

		Policy & Procedures			No. 1.13	
		Subject: MENTAL HEALTH				
		Issuing Authority: Chief of Police			Effective Date: 01/01/14	Review Date: 06/29/2023
					References:	
Review						
Revision	10/26/2014					
Reissued	02/07/2015					
Dates:	02/01/2017					
	1/13/2019					
	5/19/2020					
	6/01/2022					

CALEA STANDARDS

41.2.5 41.2.7

GENERAL CONDITIONS AND GUIDELINES

Reaction to those suffering from mental health issues covers a wide range of human response. People afflicted with mental illness are ignored, laughed at, feared, pitied and often mistreated by the public. Unlike the general public, however, a police officer cannot permit personal feelings to dictate his/her reaction to those suffering from a mental health issue. His/her conduct 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 health condition. These principles, as well as the following procedures, must guide an officer when his/her duties bring him/her in contact with a person experiencing a mental health issue.

POLICY

It is the policy of the Canton Police Department that:

1. Officers shall afford all persons, including those experiencing a mental health issue, all the individual rights to which they are entitled; and
2. Officers shall attempt to protect those experiencing a mental health issue from harm and shall refer them to our agency's mental-health clinician or to agencies or persons able to provide services where appropriate.
3. Entry-level training of all agency personnel, including civilian personnel when applicable, in handling those experiencing a mental health issue shall be provided. **41.2.7 (2E)**

4. Refresher training of all sworn personnel, and civilian personnel when applicable, in handling those experiencing a mental health issue shall be provided at least every two (2) years. **41.2.7 (2F)**

PROCEDURES

I. Recognition and Handling 41.2.7 (2A)

- A. An officer must be able to recognize an individual who is experiencing a mental health issue if (s)he is to handle a situation properly.
 1. Factors that may aid in determining if a person is suspected of suffering from a mental illness are:
 - 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 increase or 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. If an officer believes (s)he is faced with a situation involving a person experiencing a mental health issue, (s)he should not proceed in haste unless circumstances require otherwise. When dealing with persons they suspect are experiencing a mental health issue during contacts on the street, a sworn officer should: **41.2.7 (2C)**
 1. Be deliberate and take the time required for an overall look at the situation. De-escalate the situation and calm things down when circumstances allow;
 2. 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.

3. Call for and wait for a back-up officer. This includes calling dispatch for a response from our agency's in-house mental health clinician. It is advisable to seek the assistance of professionals such as doctors, psychologists, psychiatric nurses and clergy, if needed. The officers should have telephone numbers and locations of crisis centers accessible.
 4. It is not necessarily true that those experiencing a mental health issue 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.
- C. It is not unusual for such persons to employ abusive language against others. An officer must ignore verbal abuse when handling such a situation.
 - D. Avoid excitement. Crowds may excite or frighten those experiencing a mental health issue. Groups of people should not be permitted to form or should be dispersed as quickly as possible.
 - E. Reassurance is essential. An officer should attempt to keep the person calm and quiet. (S)he should attempt to show that (s)he is a friend and that (s)he will protect and help. It is best to avoid lies and not to resort to trickery.
 - F. An officer should at all times act with respect towards the individual experiencing a mental health issue. Do not "talk down" to such a person or treat such a person as "child-like." A person experiencing a mental health issue may be both highly intelligent and acting irrationally.

II. Taking a person experiencing a mental health issue into Custody

- A. A person experiencing a mental health issue may be taken into custody if:
 1. (S)he has committed a crime.
 2. The officer has reasonable belief, under the circumstances, that (s)he poses a substantial danger of physical harm to himself/herself or other persons. Threats or attempts at suicide should never be treated lightly.
 3. (S)he has escaped or eluded the custody of those lawfully required to care for him/her.
- B. At all times, an officer should attempt to gain voluntary cooperation from the individual.
- C. Chapter 123, Section 12 Petitions: **41.2.7**
 1. In an emergency situation, if a physician or qualified psychologist is not available, a police officers, who *reasonably believes* under the circumstances that failure to hospitalize a person would create a likelihood of serious harm

by reason of a mental health issue, may restrain such person and apply for the hospitalization of such person for a three-day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health. In such cases, the Canton Fire Department would be notified for transport of the individual. A Canton Police officer will ride in the ambulance with the individual when possible.

