



SERVING THOSE WITH MENTAL HEALTH ISSUES

POLICY & PROCEDURE NO. 1.16	SECTION OPERATIONS	PAGES: 11	ISSUE DATE: December 18, 2023
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: 12.2.1, 12.2.2, 41.2.7, 41.4.6, 74.2.1		EFFECTIVE DATE: January 1, 2024	REVISION DATE:
ISSUING AUTHORITY: 			
Chief Nathan C. Hagglund			

I. GENERAL CONSIDERATIONS AND GUIDELINES

Reaction to people with mental health issues covers a wide range of human response. People afflicted with mental illness are ignored, laughed at, feared, pitied, and often mistreated. A police officer's conduct must reflect a professional attitude and be guided by the fact that mental illness, standing alone, does not permit or require any police activity. Individual rights are not lost or diminished merely by virtue of a person's mental condition. These principles, as well as the following procedures, must guide an officer when their duties bring them in contact with a person who has mental health issues.

II. POLICY

Officers shall accord all persons, including those with mental illness, all the individual rights to which they are entitled. Officers shall attempt to protect persons with mental health issues from harm and shall refer them to agencies or persons able to provide services where appropriate. **[41.2.7(1)]**

III. DEFINITIONS

IV. PROCEDURES

RECOGNIZING MENTAL ILLNESS

An employee must be able to recognize an individual with mental health issues if he/she is to handle a situation properly. Factors that may aid in determining whether a person is disturbed are: **[41.2.7(2-A)]**

1. Severe changes in behavioral patterns and attitudes;
2. Unusual or bizarre mannerisms and/or appearance;
3. Distorted memory or loss of memory;
4. Hallucinations or delusions;
5. Irrational explanation of events;
6. Hostility to and distrust of others;
7. Fear of others, such as paranoia;
8. Marked decrease in efficiency;
9. Lack of cooperation and tendency to argue;
10. One-sided conversations; and
11. Lack of insight regarding his/her mental illness.

These factors are not necessarily, and should not be treated as, conclusive. They are intended only as a framework for proper police response. It should be noted that a person exhibiting signs of an excessive intake of alcohol or drugs may also be have mental health issues.

COMMON MENTAL DISORDERS

BIPOLAR DISORDER: This is typically a lifelong illness that most often begins in the later teenage years or early adulthood. It commonly runs in families, but not always, and affects more than two million Americans. It is a treatable illness. The warning signs, outlined in the chart below, are often painful, last a long time and are serious. They usually interfere

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

with a person's ability to conduct a normal family, work and personal life.

SIGNS OF MANIA	SIGNS OF DEPRESSION
Excitability or feeling "high"	Feeling sad, depressed, or guilty
Increased talkativeness	Slowed or sluggish behavior
Fast speech	Hopelessness
Decreased need for sleep	Thoughts or plans of suicide
Excessive energy	Change in sleep, appetite, energy
Risky behaviors	Problems concentrating

SCHIZOPHRENIA. Persons in a psychotic state may have high anxiety, faulty reality testing, poor judgment, or diminished impulse control. They may be at risk of harming themselves or others. Warning signs include:

1. Hallucinations (hearing, smelling, tasting or feeling something that is not really there);
2. Delusions (false or unreal beliefs);
3. Disorganized speech and/or speaking less;
4. Bizarre behavior;
5. Blunted or dulled emotions;
6. Withdrawing emotionally from people;
7. A loss of interest in school or work;
8. Difficulty paying attention;
9. Lack of energy and motivation;
10. Thoughts of death or suicide, or suicide attempts;
11. Outbursts of anger; and
12. Poor hygiene and grooming.

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

DEPRESSION. This is more than just feeling sad or a little under the weather. Depression is a mental illness that can seriously affect a person's feelings, thought patterns, behavior, and quality of life. Warning signs include:

1. Ongoing sad, anxious or empty feelings;
2. A loss of interest in activities that normally are pleasurable, including sex;
3. Appetite and weight changes (either loss or gain);
4. Sleep problems (insomnia, early morning waking or oversleeping);
5. Irritability;
6. A loss of energy and a sense of fatigue, or being "slowed down".
7. Feelings of guilt, worthlessness and helplessness;
8. Feelings of hopelessness and pessimism;
9. Difficulty in concentrating, remembering and making decisions;
10. Thoughts of death or suicide, or suicide attempts; and
11. Ongoing body aches and pains or problems with digestion that are not caused by physical disease.

ACCESSING COMMUNITY MENTAL HEALTH RESOURCES [41.2.7(2-B)]

A current directory of mental health resources include:

1. Contacts for hospitalization for psychiatric emergencies;
2. Massachusetts Department of Mental Health: Phone: 617-626-8000, <http://www.mass.gov>; and
3. National Alliance on Mental Illness (NAMI): 1-800-950-NAMI (6264), <http://www.nami.org/>.

