

# RESPONDING TO PERSONS AFFECTED BY MENTAL ILLNESS

<p>POLICY &amp; PROCEDURE NO.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p><b>41.2.7</b></p> <p>CALEA Ref: 41.2.7 (a-e), 74.2.1 MPAC Ref: 41.2.7 (a-e), 74.2.1</p> </div>	<p>ISSUE DATE: July 12, 2019</p>
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<input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDS <input type="checkbox"/> RESCINDS	

## I. PURPOSE

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. Unlike the general public, however, a police officer cannot permit personal feelings to dictate his reaction to the mentally ill. 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 condition. These principles, as well as the following procedures, must guide an officer when his duties bring him/her in contact with a mentally ill person.

## II. POLICY

It shall be the policy of the Haverhill Police Department to establish guidelines and procedures in responding to calls of service to persons affected by mental illness.

## III. DEFINITIONS

**Mental Illness:** An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety.

**Crisis:** An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

## **IV. PROCEDURES**

### **A. Recognition and Handling**

An officer must be able to recognize a mentally ill individual if he/she is to handle a situation properly. Factors that may aid in determining if a person is disturbed are severe changes in behavioral patterns and attitudes; unusual or bizarre mannerisms; loss of memory; hallucinations or delusions; hostility to and distrust of others; marked increase or decrease in efficiency; lack of cooperation and tendency to argue; one-sided conversations. **(41.2.7 (a))**

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 might also be mentally ill.

An officer should be deliberate and take the time required for an overall look at the situation. An 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. An officer should call for and await assistance. It is advisable to seek the assistance of professionals such as doctors, psychologists, psychiatric nurses and clergy, 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. **(41.2.7 (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.

1. 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.
2. Reassurance is essential. An officer should attempt to keep the person calm and quiet. He/she should attempt to show that he/she is a friend and that he/she will protect and help. It is best to avoid lies and not to resort to trickery. **(41.2.7 (c))**

An officer should at all times 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.

## **B. Taking a Mentally Ill Person into Custody**

A mentally ill person may be taken into custody if:

1. He/she has committed a crime.
2. He/she poses a substantial danger of physical harm to other persons by exhibition of homicidal or other violent behavior or he/she poses a very substantial risk of physical impairment or injury to himself/herself (for example, by threats or attempts at suicide) or he/she is unable to protect himself/herself in the community. Threats or attempts at suicide should never be treated lightly.
3. He/she has escaped or eluded the custody of those lawfully required to care for him.

In an emergency situation, if a physician or qualified psychologist is not available, a police officer, who believes 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 ten day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health. **(41.2.7 (b)) (74.2.1)**

Although “any person,” including a police officer, may petition a district court to commit a mentally ill person to facility for a ten day period if failure to confine that person would cause a likelihood of serious harm, generally, a police officer should be that last person to initiate such proceedings. Ten-day commitment proceedings under section 12(e) 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; and
2. Every effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings; and
3. The officer has received approval from the Officer-in-Charge or the appropriate commanding officer of the Department.

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. 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 or to persons who have been found incompetent to stand trial on a criminal charge.

Whenever police take a mentally ill person into custody 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 he should be taken. 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. **(74.2.1)**

If an officer makes 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, he/she should ask to see the administrative officer on duty to have him 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 station house. Notification of such action shall immediately be given to the Officer-in-Charge, who can notify the Department of Mental Health. **(41.2.7 (b))**

At all times, an officer should attempt to gain voluntary cooperation from the individual.

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.

When 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. In addition, it may be very 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 Haverhill Police Department Policy 44 Juvenile Operations. 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.

If a mentally ill or deficient person is reported lost or missing, police should consult the departmental policy and procedure on Missing Persons (HPD Policy 41.2.5 Missing Persons (Adults) or HPD Policy 41.2.6 Missing Children).

An officer who receives a complaint from a family member of an allegedly mentally ill person who is not an immediate threat or is not likely to cause harm to himself/herself or others, should advise such family member to consult a physician or mental health professional.

Once an officer takes custody of a mentally ill person who is likely to cause serious harm to himself/herself or others, he/she should only release the person to a proper mental health facility. Occasionally, the facility to which an officer transports a mentally ill person will either refuse to admit him/her entirely or will direct the officer to another mental health facility. The officer should contact the Officer-in-Charge for specific instructions in such cases. **(41.2.7 (b))**

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**NOTE: Any time a person is taken into custody for mental health or protective custody reasons, officers shall pat frisk the person for weapons prior to placing them in an ambulance or a cruiser.**

## **V. TRAINING**

Newly hired Officers shall receive initial training at the Basic Recruit Academy as a part of their curriculum. Newly Hired civilian employees will receive the initial training within 30 days of employment. **(41.2.7 (d))** All veteran personnel (sworn and civilian) shall be re-trained at least annually. This shall either be in in-service training or assigned as on-line training. **(41.2.7 (e))**

As part of the “One Mind Campaign” initiative, a minimum of 20% of sworn officers of the Haverhill Police Department shall have Crisis Intervention Team (CIT) training. All sworn officers shall be certified in Mental Health First Aid for Public Safety and shall be retrained according to program specifications.

## **VI. COMMUNITY RESOURCES**

- Department of Mental Health (Northeast Office)  
365 East St, Tewksbury, MA 01876  
(978) 863-5000
- Lahey Behavioral Health - Emergency Services Crisis Team – Haverhill  
62 Brown Street, Suite 305, Haverhill, MA 01830  
(978) 521-7777 or 800-281-3223
- Arbour Counseling Services, Haverhill  
116 Summer Street, Haverhill, MA 01830  
(978) 373-7071
- Veterans Outreach Center  
<https://www.vneoc.org/>  
10 Reed Street Haverhill, MA 01832  
(978) 372-3626