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HANDLING THE MENTALLY ILL

STOW POLICE DEPARTMENT POLICY & PROCEDURE NO. **1.16**	ISSUE DATE: _____
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: **41.2.7**	EFFECTIVE DATE: _____
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I. GENERAL CONSIDERATIONS AND GUIDELINES

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/her reaction to the mentally ill. An employee's 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/her duties bring the employee in contact with a mentally ill person.

II. POLICY

It is the policy of this department that:

A. Officers shall accord all persons, including those with mental illness, all the individual rights to which they are entitled.

B. Officers shall attempt to protect mentally ill persons from harm and shall refer them to agencies or persons able to provide services where appropriate.

III. DEFINITIONS

A. Bipolar: Also know as "manic-depressive illness," the disorder causes extreme swings in a person's moods, emotions and behaviors. In the "manic" state, these strong moods may include intense elation or irritability. In the "depression" state, a deep sadness or hopelessness is prevalent. Both are manifested in the "mixed state."

B. Schizophrenia: A serious disorder which affects how a person thinks, feels and acts. The illness is characterized by dramatic changes in behavior and thinking. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations.

C. Pink Slip or "Section 12": Refers to an involuntary commitment to an emergency mental health facility pursuant to M.G.L c. 123 s. 12.

D. Hallucinations: Perceptual experiences that are not actually occurring, such as hearing voices telling one to harm oneself.

E. Delusions: Fixed false beliefs about the self, such as: "Everyone is out to get me."

IV. PROCEDURES

A. Recognizing Mental Illness

1. An employee must be able to recognize a mentally ill individual if [s]he is to handle a situation properly.
2. Factors that may aid in determining if a person is disturbed are: [41.2.7]
   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.

3. 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.

4. Medications: Some medications commonly prescribed for mental illnesses are:

Trade Name	**Generic**	**Trade Name**	**Generic**
ATIVAN	LORAZEPAM	LITHOBID/ LITHIUM	LITHIUM CARBONATE
CALAN	VERAPAMIL	NEUROTIN	GABAPENTIN
CLOZARIL	CLOZAPINE	PROZAC	FLUOXETINE
DEPAKENE	VALPROIC ACID	RISPERDAL	RISPERIDONE
DEPAKOTE	DIVALPROEX	SEROQUEL	QUETIZPINE
GEODON	ZIPRASIDONE	TEGRETOL	CARBAMAZEPINE
HALDOL	HALOPERIDOL	TOPAMAX	TOPIRAMATE
KLONOPIN	CLONAZEPAM	WELLBUTRIN	BUPROPION
LAMICTAL	LAMOTRIGINE	ZYPREXA	OLANZAPINE

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.

   a. Warning Signs: These 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 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

b. Some people will self-medicate with alcohol or illegal drugs.

2. Schizophrenia: Persons in a psychotic state may have high anxiety, faulty reality testing, poor judgment, or diminished impulse control.

a. They may be at risk of harming themselves or others.

b. Warning Signs include:

1) Delusions (false or unreal beliefs);
2) Hallucinations (hearing, smelling, tasting or feeling something that is not really there);
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.

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

C. Accessing Community Mental Health Resources

1. The supervisor of Communications (Dispatch) shall maintain a current directory of mental health resources including:
2. Contacts for hospitalization for psychiatric emergencies;
3. Massachusetts Department of Mental Heath: Phone: 617-626-8000, http://www.mass.gov; and
4. 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 request, animal control issues, etc.
2. If an employee believes [s]he is interacting with a mentally ill person, [s]he should proceed patiently and act in a calm manner.
3. 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.

4. Understand that due to the person's illness, the person could make bizarre claims or requests.
5. 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.
6. 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.
7. 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 employee believes [s]he is faced with a situation involving a mentally ill person, [s]he should not proceed in haste unless circumstances require otherwise.
   a. The employee should be deliberate and take the time required for an overall look at the situation.
   b. The employee 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.
   c. The employee 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. The communications center should have telephone numbers and locations of crisis centers.
   d. 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 employee should take all precautions to protect everyone involved.
2. It is not unusual for such persons to employ abusive language against others. An employee must ignore verbal abuse when handling such a situation.
3. 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.

4. Reassurance is essential. The employee 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 resort to trickery.
5. Employee s 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." A person with mental illness may be both highly intelligent and acting irrationally. 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.

F. Responding to Requests for Assistance

1. 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 or not 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.
2. If a person is not an immediate threat or is not likely to cause harm to himself or others, officers should advise such family member of that determination. The family member may:
   a. 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
   b. 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 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.
3. 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.

H. Involuntary Examinations

1. The authority for an application for Involuntary Examination is described in M.G.L. c. 123 s. 12.
   a. 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.
   b. 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.
   c. Any Person (including a police officer) may petition a district court to commit a mentally ill person to a facility for a three (3) day period if failure to confine that person would cause a likelihood of serious harm.
2. Police Application of M.G.L. c. 123 s. 12
   a. Absent an order of a physician or psychologist for involuntary hospitalization, a police officer may convince a person who [s]he believes needs such services to agree to a voluntary admission for a mental health evaluation.
   b. If feasible, a police officer should seek the involuntary commitment of an individual by an authorized mental health professional or the court.
   c. 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.
      3) The officer has received approval from **Chief.**
   d. Officers may effect a warrantless entry into the home of a subject for whom a section 12 application for temporary hospitalization (pink slip) has been issued, provided:
      1) They have actual knowledge of the issuance of the pink slip.

2) The entry is of the residence of the subject of the pink slip.

3) The pink 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.

4) The warrantless entry is made within a reasonable amount of time after the pink slip 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 to execute a pink slip.

e. 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.

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 (pink slip) signed by a physician, and that person is refused admission, the officer should ask to see the administrative officer on duty to have him/her evaluate the patient.

2) 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.

3) Notification of such action shall immediately be given to the officer-in-charge or the Chief, 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:
   a. [S]he has committed a crime (an arrest).
   b. The officer has a 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.
   c. [S]he has escaped or eluded the custody of those lawfully required to care for him/her.
2. At all times, an officer should attempt to gain voluntary cooperation from the

individual.

3. 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 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.

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.
2. Such persons who are absent for less than six months may be returned by the police.
3. 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.
4. 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.

L. Indemnification

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**.**
2. Immunity applies to *o*fficer*s* act*ing* pursuant to the provisions of Chapter 123 (Mental Health).

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 [s]he 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***

and Arrestees should be consulted.

2. 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 department policy ***Handling Juveniles***.
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.
4. 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 department procedures regarding reports or is necessary during the course of official proceedings.

N. Lost or Missing

1. If a mentally ill or deficient person is reported lost or missing, police should follow protocols described in the department policy on ***Missing Persons***.
2. 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/ .

O. Training

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