whether the current symptoms and behaviors are a result of that diagnosed mental disorder or another cause.

During contact with a person known to be mentally ill or who may be mentally ill, the deputies will recognize and reasonably consider the governmental interest in providing care to the person, and the governmental interest in using reasonable force, if necessary.

Given potentially unpredictable behavior of persons who are suspected of being mentally ill, deputies shall not compromise or jeopardize their safety or the safety of others when dealing with these persons.

In the context of placing a person on a Peace Officer Hold (POH) and taking a person into custody when the person is suspected of being mentally ill and either a danger to self or others

or unable to provide for their own basic needs deputies shall be guided by ORS 426.228.

III. DEFINITIONS

a. CIT is the Crisis Intervention Team.

b. CCRT is Community Crisis Response Team.

c. Mental Illness is a condition where a person may display an inability to think rationally, 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.

d. POH is a Peace Officer Hold.

IV. PROCEDURE

a. Recognizing Signs of Mental Illness

Deputies will recognize and factor in behavior that is potentially destructive and/or dangerous to the person or other persons.

The following are generalized signs and symptoms of behavior that may suggest mental illness, although deputies should not rule out other potential causes such as reactions to controlled substances, alcohol, withdrawal symptoms from controlled substances or alcohol, or temporary emotional disturbances that are situationally motivated.

Persons suffering from mental illness may exhibit the following:

1. Inappropriate Reactions

   Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. The fear of people or crowds, for example, may make the person extremely reclusive or aggressive without apparent provocation.

2. Inappropriate Behavior

   A person who demonstrates extremely inappropriate behavior for a given context may be mentally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be mentally unstable.

   Displays of extreme rigidity or inflexibility in thinking may be signs of mental illness.

   Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

3. In addition to the above, a mentally ill person may exhibit one or more of the

following characteristics:

a. abnormal memory loss related to such common facts as name and home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease).

b. delusions and belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions.

c. hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.).

d. the belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

e. extreme fear or depression.

4. Deputies should consider the factors above in determining whether a person may potentially have a mental illness.

b. **Determining Danger**

Not all mentally ill persons are dangerous while some may represent danger only under certain circumstances or conditions. Deputies may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to themself, the deputy, or others. These include the following:

1. The availability or proximity of any weapons to the person.

2. Statements by the person that suggest to the deputy that the person is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threats that, when taken in conjunction with other information, give the deputy a reasonable basis that the person has a propensity or potential for violence.

3. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the deputy, CCRT, family, friends, or neighbors and they may be able to provide such information.

4. The person demonstrates an inability to control emotions and/or actions. Indications of this may include:

a. showing signs of fear;

b. extreme agitation;

c. rage or anger;

d. inability to sit still or communicate effectively;

e. rambling thoughts and speech;

f. clutching one's self or other objects to maintain control;

g. begging to be left alone; or

h. continually stating that one is all right.

5. The volatility of the environment is a particularly relevant factor that deputies must evaluate. Agitators that may affect the person or a particularly volatile environment that may incite violence should be taken into account, such as loud noises or bright, flashing lights from overheads.

c. **Dealing with Suspected Mentally Ill Persons**

Should the deputy determine that a person may be mentally ill and has committed a crime or is a potential threat to themself, the deputy, or others, or may otherwise require law enforcement intervention for humanitarian reasons as prescribed by statute, the following responses, if feasible and safe under the circumstances and if the resources are available, should be taken:

1. While enroute, contact CCRT.

2. Request a backup deputy, preferably one that has training in CIT/Mental Health awareness. Always request a backup deputy when the person will be taken into custody.

3. Take steps to calm the situation. When possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the person. Where violence or destructive acts have not occurred, avoid physical contact and take time to assess the situation.

4. Move slowly so as to not excite the person. Provide reassurance that law enforcement is there to help and that he will be provided with appropriate care. Ask the person's first name and tell them your first name.

5. Communicate with the person in an attempt to determine what is bothering them. Relate your concern for their feelings and allow them to vent their feelings. When possible, gather information on the person from acquaintances or family members and/or request professional assistance, if available and appropriate, to assist in communicating with and calming the person.

6. Do not threaten the person with being arrested, as this may agitate their sense of paranoia and cause potential aggressive behavior.

7. Avoid topics that may agitate the person and guide the conversation toward subjects that help calm the person.

8. Always attempt to be truthful with a mentally ill person. If the person becomes

aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

d. **Taking Into Custody or Making Referrals**

Based on the overall circumstances and the deputy's judgment of the potential for violence, the deputy may provide the person and family members with referrals to available community mental health resources, take custody of the person for criminal behavior, or take custody in order to seek an involuntary emergency evaluation or peace officer hold (POH).

1. Make mental health referrals when, in the best judgment of the deputy, the circumstances do not indicate that the person must be taken into custody for his own protection or the protection of others or for other reasons as specified by state law.

2. Summon a supervisor, if practical, prior to taking into custody a potentially dangerous person who may be mentally ill or a person who meets other legal requirements for involuntary admission for mental examination. If this is the case, a POH form shall be completed as part of admission.

3. Once a decision has been made to take a person into custody for a POH, do so as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area and restrain the person, if necessary. Using restraints on mentally ill persons can aggravate their aggression. Deputies should be aware of this fact and should take those measures necessary to protect their safety.

4. Report the incident whether or not the person is taken into custody. Ensure that the case report is as detailed as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as "out of control" or "psychologically disturbed" shall be replaced with descriptions of the specific behaviors involved. The reasons why the person was taken into custody or referred to other agencies should be documented in detail.

