	MEDFIELD POLICE DEPARTMENT	**POLICY NO. 1.16**

SERVING THE MENTALLY ILL

MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: **41.2.7**	DATE OF ISSUE: 05/21/2023
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BACKGROUND:

Reaction to the mentally ill covers a wide range of human response. People afflicted with mental illness are ignored, laughed at, feared, pitied, and often mistreated. The conduct of the Medfield Police Department must reflect a professional attitude, and be guided by the fact that mental illness, standing alone, does not permit or require any particular 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 his duties bring him in contact with a mentally ill person.

I. POLICY:

Members of the Department shall accord all persons, including those with mental illness, all the individual rights to which they are entitled. This Department shall attempt to protect mentally ill persons from harm, and shall refer them to agencies or persons able to provide services where appropriate.

II. PROCEDURES:

A. *Recognizing Mental Illness*

1. Members of the Medfield Police Department are to provide effective service; it is helpful to be able to recognize the symptoms of mental illness. Factors that may aid in determining whether a person is disturbed are: ***[41.2.7 a]***

a. Severe changes in behavioral patterns and attitudes;

b. Unusual or bizarre mannerisms and/or appearance;

c. Distorted memory or loss of memory;

d. Hallucinations or delusions;

e. Irrational explanation of events;

f. Hostility to, and distrust of, others;

g. Fear of others, such as paranoia;

h. Marked decrease in efficiency;

i. Lack of cooperation and tendency to argue;

j. One-sided conversations; and

k. Lack of insight regarding his/her mental illness.

2. 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 mentally ill.

B. Common Mental Disorders

1. 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 with a person's ability to have 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

2. 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:

a. Delusions (false or unreal beliefs);

b. Hallucinations (hearing, smelling, tasting or feeling something that is not really there);

c. Disorganized speech and/or speaking less;

d. Bizarre behavior;

e. Blunted or dulled emotions;

f. Withdrawing emotionally from people;

g. A loss of interest in school or work;

h. Difficulty paying attention;

i. Lack of energy and motivation;

j. Thoughts of death or suicide, or suicide attempts;

k. Outbursts of anger; and

l. Poor hygiene and grooming.

3. **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:

a. Ongoing sad, anxious, or empty feelings;

b. A loss of interest in activities that normally are pleasurable, including sex;

c. Appetite and weight changes (either loss or gain);

d. Sleep problems (insomnia, early morning wakening or oversleeping);

e. Irritability;

f. A loss of energy and a sense of fatigue, or being "slowed down";

g. Feelings of guilt, worthlessness and helplessness;

h. Feelings of hopelessness and pessimism;

i. Difficulty in concentrating, remembering and making decisions;

j. Thoughts of death or suicide, or suicide attempts; and

k. Ongoing body aches and pains or problems with digestion that are not caused by physical disease.

C. Accessing Community Mental Health Resources [41.2.7 b]

1. The Dispatch Supervisor shall maintain a current directory of mental health resources including:

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

D. Dealing with the Mentally Ill in Administrative Settings

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

2. 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 does not have to deal with the person directly, but may 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 him/herself or others, a police officer should be summoned to address the situation in accordance with this policy.

E. Interactions with the Mentally Ill in the Field [41.2.7(c)]

1. If an officer believes he is faced with a situation involving a mentally ill person, he 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. Dispatch should have telephone numbers and locations of crisis centers.

2. 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.

3. Some Mentally ill people use abusive language against others. An officer must ignore verbal abuse when handling such a situation.

4. 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.

5. Reassurance is essential. The officer should attempt to keep the person calm and quiet, and should attempt to show that he is there to help. It is best to avoid lies and not resort to trickery.

6. Officers should 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 societal 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.

F. Responding to Requests for Assistance

1. When an officer receives a complaint from a family member of a mentally ill person, the officer must assess the person's current mental state. The officer must make a good faith determination as to whether or not there is reason to believe that failure to hospitalize the person would create a likelihood of serious harm, and as to whether the person is a threat to himself or others.

2. If a person is not an immediate threat, or is not likely to cause harm to himself or others, officers should advise the family member of that determination. The family member may consult a physician or mental health professional in an attempt to obtain a commitment for 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).

G. Warrants of Apprehension

1. 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 with an arrest warrant. See the department policies on ***Arrests***.

2. 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 brought directly to court. Warrants of apprehension shall only be served while court is in session.

H. Involuntary Examinations

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

2. **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]

3. **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 the 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

[1] M.G.L. c. 123, §12 (a).

(3) day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health.[2]

d. A police officer may also convince a person who he believes needs such services to agree to a voluntary admission for a mental health evaluation.

e. 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 situation where the subject refused to consent to an examination; and

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.

f. Whenever practical, prior to transporting, the emergency mental health facility that police plan to take the person to 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]

g. If an officer makes application to a hospital or facility and is refused, or if he transports 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 him evaluate the patient.

h. 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.

i. Notification of such action shall immediately be given to the Officer in Charge, who can notify the Department of Mental Health.

I. Taking a Mentally Ill Person into Custody

1. A mentally ill person may be taken into custody if:

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

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

[4]M.G.L. c. 123, §12(a).

a. He has committed a crime (an arrest);

b. The officer has a reasonable belief, under the circumstances, that he poses a substantial danger of physical harm to himself or other persons.[5] Threats or attempts at suicide should never be treated lightly; and

c. He has escaped or eluded the custody of those lawfully required to care for him.[6]

2. 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***.

J. Transporting Mentally Ill Persons to Treatment

1. 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.

2. A police officer may transport such person in a police 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. If an officer must transport via a police vehicle then he must notify the supervisor as soon as possible of the transport.

K. Escapes from Mental Health Facilities

1. 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.

2. 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]

3. 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 and do not need to be processed at the police station, however officers should file a report.

L. Indemnification

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

[6] M.G.L. c. 123, §30.

[7]M.G.L. c. 123, §30.

[8]M.G.L. c. 123, §30.

1. 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]

M. Interrogating Mentally Ill Suspects [41.2.7(c)]

1. 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 his/her Miranda rights and eliciting any decision as to whether he/she will exercise or waive those rights. It may not be obvious that the person does not understand his/her rights. The department policy on ***Interrogating Suspects*** should be consulted.

2. 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, and 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.

NOTE: A person's mental illness may be taken into account by a court in determining the voluntariness of their confession. Therefore, officers should use their good judgment when interrogating a mentally ill suspect.

3. 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***.

4. Officers may 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/ .

N. Training

1. Department personnel shall be trained on this policy upon initial employment and undergo refresher training at least every three years. ***[41.2.7(d)] [41.2.7(e)]***

[9]M.G.L. c. 123, §22.