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

DEALING WITH PERSONS WITH MENTAL HEALTH ISSUES IN ADMINISTRATIVE SETTINGS

Non-sworn employees may interact with mentally ill persons in an administrative capacity, such as records request, animal control issues, etc. If an employee believes they are interacting with a mentally ill person, they should proceed patiently and act in a calm manner.

Although the person is mentally ill, his or her requests or inquiries should normally be treated as if the person making the request or inquiry were not mentally ill. Due to the person's illness, the person could make bizarre claims or requests. At all times, employees should act with respect towards the mentally ill person.

A person with mental illness may be both highly intelligent and acting irrationally. If the person's behavior makes the employee feel unsafe, a police officer should be summoned. The police officer need not deal with the person directly but be present during the interaction to react if the person becomes disruptive or violent. If the person is disruptive, violent, or acts in such a manner as to cause the employee to believe that the person may be harmful to themselves or others, a police officer should be summoned to address the situation in accordance with this policy.

INTERACTIONS WITH THE MENTALLY ILL IN THE FIELD [41.2.7(2-C)]

If an officer believes he/she is faced with a situation involving a mentally ill person, they should not proceed in haste unless circumstances require otherwise. The officer should be deliberate and take the time required for an overall look at the situation. The officer should ask questions of persons available to learn as much as possible about the individual. It is especially important to learn whether any person, agency or institution presently has lawful custody of the individual, and whether the individual has a history of criminal, violent or self-destructive behavior.

The officer should call for and await assistance. It is advisable to seek the assistance of professionals such as doctors, psychologists, and psychiatric nurses, if available.

It is not necessarily true that mentally ill persons will be armed or resort to violence. However, this possibility should not be ruled out and, because of the potential dangers, the officer should take all precautions to protect everyone involved.

It is not unusual for such persons to employ abusive language against others. An officer must ignore verbal abuse when handling such a situation.

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

Avoid excitement. Crowds may excite or frighten the mentally ill person. Groups of people should not be permitted to form or should be dispersed as quickly as possible.

Reassurance is essential. The officer should attempt to keep the person calm and quiet. They should attempt to show that they are a friend and that they will protect and help. It is best to avoid lies and not resort to trickery.

Officers should always act with respect towards the mentally ill person. Do not "talk down" to such person or treat such a person as "child-like." Mental illness, because of human attitudes, carries with it a serious stigma. An officer's response should not increase the likelihood that a disturbed person will be subjected to offensive or improper treatment.

RESPONDING TO REQUESTS FOR ASSISTANCE

If an officer receives a complaint from a family member of an allegedly mentally ill person, the officer must assess the person's state. The officer must make a good faith determination as to whether there is reason to believe that failure to hospitalize the person would create a likelihood of serious harm by reason of mental illness, and as to whether the person is a threat to himself or others.

If a person is not an immediate threat or is not likely to cause harm to themselves or others, officers should advise such family member of that determination. The family member may consult a physician or mental health professional in an attempt to obtain a commitment from that person pursuant to M.G.L. c. 123 s. 12(a) or make application to the district or juvenile court to obtain a warrant of apprehension pursuant to M.G.L. c. 123 s. 12(e).

WARRANTS OF APPREHENSION [74.2.1(2-D)]

A warrant of apprehension issued pursuant to M.G.L. c. 123 s. 12(e) is a judicially authorized arrest warrant, and police may take actions normally accorded an arrest warrant. See the department policies on **ARRESTS**.

Upon receipt of a warrant of apprehension, police should make a good faith effort to locate and serve the warrant. Upon arrest of the subject of the warrant, the individual should be processed according to the department policy on **PROCESSING DETAINEES** unless, due to the dangerousness of the subject or other factors, doing so would pose an excessive risk of physical harm to the officers or the subject of the warrant. In such a case, the subject should be taken directly to court.

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

INVOLUNTARY EXAMINATIONS [74.2.1(2-D)]

The authority for an application for Involuntary Examination is described in M.G.L. c. 123 s. 12.

MEDICAL PERSONNEL. Any physician, qualified psychiatric nurse, mental health clinical specialist, or qualified psychologist, after examining a person and having reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness, may restrain the person and apply for hospitalization for a three (3) day period.¹

POLICE OFFICERS. In an emergency situation, if a physician or qualified psychologist is not available, a police officer who *reasonably believes* under the circumstances that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness may restrain such person and apply for the hospitalization of such person for a three (3) day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health.² A police officer may also convince a person who they believe needs such services to agree to a voluntary admission for a mental health evaluation.

Commitment proceedings under section 12(a) of Chapter 123 should be initiated by a police officer only if all of the following procedures have been observed:

1. Determination has been made that there are no outstanding commitment orders pertaining to the individual;
2. Every reasonable effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings; and

Officers may effect a warrantless entry into the home of a subject for whom a section 12 application for temporary hospitalization has been issued, provided:³

1. They have actual knowledge of the issuance of the application;
2. The entry is of the residence of the subject of the application;
3. The application was issued by a qualified physician, psychologist, or psychiatric nurse in an emergency where the subject refused to consent to an examination; and

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

4. The warrantless entry is made within a reasonable amount of time after the application has been issued.

NOTE: If any of the above criteria are not met, and unless exigent circumstances are present, a warrant shall be obtained prior to any entry of a residence.

