ACTON POLICE DEPARTMENT

	DEPARTMENT MANUAL; P&P: Operations	
POLICY & PROCEDURE # 1.16	DATE OF ISSUE: 1/26/2024	EFFECTIVE DATE: 2/9/2024
SUBJECT: Responding to Persons Experiencing a Mental Health Crisis	ISSUING AUTHORITY: Chief James Cogan	
REFERENCE(S): Massachusetts Police Accreditation Commission # 41.2.7	__X__NEW ____AMENDS ____RESCINDS	

I. PURPOSE

Reactions to situations involving individuals with mental health issues cover a wide range of human responses. People afflicted with mental health issues are often ignored, laughed at, feared, pitied, and often mistreated. Unlike the general public, however, a police officer cannot permit personal feelings to dictate their reaction to the individuals in our community living with mental health issues. A police officer's conduct must reflect a professional attitude and be guided by the fact that mental health issues, and standing alone, does not permit nor 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 mental health issues.

II. POLICY

A. It is the policy of the Acton Police Department that:

1. Acton Police Officers shall accord all persons, including those with mental health issues, all the individual rights to which they are entitled.

2. Acton Police Officers shall attempt to protect persons experiencing mental health issues from harm and shall refer them to agencies or persons able to provide services where appropriate.

III. DEFINITIONS

A. ***Mental Health Crisis:*** An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, or 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 "freeze, fight, or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental health issues.

B. ***Mental health issues:*** 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 health issues if they display 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 their welfare with regard to basic provisions for clothing, food, shelter, or safety.

IV. PROCEDURES

A. Recognizing Mental Health Issues

1. An employee must be able to recognize behaviors that are indicative of persons affected by mental health issues or in crisis if [s]he is to handle a situation properly.

2. Factors that may aid in determining if a person is mentally ill or in crisis are: **[41.2.7(2A)]**

   a. Severe changes in behavioral patterns and attitudes;
   b. Unusual changes in behavioral patterns and attitudes;
   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 health issues.

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 experiencing a mental health issue.

B. Common Mental Disorders

Mental health problems are health conditions involving changes in thinking, mood, and/or behavior and are associated with distress or impaired functioning. When these conditions are more severe, they are called mental health issues. Mental health issues are 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 health issues or experiencing a mental health crisis if they display an inability to think rationally (e.g., delusions or hallucinations); to exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or to take reasonable care of their welfare with regard to basic provisions for clothing, food, shelter, or safety. Some types of mental health issues include anxiety disorders, attention-deficit/hyperactivity disorder, depressive and other mood disorders, eating disorders, and schizophrenia. The following are some of the more commonly encountered forms of mental health issues.

1. ***Bipolar Disorder*:** Bipolar disorder is a type of mood disorder characterized by recurrent episodes of highs (mania) and lows (depression) in mood. These episodes involve extreme changes in mood, energy, and behavior. Manic symptoms include extreme irritable, euphoric, or elevated mood; an inflated sense of self-importance (grandiosity); increased high-risk behaviors; distractibility; increased energy; and a perceived decreased need for sleep. Depressive episodes of bipolar disorder involve a period of a pervasive sense of sadness and/or loss of interest or pleasure in most activities that interferes with the ability to work or function. This is a severe condition that can impact a person's thoughts, sense of self-worth, sleep, appetite, energy, and concentration. It is frequently associated with thoughts of suicide. Individuals affected by bipolar disorder may demonstrate alternating cycles of mood disturbance with repeated episodes of depression, mania, or a mixture of both.

2. ***Schizophrenia*:** Schizophrenia often begins with an episode of psychotic symptoms like the individual hearing voices (i.e., hallucinations) or irrationally believing that others are trying to control or harm them (i.e., delusions). The delusions—thoughts that are fixed, bizarre, and have no basis in reality—may

occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. A person with schizophrenia may exhibit grandiose delusions, such as "I am Christ," or persecutory delusions such as "Everyone is out to get me." Delusional persons may also have generalized fears or beliefs such as unrealistic fears that they are being constantly watched; that their conversations or even their thoughts are being overheard, recorded, or monitored; or, that they are being talked about, followed, or otherwise persecuted, harassed, or controlled.

