

Tip Sheet: Contacting Emergency Services for Persons in Mental Health Crisis

Written by Ray Lozada and Sergeant Elvin Howard Jr, based on an interview with dispatch supervisors

People experiencing mental health challenges can benefit greatly from social supports, referrals to appropriate services, and timely and appropriate care. Sometimes it may be necessary to contact emergency services for immediate intervention. In these cases, the highest priority is protecting the safety of the person in crisis and the people around them. The more officers know, the safer the situation is for everyone involved. Be specific. If there is something important that needs to be conveyed, make sure to advise them.



This tip sheet provides clear recommendations for contacting 911 when someone is experiencing immediate mental health crisis. These tips are intended to help ensure the safety of everyone involved.

Before Contacting 911

- The person in crisis may feel hesitant or resistant to calling emergency services. They may feel embarrassed or concerned that involving law enforcement will lead to their arrest or detention.
- If you are concerned that the person's behaviors will escalate due to their anxiety about contacting emergency services, you may want to move to a place out of their sight and sound to call 911. Ask the police to come without lights or sirens, if appropriate.

Role of the 911 Dispatcher

- The 911 dispatcher's primary responsibility is to triage calls.
- Based on your answers to their questions, the dispatcher may navigate the call to Fire Dispatch (Mental health, no threat to safety) or Police (Out of control, threat to public safety). Depending on the situation, the fire department may not respond until police arrive.

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Dispatcher Interview Questions

The 911 dispatcher will ask you for some basic, critical information.

- **The Five W's:**
 - Who: name and personal information; any on-scene allies or persons who have positive rapport with the person in crisis
 - What: the concerns
 - Where: location
 - When: timeliness of the incident
 - Weapons: access and ownership (beyond household items), weapon in possession, possession of specialized weapons or guns, etc.
- Diagnosis: Has there been a diagnosis? If so, what is it?
- Medication: Has the person been prescribed medication? Are they taking their medications as prescribed (compliant)?
- Previous history: What happened in the person's previous crisis, if there was one? Who helped them work through that incident?
- What events happened that prompted the call to 911? Provide details, if possible, in regard to the person's disposition. For example, are they attempting or planning to attempt suicide; aggressive; not sleeping, eating, or bathing for several days; etc.?
- Identify potential triggers or things that could escalate the crisis.
- Callers be aware that the dispatcher may be relaying information in real time, so he/she may have additional questions for you.

Strategies for Responding Appropriately

The dispatcher prioritizes the threat and risk of injury to the person in crisis and the public. In many cases, dispatchers triage, engage other resources, and make referrals. To ensure the best possible outcome, remember these tips when talking with the dispatcher:

- Report the facts only.
- Do not embellish your answers to improve response time. Exaggerating the situation unnecessarily escalates the probability of a negative confrontation which can result in officers' use of physical or deadly force.
- Ask for an officer that is experienced with mental health crises
- Saying vs. meaning: Say what you mean. What you explicitly say needs to correlate and coincide with what you mean.
- Do not allow emotions to overtake your ability to speak. There are some questions that must be answered, as they are essential to navigating the appropriate response and resources.



- Clearly inform dispatcher of the subject's state (if he/she is violent) or has weapons at their disposal, and their history, if known, of previous interaction with police.
- Let the dispatcher know who else is present in residence (e.g. family members, friends).
- Advise dispatch of any psychiatric advance directives that stipulate preferences for treatment in the event of a crisis.
- Be prepared to give dispatch the subject's caregiver(s) and contact information (if known); they may have more insight on the subject and the dispatcher may want to contact them to have them en route.
- Inform dispatch of any known activations that may cause the subject to react adversely.