5. A supervisor may request 9-1-1 Dispatch add a BOLO (Be On The Lookout) or Officer Safety Flag to the person and/or his residence.

e. **Recognition of Severe Agitation that May Require Emergency Medical Care**

Deputies often encounter subjects who are agitated due to the law enforcement contact. At times, a deputy will encounter a person who appears to be severely agitated and is exhibiting symptoms such as appearing disoriented or delusional, speaking incoherently, paranoia, aggression, public disrobing, profuse sweating (due to elevated body temperature), violence toward objects, showing no reaction to pain, and unusual strength. In this situation, the deputy should treat the incident as a medical emergency.

f. **Contact and Control**

A deputy encountering someone who appears to be severely agitated and is

exhibiting symptoms described above, in addition to treating the incident as a medical emergency must also address whatever other law enforcement response may be required, including the use of reasonable force. When reasonable, safe and feasible, and when resources permit, deputies shall:

1. Coordinate with emergency medical personnel, requesting they stage near the location. Request the assistance of several deputies as backup and notify their immediate supervisors.

2. Unless there is an immediate threat to public safety, the first responding deputies should focus on containing the person in an environment that offers the person maximum possible safety and protects others, while maintaining a safe distance from the person.

   In the case where there are compelling reasons to do otherwise, deputies should not approach the person until substantial backup and medical personnel are on the scene. Deputies should remove bystanders who might be harmed.

3. If possible, the deputy in contact with the person first should attempt to talk the person down, reassuring the person that they are there to help. Deputies should attempt to have the person sit down, as this may assist in having a calming effect. When speaking with the person, deputies should refrain from maintaining constant eye contact, as this may be perceived as threatening by the person.

   Ideally, only one deputy at a time should communicate with the person and in doing so project an air of calm and confidence while speaking in a non-confrontational manner. Whenever possible, the deputy should determine if the person can answer simple questions as this will provide the deputy with an idea of the person's level of coherence. When attempting to communicate, deputies should be aware that a person in this condition may have significant lags in answering questions – as much as 45 to 60 seconds. Deputies should provide sufficient time for the subject to answer, and should not ask any additional questions during this time as it may further delay the person from processing and answering the first question.

4. Once sufficient numbers of deputies are on scene and medical personnel are staged, then efforts should be focused on getting the person under control as quickly and safely as possible. The person needs medical treatment, but there can be no treatment until they have been brought under control.

5. If the person is combative or otherwise poses an immediate threat, deputies shall use reasonable and necessary force to protect themselves and others while taking the person into custody. When practical, deputies should try to minimize the intensity and duration of a struggle with a person who is extremely agitated and exhibiting these symptoms.

6. When appropriate, prior to attempting to control the person, deputies should develop a predetermined plan of action. When considering tactics, deputies should keep in mind that persons experiencing severe agitation may possess unusual strength and may seem to being impervious to pain. Control through empty-hand

techniques may be more difficult to achieve. Pain-based techniques such as Oleoresin Capsicum or impact techniques may be ineffective.

Alternative force options to consider include the use of multiple deputies simultaneously restraining the delirious person in a coordinated manner. This coordinated effort should include one deputy controlling the head, one or more deputies controlling the arms, and one or more deputies controlling the legs of the person.

Additionally, TASER can be an effective force option, and when possible, applied prior to the person reaching a state of exhaustion. Using a Taser in drive stun is a pain compliance technique and should be avoided in these situations. The Taser may be used to create a window of opportunity during which deputies can establish physical control of the person while the person is experiencing neuromuscular incapacitation. Using multiple Tasers or deploying the Taser multiple times is not recommended for these situations. The TASER application shall be monitored to detect the effects of the application. TASER is to be used in accordance with Policy 5.02 Use of Force, Specific Instrumentality.

7. Once the person is in custody and the scene secure, emergency medical personnel shall immediately be called to the scene. The person shall be restrained in a manner consistent with the Sheriff's Office policy on restraints.

   The person's breathing shall be monitored at all times and their position adjusted to maximize their ability to breathe. The person shall then be transported to the hospital by ambulance for evaluation and treatment.

8. Deputies shall respond to the hospital with the ambulance to assist emergency room staff with the person.

9. Following the contact, a complete and detailed incident report shall be written. Included in the report shall be all information known prior to contact with the person, including information provided by dispatch and any other sources. Additionally, the person's actions and behaviors, the environment in which they were contacted, injuries sustained by either the person, bystanders or deputies, weapons involved, the exact and all methods of control used, any other relevant circumstances, and the precise medical attention provided to the person shall be included in the incident report.

   Further documentation of the incident shall include the collection of photographed evidence from the scene, a log of Taser deployment, injuries to those involved and digital images captured by use of the Body Worn Camera per Sheriff's Office policy (8.21 Mobile Recording Equipment Policy).

g. **Additional Considerations**

There are other conditions that may mimic these behaviors even though the person is not mentally ill or abusing controlled substances. These include hyperthermia, Delirium Tremens, diabetes, brain injury, and thyroid storm. All of these are medical situations that require immediate attention by medical personnel.

All pertinent information as to the known mental state of any person taken into custody shall be provided to the appropriate personnel at the hospital and/or jail facility. This shall include:

1. Known mental illness, self-proclaimed or told to the deputy by family or other witnesses;

2. Any unusual behavior as outlined in IV, A; and

3. Any known medications that the person may be taking