



# YARMOUTH POLICE DEPARTMENT POLICY AND PROCEDURE

## MENTALLY ILL PERSONS 2018-04

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### Policy

#### Statement

41.2.7

Reaction to the mentally ill covers a wide range of human responses. 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 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 in contact with a mentally ill person.

### Recognition and Handling of Mentally Ill Persons

41.2.7 a c

An Officer and employee must be able to recognize a mentally ill individual if they are to handle a situation properly this would include but not limited to calls for service at private residence, businesses, public street, parks, public buildings, and isolated areas (woods). Below is a list of factors that may aid in determining if a person is mentally ill. These factors are not necessarily conclusive and are intended only as a framework for proper police response.[41.2.7 a c]

- a. Severe changes in behavioral patterns and attitudes
- b. Unusual or bizarre mannerisms
- c. Loss of memory / disorientation
- d. Hostility to and distrust of others
- e. Lack of cooperation and tendency to argue

- f. Known history of mental illness
- g. Unresponsiveness to social cues
- h. Distracted/inattentive behavior
- i. Impaired judgment
- j. Substance intoxication
- k. Grandiosity- exaggerated self-appraisal
- l. Rapid, hard to interrupt speech
- m. Suicidal statements, hopelessness, or irrational guilt
- n. Paranoia
- o. Responding to voices/ one-sided conversations

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. Also, ask whether the person has any current treatment providers, prescribed medications, compliance with medications, substance abuse issues, and history of self-injuries or suicidal behavior.

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. However, it is more likely the person is at risk for harming him/herself.

It is not unusual for such persons to employ abusive language against others. An Officer must ignore verbal abuse when handling such a situation.

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 themselves or others, should advise such family member to consult a physician or mental health professional.

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.

Mental Health  
Contact and  
Crisis Team  
Response  
Request  
41.2.7 b

The Crisis Team is available to investigating Officers for advice, referrals and emergency responses. This will include persons detained in the station in custody, interviews or interrogations. The Crisis Team may also be requested to respond to an outside location or residence when the responding officer or supervisor believes their expertise is needed. [41.2.7 b] If there is a question about somebody being a candidate for a section 12 the Crisis Help Line can be accessed to speak with a qualified mental health clinician. The Help Line number can also be given to individuals as well as family members to call for help or advice 24 hrs. a day.

The Help Line is operated by Boston Medical Center. The local Crisis Team is operated by Baycove.

Help Line number is **1-800-981-4357**

Taking  
Mentally Ill  
Persons into  
Custody  
41.2.7 c  
74.1.2

A mentally ill person may be taken into custody or arrested if he or she:[41.2.7 c]

- a. Has committed a crime.
- b. Poses a substantial risk of physical harm to other persons by exhibiting homicidal or other violent behavior, or poses a substantial risk of physical impairment or injury to him/herself (for example, by threats or attempts at suicide), or is exhibiting gross impairment of judgment, and is unable to protect him/herself in the community.
- c. Has escaped or eluded the custody of those lawfully required to care for him. 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. The police may return such persons who are absent for less than six months.
- d. When an Officer possesses a commitment order pursuant to MGL c.123 s.12 (e) commonly referred to as a "pink paper or section 12".

Officers may not make a forcible entry into a person's dwelling to execute an involuntary civil commitment order (MGL c. 123 § 12) unless they have a:

- a. Warrant of Apprehension, or
- b. A civil commitment order per G.L. c. 123 § 12 and exigent circumstances.

NOTE: When making the decision to make a forcible entry officers shall evaluate the potential for the use of force and any possible alternatives. Officers should use all facts known at the time to determine what is reasonable under the circumstances; including but not limited to the reason for the section, issuing doctor's/clinician's opinion and past history.

