

## Responding to People in Mental Health Crisis

During my 22-year law enforcement career, I became involved in countless situations in which I personally dealt with people in mental health crisis. My first incident involved a Hispanic male armed with a pistol. I learned a significant amount from that single incident: so much, in fact, that I made the decision to join the Houston Police Department's Hostage Negotiation Team. The techniques I have learned over the years can be applicable to almost anyone, at any time, in just about any situation. In the following paragraphs, I will recount a few incidents in which I was involved and discuss the techniques used to end each the situation safely. Understand that this is not a specific "how-to guide" that may be applied to every situation. Instead, the use of these techniques will simply allow a person that becomes aware of a certain situation - to be able to attempt to stabilize the incident prior to first responders' arrival.

One warm fall evening, my partner and I were busy on another scene waiting for investigators. A supervisor had joined us and we were just casually talking and waiting while securing our scene. Suddenly, we heard two gunshots at the apartment complex across the street. The supervisor instructed me to go across the street with him to investigate. My partner was behind to wait for the other investigators.

As we pulled into the complex, the supervisor turned right, and I turned left. As I rounded the turn in the parking lot, I saw a group of people and heard yelling, then I heard a woman scream. I thought this must be the area where the gunshots were fired. As I exited my patrol car and headed towards the group of people standing in the courtyard, I heard the dispatcher send out a "priority one" call on my radio. (That is an emergency call.) I did not hear the nature of the call, but learned later that it was a "Suicide in Progress" call.

As I cautiously approached the group, I took notice that there were several children playing and running around in the courtyard. Suddenly, an older Hispanic male rushed up to me with a pistol in his hand, pointed at his head, yelling at me to shoot him. He was cursing, screaming, and lunging directly at me. I drew my sidearm and immediately tried to find a safe place to get to for cover. I backed up toward the parking lot yelling at the male to drop his weapon. Fortunately, he continued to follow me, constantly lunging at me with the pistol still at his head. At this point, I started just to focus on his chest in case I had to shoot him. I continued to shout at him to drop the pistol and he was shouting at me to shoot him.

Eventually, we wound up in the parking lot. The male began to chase me around a vehicle. Around and around and around we went. I had difficulty trying to keep him a safe distance and keep cover between us. Finally, I decided to stop moving around the car. I took a stance at the hood of a vehicle and he was in the middle of the parking lot. It was at that time that I noticed back up officers arriving. I lost all sense of time. To me, this all happened in a matter of seconds. I learned later on

that it actually took 4 minutes for the first officer to arrive after he was dispatched to the “suicide in progress”.

Now that other officers were on scene, we were able to set up a perimeter in which the suicidal male was now contained. I was then able to settle myself down and concentrate on what the male was shouting. I then detected he had a very strong Spanish accent. I speak fluent Spanish so I decided to talk to him in his native tongue.

The results were immediate. It was literally similar to turning off the light switch. The male responded by not shouting and began simply talking. He quit lunging at me as well. My biggest fear in the beginning was that if I shot him, I was taking a huge chance at possibly wounding an innocent bystander. Then, my fear changed to the possibility that another officer would shoot him thinking he was going to hurt me. Now that he was not lunging at me anymore, my own fears began to subside.

I learned during our conversation that the male was depressed. He was on probation from another county for some misdemeanor offense and he was afraid that I would take him to jail for having the pistol. I was able to convince him that I wanted to get him to a hospital for psychological evaluation. Although he did technically violate state law, I was more concerned for his mental health. I also learned that he had a wife and two young children. The male was also intoxicated.

After about 25 minutes, the male made a final lunge with the pistol and threw it in the grass. I was then able to hand cuff him and get him to the hospital. The pistol was loaded with one bullet in the chamber.

Another incident happened just a few months after the first one. While on a routine patrol with no partner, I saw a female walking along a very high over pass. I did not notice any vehicles around, but I figured she must have broken down somewhere. As I approached her, she turned and looked at me. She then suddenly climbed on top of the guardrail. She appeared to be in her early twenties and she was crying. Once again, I found myself dealing with a suicidal person. I called for back up and had the freeway and roads below shut down. I then approached her.