2. Although “any person”, including a police officer, may petition a district court to commit a person experiencing a mental health issue to a facility for a three-day period if failure to confine that person would cause a likelihood of serious harm, generally, a police officer should be the last person to initiate such proceedings. Three-day commitment proceedings under Section 12 of Chapter 123 should be initiated by a police officer only if all the following procedures have been observed:
 - a. Determination has been made that there are no outstanding commitment orders pertaining to the individual; and
 - b. Every effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings; and
 - c. The officer has received approval from a Shift Supervisor.
3. Officers may affect a warrantless entry to execute a Section 12 application for temporary hospitalization provided:
 - a. They are in possession of the Section 12;
 - b. The entry is of the residence of the subject of the Section 12 paper;
 - c. The Section 12 paper was issued by a qualified physician, psychologist, or psychiatric nurse in an emergency situation and where the subject refused to consent to an examination; and
 - d. The warrantless entry is made within a reasonable amount of time after the Section 12 paper 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 for a residence to execute a Section 12 paper.

D. Taking into Custody on a Section 12

1. Whenever police take a person experiencing a mental health issue into custody on a Section 12, the appropriate mental health officials should be contacted. They should be informed of the individual’s condition and their instructions sought on how to properly handle and, if necessary, restrain the individual and to what facility (s)he should be taken.

2. If an officer makes an application to a hospital or facility and is refused, or if (s)he transports a person with a commitment paper (Section 12 paper) signed by a physician, and that person is refused admission, (s)he should ask to see the administrative officer on duty to have him/her evaluate the patient. If refusal to accept the person continues, the officers shall not abandon the individual, but shall take measures in the best interests of that person and, if necessary, take person to the police station. Notification of such action shall immediately be given to the officer-in-charge/Lieutenant, who can notify the Department of Mental Health.
3. Transportation to a hospital shall be by ambulance. The individual is not to be transported in a department cruiser.
4. Police officers are immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the officer acts pursuant to the provisions of Chapter 123.

E. 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.
2. Such persons who are absent for less than six months may be returned by the police. This six-month limitation does not apply to persons who have been found not guilty of a criminal charge by reason of insanity nor to persons who have been found incompetent to stand trial on a criminal charge.

F. Interviewing or Interrogating Persons experiencing a mental health issue 41.2.7 (2D)

1. Whenever a person with a known mental health condition or disability is being interviewed, sworn police officers must be particularly careful in ensuring that individual's rights aren't violated. It is always best to have a family member or friend present that can appreciate the individual's needs and circumstance.
2. Whenever a person with a mental health condition or disability is a suspect and is taken into custody for questioning, sworn police officers must be particularly careful in advising the subject of his/her Miranda rights and eliciting any decision as to whether (s)he will exercise or waive those rights. It may not be obvious that the person does not understand his/her rights. The departmental policy on **Interrogating Suspects and Detainees #1.20** should be consulted.

3. 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 and whether there is an appropriate "interested adult," such as a legal guardian or legal custodian of the subject, who could act on behalf of the subject and assist the subject in understanding his/her Miranda rights and in deciding whether or not to waive any of those rights in a knowing, intelligent and voluntary manner.

G. Confidentiality

Any officer having contact with a mentally ill person shall keep such matter confidential except to the extent that revelation is necessary for conformance with departmental procedures regarding reports or is necessary during the course of official proceedings.

H. Lost or Missing 41.2.7

If a person experiencing a mental health issue is reported lost or missing, police should treat this as an At Risk priority case. See the department's policy on Missing Persons #2.03 **41.2.5 (3F)**

The family should be provided with the telephone number of the National Alliance for the Mentally Ill (NAMI); Homeless or Missing Persons Service. NAMI is a national organization staffed by volunteers whose mission is to aid the mentally ill and their family members. Officers should be aware that NAMI offers assistance to the family and friends of a mentally ill person who may be lost, missing or in need of special services through their national network. They can be reached at the following numbers or via the internet at NAMI.org:

National Number: 1-800-950-NAMI (6264)

NAMI Massachusetts: 1-781-938-4048

I. Complaints with no Immediate Threat Present

An officer who receives a complaint from a family member of a person experiencing a mental health issue who is not an immediate threat or is not likely to cause harm to himself or others, shall refer the family member to our agency's in-house mental health clinician who will be able to provide appropriate resources.

J. Accessing Community Mental Health Resources 41.2.7 (2B)

The following is a list of contact numbers for Mental Health Resources in the area. A complete list can be located in the virtual folder, 'Resources & Contact Numbers', located in the CPD Bulletin Board on every desktop. Accessible in the cruisers. They are also located on our web site.

1. Riverside Community Health
Trauma Center: 800-851-2451
Adult Hotline#: 800-529-5077

Child & Family: 800-529-5077

Riverside Community Health is available for community services as well. This is a great contact number to use if an organization, school or business in the community is experiencing a traumatic event such as a sudden death, serious accident, natural disaster, etc.

2. High Point Treatment Center

In-patient: 508-224-7701

Out-patient: 508-224-7705

This is a great facility for those looking for help with treatment for mental health matters as well as those individuals suffering from drug dependency.