Emergency  
Situations  
Section 12  
41.2.7 c

In an emergency situation, if a physician or qualified psychologist is not available, an 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 three day period at a public facility or a private facility authorized for such purpose by the Massachusetts Department of Mental Health.[41.2.7 c]

Although "any person," including a Police Officer, may petition the district court to commit a mentally ill person to a facility for a three day period if failure to confine that person would cause a likelihood of serious harm<sup>i</sup>, generally, a Police Officer should be the last person to initiate such proceedings. 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:

- Determination has been made that there are no outstanding commitment orders pertaining to the individual; and
- Every effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment proceedings; and
- The Officer has received approval from the Shift Commander
- When an officer initiates an involuntary committal of an individual they shall proceed to the treatment facility to speak with ER personnel and advise them of the circumstances surrounding the committal. Officers are also encouraged to contact the psychiatric nurse practitioner during their on-duty hours (0630-2230) to advise them of the situation.

***CCH Psychiatric Nurse Practitioner 774-552-6165***

- Officers shall also fill out and relay a copy of the “CCH Emergency Center Section 12/Police Involvement Patient Information Form” to the hospital with the patient.
- Copies of any section 12, issued by a third party or applied for by YPD, shall be made and attached to the incident report

Interrogation  
41.2.7 c

Whenever a mentally ill or mentally challenged person is suspected of a crime and is taken into custody for questioning, Officers must be particularly careful in advising the subject of his Miranda rights and eliciting any decision as to whether he will exercise or waive those rights. 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 challenged. [41.2.7 c] Review policy: **Juveniles.**

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 Miranda rights and in deciding whether or not to waive any of those rights in a knowing, intelligent and voluntary manner.

Arrest  
Bail  
Available  
41.2.7 c

If an Officer arrests a mentally ill person who is unable to be safely contained at the holding facility and charges are such that bail is available.[41.2.7 c]

- Arrange for bail by a bail commissioner. A delayed arraignment date may be appropriate due to the need for care.
- Once bailed, voluntarily transport the person by ambulance to the hospital for proper screening and placement.
- Transport to a mental health facility under a commitment order “pink paper or section 12“
- If the person will not be treated voluntarily and every effort has been made to enlist an appropriate physician, psychiatrist, psychologist, social worker or family member to initiate the commitment. Transport to the hospital for screening under an Officer initiated commitment order “pink paper or section 12 “.

If the person is able to be safely held, but is threatening self-harm or presenting with concerning psychiatric symptoms Baycove may be contacted to conduct a on scene evaluation in the lockup area. Any

person that has made credible statements of self-harm shall be transported to CCH.

Occasionally, the facility to which an officer transports a mentally ill person will either refuse to admit them entirely or will direct the officer to another mental health facility. Officers should contact the Commanding Officer for specific instructions in such cases.

Transport shall be made by ambulance unless an emergency or exigency exists, at which time, the Shift Commander shall approve such transport.

Review policy: **Restraint Chair and Prisoner Booking/Processing**

Detainment  
for Criminal  
Offenses  
(Unable to  
Bail)  
41.2.7 c

The following is to be followed when a person is being held in the station holding facility prior to arraignment, but is in need of in-patient psychiatric hospitalization due to unsafe behaviors and court is not in session.[41.2.7 c]

- a. Contact a clerk of the district court for to provide a Jenkins Hearing.
- b. Contact the Crisis Hotline and request that they respond directly to the station and evaluate the prisoner and locate an appropriate locked in-patient placement for the detainee. A recommendation for hospitalization of the detainee should be prepared with the findings.
- c. Once an in-patient bed has been located, the investigating Officer in coordination with Crisis Hotline Response should contact the judicial response system on-call judge. The police should be prepared to provide the judge with the following information, the charges and a listing of any default warrants (if any) outstanding. The condition of the detainee, including the findings from the clinician and any other pertinent information.

The on-call judge may issue an order committing the detainee to a specified, locked, in-patient facility pursuant to G.L c. 123 § 18, until court is in session. On the designated court day, the detainee will be transported to court.

Training  
41.2.7 d e

Training will be provided to newly sworn Officers and newly hired Dispatchers during field training orientation period as well as a refresher training at least every three years. Civilian employees that

may have direct contact with mentally ill persons during the course of their duties shall also receive training [41.2.7 d e]

Documentation All calls for service that involve a perceived mental health issue should be documented in the department report writing system. These reports should then be submitted to the mental health inbox as well as the supervisor's inbox.

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