The female immediately started yelling at me that she would jump if I came any closer. However, we were faced with some other very critical issues. First, we were on a freeway over pass and there were cars passing by us. I was also listening to my radio and trying to get back up so they could handle the logistics while I dealt with the female. Suddenly, we had a helicopter overhead, sirens of approaching units, and the noise of a crowd gathering below. As you can imagine, one of my biggest obstacles was being able to hear the woman.

I explained this to her as well. She acknowledged and allowed me to move a little closer. Now, I am no fool, I was not going to get close enough for her to be able to grab me and pull me down with her. Instead, I got close enough so we could hear

each other. One tactic I used was to talk softly. This allowed me to get close enough to actually hear her.

After about two hours of talking, or rather listening to her, she suddenly told me to pull her off the railing. She was weak at this point and needed assistance. Another officer and I pulled her to safety and took her to the hospital. I learned that she was the victim of domestic violence and she had a small daughter. She was also intoxicated.

Now, although these two scenes differ significantly, they are also similar in a number of ways as well. First, both people were intoxicated. As a negotiator, it is important to me what the person has ingested. Alcohol has extreme effects on various medications. Additionally, depressed people have the tendency to self-medicate. They may use various substances in an effort to make themselves either feel better or escape reality. What they don't realize is that seldom happens. Instead, they push themselves even further into depression. The effects of drugs and alcohol are totally different however. In these cases, I highlight this fact only because it is an important consideration when talking with a person in mental health crisis.

Secondly, both individuals were suicidal. They each had different reasons, but they were not intent on hurting someone else. This too is important. For the purposes of this article, it is important that the reader focus on just the suicidal person. The techniques used in these two instances can also be applied to other people in mental health crisis, but there are simply too many different scenarios to cover them all.

Thirdly, although not specifically mentioned in the scenarios, both of these people felt like they had no other choices but to take their own lives. They were "looking for a permanent solution to a temporary problem."

When responding to situations such as these, it is important that the first person to talk to the individual be calm. There are several things one can do in order to accomplish that small task. Take a few deep breaths. Speak calmly and allow the other person to vent. Sometimes, the person just wants to be heard. Under no circumstances, engage in an argument with the person in mental crisis. This is counterproductive and only serves to agitate the individual.

LISTEN to what the other person is saying. The simplest way to measure that is to employ what's known as active listening. Active listening is not simply repeating what the other person is saying. It is rewording what the person said in a manner that makes it clear the message was delivered. The next step to active listening is labeling. Labeling refers to applying a feeling to what the person is describing. I have provided an example of labeling below:

Person in distress (PID) in this scenario is Jim. The first person that finds Jim distressed is Bruce.

Jim: "I'm lost my job, my house, and my wife. She claims I'm always drunk. I can't find a job anywhere and have no other place to go."

Bruce: "Jim, I understand you feel desperate because you've lost everything you live for. Is that correct?"

That is a very basic illustration of both active listening and labeling. The goal, of course, is to get the person in mental crisis to move into problem solving. This may take some time. As the first person to address the person in mental health crisis, however, your job is simple. Stay safe and try to get the person to calm down. You will most definitely want to call 911 and get the police and fire department involved.

Other things to consider, prior to first responders arriving on scene, is try to obtain a list of medications the person has taken and if illicit drugs or alcohol are involved. There are a number of factors to consider when first responders or negotiators begin talking with this person. Also, try to ascertain if the person has been diagnosed with any mental disorder. If so, who is their doctor or therapist? Try to get as much information as possible so that it can all be passed on to the negotiators.

In a lot of suicidal situations, the person may want to talk to a specific person. Do not let that happen. In my experience, the person just wants to say goodbye. That is just one delay tactic. When the person is making demands, stall, stall, stall. As a person who was just thrust into this situation, you don't want to make any decisions of this nature.

The nature of this article is simply to provide very basic information should the reader become involved in any of these types of situations. It is impossible to cover the vast majority of situations in a brief article. I have spent years in training and experience gaining this type of knowledge. Just remember to keep calm, utilize active listening and labeling, and try to gain as much information about the person in mental health crisis as possible prior to first responders' arrival.