Hallucinations are usually present with schizophrenia. Hearing or seeing things is most common, but hallucinations can involve any of the five senses. For example, the individual may hear voices commanding them to act in a particular way, may feel their skin "crawl," smell strange odors, or see "devils" or "ghosts." While hallucinations are usually symptomatic of schizophrenia, they may also be caused by controlled substances or alcohol.

3. ***Major Depressive Disorder:*** Major Depressive Disorder involves a pervasive sadness and/or loss of interest or pleasure in most activities. The disorder interferes with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. The condition can impact a person's thoughts, sense of self-worth, sleep, appetite, energy, and concentration. Suicidal thoughts may be prominent.

4. ***Autism Spectrum Disorders:*** Autism is a type of developmental disability that affects language, communication, social skills, sensory systems, and behavior. Due to differences in sensory perception and processing, people with autism may be easily distressed by changes in their environment or routine; may experience pain at lesser or greater intensity; and may react unpredictably to touch or other forms of stimuli, such as flashing lights or sirens. People with autism may engage in repetitive behavior and may also exhibit atypical body movements, such as hand flapping or rocking. These behaviors may be mistakenly perceived as the product of being under the influence of drugs.

5. ***Post-traumatic Stress Disorder (PTSD):*** PTSD occurs after an individual experiences an event such as military combat, a sexual or physical assault, an automobile accident, or a natural disaster. With PTSD, individuals struggle with re-experiencing the original trauma either through nightmares or disturbing, intrusive thoughts throughout the day that may make them feel detached, numb, irritable, or aggressive. Attempts to avoid thinking about the trauma may be present including amnesia for all or part of the event. Persistent negative thoughts or feelings (e.g., survival guilt) may continue beyond the trauma. Ordinary events may serve as reminders of the trauma and may cause flashbacks, hyperarousal, or panic.

6. ***Anxiety Disorders*:** Anxiety is described as excessive worry and apprehensive expectations about a number of different events and causes significant distress or impairment in social, occupational, or other important areas of functioning. Some symptoms of anxiety include restlessness or feeling keyed up or on edge, easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, or sleep disturbances such as difficulty falling or staying asleep or restless and unsatisfying sleep.

C. Accessing Community Mental Health Resources [41.2.7(2B)]

1. The supervisor of Communications (Dispatch) shall maintain a current directory of mental health resources including:

   a. Contacts for hospitalization for psychiatric emergencies;
   b. National Alliance on Mental Health Issues (NAMI): 1-800-950-NAMI (6264), http://www.nami.org/.
   c. Advocates/Mobile Crisis
   d. Behavioral Health Helpline
   e. Community Behavioral Help Centers
   f. Department Clinician
   g. 9-8-8 Hotline

D. Dealing with Individuals Experiencing a Mental Health Issue in Administrative Settings [41.2.7(2C)]

1. Non-sworn employees may interact with those experiencing mental health issues in an administrative capacity such as, but not limited to: dispatching, records requests, and animal control issues.
2. If an employee believes [s]he is interacting with a person experiencing a mental health issue, [s]he should proceed patiently and act in a calm manner.
3. Although the person is experiencing a mental health issue, his or her requests or inquiries should normally be treated as if the person making the request or inquiry were not experiencing a mental health issue.
4. Understand that due to the person's mental health issue, the person could make bizarre claims or requests.
5. At all times, employees should act with respect towards the person experiencing a mental health issue. A person with a mental health issue 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 Individuals Experiencing a Mental Health Issue in the Field [41.2.7(2D)]

1. 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.

   a. The officer should be deliberate and take the time required for an overall look at the situation.

   b. 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.

   c. If practical the officer should seek additional assistance from known medical and/or mental health providers for the subject.

   d. It is not necessarily true that persons suffering from mental health issues 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.