Whenever practical, prior to transporting, the emergency mental health facility that police plan to take the person should be contacted. This may be done by the police, a dispatcher, emergency medical personnel, or staff from the facility from which the mentally ill person is being transported. The facility should be informed of the circumstances and any known clinical history, determine if it is the proper facility, and be given notice of any restraints to be used and whether such restraint is necessary.⁴

If an officer makes application to a hospital or facility and is refused, or if they transport a person with a commitment paper signed by a physician, and that person is refused admission, the officer should ask to see the administrative officer on duty to have them evaluate the patient.

If refusal to accept the mentally ill person continues, the officer shall not abandon the individual, but shall take measures in the best interests of that person and, if necessary, take the mentally ill person to the police station.

Notification of such action shall immediately be given to the Shift Commander, who can notify the Department of Mental Health.

TAKING A MENTALLY ILL PERSON INTO CUSTODY

A mentally ill person may be taken into custody if:

1. They have committed a crime (an arrest);
2. The officer has a reasonable belief, under the circumstances, that they pose a substantial danger of physical harm to themselves or other persons.⁵ Threats or attempts at suicide should never be treated lightly; and
3. They have escaped or eluded the custody of those lawfully required to care for them.⁶

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

At all times, an officer should attempt to gain voluntary cooperation from the individual. Officers shall be bound by use of force requirements consistent with the department policy on **USE OF FORCE**.

TRANSPORTING MENTALLY ILL PERSONS TO TREATMENT

Normally, a person who is to be transported to a hospital for a mental health evaluation pursuant to M.G.L. c. 123 s. 12 will be transported by ambulance.

A police officer may transport such person in a police transportation vehicle equipped with a protective barrier if, in the opinion of a police officer, the person poses a threat due to violence, resisting, or other factors. Authorization from a supervisor should be sought prior to transport.

ESCAPES FROM MENTAL HEALTH FACILITIES

If a patient or resident of a facility of the Massachusetts Department of Mental Health is absent without authorization, the superintendent of the facility is required to notify the state and local police, the local district attorney and the next of kin of such patient or resident.⁷ Such persons who are absent for less than six months may be returned by the police.

Persons who have been found not guilty of a criminal charge by reason of insanity or persons who have been found incompetent to stand trial on a criminal charge may be returned regardless of the length of absence.⁸

Taking a subject into custody for return to a mental health facility shall not be considered an arrest. The subject may be turned over directly to employees of the facility.

INDEMNIFICATION

Police officers are immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility. Immunity applies to officers acting pursuant to the provisions of Chapter 123 (Mental Health).⁹

INTERROGATING MENTALLY ILL SUSPECTS [41.2.7(2-D)]

Whenever a mentally ill or mentally deficient person is a suspect and is taken into custody for questioning, police officers must be particularly careful in advising the subject of their Miranda rights and eliciting any

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

decision as to whether they will exercise or waive those rights. It may not be obvious that the person does not understand their rights. The department policy on **INTERROGATING SUSPECTS** should be consulted.

Before interrogating a suspect, who has a known or apparent mental condition or disability, police should make every effort to determine the nature and severity of that condition or disability; the extent to which it impairs the subject's capacity to understand basic rights and legal concepts, such as those contained in the Miranda warnings.

It may be useful to incorporate the procedures established for interrogating juveniles when an officer seeks to interrogate a suspect who is mentally ill or mentally deficient. Those procedures are set out in the department policy **HANDLING JUVENILES**.

If a mentally ill or deficient person is reported lost or missing, police may enter them as a missing and endangered person following protocols described in the department policy on **MISSING PERSONS**.

Officers may additionally refer the family of the missing person to the National Alliance for the Mentally Ill (NAMI)/Homeless or Missing Persons Service which operates an emergency hotline to assist all families and friends who have a missing relative or friend. The Information Helpline telephone number is **1-800-950-NAMI (6264)**, and the web site is <http://www.nami.org/> .

TRAINING

Department personnel shall be trained in this policy upon initial employment and undergo refresher training at least every two years.
[41.2.7(2-F,E)]

¹ M.G.L. c. 123, §12 (a).

²M.G.L. c. 123, §12(a); *Ahern v. O'Donnell*, 109 F.3d 809 (1st Cir. 1997).

³McCabe v. Life-Line Ambulance Service, Inc., 77 F.3d 540 (1st Cir. 1996).

⁴M.G.L. c. 123, §12(a).

⁵M.G.L. c. 123, §12(a); *Ahern v. O'Donnell*, 109 F.3d 809 (1st Cir. 1997).

⁶ M.G.L. c. 123, §30.

1.16 SERVING THOSE WITH MENTAL HEALTH ISSUES

⁷M.G.L. c. 123, §30.

⁸M.G.L. c. 123, §30.

⁹M.G.L. c. 123, §22.