2. It is not unusual for such persons to employ abusive language against others. Officers must be aware of this and ignore verbal abuse when handling such a situation.

3. Avoid excitement. Crowds may excite or frighten the individual experiencing mental health issues. Groups of people should not be permitted to form or should be dispersed as quickly as possible.

4. Reassurance is essential. The 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 resort to trickery.

5. Officers should at all times act with respect towards the person experiencing mental health issues. Do not "talk down" to such a person or treat such a person as "child-like." A person with a mental health issue may be both highly intelligent and acting irrationally. A mental health issue, because of human attitudes, carries with it a serious stigma. An officer's response should not increase the likelihood that a person in crisis 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 alleged person experiencing mental health issues, 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 health issues, 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 themselves or others, officers should advise such family members 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 an 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 (1.11).

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 of apprehension, the individual should be processed in the order and manner in which the warrant dictates.

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, qualified psychologist, or licensed independent social worker 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 a mental health issue, may restrain the person and apply for hospitalization for a three (3) day period.[i]

   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 a mental health issue, 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.[ii]

   c. Any Person: (including a police officer) may petition a district court to commit a person experiencing mental health issues to a facility for a three (3) day period if failure to confine that person would cause a likelihood of serious harm.[iii]

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 attempt to gain compliance from 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 the patrol shift supervisor.

d. 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:[iv]

    1) They have actual knowledge of the issuance of the section 12.
    2) The entry is of the residence of the subject of the section 12.
    3) The section 12 was issued by a qualified physician, psychologist, or psychiatric nurse in an emergency situation where the subject refused to consent to an examination.
    4) The warrantless entry is made within a reasonable amount of time after the section 12 has been issued.

e. Whenever practical, prior to transport, 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 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.[v]

    1) 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) 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 person experiencing mental health issues continues, the officer shall not abandon the individual but shall take measures in the best interests of that person and, if necessary, take the

person who experiencing a mental health crisis to the police station or another care facility.

3) Notification of such action shall immediately be given to the patrol shift supervisor, who can notify the Department of Mental Health.

I. Taking a Person Experiencing Mental Health Issues into Custody

1. A person experiencing mental health issues may be taken into custody if:

   a. [S]he has committed a crime (an arrest); or

   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.[vi]

   c. [S]he has escaped or eluded the custody of those lawfully required to care for him/her.[vii]

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

3. Officers shall be bound by the use of force requirements consistent with the department policy on the Use of Force.

J. Transporting Persons Experiencing Mental Health Issues 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. A police officer may also transport such person in a police transportation vehicle equipped with a protective barrier if, in the opinion of a police officer, the person has a calm demeanor and is compliant with the officer's requests. Authorization from a supervisor should be sought prior to transport.

K. 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 officers acting pursuant to the provisions of Chapter 123 (Mental Health).[viii]

L. Interrogating Suspects Experiencing Mental Health Issues

1. Whenever a person suffering from mental health issues 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 experiencing mental health issues. Those procedures are set out in the department policy Handling Juveniles (1.15).

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 **[41.2.7(2D)]**

4. CONFIDENTIALITY: Any officer having contact with a person experiencing mental health issues 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.

M. Lost or Missing

1. If a person who is experiencing a mental health issue is reported lost or missing, police should follow protocols described in the department policy on Missing Persons (2.08).

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/**.

N. Training

1. All Acton Police Department personnel shall be trained in this policy upon initial employment. **[41.2.7(2E)]**

2. Employees shall undergo refresher training at least every two years. **[41.2.7(2F)]**

RESPONDING TO A PERSONS EXPERIENCING A MENTAL HEALTH CRISIS

History: Manual I, Section III.

[i] M.G.L. c. 123, §12 (a).

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

[iii] M.G.L. c. 123, §12(e).

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

[v] M.G.L. c. 123, §12(a).

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

[vii] M.G.L. c. 123, §30.

[viii] M.G.L. c. 123, §22.